

Official Report

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2015-2016) OF THE ELEVENTH PARLIAMENT OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER, PUBLIC BUILDINGS, BRICKDAM, GEORGETOWN

38TH Sitting

Tuesday, 24th May, 2016

The Assembly convened at 2.13 p.m.

Prayers

[Mr. Speaker in the Chair]

MESSAGES FROM THE PRESIDENT

On the occasion of the 50th Anniversary of Guyana's Independence

Mr. Speaker: Hon. Members, by way of a letter addressed to the Speaker of the National Assembly, His Excellency the President has sent, to this House, a message for presentation. I am to let you know that, as an expression of the esteem in which he holds Hon. Members of this House, His Excellency desires that Hon. Members receive, today, this message which he will deliver to all Guyanese at midnight on the 25th May, 2016.

The Hon. Prime Minister, Mr. Moses Nagamootoo, will present his Excellency's Message to this House.

On my directions, the Clerk of the National Assembly will cause copies of the message to be presented to all Hon. Members.

First Vice-President and Prime Minister [Mr. Nagamootoo]: Mr. Speaker, the following is the message from His Excellency the President:

“Message from His Excellency Brigadier David Granger, President of the Cooperative Republic of Guyana, to the National Assembly, on the occasion of the 50th anniversary of Guyana's Independence.

Fellow Guyanese,

Guyana gained its independence from Great Britain on 26th May 1966 after more than three hundred and fifty years of Dutch and British rule. Guyana was first colonised by the Dutch and, eventually, was ceded to Great Britain in 1814. The three colonies - Demerara-Essequibo and Berbice were united as British Guiana 185 years ago.

Our forebears came from the continents of Africa, Asia and Europe and encountered the indigenous people of the continent of South America. They laid the foundation for creating a unique, new nation on these shores. They yearned for freedom.

Guyanese, today, pay homage to the contributions of our ancestors whose rebellion reinforced their resolve to confront the greatest of adversities and overcome their most dangerous adversaries. The struggle for freedom was long and hard and the achievement of Independence was a triumph of will and grit. Independence was the culmination of centuries of resistance by generations of forebears.

The militancy of peasants in their villages, of labourers on the plantations, of workers in their unions and of 'patriotic' professionals in their councils, inspired the fight for self-determination and 'nationhood'. The empowerment of the disenfranchised masses through the advocacy of mass-based organizations, the attainment of universal adult suffrage and the achievement of constitutional reforms combined to intensify the demand for self-determination and Independence.

Guyanese, today, pay tribute to the generations of men and women who were part of this historic and heroic struggle for self-determination. We can enjoy freedom today because of their consciousness, their courage and their commitment to the cause of freedom.

We pay homage to all those who were part of this process. We recall the martyrs of the Berbice, Demerara and Essequibo revolts during the dark era of enslavement. We recall the martyrs of the protests at Leonora, Devonshire Castle, Rose Hall, Ruimveldt and Enmore during and after the era of indentureship. We recall the labours of Hubert Critchlow, Cheddi Jagan, Forbes Burnham, Peter D'Aguiar and Stephen Campbell which eventuated in national Independence.

Guyanese, today, honour our heads of state - David Rose, the first Guyanese Governor General, his successor Edward Luckhoo and Arthur Chung, our first President - for their civility and for the stability which their office imparted to our young state.

Our people's ardent aspiration and arduous struggle for political Independence moulded our national identity. Independence infused the qualities of audacity and tenacity in our people. It fortified our determination to be masters of our own destiny. It created new institutions on which to erect the pillars of the new nation.

Independence allowed us to adopt our own symbols of nationhood - our national anthem; our national awards; our national coinage and stamps; our national motto; our national festivals; our national flag; our national monuments and other national emblems.

Guyanese, today, are proud of these symbols which define our identity and differentiate us from other nations. They exemplify our self-esteem. They are revered and will forever remain objects of national pride.

Independence created the need for new institutions to preserve our achievements, to promote the development of our nation and to protect our peoples' rights. We created our own Court of Appeal as our highest court. We refashioned our public and police services to ensure a better quality of life and human safety. We established the Guyana Defence Force to stand guard over our country's territory. We improved access to education, electricity, health care, housing and potable water. We established massive agricultural, drainage and irrigation schemes, and industrial estates to put our people to work.

We created institutions to provide social protection such as the National Insurance Scheme. We created banking institutions to promote savings and provide credit for our people.

Guyana, in a relatively short period of time after Independence, improved our economy to provide a higher standard of living for our people. Successive administrations, throughout the past five decades, have continued to add to our national assets and extend our public infrastructure.

We are proud of our achievements over the past fifty years. We are proud of our efforts to deliver our people from dreary logies, shanties and tenement yards and to open the doors to their own family homes. We are proud of having established a University of Guyana, a College of Education, multilateral schools and technical institutes that expanded access to education for our children throughout the ten administrative regions.

We achieved all of these things and more even as we faced threats to our territoriality and to internal national integrity. We resisted threats to more than two-thirds of our territory by Suriname and Venezuela for fifty years. We repelled an incursion into a large part of country claimed by Suriname. We suppressed an internal insurrection in the Rupununi. Our nation has faced tribulations. Our people's unity, our will and strength, enabled us to overcome these threats.

Guyanese, today, exult in their achievements and accomplishments of the past fifty years. We are proud of the men and women who led us on our journey, thus far, as an independent nation. The excellence of their service brought honour to our nation.

Guyanese, today, pay homage to their heroes and honour their cultural, sporting and academic heritage on this fiftieth anniversary of Independence. The works of our artists, composers, dancers, dramatists and writers; the talents of our sportsmen and women; the brilliance of our scholars and the labours of our working people will never be forgotten.

These men and women inspired us to believe that no objective was unattainable. We became aware that we were capable of becoming champions on the international stage. Their achievements are a constant reminder that small size should not mean a dearth of talent.

Guyana, once independent, embarked on a progressive foreign policy to protect its vital national interests. It bestrode the international stage with a composure and posture which belied economic wealth or military might. Our leaders, however, had the vision to pioneer the formation of the Caribbean Free Trade Area, the Caribbean Community and the African Caribbean and Pacific Group of states and to play leading roles in the Non-Aligned Movement and the United Nations.

Guyanese, today, recall their audacious and principled stance in support of the

liberation of colonial territories and the termination of apartheid in South Africa. They took pride in these achievements which were led by a corps of outstanding diplomats.

Guyanese, today, pay tribute to their leaders who had the vision to have guided, and the endurance to have sustained the nation during these past fifty years. We recognize the contributions of our eight Presidents - Arthur Chung, Forbes Burnham, Desmond Hoyte, Cheddi Jagan, Samuel Hinds, Janet Jagan, Bharrat Jagdeo and Donald Remoter - in leading this nation over these difficult years.

Guyana's Golden Jubilee is an opportunity to plan ahead. We must create a country that will fulfil our obligation to our children and generations to come. We look ahead to our next fifty years and to the challenge of realising the 'good life' for all of our citizens.

Independence is our birth right. Independence vested in us the duty to protect our nation and to pursue the best interests for all generations. Independence came with the responsibility to lay the building-blocks of sustained national human development. Independence imposed on us the duty to ensure that we bequeath to our children and grandchildren an even better country than the one which we inherited from our forebears.

The 'good life' means the absence of poverty. It means the presence of equality and the creation of an enlightened citizenry through education. It means effective stewardship of our natural resources and the creation of employment for our people. Our mission for the next fifty years must be to expand our economy, to ensure equality, to improve education, to protect the environment and to provide employment for all.”

2.28 p.m.

“Guyana is not a resource poor country. Guyanese ought not to be a poor and dispossessed people. Our country is endowed with beautiful resources, both human and natural, to banish poverty forever. We have always been known to possess the values of self-sacrifice and solidarity. Guyana is committed to the achievement of the United Nations Development Programme (UNDP) Sustainable Development Goals (SDGs) which obligate us to end poverty in all of its forms. We have pledged to

eradicate extreme poverty and to halve all other forms of poverty by 2030.

Guyana in order to achieve these goals must realign its economy to generate the wealth that will allow for poverty reduction. We must improve and sustain high economic growth in order to raise our entire population out of the depths of extreme poverty. Guyana's economy will be enriched by the discovery of petroleum. We look forward to preparing our people and the economy for the exploitation of this rich resource. We shall create a sovereign wealth fund to ensure that all generations benefit from the gains that are expected to flow from this discovery.

Our national economy must be reshaped to reduce our dependence on the six sisters: bauxite, fish, gold, rice, sugar and timber. Guyana's economic policy over the next four years will be determined by the transition to greater value added production. Independence engendered expectations that the inequalities which characterised colonial society, would be eradicated. We have made progress in ensuring greater opportunities for our people.

We will continue to demolish class and geographic inequalities especially between the hinterland and the coastland and between the urban and rural communities. Guyana's hinterland possesses its richest natural resources. The hinterland despite this endowment, remains underdeveloped and plagued by poor infrastructure – an environmental hazard. The disparities in development and in households between the hinterland and the coastland must be reduced if we are to become a more equal nation. We will continue to work towards the development of an inclusive and integrated plan to close the gap between the hinterland and coastland.

The plan will involve improved internal communications, aerodromes, bridges, causeways, highways, stelling and telecommunication and public services such as education, health, human safety and social security. We will also create stronger regions administered by capital towns in order to develop hinterland and rural communities more rapidly. Three new capital towns at Bartica, Mabaruma and Lethem have already been created. A fort will soon be at Mahdia. Every region in the end will be administered and directed by a capital town. Inequality will also be reduced by catalysing greater economic opportunities particularly at the community level. We will grant greater autonomy to the regions and ensure equal opportunities for rural folk. The constitution of Guyana states: "Equality includes the full and equal

enjoyment of all rights and freedoms, guaranteed by or under this Constitution or any other law.”

Guyana therefore will promote respect for equality before the law and equal protection of the law. This includes the guaranteed rights of citizens, equality for women and the participation of citizens in the decision making of the state in accordance with the Constitution. We will achieve this through the institution of an inclusive system of governance and the holding of regular, free and fair Elections.

Education is the gateway to greater opportunities. It is a means to a more equal society. It is a pathway towards improved wellbeing. It offers an escape from poverty. Guyana must ensure that the right to primary and secondary education at state owned schools must be accorded to every school aged child. The state will continue to offer children the opportunities for a good life through education.

Guyana has been a global leader in sustainable development and the fight against the adverse impact of climate change. Guyana announced at the 11th meeting of Heads of Government of the Commonwealth of Nations held in Kuala Lumpur, Malaysia in 1989, its commitment to create the institution that eventually became known as Iwokrama International Centre for Rainforest Conservation and Development (IIC). Our country set aside 371,000 hectares of forest – constituting 1.6% of our land mass – to develop, demonstrate and make available to our country and the international community systems, methods and techniques for the sustainable management and utilisation of the multiple resources of the tropical forest and the conservation of biological diversity. Guyana has advocated for action to be taken against the adverse effects of climate change, this includes consideration for mechanisms to compensate countries with standing forest for the ecological services which these forests provide to humanity. Our Constitution mandates: “In the interest of the present and future generations, the state will protect and make rational use of its lands, minerals and water resources as well as its fauna and flora and will take all appropriate measures to ensure and improve the environment.”

Independence imposed a modern responsibility to create accountable stewardship over our natural resources so that our children and grandchildren may also benefit from their use. Guyana will develop a multi-faceted green development plan so as to ensure that sustainable development becomes the guiding principle of national

development. That plan, a comprehensive approach to our environment incorporates clean energy supply, management of our coastal zone, management of solid waste, management of our protected areas, protection of our biodiversity, protection of our wildlife and the development of ecotourism. Guyana's future is green.

A green economy will protect us from the most adverse effects of climate. It will ensure a clean environment and reduce pollution. It will preserve our valuable biodiversity, it will ensure that all of our energy needs eventually will be met from sustainable sources. It will catalyse investments in ecotourism. Our people's aspirations for a good life cannot be met fully unless employment can be created and guaranteed for working people. The independence covenant cannot be fulfilled unless workers find remunerative and gainful employment in order to provide for their needs and that of their families.

Guyana over the next 50 years must be a nation at work, employing the talents and skills of all persons of working age. The provision of employment for our young people remains an economic priority. Employment will be created through a raft of policy measures including encouraging investment in labour intensive and green jobs. Cottage industries within communities, microcredit for small and medium sized industries and promoting entrepreneurship among our young people.

Independence was won through the sacrifice and struggle of our ancestors. Freedom was the aspiration of all generations. Every generation has the responsibility to move our country closer towards the common aspirations which were ignited on Thursday, 26th, May, 1966. Our forebears suffered and sacrificed so that their children could have a better life than they had. This generation's responsibility is to lay the foundation for the good life for the next generation. God save our beloved motherland. God save Guyana."

Thank you. That ends the text of the message from His Excellency the President. [*Applause*]

Mr. Speaker: I thank the Hon. Prime Minister for presenting the message of His Excellency the President.

ANNOUNCEMENTS BY THE SPEAKER

Significance of Sitting before Celebration of 50th Independence Anniversary

Mr. Speaker: Hon. Members, welcome to the 38th Sitting of the National Assembly. Today, in keeping with the commitments of this House, we will see a continuation of the debate on private members' motions. From my vantage point as Speaker of the National Assembly, I see our Sitting today as holding much significance. It is the last Sitting of the National Assembly in our 49th year of Independence and it takes place one day, some may say two days, before the celebration of the 50th anniversary of our Independence. Hon. Members, on behalf of all of us assembled in this Chamber, I salute the upcoming event and pledge our combined efforts in the continued service of our country, Guyana.

Leave of Members

Mr. Speaker: Hon. Members, leave from today's Sitting has been granted to the Hon. Member, Dr. Vindhya Persaud.

Birth Anniversary of the Hon. Minister of Telecommunications with responsibility for Tourism

Mr. Speaker: To the Hon. Members, we observe the birthday of the Hon. Minister of Telecommunications with responsibility for Tourism, Ms. Catherine Hughes. Do accept from us, Madam, our congratulations and our best wishes for the future.

Acknowledgment of Special Guests

Mr. Speaker: Hon. Members, I crave your indulgence to acknowledge among us the presence of Ms. Kelly Hyles, a Guyanese student now resident in the United States of America but who has acquitted herself most creditably in the examinations leading up to attendance at university. The report we have is that Ms. Hyles has been able to obtain admission to 21 institutions of higher learning in the United States of America and has the unique distinction of being admitted to all the Ivy League colleges in the United States of America. I have been given to understand, by Ms. Hyles, that she has chosen Harvard University to blossom with her talents. Accept from us your welcome; we are happy that you came to at least let us see that the person who has achieved so much in so short time is a very ordinary person. I read something today where it was alleged that you said that ordinary people can do extraordinary things. You did not say that, but you said that much. So, we want to say keep on accepting from us the best wishes and keep on achieving. The world is open to you. Our best wishes.

PRESENTATIONS OF PAPERS AND REPORTS

The following Report was laid:

Report of the Commission of Inquiry into the Public Service of Guyana. [*Speaker of the National Assembly*]

QUESTIONS ON NOTICE

For Written Replies

Mr. Speaker: Hon. Members, there are three questions on the Order Paper. Questions 1 and 2 are for written replies and question 3 is for oral reply. Questions 1 and 2 are in the name of the Hon. Member, Mr. Mohabir Nandlall, and are for the Hon. Minister of State. These answers have been received and have, therefore, in accordance with our Standing Orders, been circulated.

HONOURARY MINISTERIAL ADVISORS APPOINTED BY THE APNU+AFC COALITION GOVERNMENT

Mr. Nandlall: In the interest of good, accountable and transparent governance and in light of certain public disclosures made by him, I ask of the Minister of State, the Hon. Joseph Harmon, the following questions: (a) The names, qualifications, portfolio responsibilities and terms and conditions of appointment of the 34 "Honourary Ministerial Advisors" appointed by the APNU+AFC Coalition Government? (b) The criteria used in selecting these individuals? (c) What process, if any, was employed to determine whether these persons are of good character and are fit and proper to hold these high offices, especially, when they would be representing the Government of Guyana in Foreign Lands and would have been issued with diplomatic passports? (d) How much these persons are costing the treasury monthly; while they may not be paid a salary, what costs, if any, are attached to the services which they render and for which the Government of Guyana and by extension, taxpayers are responsible? (e) Why was neither the President nor the people of Guyana were informed of these appointments until April, 2016, several months after they were made?

Minister of State [Lt. Col. (Ret'd) Harmon]:

(a) Name of Persons appointed Honourary Ministerial Advisors.

1. Mr. Ronald Albert

2. Dr. Rohan Somar
3. Ms. Joycelyn Willows
4. Mr. Ewart Marshall
5. Mr. Lawrence London
6. Ms. Jennifer Dougall
7. Mr. Errol Lewis
8. Ms. Anitha Cochran
9. Mr. Derrick Arjune
10. Mr. Aubrey Duncan
11. Ms. Lurlene Nestor
12. Ms. Beryl James
13. Mrs. Yvonne Britton
14. Mr. Morris Wilson
15. Ms. Volda Forsythe
16. Ms. Eileen Rayman
17. Ms. Edith Bynoe
18. Mr. Basil Blackman
19. Ms. Dawn Simmons
20. Ms. Guliana Jacobs
21. Mr. Eustace Hope
22. Mr. Gordon Winter
23. Mr. Artie Ricknauth
24. Mr. Jerome Bulkan

25. Ms. Hazel Binger
26. Ms. Donna Lindon
27. Ms. Desiree Home
28. Mr. Ovid Morrison
29. Ms. Veronica Ralph Munroe
30. Mr. Wayne Forde
31. Ms. Savitri Farley
32. Mr. Tamesh Lilmohan
33. Mr. George Williams

- (b) The relevant qualifications include their willingness to contribute to the struggle for improved governance. Formal or academic qualification was not a prerequisite in making such appointment.
- (c) These persons were appointed by the Government of Guyana; to establish relations between individuals, organisations and businesses in the Diaspora and the Government and people of Guyana; and to encourage those engaged to return to Guyana and/or contribute to the Development of Guyana. These persons were not required to have, nor were they issued with diplomatic passports.
- (d) The persons appointed were all recommended by senior functionaries of the Government who attested to their character and their suitability for appointment.
- (e) Their appointments were all "pro bono". There is no cost to the Treasury in relation to the persons appointed.
- (f) The nation was made aware of these appointments before April 2016.

MINISTERIAL ADVISORS APPOINTED BY THE APNU+AFC COALITION GOVERNMENT

Mr. Nandlall: In the interest of good, accountable and transparent governance, I ask of the Minister of State, the Hon. Joseph Harmon the following questions:

- (a) The names, qualifications, portfolio responsibilities, terms and conditions of appointment and remuneration package of every Ministerial Advisor (excluding the "honorific and honorary advisors") appointed by the APNU+AFC Coalition Government?
- (b) The criteria used in selecting these individuals?

Lt. Col. (Ret'd) Harmon:

(a) **LIST OF MINISTERIAL ADVISORS APPOINTED BY THE APNU+AFC COALITION GOVERNMENT**

Ms. Cheryl Sampson	Ministerial Advisor on Education
Mr. Allan Munroe	Ministerial Advisor on Education
Ms. Ndibi Schweirs	Ministerial Advisor on Natural Resources
Mr. Lance Carberry	Ministerial Advisor on Constitution Reform
Mr. Mervin Williams	Ministerial Advisor on Indigenous Peoples' Affair
Mr. Kenneth Jordan	Ministerial Advisor on Public Infrastructure

1. MS. CHERYL SAMPSON — MINISTERIAL ADVISOR ON EDUCATION

PORTFOLIO RESPONSIBILITIES — to advise the Hon. Minister of Education on all matters relating to Early Childhood, Primary and Secondary Education.

QUALIFICATIONS:

Trained Teacher since 1975.

Post Graduate Diploma in Distance Education — University of London

Head — In Service Teacher Training — 2005 – 2015.

REMUNERATION PACKAGE

Salary \$350,000 per month

Leave 35 days per annum

Gratuity 22 1/2% of gross salary

Vacation Allowance 1 month's Gross Salary (non-taxable) Duty free concession on a motor vehicle.

2. MR. ALLAN MUNROE — MINISTERIAL ADVISOR ON EDUCATION

PORTFOLIO RESPONSIBILITIES — to advise the Hon. Minister of Education on all matters relating to the Teaching Service.

QUALIFICATIONS:

Ryerson Polytechnic Institute (Toronto) — Diploma in Architectural Technology; Bachelors of Technology Degree in Construction Management

Ontario College of Education (Ontario Canada) — Certificate in Education- Major in Technical Education

Queens University (Ontario Canada) — Master's Degree in Education

REMUNERATION PACKAGE

Salary \$1 per annum

Duty Allowance \$180,000 per month

Entertainment Allowance \$20,000 per month (non-taxable)

3. MS. NDIBI SCHWEIRS — MINISTERIAL ADVISOR ON NATURAL RESOURCES

PORTFOLIO RESPONSIBILITIES — to advise the Hon. Minister of State on all matters relating to Climate Change, the Environment and Natural Resources, Solid Waste and Conservation. Acting Lead Negotiator on Climate Change

QUALIFICATIONS:

7 Subjects CXC — 1975

Bachelors of Science Degree (Forestry) — University of Guyana 2001

Masters of Science (Environmental Pollution Management) University of Bradford 2005

REMUNERATION PACKAGE

Salary \$500,000 per month

Leave 42 Days per annum

Gratuity 22 1/2 % of Gross Salary

Duty Allowance \$10,000 per month (non- taxable)

Entertainment Allowance \$10,000 per month (non-taxable)

Housing Allowance \$25,000 per month (non-taxable)

Paid security service at place of residence

Paid telephone service (landline and mobile)

Government provided vehicle and driver

Or Duty Free Concession on a motor vehicle and Grade "A" travelling Allowance

4. MR. LANCE CARBERRY — MINISTERIAL ADVISOR ON CONSTITUTION REFORM

PORTFOLIO RESPONSIBILITIES - to advise the Hon. Minister of State on all matters relating to proposals for Constitution Reform.

QUALIFICATIONS

BSc. Degree (Economics) London School of Economics

Master of Science Degree — Management and Administrative Sciences — City University of London

REMUNERATION PACKAGE

Salary \$250,000 per month

Leave 42 Days per annum

Gratuity 22 1/2 % of Gross Salary

Leave Allowance 1 month's Gross Salary (non-taxable)

Paid telephone service (landline and mobile)

5. MR. MERVYN WILLIAMS — MINISTERIAL ADVISOR ON INDIGENOUS PEOPLES' AFFAIRS

PORTFOLIO RESPONSIBILITIES - to advise the Hon. Vice President an Hon. Minister of Indigenous Peoples' Affairs on all matters relating to Indigenous Peoples' Affairs.

QUALIFICATIONS

Five Subjects CXC

Two Subjects GCE

American Management Association Diploma in General Management from The Business School

REMUNERATION PACKAGE

Salary \$350,000 per month

Leave 35 Days per annum

Gratuity 22 1/2 % of Gross Salary

Leave Allowance 1 month's Gross Salary (non-taxable)

Paid telephone service (landline and mobile)

Duty Free Concession on a motor vehicle

6. MR. KENNETH JORDAN — MINISTERIAL ADVISOR ON PUBLIC INFRASTRUCTURE

PORTFOLIO RESPONSIBILITIES - to advise the Hon. Minister of Public Infrastructure on all matters relating to the financial administration of the Ministry especially in relation to International Funding for Public Infrastructure.

QUALIFICATIONS

Master of Public Administration — Dalhousie University- N.S. Canada;

Bachelors of Social Sciences — University of Guyana (Distinction);

Diploma- Social Sciences — University of Guyana;

Trained Teacher

REMUNERATION PACKAGE \$600,000 per month 42 Days per annum

Salary 22 1/2 % of Gross Salary

Leave 1 month's Gross Salary (non-taxable)

Gratuity \$11,730 per month \$5,500 per month \$5,500 per month

Leave Allowance

Housing Allowance \$3,500 per month

Paid telephone service (landline, mobile and Internet)

(b) The Persons were selected on the basis of their qualifications and experience.

2.43 p.m.

For Oral Reply

DONATIONS FROM CONTRACTORS IN THE WATER SECTOR IN REGION No. 9

Opposition Chief Whip [Ms. Teixeira]: Mr. Speaker, my question is rather a simple one and it has been circulated:

Could the Hon. Minister within the Ministry of Communities, Ms. Dawn Hastings-Williams, inform the National Assembly if the \$8 million solicited as donations from contractors in the water sector for projects in Region 9 was:

- (i) Entered into the accounts of the Guyana Water Incorporated (GWI) as revenue or a special projects fund by the Ministry or GWI? or
- (ii) Submitted to the Consolidated Fund? and
- (iii) Were receipts issued to the donors for their contributions? and
- (iv) Will any preferential treatment be given to those who contributed?

Mr. Speaker: I thank the Hon. Member. The Hon. Member, the Minister of Communities, Mr. Bulkan, will answer the question.

Minister of Communities [Mr. Bulkan]: Thank you, Mr. Speaker. As the Minister of the gazetted responsibilities for the water sector, including that of GWI, perhaps, the questions were misdirected to the wrong Minister in the Ministry. With that said, the questions have been heard. They are in four parts.

The answer to the first one is that the sum in question was not \$8 million, as stated, but rather \$6.2 million and it was entered into the accounts of the GWI as a special projects fund; for part two of the question, the answer to that is no; for part three, the answer to that is yes; and for part four, the answer to that is no. Thank you.

Mr. Teixeira: Mr. Speaker, with your indulgence, could I please ask a supplementary?

Mr. Speaker: Please proceed.

Ms. Teixeira: I have noticed that the Hon. Minister said that it is not \$8 million; it is \$6.2 million. However, the newspaper reports covered in the *Guyana Chronicle* that it was \$8 million, as stated by the Chief Executive Officer (CEO) of the Guyana Water Incorporated. Could the Hon. Member please clarify this discrepancy in the figures?

Mr. Bulkan: Mr. Speaker, I believe that the \$8 million would have been a Memorandum of Understanding (MoU) that was entered into between the Regional Democratic Council (RDC) of Region 9 and the contractor that was commissioned to drill the eight wells in the Rupununi.

Ms. Teixeira: Mr. Speaker, I believe that the Hon. Member is not talking about the same \$8 million that I am. I am talking about the \$8 million which was with the contractors summoned to contribute to works to be done in Region 9, regarding pipelines, *et cetera*. This

was covered in the newspapers, in the *Guyana Chronicle*, and, in no way did it refer to what the Hon. Member is saying. So, somewhere along the line, we are talking about two different figures. I believe the \$8 million was, specifically, in relation to funds regarding donations solicited to do additional works with respect to the pipelines in Region 9, in response to El Niño.

The second issue is that the Hon. Member said that the funds did not go to the Consolidated Fund, but rather to a special projects fund in GWI. Could the Hon. Member say, with respect to this particular special fund, if it is exclusively for donations being solicited from contractors? Thank you.

Mr. Bulkan: I note that the Hon. Member has referred to the contractors being summoned to contribute, but that is not accurate. These were voluntary donations that were offered by contractors. It was in response to the, if you will, blistering thirst that had enveloped the region as a result of El Niño and these donations were not for pipelines, but they were for the drilling of wells in eight villages in the Rupununi.

Ms. Teixeira: The Hon. Member has not answered my question. Is this special project fund account exclusively for donations being “so called” solicited? The Hon. Member’s representation of what transpired differs from those who were present at the said meeting. The contractors who were not present at that meeting were subsequently phoned and solicited for money, Sir.

Mr. Bulkan: These voluntary donations cheques for the refunds were subsequently prepared for distribution to the voluntary donors.

Ms. Teixeira: Mr. Speaker, unfortunately, I am getting more confused by the answers of the Hon. Minister. Could the Hon. Minister say that the money which was collected as donations has reached Region 9 and is being used for purposes for which it was solicited?

Secondly, why was the Ministry unable, from its capital budget, to assist Region 9 without soliciting funds as donations?

Mr. Speaker: Hon. Member, are these new questions? They appear that way to me. These are new questions, Hon. Member.

Mr. Ali: No. They are follow-up questions.

Mr. Speaker: I do not believe, as follow-up, you can do that. So, if you want to rephrase any of the questions, I will permit you, but you cannot ask those questions. Not Mr. Ali. You are not involved here, sir. Hon. Ms. Teixeira, do you wish to proceed?

Ms. Teixeira: Mr. Speaker, as far as I know, any Member can ask a supplementary question based on the matter before the House and so my Hon. Member here is very familiar with the operations of the water sector and, therefore, would like to ask a supplementary. Sir, in relation...

Mr. Speaker: Hon. Member, are you asking a supplementary of the Minister? I will allow it. I will allow no other on this matter.

Ms. Teixeira: Mr. Speaker, I am logically going through. Where did the money go? The money went into a project fund and this was a donation that was solicited. Where has the money gone now? Has it gone to where it was supposed to have gone, Region 9? Could we, Sir, receive a list of all those who made such contributions? The Minister said “refunded”, which I am totally confused about.

Mr. Speaker: Hon. Minister, could you contribute to this?

Mr. Bulkan: Yes. Mr. Speaker, I have already provided the answers that are in the paper as well as the supplementary ones.

INTRODUCTION OF BILLS

Presentation and First Readings

The following Bills were introduced and read for the first time:

TELECOMMUNICATIONS BILL 2016 – Bill No. 15/2016

A Bill intituled:

“An Act to provide the establishment of the Telecommunications Agency and for the regular, coordinated, open and competitive telecommunication sector and for connected matters. *[Minister of Public Telecommunications with responsibility for Tourism]*

PUBLIC UTILITIES COMMISSION BILL 2016 – Bill No. 16/2016

A Bill intituled:

“An Act to make provision for the establishment, functions and procedure of the Public Utilities Commission and for matters connected therewith. [*Minister of Public Telecommunications with responsibility for Tourism*]

PUBLIC BUSINESS

PRIVATE MEMBERS' BUSINESS

MOTION

THE STATE OF THE RICE INDUSTRY IN GUYANA

“WHEREAS on the 31st day of October, 2015, Mr. Dharamkumar Seeraj, the General Secretary of the Rice Producers Association and a Member of Parliament, wrote to the Honourable Minister of Agriculture, Mr. Noel Holder, upon the direction of the Leader of the Opposition, Mr. Bharrat Jagdeo, conveying to the Honourable Minister the grave concern of the PPP/Civic in respect of the state of the Rice Industry in Guyana;

AND WHEREAS in that letter it was pointed out that rice farmers were promised a one hundred percent (100%) increase in the price for which paddy was sold for the first crop of 2015, by several leaders of the APNU+AFC during the campaign leading up to the National and Regional Elections held on 11th May, 2015, and that in breach of that promise, for the second crop for 2015, farmers received between 35 percent (35%) to sixty percent (60%) of the price which they obtained for their paddy in the first crop of 2015;

AND WHEREAS as a consequence, both rice farmers and rice millers are facing tremendous financial and economic hardships and many of them are unable to meet their obligations under loan contracts with commercial banks for which their homes and other assets have been lodged as collateral by way of mortgages and as a result, many of these properties are now in jeopardy of being the subject of foreclosures and sales;

AND WHEREAS in an attempt to bring some measure of relief a number of measures were proposed to the Honourable Minister for his implementation;

AND WHEREAS none of these proposed measures have been implemented and the situation in the rice industry has since gotten progressively worse;

BE IT RESOLVED:

That this National Assembly calls upon the Government of Guyana to implement the following measures with every convenient speed:

To resume negotiations with the Government of Venezuela with the intention of selling rice and paddy to that country;

To immediately remove all form of taxes and duties on fuel for the industry;

To remove all taxes and duties on inputs for the industry including machinery, equipment and spares;

To commence discussions with all the commercial banks lending to the industry to review terms and conditions of loans taking into account the low prices farmers are getting in order to 'soften' repayment conditions;

To suspend payments of land leases and drainage and irrigation charges;

To lay supplementary provisions in the National Assembly to provide financial support to farmers in order to aid in the purchase of seed paddy and fertilizers;

To immediately implement minimum export prices for rice and paddy;.

To implement an aggressive marketing strategy in order to enhance current prices and secure new lucrative markets; and

To withdraw its pronouncement that the rice industry's crisis "is a private matter" and give support to the industry, especially the farmers." [Mr. Ali]

Assembly resumed debate.

Mr. Speaker: Hon. Members, we will continue the debate on the state of the rice industry in Guyana. Hon. Member Mr. Dharamkumar Seeraj, you may proceed. I may add, Mr. Seeraj, that you have already spoken for 33 minutes or 36 minutes but please proceed. I only mentioned that.

Mr. Seeraj: Thank you very much, Mr. Speaker. It appeared, to me, quite shorter than that but, of course, Sir, I will take your word for it.

Mr. Speaker: Hon. Member, would you give way? Hon. Minister, you have the floor.

Minister of Social Cohesion and Government Chief Whip [Ms. Ally]: Mr. Speaker, I would like to crave your indulgence and to refer you to Standing Order No. 38 (9) and I would like your guidance because, as I understand it, a speaker should speak for no more than 30 minutes.

I rise for this guidance and clarification because you would have noticed that, on the speaker's sheet, there are numerous speakers listed and so I believe that, if we take more than the time that is supposed to be allotted to us, we are going to be here for extensive hours.

Mr. Speaker: Hon. Member, it is true that the Standing Orders recite the number of minutes for which a speaker should utilise in making his presentation. It also provides for extensions at the request. That has not been done. I perceive it is not too late for that to be done and so, if per chance an extension is sought...

Ms. Teixeira: Thank you, Mr. Speaker. I wish to move an extension for Mr. Seeraj. Thank you very much.

Mr. Speaker: I beg your pardon.

Ms. Teixeira: Sorry. Under Standing Order No. 38 (9) (b), I wish to move an extension for Mr. Seeraj.

Mr. Speaker: Thank you. Hon. Members, an extension has been requested for the Hon. Member, Mr. Dharamkumar Seeraj.

Ms. Ally: Mr. Speaker, the Government's side of the House will concede to five minutes for him to conclude his presentation.

Mr. Speaker: I thank the Hon. Minister for her suggestion, but I think the Speaker will want to determine how long the Member gets. The Member, subject to the agreement of the House, will enjoy 10 minutes to complete his presentation.

2.58 p.m.

Mr. Seeraj: Mr. Speaker, thank you very much. I wish to continue from where we left off on 12th May, 2016. I will follow your advice, Sir, and I will try my best not to repeat any of those things that were said. Of course, I have a lot more things of importance to the industry to speak on.

Mr. Speaker: I know that the Hon. Member also heard me say that he has 12 minutes to complete.

Mr. Seeraj: I pay very rapt attention to you, Sir. I heard you very clearly.

Given the state of the industry, we brought this motion to the National Assembly to discuss the issues related to the wellbeing of the industry. There have been a number of events leading up to this motion coming before the National Assembly so that we could deliberate on those matters and try, as a collective, to bring relief to our farming community and, indeed, to the rice sector.

Those issues that affected the industry, we, in a very responsible manner, sought to deal with them with the agencies associated with the Government and with the Minister of Agriculture. The Minister of Agriculture, in his presentation on 10th February, 2016, during the Budget debate, also spoke about matters as they relate to the industry. I would like to briefly quote the Minister of Agriculture, the Hon. Mr. Holder, who said:

“I do believe that the GRDB is indispensable in providing some answers. Some answers lie elsewhere. I do believe the Guyana Rice Producers Association has an extremely important role to play...”

I must commend the Minister for acknowledging that in his Budget presentation. We have this motion before us because action did not follow those words. If there had been action, in recognition of the importance of the Guyana Rice Producers Association, this motion would not have been tabled. I want to respectfully ask that the Hon. Minister of Agriculture commits himself to what he said in his Budget presentation and engages us continuously on this matter.

The Minister, in his Budget presentation, also spoke about an issue concerning \$100 million and I think that some Members on the Government side asked that I make a presentation on this matter. In his presentation, the Minister said:

“However, this sum has never been accounted for up to this day.”

This was the 10th February, 2016.

Cde. Speaker, I would like to inform you and this House that, on 1st December, 2015, in response to some queries from the Board of Directors of the GRDB, I wrote the General

Manager of the GRDB a long letter – it was just about two and three quarter or three pages – outlining that happened in relation to support to farmers who passed through the GRPA. That was on 1st December, 2015. If the agency head did not report to the Minister, I should not be blamed for that.

Further, I, again, wrote to the Board on 7th January, 2016 – both pieces of correspondence were sent more than a month before the Minister made his presentation – giving additional clarification on this matter. I also provided an extensive list of payment records to the Guyana Rice Development Board and, more recently, to the Ministry of Agriculture to help bring closure to this matter.

In the year 2013, farmers in Region 3 sought to follow the example of farmers in Region 2 who had formed a farmers group. They banded themselves together to benefit from Guyana's export to Venezuela and tried to get as close as possible to the market. This is something that we tried to promote. It was very successful for the farmers in Region 2.

In Region 3, in 2013, a co-op called the Quality Rice Co-op was established. We supported this initiative so that farmers could have gotten together to increase their wellbeing and improve their income. This Co-op did not have the facilities to process paddy or rice to go to Venezuela because what goes to Venezuela is high priced but it is also high quality. We engaged the farmers, had a number of discussions with them, and we sought to advise them. One piece of advice that I gave to the farmers, in trying to get the facility to clean, dry, store and export paddy and clean, dry, store paddy and mill it into rice, was to get a facility that was modern and available and not engage anyone.

In the case of a facility that they eventually leased or went into an agreement with the owner, I distinctly remember advising them to stay clear of the manager of that facility. This was done in the presence of the manager. However, the Quality Rice Co-op, on 29th August, 2013, entered into an agreement with Ruimzeight Rice Processors Inc. Ruimzeight Rice Processors Inc. is affiliated with one Mr. Doerga, who was very prominent in the press attacking the then Minister. Mr. Doerga also has his own history with the rice sector, one which I suppose that he is not proud of. I certainly am not proud of it.

I spoke to the Quality Rice Co-op management at that facility and told them to know what they were doing because history could repeat itself.

Mr. Speaker: Hon. Member, I want only to remind you that there are five minutes remaining.

Mr. Seeraj: What happened was that things went from bad to worse and the Quality Rice Co-op was eventually thrown out of the facility and was unable to pay the farmers from 2013. The Office of the Guyana Rice Producers Association is in proximity and very accessible to farmers. They came there. I, of course, in keeping with the mandate of the GRPA, made representation to the GRDB and the Minister to help these farmers who were unable to get back into the land. Because the Quality Rice Co-op was in some difficulties with Ruimzeight Rice Processors Inc., the farmers were not getting paid; a year was coming to an end and they were facing the likelihood of not getting into the crop. I lobbied and I represented and the Guyana Rice Producers Association was able to get a part payment for those farmers. Subsequently, the Guyana Rice Development Board made a further payment to those farmers. I think that the amount outstanding was somewhere in the vicinity of \$400 million. Some of those farmers are still owed in this arrangement. Two of those farmers were robbed and killed in a fire at Good Hope, East Bank Essequibo (EBE). It is sad to say that they have gone on to the great beyond. The way they died is, of course, of concern to all of us. Those persons are still owed from this process. All of this information was provided to the Guyana Rice Development Board. Yet, I hear these accusations going back and forth. The Minister of Agriculture, Hon. Mr. Holder, also needs to get this information.

I want to add that there were a number of events that led to the deterioration of the situation with the rice industry, some of which could have been avoided. In May and June, 2015, some of the millers and exporters who had agreement with the Guyana Rice Development Board to supply rice for onward shipment to Venezuela, were unable to be paid when they supplied 270 containers of rice to the Guyana Rice Development Board. The GRDB acknowledged receipt. GRDB was unable to export it and then told the millers to come and collect their rice. I wrote the GRDB and stated that that was not the way to behave and that we should sit together and discuss the matter to see if we could have come to a compromise. It was because, in that process, the exporters were losing US\$400 per tonne of rice because they had to pay mortgage, the cost of the containers to take the rice out of the country and then to take it out of the bags they were in because they were specifically labelled bags for a specific market. Of course, all of my pleas fell on deaf ears and, apparently, on eyes that could not have seen or on eyes that were not looking at the letters that I had been sending. This could have avoided a situation in which millers have been forced to take court action to recover the

moneys which they said were lost because they delivered the rice to the GRDB. Their export earning was reduced by almost \$100 per tonne. Again, we sought to get some dialogue going on this matter but it fell on deaf ears.

After our debate on 12th May, 2016, I saw that, on 14th May, 2016, there was a report in the *Kaieteur News* headlined, *Essequibo Business, farming delegations meet PM*. There is a photograph with a couple of people meeting the Prime Minister and the Prime Minister is smiling very happily. When I looked at the names of the persons in the photograph, it appears to be a political group meeting. All of the people in the photograph – six or seven of them who came from Essequibo – are activists of the coalition. As a matter of fact, two of them are Regional Democratic Councillors and a third is the Prime Minister's Liaison Officer. It was reported in the article that these farmers went to congratulate the Prime Minister on saving the industry in Region 2. This is what we have come to. Essequibo, as a region, has suffered the most from the beginning of last year to now. Acreage cultivation fell from 37,000 to 21,000 in the last season, a drop by 16,000. The Hon. Rajkumar, in his Budget presentation, said that prices fell from \$3,000 to \$700 per bag. The article stated that the Prime Minister was applauded for the coalition Government *[inaudible]* in the region that was most devastated by events of last year. This year, the production may be a little bit more because prices were a little better because of that shortage.

Countrywide, production acreage cultivated fell by 57,000 acres. The photograph is not going to deceive anyone. The reality that people are living with on the ground is totally different from what the Government is going to try to promote in matters such as these. Five or six members, activists and employees of the Office of the Prime Minister and the Government saying that things are better when 2,700 farmers are worse off is not going to fly by any regards, Sir. I said that I should bring that to your attention.

Mr. Speaker: Hon. Member, you have one minute left.

Mr. Seeraj: Thank you very much, Mr. Speaker. I wish if it were an hour but I have to abide by your ruling.

We, on this side, have never tried to politicise any issue. We sought to bring clarity. The record is there. When we spoke about the PetroCaribe arrangement, it was merely to bring clarity to the matter. None of us from the People's Progressive Party (PPP) or the Guyana Rice Producers Association ever went public and asked for the resignation of the Minister,

his CEO and his General Manager. Other people were doing that. We were responsible and we have continued to be responsible. All we ask is that the Government be responsible in fulfilling its mandate.

Mr. Speaker: Your time is up, sir.

Mr. Seeraj: Sir, I thank you very much for the opportunity to speak on this matter.

[Applause]

3.13 p.m.

Mr. Rajkumar: Mr. Speaker, I have listened to the motion on the state of the rice industry, which was presented to the honourable House by the Hon. Member, Mr. Ali on the state of the rice industry in this country and the proposed measure cited to cure these problems. There is no secret that the rice industry in our country is in problems. These problems have not arisen in the past year. These problems have been inherited from the previous Government. Rice farmers in Region 2, Region 3, Region 5 and Region 6 face challenges and we, on this side of the Government, appreciate and know these challenges. The proposed measure presented in the Hon. Member's motion is not a long-term solution to the problems faced by this industry. Our Government always seeks, looks and tries to provide long-term solutions for the problems facing the rice farmers.

One of the main problems faced by the farmers over the years is not being paid by the millers. They have been owed for many crops and that is one of the reasons why they are unable to go back to the farm after they have reaped their crops. The problem is that the farmers are not being paid in a timely manner by the millers and as a result of that there is a spill over. They have to borrow money, and we recognise that. The solution is to encourage and have commitment from the millers to pay the farmers in a timely manner. We passed legislation in this House that if the millers do not pay the farmers within 42 days there is the option to take legal action. Today no such action has been taken against the millers because the farmers are very fearful of being victimised by the millers. If they take such an action, who will purchase their paddy in the following crop? We must revisit the legislation and be able to say that the rice millers should not unreasonably refuse the paddy from the farmers. We must empower the farmers in order for them to take their paddy and demand payment when it is not there.

This Government calls on all the stakeholders, the farmers, the millers and the Ministry, to encourage the farmers to produce a better quality of paddy, a better quality of rice, so we could demand a better price on the world market.

This Government has been accused of breaching the contract with Venezuela to supply that country with rice. The fact is that Venezuela unilaterally repudiated the contract and chose to purchase rice from Suriname at a lower price. We have to live with this fact. We cannot force Venezuela to buy our rice. Indeed, we in this Government have sought other markets and have got other markets. We are continuing to look for markets for our products.

We must ask ourselves the question: Are we in a position to influence the world market? This Government is being asked to implement a system of minimum export price for paddy and rice. We are all forced to sell at a price determined by the world market. Are we capable of determining what the world market price should be? The answer is no. We must encourage our farmers to produce at a lower cost. We must be able to use all our resources from the Ministry of Agriculture and the persons who are the experts to work together to find a solution in order to produce our rice at a lower cost and be more competitive on the world market.

As I said, we in this Government always encourage and support the rice industry. Our farmers must be advised that rice cultivation is serious business and must be done in a manner to generate profits, the greater the better. The measures proposed by the Hon. Member in this motion will not alleviate the situation in the long term or on any term at all. Under those circumstances I am forced not to support and adopt the motion. [*Applause*]

Ms. Teixeira: The motion, which is before this House, is an extraordinarily important one to the state of the rice industry. In the third Whereas clause, and just in case our friends have not been reading the motion carefully, it talks about both rice farmers and millers are facing tremendous financial and economic hardships and many are unable to meet obligations on the loan contracts with commercial banks for which their homes and other assets have been lodged as collateral by way of mortgages and as a result many of these properties are now in jeopardy of being the subject of foreclosures and sales. In addition to that, the issue we presented since October last year, proposals for relief, which have been ignored, whilst the industry continues to get progressively worse.

I cannot compete with my Hon. Comrades on this side, such as Mr. Seeraj or my young Comrade Mr. Irfaan Ali, in terms of their knowledge of the rice industry.

However, I do wish to bring to this House what is a fundamental issue in relation to this motion, and that is, the role of Government. It is inconceivable that any government would watch and do nothing to save a major sector of this country's economy. Regrettably, this is the case with the rice industry in Guyana. The Government has folded its hands, watched and done nothing to save and assist the sector, the farmers and their communities. It is a sector that has been a major contributor towards the well-being of the economy of this country and the staple of life for the people of this country for decades.

In contrast, take for instance the role of the United States of America Government when the 2008-2009 global economic and financial crisis hit. Did the United States of America Government sit by and do nothing as the economy was thrown into a downward spiral? The Government bailed out the Wall Street for a level of billions of dollars, but, maybe that was too big an issue with the United States of America. The same Government gives enormous subsidies to its farmers, including its rice farmers, in order to make them more competitive on the world market. Many countries in the world offer support, and Government, to ensure that their products are able to compete on the world market.

Maybe none of this behaviour and official position of the Government is surprising. By 1992 the rice industry was crippled after 28 years of the People's National Congress (PNC) Government. Thousands of rice fields lay empty. Thousands of rice farming families had abandoned lands and emigrated or converted to cattle farming. Is this what we are seeing again? Is this a shadow of the 1970s and 1980s returning to our nation? In contrast, I have heard figures produced by the Hon. Member Rajkumar. Whether it was in the late 1950s to the mid-1960s or between 1992 and 2015, but the rice industry had flourished under successive People's Progressive Party (PPP) Governments. Between 1957 and 1964 the Government led the industry from about 37,000 tons annually to reaching 200,000 tons for the first time in 1964. Between then and 1992 the rice industry under the PNC struggled to keep up production and by 1990 production fell to less than 70,000 tons. When the PPP took over again in 1992 production climbed and again reached 200,000 tons by 1995. It reached 300,000 by 2010, 400,000 in 2011, and I will fast-forward to 2013, 533,000 tons and 635,000 tons in 2014.

The issue of what has happened to this sector, what has been going on in this sector, is that there are statistics to show. What is the difference between this Government and previous Governments of the People's Progressive Party? It was a government, whether before 1964 or post 1992, that took the responsibility to take care of the people of this country, to be able to offer incentives, protection and support, particularly when there were weather issues taking place. Fundamental in this motion is the issue that the Government has decided to abdicate its responsibilities to the people of this country and, in particular, the rice farmers just totally wash their hands of it and let them go where they will!

If these figures were again problematic, when the Government took over – it does need to explain this to the public - why is it that the first crop of 2016 failed to reach 300,000 tons? Therefore Guyana did not make the 600,000 tons in 2015. Why is it that this Government has continually decided to make things more onerous for the rice farmers and not the opposite? They had to experience *El Niño*.

I personally wrote a letter on behalf of the Leader of the Opposition to the Hon. Minister Holder about the water management in Region 5 with the rice farmers and particularly the livestock and small farmers. I have not even received an acknowledgement up to today. This is a constitutional office, not Gail Teixeira's. I was writing on behalf of the Office of the Leader of the Opposition! There was no response, whatsoever. In addition to that, representation has been made by the Guyana Rice Producers' Association as well as other people writing in the press about what is going on in the rice industry. Again, these things seem to be falling on deaf ears.

Are we back to a posture of the Government of hands-off, do not care a damn, let the people and their families suffer? Is that the position in the 50th Independence Anniversary of our country? Are we going back or forward, Mr. Speaker? Where are we going and why would the Government be so myopic as to ignore and not support an industry that involves...?

Let me give some more figures, because that might help. We are not talking about a small bunch of people. We are talking about thousands of rice farmers, approximately 10,000 or more who have, particularly in the rural areas, approximately five dependants. That is at least another 50,000 people.

3.28 p.m.

Then there are a set people who depend on the industry - the shop man who sells the groceries; the taxi man or the minibus who takes the children to school; the people who are the vendors in the market, who sells the shallot, fish and their tomatoes and everything to people. It has a ripple effect, Sir. If we get even further down the ripple effect, what happens to the manufacturers who also use rice, the restaurant, all the Chinese restaurants and other restaurants in Guyana, which cook rice as a main part of their diet? The price starts to go up. Why is there such myopia in not comprehending the social, political and economic consequence and repercussions of this - how do you say - ...? Do you know the horse has, what is it called? Blinkers on when it is going down the street. Unfortunately, the poor horse cart men are all feeling tax heavily right now. They are paying an increase in taxes as well.

Even some of your own supporters in the private sector have companies that produce and sell agricultural machinery. What is going to happen to them? What is going to happen to the commercial banks which are giving loans out in which the people can no longer pay in the rice industry? That is already showing in some banks, the fall in some of their loan portfolios and defaulters in the system. This should be an issue that should drive...There are the Minister of Business, the Minister of Agriculture, the Minister of Foreign Affairs and Foreign Trade that should be running down the road trying to get support for us and overseas for markets and yet we hear about Mexico. I read about Mexico and the rice industry, the rice and we will get all this investment. What has happened to it? [Mr. Hamilton: Mariachi band is coming.]

Thank you Mr. Hamilton. Mr. Hamilton has informed me of a Mariachi band which is coming and I am delighted. I am going to go out there and dance, but where is the rice arrangement? It seems to have vaporised.

This position of the Government is inconceivable and incomprehensible. Even if the majority of people from the rice sector did not vote for it, it has a duty as a Government to do things. There was *El Nino*, it did nothing with the rice farmers; there is a problem with the markets and it is not helping anybody. It is private business; you wash your hands; you are like "Pontius Pilate", you wash your hands or back off and yet there is an increase of poverty, situations going wrong, and, as you know, further down on the item is suicide. The Hon. Member Mr. Rajkumar comes from Region 2, which has one of the highest levels of suicide. Is it coincidental that the increase in suicides, and so on in Region 2, has anything to do with what is going on the rice industry? Our sociologists and social scientists should study that at the University of Guyana, instead of fussing about a lot of other things.

The other myopia of this Government...As it is known my friend Dr. Norton is an ophthalmologist. He deals with myopic people. I do not know why my friend Dr. Norton is not having an influence on the Cabinet in relation to this industry. I appeal to my friend Dr. Norton because I know he is a good ophthalmologist and I know that maybe he could save the situation if anybody would listen to him, which I know, here, they do not.

The human factor in all of this is important as we have said. I pointed out the impact on people's lives, on children's lives, on women, of which you are concerned. I heard the Hon. Prime Minister, today, read the speech from the President and he spoke about every region having an administrative capital and all these things. If the people are being impoverished, what are they going to be doing with all of that? Are you going to have a capital which is empty? As you know this myopia and this "Pontius Pilate" hands wash off of the poor people of this country. We are seeing shadows of the past.

The vendors at Stabroek Market, you are moving them and putting them at the back and now you are telling them that after three months they have to go again and they do not know where they are going. The Kitty Market vendors are waiting for four months, the vendors at Bourda, the taxi drivers and minibuses by the market. What are you doing to the poor people in this country? What are you doing? You are acting in an irresponsible manner, ladies and gentlemen on the other side.

This Lilac milk, we are going to bring up in the motion on "Persistent Shortage of Drugs and Medical Supplies in the Public Health Care Delivery System", because this is the Lilac milk that has been giving out in the nurseries for the new born babies in the Georgetown Public Hospital Corporation (GPHC) and other hospitals and there is a whole big dispute about the safety and the other issues to do with it, including procurement and the owner of the company. As you know, this is what has been going on, all the owners all the time.

The Hon. Leader of the Opposition said very clearly on day one in August, the 17th, 2015, when he stood up in this House, "I promise you, Mr. Speaker, we will not be obstructionist. We will not slash budgets like our predecessors." What we have done in every motion we have brought here, Sir, is recommendations of the way forward and so there are nine proposals here of what we believe would bring remedial relief to the rice farmers and the rice industry of this country.

Now, the second issue I would like to raise is based on that. I heard the Hon. Members, who have spoken, said they are not supporting the motion. However, if the Hon. Members were smart, they would recognise that this motion offers an out for the Government, an opportunity for the Government to approve the motion, not reject it, not deny it, support it and bring relief to the rice industry. It has opportunity to do that and it appears, Sir, that it is also as everything else is closing the door. It is all about one seat more and so that is it!

I would like to say in closing, before you remind me that my time is up, Mr. Speaker, that we have just celebrated the one year of the new Government in office and we are also celebrating our 50th Independence Anniversary as a people. What is very clear is that the people see a Government that is determined...This is perception out there. The rice farmers feel that this Government is determined to kill this industry, to make this industry fall. Therefore could you blame them if they think this is reminiscent of the old days of the PNC? Could you blame them when you had done nothing? You, in fact, made it worse; you add a new tax. The exemption on Value Added Tax (VAT) for agricultural machinery, you have brought it in here, rush it through, bang it through and push more things under the rice farmers. They are now to pay VAT on equipment that they did not have to pay on before.

Despite all of this you cannot blame the people for having that perception. You cannot blame them. They are not stupid. The change that they promised to the people, the change and promises they made to the rice farmers and the rice industry about \$9,000 a bag and all these things they fooled the people which, as you know, we read clearly a year later is that change has been a total calamity for the rice industry in this country.

I am appealing to the Hon. Members on the other side. They might not like our arguments or they may not like what we said, but there is a nine-point plan here that could help the rice farmers and their families to turn around this before it gets so far downhill that they cannot bring it up back. I am appealing to the Members on the other side to vote with their conscience and support the motion to ensure that the rice industry is able to produce and to provide for the families and communities in the rice farming areas as well as continue to contribute in a big way as it did before to the economy of this country.

I, again, repeat, please support the motion. It is in the interest of all of us as Guyanese. This is not a partisan motion. It is a motion to bring national development to this country and on the eve of the 50th Independence Anniversary. What better thing is there, other than platitudes? If you are going to talk platitudes this is the litmus test, this is the proof of the pudding. Are you

going to support this motion on the 50th Independence Anniversary to make sure that we are to move forward as a country or are you going to kill it like everything else?

Thank you Sir. [*Applause*]

Mr. Ali (replying): It gives me great honour to speak on behalf of the rice farmers and to bring this motion before this distinguished House, to make a distinguished decision in the interest of the people of Guyana, in the interest of the rice farmers of Guyana. In closing, I would only seek to once again re-establish the necessity for us to act in a nationalistic way, non-discriminatory way, for us to act in a fair and balance way and that way would be to support this motion that is before us for the rice industry of Guyana.

Before I continue, let me take a brief moment to wish the Hon. Catherine Hughes, a birthday that is filled with good health and a life that is rewarding and long.

As we are on the verge of celebrating our 50th Independence Anniversary, let me say that it gives me great honour to speak today in the closing time of our 49th year and to say that the task of building Guyana, the task of us moving forward, must not be subject to a brief moment of a speech. When we recognise the outstanding contribution of various Presidents and various Governments, in a speech, and maybe right after that speech, we will go down a road of dismantling all that we would have said in that speech. We must show the people of this country that we are mature enough to take the bold steps and to make the necessary bold decisions that would indeed improve their prospects and their welfare 50 years from now.

This motion gives us the first opportunity, it give first bite of the cherry, in adding value to the sentiments we establish in words and speech and if it is that the Hon. Minister of Agriculture would like us to establish a mechanism in which we work on implementing the nine points, support the motion and let us establish the mechanism through which we can work on implementing the nine-point plan in this motion. Let me say this motion does not belong to Irfaan Ali or the PPP/C or the Opposition.

3.43 p.m.

This motion belongs to all of us in this House. The measures outlined in this motion bear equal responsibility on all of us to act in the interest of the rice farmers. If you are serious about this issue, we cannot discard the motion by saying we do not support it and that is it, despite the glaring facts and figures that is before in this National Assembly. I hear the

heckling, “what is glaring” and “what facts”? We have spent hours debating this motion, brining facts and figures. The man, who is tasked with helping to find international markets, is asking, “what facts?” This is the level of irresponsibility that the Government is faced in which a senior Minister and Member of Cabinet is asking what facts is before us to fight for the rice industry.

Let us look at the fate of this motion. This motion was brought to this National Assembly. Every single one who spoke, whether it was inside or outside of this National Assembly, on rice, said that there are two issues facing the industry. One is a marketing issue, dealing with price and the other issue is dealing with the financing, subsidising the industry, yet we have only seen the Minister of Agriculture speaking on this motion. The Hon. Minister of Finance has not found the time to give it a bit of attention to speak on this motion. All nine of the recommendations in this motion have financial implications for the Government. However, the financial implications have greater rewards in sustaining and keeping the industry. Even if the Minister of Finance disagrees with our motion, he did not even find the time in this debate to explain to the people of this country on what grounds he would disagree with this motion.

The Minister of Foreign Affairs and the Minister of Business both have responsibilities in relation to market, negotiations and finding new markets. A ‘junk’ of this debate was dedicated to the Venezuelan market. The Minister of Foreign Affairs has great and sole responsibility as it relates to the bilateral relationship with Venezuela and yet he did not spend two minutes or one minute of his time to speak on this motion. What message are we sending to the rice farmers? The Hon. Member Charrandas Persaud, a Member of Parliament from Region 6, where rice plays a key and critical role in the economy of that region, did not find five seconds to speak on this motion on rice. The Hon. Member of Parliament from Region 5, where rice is the most dominant aspect of the economy, did not spare one second to speak on this matter. The Hon. Prime Minister did not speak on this motion. The Hon. Prime Minister, who was tasked to go Mexico and find a market, did not find the time to advise us on what came out of that negotiation.

The signal we send to the farmers out there, the signal we send to the people of this country, is very important. I heard the heckling “*wha y’all do is a’yuh business.*” Well, let me say, rice is the business of all of us. The Government of the day has an equal responsibility to the rice farmers as it has to any other member of the society. We cannot divorce this reality; we cannot divorce ourselves from the problems. When you are a government you have to face

the challenges; you have to confront the challenges, and in confronting the challenges you have to find solutions. What the Government should be thankful for is that it has a very responsive responsible Opposition; an Opposition that is innovative; one that is willing to bring recommendations to the table; one that is willing to bring options to the table. What do we do with the recommendations and the options? We throw them out the window.

The other issue we are faced with in the rice sector is the issue of messaging. When we are speaking to the different sectors in our country we have to have at least a common message. We cannot have a mixed up message that we are sending to the farmers and the populace. What am I talking about? The Minister of Agriculture said that he is not supportive of all the recommendations that we put in the motion. The Member of Parliament from Region 2 said *“Me ain’t support nothing. I ain’t support the motion – nothing.”* The President said that examine the recommendations in relation to the Venezuela’s market. The President said Venezuela is on the table. The Minister of Agriculture said that Venezuela is off the table. The people are looking at the table wanting to know what is on and what is off. The only thing the people know is that what they have is an empty table. Even the messaging, as it relates to rice, the messaging as it relates to the Government’s policy surrounding rice and markets, we cannot have a consensus or a singular approach to. The Hon. Minister of Foreign Affairs finds that to be a positive attribute of Government. I am so not shocked. I am a good reader of history. Your stewardship is demonstrated in present day position by the positions you are taking here, Mr. Greenidge.

Mr. Speaker: Hon. Member, I know that you wish to continue to address the Speaker.

Mr. Ali: Yes Mr. Speaker. By the way, Mr. Speaker, let me remind the House that in 1991 the revenue from rice was US\$17 million. For those who believe that we left nothing, when we left the revenue from rice was US\$240 million. When we left Government, in Region 2 the average price for paddy was \$2,800 per bag. The revenue that Region 2 got as a result of this average price was \$4.1 billion. Less than a year after, Hon. Member Rajkumar, the average price dropped from \$2,800 to \$1,600 per bag and the revenue was \$2.1 billion, a reduction in less than one year of \$2 billion in Region 2 alone.

What is worse is that this follows on a backdrop of an enormous promise by this Government to the rice farmers. A promise that would have seen not 100% increase per bag, not 200%, not 300%, not 400% but 500% in increase per bag. If I could whistle I would whistle and let the Comrades call the name. If speaking on behave of the rice farmers and for the rice

farmers is comedy for the Prime Minister, then I will be a comedian all my life in defence and protection of the rice farmers. I may be a comedian for the rice farmers but I will never be a hypocrite, and I can never be a hypocrite for them.

Mr. Speaker: Hon. Member, I recommend that you withdraw that epithet which is unparliamentary. It is not appropriate for this chamber.

Mr. Ali: No. I said I.

Mr. Speaker: I will repeat myself Hon. Member. You may use an opportunity to express yourself differently without reference to that “h” word.

Mr. Ali: Okay Sir. Mr. Speaker, I would never hoodwink the people. I would never hoodwink them.

Mr. Speaker: Hon. Member, we have a difficulty with English here. That is an “h” word too.

Mr. Ali: Okay. Mr. Speaker, I will never be a pretender. **[Mr. Nagamootoo:** Come with clean hands] When I go to the people, and when we go to the people we go to them with clean hands. We go to them in good faith; we go to them never wanting to deceive them; we go to them because we care about them; we go to them because we believe in what we tell him. Whether the decision was tough or whether it was easy, one thing the people knew they had a government they could have depended on and trust.

3.58 p.m.

The Hon. Member from Region 2, the Hon. Member Rajkumar, said that we have to find long term solutions, but what we are seeing from this Government is not long-term, but a long turn back to 1992. It is a complete circular motion back to the position of 1992. I have just demonstrated where we came from, in terms of the revenue that rice brought into this country in 1992, as against now.

The Hon. Member from Region 2 said that we should look at empowering the farmers to demand money from the millers. I would really appreciate if the Government can elaborate on this alternative policy that they are putting forward - empower farmers to demand money from the millers.

The second thing that he recognised was that Venezuela was paying Suriname at a cheaper price. He is acknowledging the fact that the former Government must be complimented for

achieving a higher price for the rice farmers. I am very happy that he has acknowledged this fact, that the negotiations by the former Government and the agreement with the Venezuelan by the former Government is one that we should laud and recognise in the interests of rice farmers of this country.

Maybe it did not come at too late of time, as we bare our souls in our 49th year. I am happy that that is one of the issues that the Government campaigned against, and has come full circle back to the realisation that the People's Progressive Party/Civic (PPP/C) Government did well in negotiating that deal with Venezuela for and on behalf of the rice farmers.

I want to say that we stand firmly behind the nine recommendations in our motion. We are willing and open towards working out a *modus operandi* of how to implement these nine points. We are willing to move forward with the Government, once it agrees to embrace and implement these nine recommendations of the Opposition. We put to the Government today, in the interests of the rice farmers and in the interests of our economy... We have already seen that bad loans in the rice sector have increased. **[Interruption]** Mr. Speaker, something bad has just happened.

Over the last year, we have seen that there was almost a 100% increase in bad loans in the rice sector. I am saying that we have a great responsibility today and a start to show a unified front in the interest of our economy and in the interest of a major sector. I call upon us all to embrace these recommendations and move forward in the interests of the people of our country. I thank you. *[Applause]*

Mr. Nagamootoo: I stand here, your Honour, under Section 39(2) of the Standing Orders to conclude this debate which has been critical of the Government, reflects adversely on the Government and was intended solely to bring discredit upon the Government.

Mr. Speaker: Hon. Member, Ms. Teixeira, do you rise on a Point of Order?

Ms. Teixeira: Yes, Sir.

Mr. Speaker: Please give way, Prime Minister.

Ms. Teixeira: Standing Order 39(2) says:

“A Minister may conclude a debate on any motion which is critical of the Government or reflects adversely on or is calculated to bring discredit upon the Government or a Government Officer”.

Sir, in what way does this motion, which has nine recommendations calling on the Government, discredits this Government? We are helping the Government. We are not discrediting the Government. Therefore Standing Order 39(2) cannot hold. [*Interruption*]

Mr. Speaker: The Hon. Member is indulging in un-parliamentary language. The Hon. Member, as Leader of the Opposition, knows that he should not. I will only say that and leave it there for the moment.

Hon. Member, Ms. Teixeira, do you still wish to pursue a point of order?

Ms. Teixeira: I think my point is very clear. Standing Order 39(2) does not apply to the Prime Minister’s point. But you are the Speaker and we listen to your ruling, Sir. [*Interruption*]

Mr. Nagamootoo: The Hon. Member in Opposition who spoke to my right to speak to this motion obviously knows... [*Interruption*]

Mr. Speaker: We all know what we should be doing now. If we are going to continue in this way, then you are asking the Speaker to apply the full force of the Standing Orders. He does not wish to do that now. Hon. Prime Minister, you have the floor.

Mr. Nagamootoo: The Hon. Member, Ms. Gail Teixeira, said that this Government is determined to kill the rice industry, the word “kill”; that the Government folded its hands and did nothing to help the rice farmers; and that this Government has a hands-off and I quote her “don’t care a damn position” towards rice farmers.

In the debate, we saw that the intention was not to bring recommendations to this House, but to surreptitiously and not so creatively, associate the rice industry and the Government, by implication, with suicides in Guyana, which is in keeping with when the Hon. Member, Ms. Gail Teixeira, used the word “kill”. She said that the increase in suicides has to do with the rice industry.

Then when the Hon. Member, Mr. Anil Nandlall, spoke to this motion, he said, in his speech:

“There is a connection between the state of the rice industry and social problems not necessarily caused, but compounded and engendered by the state of the rice industry, suicide is one”.

We want to know whether the intention of those who spoke to this motion was to help rice farmers or was simply to bring to this House, false representations. This association of rice with suicide has a genesis that predated this Government and Office.

Here is a magazine named titled *Lady* and there is an article, *Debunking suicide myths as a tool for community education in Guyana*. It was written by Dr. William Adu-Krow, Pan-American Health Organization/World Health Organization (PAHO/WHO) Representative of Guyana, December 2015. This is what Dr. Adu-Krow said:

“Guyana has been dubbed as the number one suicide country in the world as a result of the high per capita cases of suicides reported to WHO for the year 2012”.

Who was in Government in 2012? There were 277 suicides in 2012 and by extrapolation, there had to be about 6,925 persons who also attempted suicide in the country.

Globally, the age standardised suicide rate was 11.4 per 100,000 in 2012; that of middle income countries globally was 14.1 per 100,000; and for Latin American/Caribbean 6.1; while that of Guyana was 44.2 per 100,000.

Could one imagine that the Opposition now, the vanquished former Government, has come to this National Assembly to talk about and associate suicide with the rice industry as if the suicides have been created by this Government in its one year in Office? This is the genesis of the suicides. They said that suicides were endemic in the Essequibo, but what they did not say was and I now refer to:

“Guyana records 272 suicides in 30 months”.

On 6th August, 2015 - *Inews*. [*Interruption*]

I will not stay very long on this. I just want to refer to this for the records and to place this issue in perspective. It says here:

“There were 129 reported suicides in 2013 in the Berbice area with the Berbice area amassing the highest amount of reports of 42, most of whom were East Indians.”

Who was in Government in 2013? The PPP/C was in Government. The highest single area for suicides was Berbice, among the East Indians. As I speak here, I see in my eyes - my mind's eyes - a farmer in the Essequibo, a leader of the Paddy Farmers Association. His name is Mr. Nateram - one word. Mr. Nateram was in the streets with the farmers, along with their wives and children, protesting for payment for paddy under the PPP/C Government. The police went and tear-gassed the farmers. They stripped Nateram naked as when he was born.

4.13 p.m.

The PPP/C was in Government and the farmers were protesting to be paid for their paddy. They were not getting payments. They came to Georgetown and were protesting outside of this Parliament. They came with rice stalks in their hands and they came up these stairs. I had accompanied them to meet the then Minister of Agriculture, Dr. Leslie Ramsammy. Dr. Ramsammy had chased them away, he did not want see them. He said, "Go away". He was the Minister of Agriculture.

What did this caring Government do? This Government, as soon as we got into Office, in the Essequibo, we found that the Dawa pumps were not working. Four of the five pumps were not working. The Minister of Agriculture and I were in Essequibo and immediately ordered the pumps to be fixed so that water could have been irrigated to the farmers' land. They were other pumps as reported in the newspapers, of which that side had known, that those pumps were sabotaged. Sand was thrown in the pumps and in some places they could not find the pump operators. Those are the lovers of the rice farmers in Essequibo.

When your children ask you for bread you do not give them stone. They ask you for fish you do not give them a serpent. The farmers asked for water and they put sand in the pumps. Why?

Those who love the farmers so much that they supervise a system where petrol was stolen and sequestered into the homes and hideouts of their friends. There was no diesel to operate the pumps and the farmers suffered. When the farmers protested they were stripped naked and tear-gassed - these lovers of the rice farmers. What more? When we came... **[Interruption]** I can sing Sir. I do not bleat like a goat. In the very first months that we came into Office, listen to this, on May 12th, 2016... **[Interruption]**

I am reading here from the *Guyana Times* newspapers.

“Government releases G\$800 million to pay rice farmers.”

Look at the difference. It was 19th June, 2015. We had hardly settled in the Government. [Mr. Williams: Who was that under?] This was under the mighty coalition, the APNU/AFC within a month.

This Government released \$800 million immediately to pay the farmers they were tear-gassing; to pay the farmers they were stripping; and to pay the farmers whose pumps were being sabotage. Why? When we took over, this is what the *Guyana Times* newspapers, a friend of the Opposition, reported:

“The Government owes the millers approximately \$US15 million, (approximately G\$3 billion) for the supply of rice, while the millers in turn owe rice farmers across the country, some G\$6 billion for the supply of paddy. The millers in Guyana have developed a reputation of failing to pay rice farmers on time. Due to the millers’ constant failure to pay rice farmers over the years, the amount owed to them has now accumulated to some G\$6 billion, which they are now unable to settle because of the outstanding amounts owed to them by the Government.”

The Government did not pay the millers so the millers could not pay the farmers. It was the ripple effect of conning as well as denying the famers what was due to them.

Why was this so Sir? There is logic from all of this. Apart from the chain reaction of the Government not paying rice millers and the rice millers not being able to pay the farmers, there is a logic here. There is rice miller/rice farmer, Mr. Beni Sankar from Essequibo, on the same issue in the newspapers had said:

“The rice industry is not exactly in trouble but it is a social issue which contributing to the existing confusion.”

Then he spoke to the issue of profitability, cost reduction and rice production. He said:

“The problem of millers owing the farmers would have been non-existent, if the moneys that were made available to Guyana about (G\$3 billion) by the European Union (EU) for the rice industry, were put in a Revolving Fund, as in Suriname, rather than the Consolidated Fund after the first year.”

So, money came. Three billion dollars came from the European Union for the rice farmers, and instead of putting it in a revolving fund to ensure that rice farmers were paid on time for their rice, they put it into the Consolidated Fund. Then they proceeded and we knew what was happening to the Consolidated Fund. They raided it as they were raiding it at the time when I moved the vote of No-confidence against them. They illegally spent the money from the Consolidated Fund. Not a cent went to the farmers. The lovers of the farmers took the European Union money and never gave it to the farmers.

I want the Guyanese rice farmers to listen today to the facts, because no more should they allow people to ride on their backs, politicking on their issues and exploiting their miseries in order to return over this side. The rice farmers have rejected them and now they realise that they need to pay the rice farmers back. How? By coming to the National Assembly and shedding crocodile tears for them. For them it is a kind of jubilation really, that the rice farmers, according to them, deserve what they are getting.

A lot has been said here about the PetroCaribe Fund/the Venezuelan market. I read that the Hon. Member Mr. Ali came in... [*Interruption*] I do not beg people for doctorate degrees. If you understood, you would have studied and earned a doctorate. One does not go and beg universities for honorary degrees. He is trying to *railroad* me, but he cannot succeed.

Mr. Speaker: Hon. Member, there is great indulgence by the Speaker in relation to replies, but we are really, perhaps, stretching the Speaker's understanding of things. I understand that the spokesperson for Government, in this instance yourself, is exercising a right of reply. Please proceed.

Mr. Nagamootoo: Thank you Sir. We were told by the Hon. Member Mr. Ali that the Venezuelan market was lost because this Government had said something that it ought not to have said. I can quote exactly what he said to the words stated by the Government. [*Interruption*] I have the draft speech. It says in the draft *Hansard*:

“...because when you come to Government it is a serious business. You cannot come into Government and make remarks, it can affect the relationship between major training partners, you cannot.”

The Guyanese people are fed a scenario that the Venezuela deal collapsed or failed when we got into the Government. The truth of the matter is that, when the former Minister of

Agriculture, Dr. Ramsammy, went to Caracas, he was informed that Venezuela was no longer going to supply Guyana with fuel and that it was no longer going to receive Guyana's rice. Instead of returning to Guyana, he left for the United States of America and the Head of the Presidential Secretariat announced that Dr. Ramsammy could no longer continue in office because he was sick. He has not returned since then to explain to the Guyanese people that...

Mr. Speaker hit the gavel.

Mr. Speaker: Hon. Member, let us stay close to the point at hand. Please proceed.

Mr. Nagamootoo: In other words, most of what has been said here in the debate was that this Government was responsible for the PetroCaribe deal for the market with Venezuela for rice to be scuttled. But the genesis of that is when the PPP/C was in office, it knew that this deal was coming to an end. It was not this Government that had said something which had resulted in the cancelation of that deal. More importantly, when is it against the interest of our country and the rice farmers if we say something to Venezuela in defence of sovereignty; if we say something in defence of our land; if we say something in defence of our county? Maybe that is lost on our friends over there.

More importantly, it was the PetroCaribe Fund. It was not that we were shipping rice to Venezuela. The money was coming here and it was being placed into the PetroCaribe Fund, and still, the money had never reached the farmers. So, why did the farmers accumulate loans from the bank? It was because they could not have serviced their loans because they were not being paid and this Government has decided to allocate the money...

Leader of the Opposition [Mr. Jagdeo]: On a Point of Order, Mr. Speaker. There is a total misrepresentation of the PetroCaribe Fund. That is all I am going to say at this point in time, because I am convinced that everything that the Prime Minister had just spoke about is fiction.

Mr. Speaker: Hon. Member, you are rising on a Point of Order and you must stay within that. Thank you.

Mr. Jagdeo: He is misrepresenting circumstances.

Mr. Speaker: Prime Minister.

Mr. Nagamootoo: Sir, I know that these facts are stinging because they are so fresh. I refer to 11th August, 2015, I am reading from a copy of the *Kaieteur News* newspapers. Hear it is stated that in this House, it was not rebutted. So, if the Leader of the Opposition chooses to pre-empt me to say that what I am about to say is false, it has already been said in this Parliament and reported as thus.

4.28 p.m.

The Hon. Minister of Finance, Mr. Jordan, had informed this House, when he spoke here, that unknown to them, and I quote from this newspaper,

“The PPP/C Government had mismanaged the PetroCaribe Fund, with only a small balance of US\$0.8 million in the Fund at the end of May 2015, whereas outstanding payments to farmers were in excess of US\$17 million.”

The Minister of Finance, Mr. Winston Jordan, said that:

“The new Government was forced to step in and give over \$5B to the Guyana Rice Development Board (GRDB) so that farmers could be paid.”

Over here are the friends of the farmers. They render the Fund broke and could not pay the farmers. We rescued the farmers. It was recorded in the *Hansard*. What did they do with the money? They took the rice farmers’ money and because they were badly mismanaging the Guyana Power and Light Company (GPL), when there were blackouts on the hour, every hour and every day of the week. They had put US\$115 million in the Guyana Power and Light (GPL); they put \$100 million into Housing. They shifted the rice farmers’ money. Not a single rice farmer had benefited from a house. And then they invested \$16 million in the Hope Canal. They diverted the money that was supposed to go to the rice farmers and they have rendered the farmers bankrupt. Then they come here and put this lamentation about how the rice farmers are not being paid and that this Government was responsible for the decline.

Other issues were dragged into the debate, as regard the Government coming into Office and paying this handsome money to the members of the Guyana Rice Development Board. I want to say this because it needs clarification that the head of the Presidential Secretariat, Dr. Roger Luncheon, before that party over there demitted office, he had signed a memorandum titled *Establishment of Directors Fees*, where these fees were set with effect from 24th

February, 2015. These fees were not changed by us or set by us, yet, we are told that we are taking rice farmers' money to prop-up members of the boards.

Sir, I can tell you now that they have misinformed this House with regards to the matter of the Guyana Rice Development Board, which we trying not to interfere with politically. The Members on the other side had raised the issue of the sale of rice and markets. I want to reiterate what the Minister of Agriculture said to this honourable House. He said that 40 countries now buy Guyana's rice, with export earnings at US\$220 million. We were given figures just now. If we were to examine the export price per matrix tonne, one would find that these prices are higher than the World Market prices. Therefore, we must protect and extend these markets by ensuring that the highest quality rice is exported.

There is an agreement for the supply of white rice to Jamaica about which much have been said. We have doubled the export of rice to Jamaica in 2016. The export of white rice in 2015 was 40,530 tonnes and this is expected to increase to 80,000 tonnes in 2016. This deal is unique, as it establishes a price schedule with the minimum price of US\$400 per tonne to be paid for white rice. One of the measures recommended in the motion that is before this House is to increase the price per tonne.

Prior to the agreements, Guyanese exporters were receiving prices ranging from US\$345 to US\$370 per tonne. This means that Guyanese millers would earn an additional US\$30 to US\$55 per tonne for white rice exported to Jamaica or an additional sum of between US\$2.2 and US\$4.4 million annually. Because of this deal, we have seen some millers paying between \$2,200 to \$3,000 per bag of paddy in the first crop of 2016, which is what the Hon. Member, Mr. Irfaan Ali, was boasting about, how under their Government, rice farmers were getting \$2,500 per bag of paddy; it is between \$2,200 to \$3,000 per a bag of paddy. That is why the farmers from the Essequibo came to me as the Prime Minister to say that they were satisfied that the Government was making some attempts to help them, not only to have better drainage and irrigation facilities, but that the Government was helping them to find alternative markets.

We also know that, apart from alternative markets, the farmers came and were demanding that the Guyana Rice Producers Association (GRPA), which supposedly represents the rice farmers should be more strident in defence of the rights of rice farmers. They called on me, as the Prime Minister, to ask that there be early elections in the Guyana Rice Producers Association so that they could replace those leaders who have long ceased to represent their

interest. That is why they were there. And we were told that they were a group of persons who were associated with the Alliance For Change (AFC). Why? It was because they asked some questions. What happened to the \$100 million that had been received and signed for by the General Secretary of the GRPA?

Mr. Speaker: Hon. Prime Minister, you are very close to half of an hour. No doubt an appropriate step should be taken to seek an extension or else you would have to yield the floor in half of an hour.

Mr. Nagamootoo: Sir, could I ask for at least 10 minutes more to conclude?

Mr. Speaker: The motion must be made by someone else, please, Prime Minister.

Minister of Cohesion [Ms. Ally]: Mr. Speaker, I moved that the Hon. Member be given 15 minutes more to complete his presentation.

Question put and agreed to.

Mr. Speaker: Hon. Prime Minister you have 10 minutes more, please proceed.

Mr. Nagamootoo: Thank you very much, Sir. This has been a sore point where the money from the Guyana Rice Development Board was going to an organisation that should have funnelled the money to the rice farmers.

We were told by the Hon. Member, Mr. Seeraj, about the advice, recommendations and the suggestions that he gave to some co-op. I am sure that it did not cost a \$100 million. That was the explanation we were being given. Everyone, including Members of the Opposition, was watching him. They wanted to know what had happened to the \$100 million. It was not a grant. I want the rice farmers to know this. It was a loan that taken from the Guyana Rice Development Board fund and it was to be repaid on or before 31st October, 2014. The Hon. Member, Mr. Seeraj, had signed that he would be returning this money, not to use it to give advice to some co-op - Best Quality Co-op. Where did we come with this phantom group to justify this \$100 million and more than that - the rice farmers from Essequibo and why they want to change the leadership and I will leave this with the Parliament. This is....

Ms. Teixeira: Mr. Speaker, the Hon. Member is implying improper motive in relation to a Member of this House. [A Hon. Member: It is a fact.] No it is not a fact. Therefore, under Standing Order 41, one cannot make improper motives or imply that in the House. The

Hon. Member, in fact, has answered this issue during this debate and I am calling on you to invoke Standing Order 41.

Mr. Speaker: Hon. Member, what is the Point of Order?

Ms. Teixeira: Sorry, I am talking about the “Content of the Speeches”, 41, subsection (6). It is not a Point of Order;

“No Member shall impute improper motive to any Member of the Assembly”

Mr. Speaker: I thank the Hon. Member. Hon. Prime Minister, I am sure that you could make the point without imputing improper motives to any Member. I strongly urge that you do it that way.

Mr. Nagamootoo: Your Honour, I must say this that, I did not and I will not impute improper motives. This issue had engaged this Parliament during this debate and the Hon. Member to whom I am referring had an opportunity to make a rebuttal or to give an explanation. I was sitting here and listening to where this money went - if it was given to the farmers. It was a loan and a loan has to be repaid. I did not hear, when the deadline had passed, that the loan was repaid. That is what I am saying. This is money that owed and payable to the Guyana Rice Development Board. That is all. I am not going to harp anymore on that. I just wanted to have that established as part of the record.

Secondly, the organisation that was supposed to help the rice farmers was receiving \$2,487,000 per month to help rice farmers. We want to know, with all the all stultifications and all the emotions of the lovers of the rice farmers over there, how much did the rice farmer benefit from the monthly amount given from the rice farmers’ funds to the organisation? That is what was missing. I saw the bank accounts that this loan was paid into and the monthly payments were in different bank accounts. We need to have explanations.

If we felt that that was in the past - living in the past - I have here the Forensic Audit and Review of Operations of the Guyana Marketing Cooperation. This is a public document that is on the Ministry of Finance’s website. I am going to pass this document to the Speaker.

Mr. Speaker: Hon. Prime Minister, I do not know that that document has been tabled in this House as yet.

Mr. Nagamootoo: Sir, it is a public document. It is on the Ministry of Finance's website. It has been widely reported in the press, including today and yesterday's newspapers.

Mr. Speaker: Please proceed.

Mr. Nagamootoo: It is a notorious fact that \$1.4 billion had been advanced by the Guyana Marketing Cooperation (GMC) in what is called the Fertiliser Fund. In general, that amount was supposed to help rice farmers to buy fertilisers. It was also supposed to help rice farmers and peasant cane farmers, specifically.

Here too, again, it has here that the payments made to the Guyana Rice Producers Association were \$35 million.

Mr. Speaker: Mr. Ali, do you wish the flood?

Mr. Ali: Yes, Sir.

Mr. Speaker: On a Point of Order?

Mr. Ali: Yes Sir.

Mr. Speaker: Then please tell us the Point of Order.

Mr. Ali: It is under Standing Order 40.

Mr. Speaker: Well, Standing Order 40 has a number of paragraphs, but go ahead.

Mr. Ali: It is under Standing Order 40(a). The Hon. Prime Minister said that the document is on the Ministry of Finance's website. The last check I made on that website was before I came here and I did not see that document on the website. I would like the Hon. Prime Minister to direct me to the section...

Mr. Speaker: Hon. Member is that a Point of Order? It is not.

Mr. Ali: Yes it is a Point of Order. He said that the document is on the website. The Hon. Prime Minister is misleading us and this House.

4.43 p.m.

Mr. Speaker: Thank you, Hon. Member. Hon. Prime Minister, please proceed.

Mr. Nagamootoo: I want to say that the proposals made in the motion were dealing with the issues of taxes for rice farmers who owe. As I had said before, in this honourable House, both the Minister of Agriculture and I interfaced with rice farmers throughout this country. We have spoken to the Guyana Lands and Surveys Commission, asking it to make new schedule of payments for rice farmers. We intervened and made broad policy statements, appealing to the banks that they should try to accommodate rice farmers who had gone through a rough period in the last drought. This is not a Government that sits on its hands; it is a proactive Government. I need to inform the nation that these were all efforts made by this Government.

As soon as we came into office, now that there is heaving rainfall, we have seen what has been done in areas that lack water. Now, we may have some levels of flash floods in rice growing areas. Some of the things the former Government had put in place... We will not deny or abnegate the fact that orders had been placed for pumps. I will not deal with the amount of money and which contractors got the orders, but they were installed and made operational under our Government. The Minister of Agriculture and I commissioned the pump at Lima, Essequibo, that could drain 90,000 gallons of water per minute. The pump in Gangaram was activated and a similar pump was activated at Black Bush Polder nearer to the Number 43 Village. It means that we were serious, from the inception, to look ahead not only to the drought period, but to activate the pumps so that, with the heavy rainfalls, farmers will not suffer from flood waters, particularly in Essequibo, Black Bush Polder and the Canje area.

Coming to the motion, we would like to say that we want and we appeal to the bankers to render softened terms of repayment for loans owed by farmers. We will continue to do that as a matter of public policy of this Government. We would also like to look at some of the conditions under which fuel could receive concessions.

Mr. Speaker: Hon. Prime Minister, you have five minutes remaining.

Mr. Nagamootoo: Thank you, Sir. You are most gracious. If the Guyana Rice Producers Association that claims to represent the farmers could provide us with some framework in which genuine rice farmers could receive some relief in terms of fuel, that, I am sure, would be worthy of consideration.

The Government, through the Guyana Rice Development Board, is prepared to import fertilisers and make them available to farmers at the lowest possible price. When we started

to import fertilisers, they made a big hue and cry because the former Administration and its friends and cronies were not getting contracts - soul source contract or single source contract. It is not that they want the fertilisers to come in for the farmers; they want the fertilisers' contracts to be given to its friends and for the old party to be continued where it helped itself to the farmers and the people's moneys.

We believe that we have to continue an aggressive marketing strategy. No country should be discounted, including Venezuela, though we have some levels of discomfort that Venezuela has gone into a meltdown. We worry whether it would be able to provide a reliable supply of fuel to generate our industries and to generate our energy sector. Though we are concerned about that, we did not end that deal. As far as we are aware, if Venezuela was interested in buying our rice, we hope the friends of Venezuela, on that side, would approach their friends *sénor Muduro* compañero and convince him that he should speak to the Government of Guyana.

We are willing to open our doors to everyone and so, today, I join with my Colleagues, who have spoken to this motion, to say that this motion is unworthy of our support. The intention of this motion is not to seek help for the rice farmers; the intention is to embarrass and criticise this Government. The intention has always been to shed some crocodile tear. This is where the 'H' word comes in...

Mr. Speaker: Hon. Prime Minister, you have one minute remaining.

Mr. Nagamootoo: Thank you very much. I believe that this specious claim that the Opposition loves the farmers, for us, over here, is not an argument because, after coming out of Government after 23 years and leaving this Administration with the bag to fetch, the former Administration has no meritorious claim to bring to this honoured House to say that we should cleanse your audience's tables in one year. We are trying as best as we could. We love the farmers. We embrace the rice farmers. We will continue to struggle for rice farmers and we will ensure that a better deal is realised so that they, also, will enjoy the better life.

Thank you very much. [*Applause*]

Question put.

Hon. Members (Opposition): Division.

Division bell rang.

The Assembly divided, Ayes 28, Noes 33, as follows:

Ayes

Ms. Veerasammy

Mr. Gill

Mr. Anamayah

Mr. Dharamlall

Mr. Charlie

Mr. Damon

Dr. Mahadeo

Mr. Chand

Mr. Neendkumar

Ms. Pearson-Fredericks

Mr. G. Persaud

Mr. Mustapha

Ms. Selman

Dr. Westford

Dr. Ramsaran

Ms. G. Persaud

Mr. Croal

Mr. Hamilton

Mr. Seeraj

Bishop Edghill

Mr. Lumumba

Ms. Campbell-Sukhai

Dr. Anthony

Ms. Manickchand

Mr. Nandlall

Mr. Ali

Ms. Teixeira

Mr. Jagdeo

Noes

Mr. Rutherford

Mr. Rajkumar

Mr. C. Persaud

Mr. Figueira

Mr. Carrington

Mr. Allen

Mr. Adams

Ms. Bancroft

Ms. Wade

Ms. Adams-Patterson

Ms. Henry

Ms. Charles-Broomes

Dr. Cummings

Mr. Sharma

Ms. Garrido-Lowe

Ms. Ferguson

Ms. Hastings-Williams

Mr. Holder

Mr. Gaskin

Ms. Hughes

Mr. Patterson

Ms. Lawrence

Mr. Trotman

Mr. Jordan

Dr. Norton

Mr. Bulkan

Dr. Roopnarine

Lt. Col. (Ret'd) Harmon

Ms. Ally

Mr. Williams

Mr. Ramjattan

Mr. Greenidge

Mr. Nagamootoo

Motion negatived.

Mr. Speaker: Hon. Members, it is now five minutes to five o'clock. We will take the suspension and we will return at six o'clock.

Sitting suspended at 4.57 p.m.

Sitting resumed at 6.07 p.m.

THE PERSISTENT SHORTAGE OF DRUGS AND MEDICAL SUPPLIES IN THE PUBLIC HEALTH CARE DELIVERY SYSTEM

“WHEREAS Article 24 of the Constitution of Guyana guarantees the right of every citizen to free medical attention as one of the fundamental rights;

AND WHEREAS the Ministry of Public Health is responsible to ensure that citizens have access to medicines and medical supplies in sufficient quality and quantity on a timely manner to ensure access to health care is a right and not a privilege granted by the government;

AND WHEREAS the National Assembly appropriated \$5.19B in the 2015 Budget and tripled the allocation to \$19B in the 2016 Budget, current and capital, for the Ministry of Public Health of which approximately \$5B has been allocated in 2016 for the procurement and distribution of medicines and medical supplies to all hospitals, health centers and health posts in Guyana;

AND WHEREAS the Ministry of Public Health has admitted that more than \$600M of the appropriated allocation for medicines and medical supplies were not utilized in 2015;

AND WHEREAS the shortages countrywide of basic and essential drugs and medical supplies were raised in the House with calls for urgent action to be taken by several Opposition Members of Parliament during the examination of the Estimates of the 2016 Budget on the allocations for the health sector in the central Ministry and the Regional health budgets;

AND WHEREAS at the present time there appears to have been no response to this growing crisis with no procurement of large quantities of these medicines and medical supplies dating back to latter half of 2015, despite on-going and persistent reports of the shortages of medicines, including basic and essential drugs, reagents and x-rays supplies across the country, and most noticeably at its tertiary care and referral hospital, the Georgetown Public Hospital, where \$2.8B of its \$7.2B 2016 budgetary allocation is for the procurement of medicines and medical supplies;

AND WHEREAS this is reaching crisis levels putting thousands of people’s lives at risk as the Ministry and Government continue to drag their feet and take no emergency interventions to correct the situation,

BE IT RESOLVED:

That this National Assembly calls on the Minister of Public Health to:-

Launch an immediate investigation into which drugs and medical supplies are not in supply and those that are in short supply (name of items and the quantities by region) in the public health care delivery system and to report within one month to the National Assembly on –

- (i) Which drugs and medical supplies are in short supply or non-existent and the reasons for the shortages of drugs in the public health care delivery system;
- (ii) The measures which have been, and are being taken, to rectify this ongoing crisis, the projected timelines for an improvement in the delivery and access to these medicines and medical supplies in the public health care delivery system across the country, and the budgetary implications of these emergency measures, if any; and
- (iii) The measures the Minister has put in place to prevent such a recurrence.”

[*Dr. Frank Anthony*]

6.08 p.m.

Dr. Anthony: Thank you, Mr. Speaker and Hon. Members. This motion comes in the wake of shortages of drugs and medical supplies that seem to be pervading the public health system. Over the past several months, there have been lots of newspaper articles reporting on the shortage of drugs and critical medical supplies. At one of the Public Accounts Committee (PAC) meetings, the staff of the Georgetown Public Hospital Corporation (GPHC) reported the shortage of more than 168 items. We have received reports that, at many of the hospitals, health centres and health posts across this country, there are varying shortages of medical supplies. We have received complaints from many patients with chronic and other diseases that medications are not available at the public pharmacies, forcing many of them to buy these medications. This is quite an untenable situation, especially for many poor people who depend on the public health system for their medication.

When the public health system malfunctions, it is literally a life and death situation. Elderly persons are most affected by these shortages. Many of the older persons have been diagnosed with various chronic non-communicable diseases such as diabetes, hypertension and

cardiovascular diseases, just to name a few. They are all dependent on their monthly medication to stabilise their condition and to prevent them from having further complications. Many of them, as we know, are beneficiaries of a State pension, but, I think, we will all agree that, with such a pension, they cannot buy food and monthly medication. So they are faced with a cruel choice and most will buy food and go without medication. This would further complicate or exacerbate their existing medical condition. This drug crisis is therefore putting many of our elderly persons at risk by not providing them with the medication that they need.

Antibiotics are standard care for most infectious diseases. Depending on the infection, there is an antibiotic or a combination of antibiotics that is preferred. When inappropriate antibiotics are used, they become less effective. The treatment can often be prolonged and this can lead to antimicrobial resistance. Over the past year, there has been a regular stock-out at the GPHC and at many of the regional hospitals. Right now, things like cloxacillin, ciprofloxacin, clarithromycin, azithromycin and a simple thing like Septrin, which is very commonly used, are out of stock. I understand that the GPHC, for example, on a monthly basis, would need 22,000 tablets of Septrin. However, right now, it has zero. That is what is going on. These are simple, common medications that are so needed in the system. A wide range of intravenous antibiotics are also out of stock, especially the cephalosporin antibiotics – these are required to treat the more severe forms of infection.

Similarly, at the regional hospital, there is a chronic shortage of intravenous antibiotics. The doctors have now started to resort to writing prescriptions and asking the patients' relatives to buy these antibiotics. Again, those who cannot afford antibiotics are left without and are left to suffer because of poor management in the public health system.

There is also a cruel irony and this situation is quite sad. For those intravenous antibiotics that are in the system, some of the hospitals cannot use them. The reason the hospitals cannot use them is because there is a shortage of syringes. For example, at New Amsterdam Hospital, there is a shortage of 2 millilitres (ml), 3 ml, 5ml and 10 ml syringes; this is a basic requirement. So, even when they have some intravenous antibiotics, the hospital cannot use it because it does not have syringes. This is not only an isolated case in the case of New Amsterdam Hospital, but many of the regional hospitals – Region 5, Region 2 and many other regional hospitals – have similar situations.

Tuberculosis (TB) is still a major public health challenge in Guyana. Last year, there were 511 new patients who were diagnosed with TB. Usually, TB patients will be put on

medication for a couple of months. There is a first-line treatment, which is a combination of drugs, and, if that fails, then we go to the second-line treatment. Currently, one of the main medications in this first line of treatment is not available at the Georgetown Public Hospital Corporation. That is fundamentally wrong because, if they cannot get the drugs at the hospital, then many of these patients would develop resistance and they will have to go to a more expensive second-line therapy.

During the debates earlier this year when I was asking the Minister some questions, one of the responses that he gave to me was that we were going to be buying second-line TB drugs. Well, cycloserine, which is one of the second-line drugs, is also, right now, out of stock at the Georgetown Public Hospital Corporation. While we agree with him that these medications need to be available and we all sat in this House and passed the relevant allocations to make sure that these moneys are available to buy these drugs, they are still not available at the Georgetown Public Hospital Corporation.

It is so bad; a common ailment that is very prevalent in this country – worm infestation... Would you imagine that, at the Georgetown Public Hospital Corporation, there are no worm tablets? That is a very cheap medication. So, I do not think that it is an issue of money here. It cannot be. It has to be some other thing and maybe this is symptomatic of what is happening in that Hospital.

Fungal infections are very prevalent in this country, yet our national referral hospital, the Georgetown Public Hospital Corporation, is out of antifungal medications. Even fluconazole the Hospital cannot get. When patients turn up there, they are told to go and buy these medications.

We have heard stories of people catching fits - that is a common term that is being used in our country or sometimes people say someone is “catching jumbie”. Well, really, it is not “jumbie”; the person is really having an epileptic seizure. But when people go to the Hospital, the medications to treat epileptic seizures, such as Dilantin, phenobarbitone and all of these things, are not available. None is available and that is really a shame.

When we look at mental health, many of the patients, when they turn up at the Georgetown Public Hospital Corporation’s Pharmacy, cannot get most of the antipsychotic drugs. I have a list of the medications that are unavailable at the Hospital.

People with Parkinson's disease are not spared as there is no medication for these patients. When we think about the chronic non-communicable diseases, some of the medications to treat heart problems are available and some are not. When a doctor prescribes - and there is a list that doctors have to use - several of these drugs are no longer available.

There are common illnesses in our country. A lot of people have hypertension, yet some of these medications are not available for hypertensive patients.

Diuretic drugs are not available. The International Diabetes Federation (IDF) has said that there are probably 60,000 diabetic patients in Guyana. But do you know what? Some of these patients would require insulin but insulin is in short supply. Again, some of the regional hospitals, perhaps because we are bringing this motion, just got a limited supply of insulin. But do you know what, Mr. Speaker? When the vials are checked, the expiry date is a short one. So this near to expire insulin that is now available at the regional hospitals cannot, in some cases, be used because the diabetic patients cannot get syringes to use the insulin. That is what is going on in the system, so we need to address some of these problems.

Glucometers in some of the departments of the Georgetown Public Hospital Corporation cannot be used because there are no strips. How are you going to fix this? We are not hearing how the Government is going to fix it so I hope that, during this discussion that we are having, at least we will get some solutions on how this is going to be fixed.

Women's health is also affected by shortages - the shortage of contraceptives. Progestin, too, is not available. Women who have ovulatory failure cannot get medication. When a pregnant woman goes to the Georgetown Public Hospital Corporation, basic vitamins like folic acid and iron are not available. What are we doing here?

This shortage of medication is a chronic shortage and it is a result of bad management, poor management. [Ms. Ally: That is misleading.] Misleading? I have a list of what is short. There seems to be a gender balance. It is not only about women's health; it is also about men's health. Men who have benign prostrate hypertrophy cannot get the medication at the Department of Urology. It has been prescribed but the medication is not available at the Pharmacy. So this list continues.

In the last debate, when we were talking about the Budget, I lamented the case that we are doing renal transplants at the Georgetown Public Hospital Corporation, which is a laudable thing. But, again, many of the patients who require monthly medication so as to prevent

rejection of this organ cannot get this medication at the Hospital. At the time when this surgery was being done, an undertaking was given that they would be getting this medication. Now when the patients turn up at the Hospital, they cannot get the medication. Because the medication is so expensive, many of the private pharmacies are not even stocking the medication. The only place that you can really get this medication is at the Hospital, but, if the Hospital is not providing it, where do we expect these patients to get this medication?

6.23 p.m.

This is a serious problem. Many of the cancer patients, again, when they go the Georgetown Public Hospital Corporation, cannot get the medication necessary to suppress their cancer. Something is definitely wrong with what we have going on at the Georgetown Public Hospital Corporation.

We all know that malaria is a big challenge in this country. One of the basic drugs used for malaria, chloroquine, is unavailable at the GPHC.

In addition to scarce medication, the fogging exercise against the *Aedes aegypti* mosquito is at a standstill. Many of the residents in Region 2, Region 3, Region 4, Region 5 and Region 6 have been complaining about mosquito infestation and that they are not receiving any help. It seems that we are in a catch-22 situation, where the central Ministry is, perhaps, looking at the region for the region to do the fogging while the region is looking at the central Ministry for it to do the fogging. In the meantime, not much is happening and so the mosquito population is increasing. That is a problem. We know of the many mosquito borne diseases that are around. Perhaps, if we look and examine that programme more closely, we will see that that programme has a lot of problems.

This brings me to a very important area, which I think we need to address, and that is the challenges posed by Zika in this country. Zika is a major public health problem in Guyana. Ignoring it will not make it go away and it would not be fixed by itself. The Minister of Public Health should tell us what mechanism he has put in place to collect information on suspected cases of Zika; not only the confirmed cases, but the suspected cases of Zika. How many of our pregnant women and mothers have been monitored and how many of those who are pregnant have Zika or have been offered the test to check to see whether they have Zika? How many of those samples have been sent to the Caribbean Public Health Agency

(CARPHA) laboratory? These are important things. The Minister has said to us that there is a monitoring system in place. Well, if there is, then it is easy to get this type of information.

I saw an article, today, where the Minister said that there are nine confirmed cases, but we know and people who have been in the health sector and who are practising know that there are many more suspected cases of Zika. Perhaps, the Minister should look at the World Health Organisation's (WHO) definition of what a suspected case is. You cannot go around testing everybody. The WHO has come up with a definition, a set of clinical signs and symptoms that can be used to determine whether someone has Zika or not. As far as I know, clinically, and, therefore, that is why it is suspected... So, it is there; the guidelines have been provided. Are we using it? That is something that I would like, when the Minister responds, to be told. We, as citizens of this country, deserve to know what is happening with this outbreak. We have, also, an international obligation to report. According to WHO's Interim Guidance which was issued on 7th April, 2016, we are obligated to report:

“Number of suspected and confirmed cases of Zika virus infection per week and by geographical area...”

I hope that the Minister and his technical staff are aware of this requirement. Since, I assume, they have been reporting to the WHO, then, I do not think he should have any difficulty releasing that information to the Guyanese people.

On 5th May, 2016, the WHO Situation Report stated that there are 57 countries and territories with the Zika virus outbreak. Of these, 13 countries have reported an increase of incidents of the Guillain-Barré syndrome. Among the countries, which are right around us, are Brazil, Venezuela and Suriname which have reported an increase in the cases of Guillain-Barré syndrome. What I want to ask the Minister is whether or not the case or cases that he has spoken about in today's newspaper are associated with the Zika virus. It is important because, within a very short period of time, within the last two weeks or so, we have seen an increase of about five cases.

Mr. Speaker: Hon. Member, I am very diffident in the question I am going to ask or, perhaps, the reminder I am going to give. I did read the motion and I saw that it was focused on drugs, but you seem to have left drugs behind. I am just wondering if it is part of the presentation. I am puzzled. It seems to me and, perhaps, to the ordinary and untutored

persons, that we are now not discussing drugs, but we are discussing an illness or a disease. Is it all part of the shortage of drugs?

Dr. Anthony: It is, Mr. Speaker, and I will come...

Mr. Speaker: It is all part of the shortage of drugs.

Dr. Anthony: Yes, it is.

Mr. Speaker: But there are no recommendations in the motion which speak to that. I am just seeking clarification here.

Dr. Anthony: Well, Mr. Speaker, I will get to the point where I want to explain what is happening.

Mr. Speaker: You will get to the point.

Dr. Anthony: Yes. So, Mr. Speaker, for the cases of the Guillain-Barré syndrome, the Minister is saying that it is four. I have information that there are five cases. What I want to know is why, over the last maybe two weeks or so, while these persons were hospitalised, we did not see it fit to take off the necessary blood samples and send them to check to see whether these persons have Zika or not. That is one thing.

Second: why is this important? It is important because persons with the Guillain-Barré syndrome, after a while, cannot breathe independently and they need ventilators. There are two cases that came from Berbice. The New Amsterdam Hospital does not have a ventilator. There is a case that came from the Essequibo Coast and there was not any ventilator at the Suddie Hospital. There is one that came from the islands and, again, there is nothing there, and there is one from Tuschen.

Mr. Speaker, in the treatment of these persons, it is also required or part of the treatment is to give these patients immunoglobulin, and the relatives of the patients who are in the hospital are asked to go and buy immunoglobulin. Now, in some cases, for some of these patients, they need 25 vials. One vial costs about \$100,000 minimum and one patient needed about 35 vials. Now, the challenge here was one of the cases, which was reported in the newspaper, about a cane cutter who could not afford \$2.5 million for his treatment, and the hospital was not able to provide the immunoglobulin that was necessary. We need to do something about

this, and I am sure that the hospital can procure some immunoglobulin so that these patients can expedite their recovery.

Maybe some of the things that I have said here might have given the Minister a headache, but, if he has a migraine and he goes to the hospital, again, there is no migraine medication. Things like diclofenac sodium are not available at the hospital. Perhaps, the litmus test of what is happening with the system is that they do not have aspirin. That is true. They do not have aspirin at the hospital. So, this is a serious issue that we have.

Recently, we marked vaccination week and, during vaccination week, we spoke about going for gold, meaning that we increased the number of people getting vaccinated and so forth. All this is very laudable, but guess what? They do not have the polio vaccine at the GPHC. Maybe they have in other parts of the system, but, again, at the Hospital, they do not have. It is on the list that they have circulated and it states “nil”.

Apart from the shortages at the GPHC, the regional hospitals have a number of challenges. Many of them have surgical theatres, but are unable to perform surgeries because of simple things: they do not have sterile gloves and sutures. There are also no sutures at the New Amsterdam and Suddie Hospitals and at other places. In one case, a hospital has the scalpel but no blades. So, I guess this is a modern marvel of how we are running a surgical department without sterile gloves, sutures and scalpels. Other medical supplies that are not available at some of these hospitals include chest tubes, nasal gastric tubes and dressing trays with instruments. Imagine going to a hospital where there is normal saline and the tube for the saline, but the intracatheter to give you the saline is not there. So, again, everything else is there but the needle to get access to a vein is not there. We definitely have a big problem. At the paediatric departments of some of these hospitals, the cord clamps are not available.

6.38 p.m.

This is the clamp that is needed when one wants to clamp off the umbilical cord – the navel string, so to speak – of the baby that is born, that is not available. The paediatric nasogastric tubes are not available.

In the radiology departments, x-ray films are in short supply at most of the regional hospitals. At the New Amsterdam Hospital, x-ray machines cannot do chest x-rays. They can only do the smaller types of x-rays. At the Leonora Cottage Hospital, there is a shortage of films. At the Suddie Public Hospital, there is a shortage of x-ray films. I suspect that this is the case at

the Charity Oscar Joseph Hospital as well. All of this is happening on the coastland. Imagine what is happening in the hinterland. I would leave that for some of my regional colleagues to deal with because they have more in-depth information about what is happening in those areas.

The Minister of Public Health has promised the nation an open competitive bidding process for the procurement of drugs and medical supplies. I searched the Ministry of Finance's website to find out how many tenders were awarded in the public health sector. Unfortunately, the information is very sparse. There is another section that deals with the Minutes, the opening of some of these tenders, and, again, the information is very sparse. Yet, we were told, and in some cases it has been reported in the newspapers, of Cabinet's no-objection to the purchase of drugs and medical supplies, but we cannot find the documentation. Perhaps, the Minister could clarify why the information is not on the website. Perhaps, he should also use the occasion to tell us how many tenders of drugs and medical supplies have been awarded nationally, how many were open competitive bidding, how many were selective bidding, how many were sole sourced, what the value of these contracts were and who won these bids. I think the public would like to know.

I want to ask similar questions for the various regions. It is because the country has gone to a different system where the Government is allocating moneys directly to the regions. I want to know about the regional tenders of drugs and medical supplies. How many of these tenders have been open competitive bidding? How many have been selective bidding? How many have been sole sourced? What were the values of these contracts? Who won these bids? I think that we are all entitled to this type of information.

It would be useful for the Minister of Public Health to tell this House whether there is an updated national formulary or an essential drug list. Who was responsible for the selection of the drug list? Who is responsible for the product specification? Was there a technical committee in the Ministry? If not, why not? Who is responsible for the quantification of drugs? If they were being quantified properly, how is it that Guyana has ended up with this shortage and crisis? What method was used to determine the quantity that was needed? It is the thing we say for the regional level. It is because in each one of the regions the morbidity pattern is different, so the needs would be different. Perhaps, the Minister, when he is making his presentation, would be able to tell us some of those things.

I would also like the Minister to say what method the Ministry is using to certify suppliers of drugs and medical supplies. He should tell us whether or not they are delivering on time.

In the newspapers we have all read that there is an ongoing controversy over a milk product. Perhaps the Minister would use the occasion to enlighten us and the general public about this situation. Has an order been issued by the Government Analyst Food and Drugs Department (GAFDD) for the recall of this offending milk? Has this product been recalled or not? If not, why not? Where is the recall product being stored? This milk was procured by the public health sector for various hospitals. Could the Minister say how much of this milk was bought for the public health sector? What was the cost? Were there any adverse consequences for the people who consumed the milk? Now that this product has been recalled by the Government, could the Minister say to us when the Government would be refunded? What is the quantum of money that has to be returned to the Government? We expect some answers.

What is interesting is that the public officer, who seemed to have been doing his job, there is a rumour, which has been circulating, that he has been sent on leave. Perhaps, the Minister, when he is making his presentation, would tell us whether or not this public officer has been sent on leave because he dared to recall a substandard product.

The shortages of drugs and medical supplies have serious consequences for the people of this country and we need to put systems in place to ensure that these things do not reoccur. I am sure that the Minister would tell us what systems he has put in place so far.

Thank you very much. [*Applause*]

Mr. Charlie: I take my stand in this august House to add to this motion titled “Persistent Shortage of Drugs and Medical Supplies in the Public Health System”, particularly in Upper Takutu/Upper Essequibo, Region 9. Indeed, the shortage of basic drugs and medical supplies does exist in Region 9. These include Panadol, Chlor-o-phan Expectorant, Ibuprofen, Piriton, multivitamin and eye drops, among other basic drugs.

To justify this, Parishara Health Post, in central Rupununi, where our coalition Government Ministers frequently visit, but failed to visit that health post to find out if there are adequate drugs and medical supplies, also Nappi and Hiowa. Basically, there is a shortage of drugs as I speak at this time.

Health facilities across the region, to date, have not received any drugs and medical supplies from the Government for the year 2016, although CRIVS were submitted. To date, there is a shortage of drugs. What is hindering the procurement of drugs and medical supplies for Region 9, Mr. Minister of Public Health? Added to this, during the months of March and April of this year the Lethem Regional Hospital had to be assisted with drugs and medical supplies from a hospital in Bonfim in neighbouring Brazil. These included x-ray films, infusion sets, urine bags, injections for *bush yaws*, Aminophylline injections and nebulisation solutions, among others. I could go on. This shortage left patients to purchase their medications. Hon. Minister, why?

A sum of \$73,871,000 was approved by this House for the purchase of drugs and medical supplies under the programme Regional Health Services of Region 9 for the fiscal year 2016. However, this allotted sum has to be warranted from the region to the Ministry of Public Health for the procurement of drugs and medical supplies for the region. Could the Hon. Minister say why?

Visits were made to the Quarrie and Moco Moco Health Posts, respectively. At the Quarrie Health Post, it was discovered that only one bottle of Chlor-o-phan Expectorant was in stock to service 243 residents of the village. Residents complained of drug shortage and the health post had to be borrowing drugs from other health facilities. This, too, has since been stopped because those health facilities are without the basic drugs as well, as I speak. Where is the good health? Where is the “good life”? Where is the “fresh approach”?

While the Government is celebrating a golden jubilee, our health facilities are empty. There are not even basic drugs for the people. What a shame and disgrace to know that Food for the Poor (Guyana) Inc. had to distribute Tylenol and Centrum to health facilities in Region 9. Where is the budgeted provision? Where is the “green economy”? Are we going back to prior 1992? The health system needs attention. Fix it now. People’s lives and health are first and foremost.

The Moco Moco Health Post is presently not in use. This is since it was rehabilitated in 2015. High profile Ministers visited Moco Moco village and none of these Ministers paused to find out what was wrong with the Moco Moco Health Post. Added to this, the community health worker has to function in a termite-infested library which was provided by the village council of Moco Moco. What a shame, Minister. Who cares for public health in Region 9? Who cares for the Amerindian people? We say that the system is wrong. Fix it.

In conclusion, article 20 of the Constitution clearly stipulates the right of every Guyanese citizen to free medical attention as one of the fundamental human rights. The residents of the hinterland region of Guyana, particularly the Amerindian people, call on the Minister of Health to ensure every citizen has access to drugs and medical supplies in sufficient quantity and quality.

6.53 p.m.

We, the residents of Region 9, have to be served first and foremost. Our health is in jeopardy at this time with the shortage of drugs and medical supplies. Where is your interest in the people of Region 9? I challenge you, the coalition Government, to fix the health system and let us move forward if you are serious. The people are judging you on this. Come on coalition Government, we need help. Everyone across Region 9 and the hinterland regions, are serious with their health. Let us not play politics with people's lives, with people's wellbeing. It is a very serious situation in my region and across the country. I challenge the Minister to ensure access to proper health care which is a right and not a privilege granted by this coalition Government. Fix the health care system.

Mr. Speaker, I thank you. [*Applause*]

Minister of Public Health [Dr. Norton]: I rise to make my contribution to this debate. I wish to acknowledge the concern raised by the Hon. Member Dr. Frank Anthony and the Hon. Member Mr. Charlie. I welcome the opportunity to provide clarity and to allay their fears with respect to the issue of the alleged persistent shortage of drugs and medical supplies in the public health system which has in the recent past attracted the attention, especially of particular newspaper in this country. I am happy to be made aware that the Hon. Member Dr. Frank Anthony is cognisant of article 24, according to the motion, of the Constitution of Guyana which guarantees the right of every citizen to free medical attention. For the Hon. Member Charlie, it is article 24 and not article 20.

The Hon. Member Dr. Frank Anthony in his motion also mentioned the responsibility of the Ministry of Public Health to ensure that citizens have access to medicine and medical supplies in a sufficient quality and quantity, and in a timely manner. I say this because it seems that the Hon. Member was not aware of this during the over two decades that his party, (PPP/C), was in Government. He did nothing during his time. If he did, then he failed

miserable in his efforts to have his Government comply with the above requirements of article 24.

Just over one year and few days after the coalition Government came into power, as that famous old Dutchman Rip Van Winkle, 'Van' Anthony has now awoken from his deep slumber during which he might have had a nightmare about the lack of medication and medical supplies during his party's reign in power, so he is now running in a hurry to bring this motion before this honourable House as though he has just taken a good dose of laxative, and hence the motion.

This is one of the most misrepresented issues, in recent times, in our newspapers here in this country. One of the newspapers carried an article which stated that there was such a shortage of drugs and medical supplies at the Georgetown Public Hospital Corporation, which the Hon. Dr. Frank Anthony has spoken so much about. I remember carefully when such an article did appear, it was one Saturday morning. I confronted the Chief Executive Officer (CEO) of the Georgetown Public Hospital Corporation who, in no uncertain terms, challenged the newspaper and invited the officials to visit the hospital to see for themselves rather than just write what persons might have said to them. They went, they saw and they reported that there was no shortage, but only a few days later they described the visit as a sham. That is what was carried in the newspaper again. The source of the newspaper claimed that the alleged tour was an effort by the administration to cover up the purported shortcomings. There was no shortcoming.

It was further reported, a few days after, that 68 out of the 86 drugs on the essential drugs list were in short supply on the Ministry of Public Health. The Hon. Dr. Frank Anthony would know that we do not have 86 drugs on the essential drug list. It is much more than that, hence, the inaccuracy of such a statement. It was there in the newspapers and persons were taking it as though it is gospel, because it was there. This statement was allegedly quoting a source from the Pan-American Health Organisation/World Health Organisation (PAHO/WHO) which categorically denied having made such a statement. The representative, in a letter to the newspaper clarifying the situation and copying it to the Ministry of Public Health, said not only was it inaccurate but embarrassing to that organisation since he knew nothing about it and he was the only person who could have made a statement on behalf of that organisation here in this country. He also stated that while PAHO is assisting the Ministry of Public Health to bring some medication and medical supplies into this country, these activities are

not because there are shortages, but are activities to prevent shortages. The help was solicited, yes, of course, by the Ministry of Public Health, while we sort out the teething problems we are encountering in the realisation of a new method of procurement. We are changing from that old single source method that was used over the years.

The PAHO representative also stated that formal visits by that organisation - this is not the Ministry of Public Health, but PAHO – to New Amsterdam in Region 6 and Mahdia, in Region 8, only a few weeks ago, during which discussions were held with health care providers, revealed that there were no shortages of medicine and medical supplies. I wish to state that, quite unlike the Hon. Member Dr. Frank Anthony, who depended on his regional colleagues to tell him what took place in the regions, I personally visited the regions from White Water Creek in Region 1 to Sand Creek in Region 9, from Moleson Creek in Region 6 to Bamboo Creek in Region 8. I have been there and I know what takes place on the ground. I have been accompanied by senior health officials and have held discussions with regional health officers and administrators. None of the officials of those regions said that there was a stock out of essential medications. However, it was seen in the newspaper article that Regional Chairmen of particular regions of this country were saying everything contrary to what the regional health officers were saying in the regions and that was seen in the newspaper articles also. Those particular regional health officers, rather than complaining to the Ministry of Public Health, were speaking to the newspaper. That is what is referred to as playing politics with people's health.

I want to say that categorically there is no crisis in the health sector so far as it relates to medicine and medical supplies as is mentioned in both the sixth and seventh Whereas clauses. I do concede, however, that there were shortages of a few medical supplies, but not essential medicines as stated before, and steps are being taken to remedy the situation. We, therefore, cannot in no way support this motion.

I would like to quote the Hon. Prime Minister and First Vice President, the Hon. Mr. Moses Nagamootoo, in his feature address at the Health at 50 National Symposium on 13th May, 2016 he said, and I quote:

“We must be warned that there are companies out there, even friends, that have placed tremendous pressure on our financial resources to sole source drugs and medical supplies, for every ailment whether real or perceived. This lobby is like a huge snake, a hydra, with many heads and many mouths. They speak loudly with their many

mouths and already you hear a new chorus that there is a drug shortage in every region.”

That is what the Prime Minister said. This is the chorus we are now hearing from the Members of the Opposition. That is why we have eight speakers who are going to repeat after each other and say the same things. They are singing in the chorus. It reminds me of a Russian leader - I do not want to call the name - who said if you repeat the thing often enough you yourself would tend to believe it. That is what is happening over there. With your eight speakers who keep repeating that there is a drug shortage, you would want to believe there is a drug shortage.

There is, therefore, no need to launch any investigation as is requested in the resolve clause and neither to report the supply of these items to the National Assembly. We do not have a problem with that. We can do so. If we do so, we would base it on sensational and speculative considerations. This is totally unnecessary and uncalled for.

However, as is requested in part (ii) of the same clause, I wish to take this opportunity to inform this honourable House of the steps this coalition Government is taking to ensure that there is a level playing field in the procurement and supply of medicines and other medical supplies. It is something unheard of during the PPP time in Government when there was no level playing field. I can say this without fear of successful contradiction, if I might quote the other Norton.

Mr. Speaker, permit me to explain, because the Hon. Member Dr. Frank Anthony has so requested that I explain, the new process of this coalition Government for the procurement of drugs and medical supplies as was presented by the Ministry of Public Health, Programme 4, Regional and Clinical Services in the budget. The procurement of drugs and medical supplies remain a centralised process essentially, with the exception of minor purchases which include medical gases, kits for snake bite and small emergency supplies. These allocations have been distributed by the Ministry of Finance across the ten administrative regions as a first step in improving the programme budgeting of health cost at a regional level, to determine the total cost of drugs expended to address the disease profiles in each region. The Hon. Member did say that all the different regions have different requirements for drugs and medications. It is for that reason we send such out to the different regions because they would know exactly what they want.

7.08 p.m.

This is so because the regions will be in a better position to know exactly the type and quantity of medication that is required in each region. Procedurally, these moneys will be warranted back to the Ministry of Public Health, to facilitate centralised procurement and to benefit from economies of scale and to obtain the requisite quality control.

It is a fact that at the end of 2015, \$600 million was returned to the Ministry of Finance, but this was because of the time of the presentation of the budget. It was way down in the month of August of that year and, of course, the change in the system of procurement from that which existed before. It is important to note, however, that the \$600 million was accounted for and it did not disappear into thin air or into anyone's pocket. That is what we can assure the nation of, that we can give account for all the moneys that we are involved with.

In my budget presentation of 2nd April, 2014, I spoke about the non-availability of drugs in the public health system, since this was a regular feature during the PPP/C regime. The Hon. Member Dr. Frank Anthony stood and spoke as though this is the first time this is happening, as though he never heard about it before, and that is why I had to mention that he appeared to be as Christopher Columbus, coming for the first time to hear about the shortage of drugs.

Even a senior official of the past regime, while acknowledging the state of affairs of drug shortages described the solution of this problem of being a daunting dilemma. This was when the Ministry of Health was under the control of the Hon. Member Dr. Bheri Ramsaran. That official claimed that the shortages were linked to the tendering process that existed then. That system, which existed, remained in place up to the time that this coalition Government took office. The Government of the past regime refused to purchase drugs and medical supplies in accordance with the procedures established by National Procurement Tender Administrative Board (NPTAB) through open tendering and competitive bidding and refused to stop the use of a Cabinet order for the purchasing of pharmaceuticals.

A particular company, at that time, was the Government's main supplier. Since 2005 that company delivered 80% of the Government's requirements for pharmaceuticals and medical supplies. This was in spite of the burning question over the cost of drugs and its untimely delivery. One can remember the newspaper of those days screaming that Government paid \$18,000 for \$2,000 pressure tablets and \$80 tube of Hydrocortisone being bought by the Government for \$500. These are examples of many high costs of medications that could have

been had for a much low price. The Government of that day was not interested in that. They were interested in purchasing drugs from one particular company. The goodly honourable Minister of Health, then, claimed that he conducted an investigation that lasted a few hours into this scandal of buying drugs at high cost and he was satisfied that the prices were okay.

The pre-qualifications of supplies were skew in such a way that it gives that particular company an unfair advantage over the rest of suppliers. Since then, we from the A Partnership for National Unity (APNU) was calling on the then Government to seize that process forthwith and, together with all the potential suppliers, create a level playing field as much as possible, practically.

The Auditor General's report, over the years under the PPP/C Government, revealed a number of discrepancies with respect to the performance of that revered company. There were outstanding deliveries since 2008. There was as much as almost \$80 million in 2008 that was not delivered. In 2011, it was almost \$60 million not supplied by that company that it was paid to do. As of 30th September, 2013, medical supplies valued at \$58 million had not been delivered to the Georgetown Public Hospital Corporation and that the related bank guarantee had expired since the month of April of that year. It was not only at the GPHC, similarly with regard to the Ministry of Health drugs and medical supplies valued at \$164 million that was paid to this company was not delivered and it had no bank guarantee for that amount.

One is left to ponder why the Ministry of Health should persist with a supplier that is failing to comply with the delivery of drugs and medical supplies that were already paid for and also failing to comply with recommended delivery schedule. That was only allowed to continue because of some hidden agenda. It is for this reason that our Hon. Prime Minister had called for an inventory of the purchase of medical supplies over the last decades, since he said, "we ought to know how we spent our limited resources." It is definitely not in the public's best interest to have one supplier having a virtual monopoly in the delivery of drugs and medical supplies to the Government. This is the main underlying reason for this motion. It is because that particular company will no longer enjoy the special treatment it did before.

The situation, as it stands, where shortage of medical supplies is concerned, is a dangerous situation. It is something that we came and met. It is something that we made a commitment that we would change. The Hon. Member spoke about Leonora Cottage Hospital not having medical supplies, but not so long ago in their regime there was a six-year-old boy who died at

Leonora Cottage Hospital for wanting of oxygen, who joined the series of others who did. We are saying that this will never happen again under our regime.

The Auditor General, again, pointed out in June of 2013, \$65 million worth of drugs and medical supplies were expired at the Georgetown Public Hospital Corporation. Do not think that is much, because that was at the Georgetown Public Hospital Corporation, but at the Ministry of Health it was \$208 million. All in all, in 2013, there was GY\$273 million worth of medical supplies being thrown down the line. That is the Auditor General's report. This was such a standard that even the former President, himself, Mr. Ramotar, who said on 30th December, 2013, that we spend billions of dollar every year to buy drugs yet we are confronted with shortage of drugs at health facilities. He went on to say that millions of dollars of expired drugs are written off and dumped in large quantity. This is what the President of the PPP/C said in 2013.

The coalition Government set out to do the following;

- (i) To create a system where access to medicine and medical supplies would be in sufficient quantity and quality.
- (ii) The issue of expired drugs would become a thing of the past.
- (iii) To put in place a system of procurement that will not favour a particular company.

We have begun to make this goal a reality. The evaluations of tenders for the procurement of medicines and medical consumables at the Georgetown Public Hospital Corporation has been recently completed and have been returned to NPTAB for appropriate action leading to the granting of awards. The tender from 20 bidders for the procurement of medicine and other medical supplies for the remainder of the public health system was open on the 26th April, 2016. These tenders are currently being evaluated and the process should be completed shortly, if not already. Government recognises the development and implementation of a transparent and equitable process of procurement of medical supplies, which will take some time, especially given the fact that this process represents a new and radical shift from the old questionable pre-qualification process.

It is in this light of the Ministry of Public Health, of this coalition Government with the support of PAHO/WHO, we are currently pursuing an arrangement with the International Dispensary Association to facilitate an integral supply of medicine and other

pharmaceuticals. I wish to state that today the Ministry of Public Health has spent in excess of \$220 million in the procurement of drugs and medical supply. This does not include the procurement done by the GPHC, which to date has spent in excess of \$600 million on medication and medical supplies. This speaks to the question of measures that are in place to ensure that drugs and medical supplies are always available.

I, therefore, wish to assure this honourable House that the Ministry of Public Health is constantly monitoring the pharmaceuticals situation across the country with a view to ensure that there is neither shortage nor wastage of medicines and other medical consumables. One cannot be unmindful of the huge quantities of expired drugs that had to be dumped amounting to millions of taxpayers' dollars. In this regard, a logistic management information system is currently being implemented with the support of United States Agency for International Development (USAID) supply chain management system across the public health system. This system will further serve to strengthen the monitoring of pharmaceuticals supply chain and thereby making the exploration of millions of dollars' worth of medicine and medical supply a thing of the past.

Having pointed out the situation as it is in reality that is there is no truth in the alleged persistent shortages of drugs and medical supply in the public health system, and with regard to the different steps that we have put in place for the procurement of drugs and medical supplies, we are certain that we will correct the situation that we inherited as a new Government and we therefore cannot support this motion.

Thank you very much. [*Applause*]

Dr. Westford: I rise to support the motion brought to this House by Dr. Frank Anthony. Sir, tonight is a sad night for me as medical practitioner. The Hon. Minister just mentioned..., and he described Dr. Anthony as Rip Van Winkle. Well I dare say that the Hon. Dr. Norton is behaving like the proverbial ostrich tonight.

If the Hon. Member is going to stand in this House and tell us that there is a perceived... or there is no drug shortage in the health sector, that it is alleged in this country, it is a sad day for the citizens of this country, and that includes all of us in this House. Could the Hon. Minister stand and tell those persons who use our health system and they cannot get basic drug that there is no shortage? It is perceived. The Hon. Member Dr. Anthony gave us a long

list of drugs and I dare say Sir, I also have a long list, three quarters of it are mimicking the said medication that he spoke about.

7.23 p.m.

Dr. Norton mentioned that if we repeat things it tends to become the truth and that a long line of us will stand up and say the same thing. We are not going to be singing any tune that is not accurate, Sir. Sir, how can we say that we do not have basic shortages? When you go to something called a hospital – I am not speaking about a health centre - and you cannot get a simple thing such as something called Oral Rehydration Solution (ORS). For those who do not know what ORS is, it is the most basic of things that when a child comes with a diarrhoea to save his or her live. That is not there, Sir.

We heard, a short while ago, the Hon. Member Dr. Norton stood up and instead of trying... First he said there was a perceived or alleged shortage and then we were even told that there was this child who died at Leonora Cottage Hospital from lack of oxygen. Well, Sir, there might now be oxygen there, but unfortunately a child will die if he goes there, again, because there are no oxygen masks which are very vital. I will never stand here, as a medical practitioner, and lie to this honourable House or to the citizens of this country. I am telling the truth. I dare anyone in this House to go to the institutions. I dare anyone of them to go out there and come back here and say that this is not true.

Dr. Anthony spoke of sterile gloves, and it is true, Sir. God forbid, if any one of us in this House should walk out there and we get into an accident we dare not go to our public health institutions because if we have a broken leg we are going to have to walk on that broken leg. It cannot be fixed. There is a shortage of the facilities there to do these things. Sir, I am not going to call names of any of the patients here but I can tell you that a patient, just last, week went to one of our major institutions with a laceration on his hand, partially severed, was sitting for two hours, not waiting, while he was sitting there, there were no sutures. It could not have been stitched. He had to go to the private institution; he had no money...
[Ms. Broomes: It is a story.] It is no story Hon. Member Ms. Broomes because I was the person the person called for assistance. I do not speak of anything I do not know about, Madam, and it is a sad day. My two colleagues in the health sector...

Mr. Speaker: Hon. Members, the mode of address is still to the Speaker we cannot deviate from it. I will not permit it so I invite your cooperation to address your remarks to the Speaker.

Dr. Westford: Thank you Sir.

Mr. Speaker, I will not stop here and say untruth that pertains to the shortages of drugs in the medical sector. The Hon. Member Dr. Norton said that - it was very good I liked when that - that the former President Ramotar spoke about how much moneys were being spent and yet we were having drug shortages. That was very good that we acknowledged that there was a problem and because we acknowledged that there was a problem we went and we did an investigation and we found out where the problem was. It was a distribution problem; it was a logistical problem. Sir, we could have sorted that out but you cannot sort out when you do not have. Do you know Sir, the last day of sitting when we said were going to be returning on today's date, I turned to one of my colleagues and I said that this motion is going to be overtaken by events. I was wrong because I felt that my colleagues in the health sector would have flooded the system with the medications and supplies that were short, but alas, it has got worse. My information, as of today, is that that situation, which existed two weeks ago, has got even worse today. The little, which was there, is now finished. This is the truth.

It is very important for all of our citizens out there Sir, very important. We are not going to get up one morning and get a text message or a whatsapp message saying that on the 15th October that "you are going to get a heart attack but prepare do not go to the Georgetown Public Hospital Corporation put up some money so that somebody can take you to another hospital." We do not get those notices, Sir. Illnesses do not tell you when they are coming. Accidents do not tell you when they are coming. Any one of us sitting here, all of us are citizens of this country, could all fall prey to this situation that is occurring.

It seems to be an exercise in futility if the Minister is going to say that there is a perceived and alleged shortage. What are we really doing here? This is not for political... I heard the Minister is saying it is because of the procurement that somebody is not going to be getting the drug procurement package. Hats off and congratulations to the Ministry of Public Health. It has the right to look at whatever procurement method it wants, revolutionise it, but when changes are made they are made for the betterment not to worsen things.

They have changed the procurement system. They have not only thrown away the bath water, they have thrown the baby away with the bath water. Instead of things getting better they have got worse and unless it is accepted that there is a problem it will never be fixed. We are going to be right back where we started. We were regaled that in our time we had this problem. Fair enough, you are there now, Sir. They have to fix it, Mr. Speaker. There is a Ministry of Public Health and it has to fix the problem. If you are going to a home and it has hole and it is leaking, are you going to go into the corner and say that I got it like this and I have to stay in the water? No. You have to get it fixed.

On the 6th August, 1985 a 62-year-old, very prominent and senior official, a Government official, of this country sent shock waves across, not only in Guyana but across the world, when we heard that person died. It was someone who went into a hospital for what was considered not a very major surgery, a simple surgical procedure. The procedure was successful, Sir. That person came out of the operating theatre, went into the recovery area and lo and behold a there was complication of the anaesthesia, of the anaesthetic agent, which was not really expected to occur. I am going to speak not in big fancy medical terms. I want everybody to understand me. His heart started beating erratically – beating out of line. It was beating fast up down and around. There is one small equipment that could have been used to rectify that situation. It is something called a defibrillator, because what that condition is called is a fibrillation of the heart. It was going in all fancy directions. Do you know what, Sir? There was no working defibrillator in the Georgetown Public Hospital Corpora at that point in time – none. As they say, it is karma or poetic justice, and that individual died for want of that small equipment. How many others might have died before that? They were not important. Let us take warning. History has a way of repeating itself, Sir. We should not be mocking; we should be taking this issue seriously. Every one of us here may not have the chance to say where we should be taken - take me to Balwant Singh Hospital, Prashad's Hospital or take me to St. Joseph Mercy Hospital. We may not have that chance to say that. We are going to be taken to the first Government hospital. Lo and behold, that is where we may end or see the last light.

I want to beseech my two colleagues who are medical practitioners, as myself: Let us not put politics ahead of their profession; let us not put politics ahead of people's well-being and people's lives in this country, Sir. Even if the Minister does not want to accept that there is a problem in the health sector with drugs, I would like to ask both of those Ministers when they leave here to go back to their offices and ensure that there is a proper investigation as to why

there is these shortages. People are suffering, Sir. Again, I sound the warning it may not only be the people out there. We in here are also a part of the persons who visit those health sectors.

I thank you Sir. [*Applause*]

Ms. Pearson-Fredericks: I rise to join my colleague in support of the motion before us, “The Persistent Shortage of Drugs and Medical Supply in the Public Health Care System.”

I must say that I am taken aback with the presentation or what Hon. Minister Dr. George Norton said. If I got it correctly, or if I understand, the Hon. Minister is saying that there is no drug shortage in this country. I am sad; I am disappointed, because from my moving around - I move around quite a lot - it is no secret that there is a problem in our health care system. There are shortages of drugs. How could our Hon. Minister say to this honourable House that there is not a problem?

Our hospitals in Region 2, public hospitals, Suddie Public Hospital and Charity Oscar Joseph Hospital, and some of our health posts, there is a problem. We should acknowledge this problem. I am not going to read out a long list of drugs because I am not doctor, so I may call the names wrong. What I am going to say is that the Government has a responsibility to the nation for proper health care.

7.38 p.m.

I wish to remind my Colleagues on the Government’s side about what was said during the campaign. I have here a copy of their manifesto. Under the topic of health and I will not read the entire document I am going to read one sentence, on page 23, it states:

“APNU/AFC’s first priority will be to make the system work better with the money it has.”

I wish to say that, presently, the system is not better. Under health, they listed 12 actions. I want to call it 12 actions. I would not read all of them; I would only read number seven. Number seven states:

“Provide full transparency and accountability in the procurement of pharmaceuticals products.”

This is what we are actually asking in this motion; for us to get some information. In the 2015 Budget, for the Ministry of Public Health, billions of dollars were allocated. In the year 2016 that Budget was tripled and those allocations are there. So why do we have the problem of shortages of drugs, when funds are available? Why do our people have to turn up at the public hospitals in Suddie and Charity and are given prescriptions to purchase drugs?

Recently, I visited Mashabo in Region 2 and they the concern was raised with me. Funds are available. It was promised in the manifesto. It is time that you fix it; it is time that the Minister of Public Health addresses these issues; it is time that we stop saying that there is not a problem; and it is time that we recognise and say yes, there is a problem and fix it. What is wrong with acknowledging that we have a problem? I am saying that it is time that this problem be addressed; it is time that necessary actions be taken to address this serious issue.

This issue of shortage of drugs is a threat to us, our Guyanese people, not only the Indigenous people, but all Guyana. For the Indigenous peoples' look at the distance and I am speaking of the Pomeroon. If the necessary drugs are not at our health posts and health centres, in areas such as Karawab, St. Monica, Kabakaburi and in the Upper Pomeroon River, persons would have to travel to Charity for prescriptions to purchase drugs. This is not fair.

Our people are poor and some are unemployed, not forgetting our pensioners. If the people have to squeeze the money to buy the necessary medical supplies, they would need that same money to purchase food for their children and grandchildren. It is unfair. It is time that this matter be addressed.

I also wish to read a part of the presentation that was made in this honourable House by His Excellency President David Granger on 14th January, 2016. This is what his Excellency said:

“Our Ministry of Public Health will improve equity and quality in the delivery of primary health care through strengthening our regional health system. It will contribute to increased productivity by instituting a nationwide system of accessible quality health care.”

I wish to say that the health care system has even failed from what His Excellency had said. This is the vision; this is the President's intention; this is what he would like to see. We are not anywhere near to this. Here is where our Hon. Minister of Public Health is saying that we do not have a problem and it is unfair to even His Excellency's words.

I wish to call on the Hon. Minister, Dr. Norton and to read what our motion states:

“Be it resolved,

That the National Assembly calls on the Minister of Public Health to:-

Launch an immediate investigation into which drugs and medical supplies are not in supply and those that are in short supply in the public health care delivery system and to report within one month to the National Assembly...”

I wish to reiterate that this be done. Although our Hon. Minister is saying that there is no problem. I wish to say that there is a problem. Let it be recorded that we, on this side, are saying that an investigation must be carried out. That is the only way that it would be known, if we are lying or if we are all singing a song, as was said by the Hon. Minister. Unless an investigation is carried out, we would not know what the facts are.

The time has long gone where we sat quietly and allowed things to just happen. I therefore say, on behalf of the people of Guyana and particularly our Indigenous peoples’, we are asking that this motion be approved by this honourable House. If we really care about the people and if we are going to live up to the promises that were made during the elections campaign that the A Partnership for National Unity/Alliance For Change’s (APNU/AFC’s) first priority would be to make the system work better. I dare challenge you, on the Government’s side, to make the system work better and provide better health care for our people. Lives are at risk, particularly our children. Thank you. *[Applause]*

Minister within the Ministry of Public Health [Dr. Cummings]: Please permit me to respond to the motion raised by the Hon. Member, Dr. Frank Anthony, titled “The Persistent Shortage Of Drugs And Medical Supplies In Public Health Care Delivery System”.

First, I would point out that there is no persistent shortage of drugs and medical supplies, real or imagined, in the public health care system. There is, however, the issue of sole-sourcing that this APNU/AFC Government inherited and is working tirelessly to rectify. That the Hon. Member finds it prudent to present a motion that he perceives may help fix the flawed system that his Administration fashioned is commendable as well as noble. I applaud his significant contribution.

Procurement remains the bane of our Ministry. However, this is currently being systematically reformed as we explore more transparent procedures. We seek to move away

from the opaque arrangement of sole-sourcing that was embraced by the previous Administration to open competitive bidding. There have also been instances where Regional Executive Officers (REOs) lacked the political will to execute their duties, to ensure the progress and development of their respective regions. As such, they would stymied the process of releasing funds, causing the regions health officers and medical superintendents not to be able to be efficiently and effectively execute the duties of their respective offices. As a direct consequence, the regions had returned \$600 million of their budget for health to the Ministry of Finance. This APNU/AFC Government will ensure that it does not waste the hard earned taxpayers' dollars on enriching one supplier who operates monopolistically.

The Ministry is moving with a determined focus of purpose to ensure that it brings the refreshing balm of transparency to soothe the sore issue of procurement which we are tasked with remedying.

The motion, presented to us by the Hon. Member, basically outlines that there is a critical shortage of drugs in the public health system and is asking for the Ministry of Public Health to rectify this problem.

As stated earlier, there is no persistent, critical, grave, perilous or acute drug shortage in the public health care system. The perceived shortage of drugs issue is one that is sensational, makes for exciting reading and, of course, provides fodder for misguided conversations among the less perceptive minds in our society.

While there is no shortage of medicines or medical supplies within the public health system, I do acknowledge that in certain areas, there is what is referred to as “stock out” of a few medical supplies but not medicines. The necessary steps are being taken to remedy this situation.

I wish to further state that, on a number of occasions, since taking office, I have personally visited several regions across Guyana, along with the Permanent Secretary, Director of Regional Health Services and other senior public health officials. Together, we held numerous discussions with regional health officers and administrators, none of whom had said that there was a shortage of essential medicines. Therefore, there is absolutely no need to have an investigation into a situation that does not exist, especially, if it is based on sensational and speculative considerations.

However, on the way forward: The Ministry of Public Health has engaged its international partners with a view of acquiring much needed technical assistance in the area of procurement. In order to ensure complete transparency of the procurement process within the Ministry and to avoid sole-sourcing of pharmaceuticals, the Ministry of Public Health is garnering all the support it can. Technical support will be provided in a number of strategic areas, including quantification and forecasting, the procurement process and warehouse and inventory management.

The Ministry of Public Health intends to benefit from international technical assistance from the commencement of the last quarter of 2016.

7.53 p.m.

Initial assessments have revealed that there is need for the formation of a National Procurement Unit and a National Procurement Oversight Committee which would function optimally, if operations were carried out from the warehouse. The National Procurement Oversight Committee should not be an approval committee which could result in unnecessary delays, but rather a committee which ensures the movement of medicines and medical supplies from the warehouse into the various health institutions, in a timely manner.

The Ministry of Public Health recognises the need for a logistic management team. Training is currently ongoing within the 10 Administrative Regions to build capacity at a regional level of at least 10 Logistic Officers, one per region. These officers are trained in the following areas:

1. Quantification and forecasting
2. Checklist of demand and supply preparation
3. Consumption based formula and spreadsheet creation
4. Standardisation of the commodity list and this exercise has already been completed in Region 4

Therefore, I wish to assure this august body that the Ministry of Public Health is constantly monitoring the pharmaceutical situation across the country with a view to ensuring that there is neither a shortage nor wastage of medicines and other medical consumables. I wish to

assure the House that every effort will be made to ensure that the challenges that exist are dealt with in a timely and effective manner.

We, at the Ministry of Public Health, will continue to work ceaselessly and assiduously to provide a service that serves all the people of Guyana, a service that can be deemed equivalent to that which is provided internationally. So because of the obvious inaccuracy of this motion, we, on the Government side of this honourable House, will not support it in any way, shape or form. I thank you. [*Applause*]

Ms. Campbell-Sukhai: I stand to support the motion before us which we are debating. From the very onset, I wish to say that it is appalling for a motion, such as the one being debated today on the persistent shortage of drugs and medical supplies across the national health care system, and to hear the responses from the Government benches, attempting to downplay the issue, in a bid to cover up the scale of the problem that exist across the regions.

The various media houses, for months, have been publishing the anguish of the health sector and the shortages, whether it was the shortage for drugs and medical supplies at the Guyana Public Hospital Corporation (GPHC); whether it was the shortage reported at the New Amsterdam Hospital; whether it was a shortage detailed and published as it relate the Anna Regina and Charity Hospitals; or whether it was the drugs and medical supplies shortage which existed across, particularly, the hinterland areas of Regions 1, 7, 8 and 9.

I am in total agreement with the many reports and complaints that the national health care system faces, which is a serious lack of basic drugs and medical supplies. I am assured that the responsible Cabinet Ministers are very much aware of this matter. The health care providers, for example, in the hinterland, continue to list in their reports, the issue related to the distribution of drugs and medical supplies as the number one issue affecting local health care facilities; they listed the lack of responses, again, in their report or acknowledgment of fulfilling the requisitions which come out from these health facilities; the issue of late deliveries of the supplies was also listed as a factor resulting in the pervasive and prolonged shortage which is created or as my Colleagues on the other side said, is perceived. In fact, it is not perceived, it exists. For example, simple over the counter drugs available at basic primary health care centres, such as Paracetamol, Chlor-o-phan and worm tablets are mostly unavailable for protracted periods in many of the villages.

I heard the Hon. senior Minister just reported in his presentation that he had visited the many hinterland communities from White Water to Sand Creek. I wish to allay this House that his visit may have occurred, but he probably missed the information as it relates to what is occurring there.

Patients seeking medical assistance and treatment from the public healthcare systems continue to be greatly affected. There are countless stories of patients having to go without the necessary medications after visiting the public healthcare systems in all the regions and at the local health facilities. For example, hinterland communities or residents complain that there are no kits for the testing of dengue and typhoid fevers. These are conditions which are frequently reported to the health centres and this is a matter which I would admit continues to affect hinterland regions.

There are also instances of prolonged absences of malaria treatments and the unavailability of testing kits for malaria, even though the healthcare system and those responsible continue to say that malaria is under control. Yes, it is under control, but the issue of the treatment of the medical drugs that goes with the treatment needs to be monitored for whether they are effective and if they are reaching the people.

My concern is for the most vulnerable of the population that are affected. The Amerindians form part of this group and mostly have no access to alternative services in their villages. There are no pharmacies offering healthcare supplies if the public facilities are not stocked or if they are out of stock and they are out of stock in many instances.

I plea with the Ministry of Public Health to intervene to resolve the matter of shortage of drugs and medical supplies, whether it is one created in an artificial way or not. At the health facilities in the hinterland, the information is that Taruka, Kopinang, Kaibarupai, Waipa, and many other villages in the North Pakaraimas are out of medical supplies. Yes, one week has passed since a motion was laid in the National Assembly for debate. Today, we are talking and are debating this matter, and I would say that it did give some lead time to the Government and the Ministry of Public Health because if the Minister picks up the phone now and calls Mahdia, the officers responsible there would tell him that only yesterday drugs and supplies were sent to that township for distribution to the North Pakaraimas. The schedule, Hon. Minister, states that they will start to shuttle on Friday. So, I am appalled when I come to this House and senior Ministers, who are responsible for services that touch, directly, the lives of people, would come here and say there has been no persistent drug

shortage. From March, to to-date when I speak, the North Pakaraimas still have not yet received their supplies. They are now in Mahdia.

If three or four months after the budget is not a prolonged period, as it relates to medical treatment, then I probably do not understand anything at all. I would like to say that I will be following whether on Friday the shuttle actually starts. I would also encourage the two Ministers in the Ministry of Public Health to also follow, very keenly, whether that schedule will be kept. It is because the conditions of patients are really at risk in the hinterland areas and it is no joke.

I returned from Kato about two weeks ago and I have heard about the reports and I have been following them. I am privileged today to talk or to contribute to this motion with hard facts, things that I have spent time following because it is of interest to this nation. So, while we celebrate the first anniversary of the coalition Government and we are now heading for a couple days of jubilee celebrations, I will call on this Government to also focus and spend some time on the things that matter to our nation; on the things that matter to the people; and in particular, on the patients who seek medical attention at the public healthcare facilities in the hinterland.

I just heard the senior Minister, and I do not want to misquote him, but I believe I understand what he was saying. I want to say that while he quoted from the Pan American Health Organisation (PAHO) and the work that they have been collaborating on with respect to issues in the health sector. I would also want to say that in a very recent publication in the *Kaieteur News* newspapers, there was a report titled *Health at 50 in Guyana*. The report made references to the drugs shortage. The report stated that:

“Although a decentralised healthcare system was established in Guyana with the aim of reducing imbalance in the distribution and accessibility of services, the issue remained. This was due to human resource shortages and the inefficient distribution of health commodities.”

Mr. Speaker, this... [An Hon. Member: Alleged report.] I would not say alleged because this report is also alluding to the fact that there exist a problem. Guyana at 50, the problem exists. In fact, we have a duty to this nation; we have a duty to the people we represent to highlight these matters and not to pull wool over the nation’s eyes to say that there is not a problem.

The Government, I would want to posit, has clearly demonstrated and said in its campaign and continues to also mumber, these aspects of its work, of where it is more efficient and that it would fix it.

I wish to say, one year is here for the new Government, the honeymoon period has ended a long time ago, the Guyanese nation is expecting no less, but better and improved conditions of living and service from the new Government.

The presenter before me, the Hon. Minister within the Ministry of Public Health, while she was a Member of Parliament in the Opposition, had also alluded to the fact that there exists a system and that that system had hiccups.

8.08 p.m.

A *Guyana Times* newspapers publication of 11th March, 2014, not very long ago, just about two years ago or a little bit more, under an article, listed as *System lacking at the Ministry of Public Health's drug bond* by V. Manickchand, reported that the then Regional Health Officer (RHO) of Region 4, now the Minister within the Ministry of Public Health had said that:

“...there are systems in place for the timely dispensation of drugs, but there are hiccups which result in shortages and even unavailability of the drugs.”

The fact of the matter is that, from then to now, the system has been interfered with and the issues persist and have even gotten worst. This is what we need to tell the people. We must be open as a Government. If we mess with the systems and they do not bring improvements and positive impacts, then we must be prepared to talk about it, amend our actions and be truthful to this nation.

What indeed was being referred to was that, effectively, there was an acknowledgment of the existing system. So my question to the Ministers now is why did the new Government not address the hiccups if it had known of them while in Opposition? Why did not it allow the system to work, having addressed these hiccups? The Government should admit that the introduction of the new system, which I believe that the Members of the Government alluded to, has led to a more chaotic situation. I, therefore, suggest that the authorities reverse the new system and revert to the prior system that exists, and smoothen out the management of procurement and distribution of drugs.

It is understandable for any Government, when it comes clean and assures the taxpayers that problems are being addressed with an objective to alleviate the issues or the problems. However, it is unacceptable for those responsible to make excuses and attempt to downplay or lay the blame elsewhere.

The ball is in the Government's court to correct the problems of the shortage of drugs, whether artificial or not, or whether it was caused by the lack of human resources; whether it is ineffective management; or whether it was a matter of logistics. I have also just heard coming from the Hon. Minister within the Ministry of Public Health that they intend to put in place a logistical team. I have heard about this since in 2015, during the 2015 Budget debates. Well I have just heard that they are now attempting to train these logistical officers to deal with the matter. So if you are admitting that there is need for a logistical team to deal with such matters, then you must also admit that the problem is still persistent and that we would work to get it corrected.

According to the motion which we are debating, the National Assembly approved \$5.1 billion in 2015 for the acquisition of drugs and medical supplies. In 2016, according to the motion, they have listed that this amount tripled. I have sat here this evening and I have listened to the presentations from the Government that \$600 million was returned to the Consolidated Fund for 2015. I have heard the senior Minister try to justify that the budget was passed late and therefore, they could not have been able, in 2015, to spend or expend that sum for the procurement of drugs.

When the budget is being crafted, those are figures which they would justify to the Ministry of Finance that they have the ability to spend. They have justified and sold themselves to this nation that they are the best, that they could alleviate the problems and that they are the great fixers of all the challenges which they identified were happening prior to their ascension to Government.

I wish to ask the new Government - well it is not new for me anymore, it is a year old – now that more than an estimated \$19 billion is in the Budget of 2016 for the procurement of drugs, medical supplies and other materials, that efforts be made within the next seven months to adequately procure drugs that would assist the poor people of this nation, when they attend to the public healthcare system. It is because it is mainly the poor that seek those facilities for treatment.

It would be a sad day if we come next year to hear that, in fact, in January because this Government is an early bird in budget presentations now, more money or that it had not been able to spend the money because that has a direct impact on what occurs across the medical healthcare system.

It was revealing or the revealing information points to the Government's inability to provide oversight of the responsible authorities entrusted with budgeted sums intended to procure the most needed drugs and medical supplies. This means that the senior Minister has failed to activate the system which he had alluded to earlier - our new system of procurement. If you are in Office for one year and you are dissatisfied with the procurement system that you met, it is time that you put in action the system that you believe is going to deliver the best for you, and not come here and blame anyone or talk about sole-sourcing.

The APNU/AFC coalition Government's fresh approach has resulted in blunder after blunder across the spectrum of governance, and the health sector became a causality. It is no joke, it is a fact that the health sector seems to now be a causality.

Now, that the shortage of drugs and medical supplies have reached levels where we have to come here to talk about it, my question to both Ministers is, in the health sector, could they explain whether they are satisfied that the warranted sum for procuring the batches of drugs and medical supplies is processed expeditiously? What we have seen is that now the regional budget holds the allocated sum. Could the Minister tell this House whether he is satisfied that enough attention and focus is being placed on ensuring that this money is warranted on time to the Ministry of Public Health? The Hon. Minister claims that there has been no change in the system as it relates to central procurement. Therefore, it is his responsibility to ensure that the regional allocations be returned to his Ministry so that he could get on with the business of procuring. In fact, he should not have allowed the Ministry of Local Government or the Ministry of Communities to have redesigned the system for the Ministry of Public Health because it is not working. It has not worked.

I have just heard the previous presenter lambaste the REOs who, I believed she referred to as allegedly trying to stymie or sabotage the system by holding on to the money and not transferring or warranting it out.

I cannot understand that there are two Ministers in the public health system and both Ministers are at variance with what is happening in the system. One said that there is no

problem and the other admits that there are problems. One said that there are no money problems and the other said that there is a money problem. One said that there were procurement changes and the other one said that no, there was no procurement change and that the Ministry still did it centrally. We have to settle down, we have to focus and we have to provide the service which we said that we could best deliver to this nation.

The coalition Government celebrated its first anniversary. Again, while we are preparing to jubilate, we must also spend time to fix the challenges that face us. I urge that the authorities, seriously, rebuilt the diminished capacities caused by their own actions of dismissing the technical and professional support base in the Ministry.

The Pan American Health Organisation referred to this in its report, when it stated that there was a human resource problem. I believed because I am on the ground. I visit Regions 1, 7, 8 and 9 and we have heard all the complaints from Region 9. It is not only about the human capacity, it is about our approach and the way we believe we are. We have sold ourselves so high that, today, it is haunting the new Government. The loss of capacity has a direct correlation to the inability to manage, effectively and efficiently, the distribution, thereby resulting in the chaotic and sporadic responses to filling requisitions and the distribution of supplies of drugs to the various regional centres.

I also wish to note that it is of utmost importance for all the healthcare facilities to be adequately stocked and not to be out of stock - the new word for shortages or stock out – with the necessary drugs and supplies. A responsible Government would ensure that there is no stock out. It is unacceptable for my pepped village, Tuseneng, to be out of supplies and I there say that that is just one single example. I have provided examples before.

The first anniversary of the Government was hailed only few days ago. I refer to it because the Government would be referring to it during the jubilee celebrations. It was referred to here earlier, when the Hon. Prime Minister read, at a very early stage, the presentation to be made by His Excellency, President Granger. Therefore, I stand here today and I support the motion that establishes “The persistent shortage of drugs and medical supplies in the public healthcare delivery system”.

I endorse the call in the motion for disclosure on what drugs and medical supplies are in short supply or non-existent and the reasons for the shortages. I also encourage that we agree that there is a need for a thorough investigation and that we work assiduously to be able to

manage the distribution system. I also take this opportunity to provide full support to the motion. Thank you. [*Applause*]

Mr. Hamilton: Thank you very much, Mr. Speaker. The debate on this motion, that I stand to support in the name of Dr. Frank Anthony, is a contrasting debate. I heard my Colleague, a doctor of medicine, experienced and a public health professional that no one in this room could question, stand up and make a professional, technical, sound and profound presentation. There were times, when he was reading the shortages on the list, I reflected on the lamentation of Jeremiah, when he was lamenting. The response from the Hon. Minister of Public Health, Dr. George Norton, as indicated earlier, is one of an ostrich responding to a prophet, who is lamenting and prophesying that unless we take this seriously and fix it, there will be a public health crisis on our hands in this country.

8.23 p.m.

What is shocking is that, in this debate that has to do with the lives of citizens, the people who are running this Government are giggling as if it is fun and joke, as if they are at Disney Land. Do you know why they could do that? They can do that because, if tomorrow or tonight their relatives collapse, they have the means, the moneys and the facilities that they can go to either in Guyana or overseas. That is the point that the citizens must pay attention to. How could it be a responsible Government? We are debating the shortage of drugs and medical supplies that affect the lives and wellbeing of citizens and Ministers of the Government are giggling; they are finding it funny! [**Ms. Charles-Broomes:** Why are you shouting?] I want you to hear because, apparently, you are deaf, so I will shout for it to get into your head.

The second issue is that - and I said this in the last Budget presentation - I could understand a layman taking a certain position when public health issues are being discussed, but I find it very difficult accepting that the public health professionals are playing politics with a matter that is of importance to the citizens – health of the citizens. It deals with the life and death of people.

The Minister of Public Health, Dr. George Norton, spoke and, whilst he said that there were no shortages of drugs, he contradicted himself in the presentation. What he said was that, thus far, five months going to June, of the \$5 billion allocated for the procurement of drugs and medical supplies, less than \$1 billion has been spent. Already, there is underperformance in

the procurement of drugs and medical supplies. I am predicting that there is no way that, by the end of December, the Government will be able to spend \$4 billion and more at the rate that it is going at the moment, based on what was said. [Mr. Nagamootoo: You all have to address that with Bobby Ramroop.] I will get to Bobby Ramroop in a minute.

There were periods in the presentation of the Hon. Minister of Public Health, Dr. Norton, when I thought that he was an Opposition Member of Parliament. He was not speaking as the Minister of Public Health. It seems like the Minister is yet to understand what his role is after 12 months of being in Government and as a Minister. The Minister has not said how any of the problems will be fixed. He said that there are no shortages. Hon. Minister within the Ministry of Public Health Dr. Cummings said that there were no shortages but that there was stock-out. The long and short of that, for the layman, is that, when the facility is visited, whether it be shortage or stock-out, no drug and medical supplies are available. That is the bottom line. I spent a three-year stint at the Ministry of Health and I experienced that, when technical officers were backed up, that is the argument they seek to make - stock-out. People in Berbice would have said that there was a shortage and they would say that there could not be a shortage; there is a stock-out there because the drugs were in supply at the bond at Diamond. How does that help the man at Skeldon?

I recall that, in the 2015 Budget debate, I indicated that there were reports that the public healthcare system did not have Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) test kits. The Minister of Public Health responded, *via* a press release, saying that my comment was inaccurate. He then went on to say that it is not that it does not have HIV/AIDS test kits, but that they are at the warehouse at Diamond. How does that help the man or woman at Leonora? The argument about stock-out and shortages, the long and short for citizens is, if they go now, they will be given a prescription to go to a private hospital to do an x-ray and that is the fact of the matter. The Hon. Minister, Dr. Norton, could continue to push his head in the sand because it will not change the reality out there. I am shocked that public health professionals can treat matters that are of importance and significance to public health and their own profession in this manner.

The Minister should have said how they plan to spend the rest of the \$5 billion. He has indicated that tenders are to be laid out very shortly for more than \$600 million and more than \$200 million. The fact is that it is not \$1 billion. I heard the Hon. Prime Minister speaking about Mr. Bobby Ramroop. Let me say that I have no difficulty... When I was at

the Ministry of Health, I indicated that there was a procurement system that broadened the shoulders. I had conversations with both Ministers early in their tenure when they entered the Ministry and, when there was the obsession with the NEW Guyana Pharmaceutical Corporation Inc. (GPC), I said to both Ministers that if NEW GPC Inc. is to be treated because of political intentions, there will be a public health crisis on our hands. The fact is whether the Government likes Bobby Ramroop or not, the reality is that the only such facility that exists in this country which can store certain drugs and medical supplies is that of NEW GPC Inc. Until that changes, that will remain the fact.

I heard the many times the Government spoke and I know the Hon. Minister of Public Security, Mr. Khemraj Ramjattan, his good Friend, one of the political investors, as he would call them... I want to make two points. I am trying to show which is the preferred company for the Government because everything they mouth off to say...and what they are saying is that the International Pharmaceutical Agency (IPA), whether it has the capacity or not, is its preferred choice, and that must be known publicly. A pharmaceutical warehouse is not the same warehouse that is used to store Heineken beer and Carib beer. There is another company that stores beer and it was also complaining. The fact is that there is a preferred company that, not so long ago, had no difficulty in bringing into this country baby formula that puts the health of infants at risk.

There is another incident that can be pointed to where this country had no blood bags. We were doing a blood drive over the Demerara River at the Masjid and, normally, 600 units of blood are collected there. The Georgetown Public Hospital Corporation had 300 plus blood bags. The preferred company, IPA, had a contract to deliver blood bags within 30 to 45 days and we were already at 90 days. There was a crisis and we had to beg for blood bags from Trinidad and Suriname to satisfy the public healthcare system. I put that out there because I know that some of the Members of the Government have a preferred choice.

As I said, I had long conversations with the two Ministers of Public Health. I pointed out to them that they must tread carefully in dealing with this matter. As I said, I had no difficulty in broadening the shoulders with the procurement of drugs and medical supplies.

Again, in the Budget debate, when the Government, through the Ministry of Communities, came to the National Assembly and said that, henceforth, from 2015, large sums of moneys will be put in the Regions' budget for the procurement of drugs and medical supplies, we told them that it could not work because the infrastructure in the Regions could not even deal with

the issues they have. The Minister within the Ministry of Public Health, Dr. Cummings, just confirmed that.

8.38 p.m.

She alluded to the fact that it seemed like the Regional Executive Officer (REO) is sabotaging the project. We said, and I continue to say, even at this moment, that the regional administrations are ill-prepared to deal with the issue of procurement of drugs and medical supplies. Let me explain: we have to understand – just for some enlightenment in this matter – that we have young doctors, many of them are bright young people, who, after completing the General Education Certificate (GCE) examinations or the Caribbean Examinations Council (CXC) examinations, were sent off to be trained. Most, if not all of these young people, never worked before. They have no understanding about work; they have no understanding about management because they never managed. They went straight from secondary school and studied medicine.

When they return to Guyana, their intention is to do clinical work because they were trained to be a doctor. We have the situation - two Ministers can attest to it because it is a matter that we have grappled with - where we sent these doctors into Regions to function as clinicians but, in the public health system, there is a position in the Regions that is called the Regional Health Officer (RHO). What it means is that this clinician, who has no training to manage, just because he or she is there, is made into an RHO. Many times, we know that they are incapable. I do not blame the doctors but I am showing the system. The only medical doctor who had the qualifications to function as a Regional Health Officer, Dr. Vishwa Mahadeo, was one of the first people the Ministry of Public Health fired. We are now grappling with the situation and doing a programme, Masters of Public Health. [Mr. Jagdeo: He has it already.] That is the point; that is what I am saying. It was Dr. Vishwa Mahadeo who should have been kept but he was dismissed and there are clinicians and amateurs. There is a former teacher managing a health facility.

The fact is that the new dispensation cannot be successful because the person who is to do all of the work of quantifying and making determination as to what the types of diseases are in the region and what the types of medications are and so on does not want to do it because ‘the child’ does not want to manage. That is one of the complications in this new dispensation. That is the reason it was the best thing to continue to put all the money in the Ministry of Public Health to purchase at one place until there are qualified Regional Health Officers.

The Hon. Minister of Public Health, Dr. Norton, stood and spoke for 20 or 25 minutes. He said there are no drug shortages and he wanted us to believe him. Just a few months ago, the Hon. Minister said that there will be no more sole sourcing and we had sole sourcing just a couple weeks ago. How do I believe the Hon. Minister when he stands up and he says: “Take my word for it; there are no shortages”? At the same time, at the last Budget presentation and the Budget presentation before, the Hon. Minister said that there would be no sole sourcing; “watch my lips”, as former United States of America (USA) President George Bush said.

[**Hon. Member:** George Norton.] It is another George. Just the other day, we saw sole sourcing at \$140 million odd dollars to a *bottom house* company at Parika – a cake shop! The Minister himself... [**Dr. Norton:** You brought in that company.] I know that I am getting under the Minister’s skin; keep going. [**Dr. Norton:** You gave him the first contract.] Let us accept that we gave him the first contract. The fact is that I am holding the Minister to his word. He has told us, in the 2015 Budget debate and in the 2016 debate, to mark his words - read my lips, as George Bush said - – there will be no more sole sourcing.

Mr. Speaker, the motion that we are debating is the shortage of drugs and medical supplies. [**Dr. Norton:** Medication is different from medical supplies.] The Minister is saying that medication is different from drugs. That is coming from a public health officer. Mr. Speaker, I hope that you protect me from the Hon. Minister. I sat silently when the Minister was speaking, Sir. Mr. Speaker, I sat silently when the Hon. Minister was speaking. [**Hon. Member:** Read the man’s lips.] Read my lips. Mr. Speaker, let me say this, there is a saying in the medical professional world - no offence to my colleagues and persons in this room who are doctors - that some of the worst Ministers of Health are doctors. I will leave that out there.

Minister Cummings spoke about several matters and she phrased them in a way like if they were something new that she is doing in the Ministry of Public Health that is under her stewardship. The Hon. Minister spoke about logistics officers. That is a recommendation both Ministers went to the Ministry of Public Health and met. We taught you and already had it established and functional.

Secondly, the Hon. Minister spoke to the Oversight Committees to oversee procurement. [**Ms. Ferguson:** We never had that.] Somebody said that we never had that; they do not even know. The point I am seeking to make is that some of the things that were said by the Hon. Minister Cummings are not anything proposed or recommended by this

Government. The logistics officers' process was already in train. The Oversight Committees' process was already in train. I just thought that I would say that so that the record will show that this is not a new invention of the present Government.

The Hon. Minister Norton spoke about the Supply Chain Management System (SCMS). Let me correct this: during the time of the People's Progressive Party/Civic in Government, there were times when there were shortages, but the difference now is that we have chronic shortages. **[Dr. Norton: In a couple of months?]** Yes, in a couple of months; it shows your stewardship, how competent you are.

Recognising the problem of the distribution of drugs and medical supplies, the Government of the day, in conjunction with USAID, determined that we will build a high-tech pharmaceutical bond. That was built and commissioned and is at Diamond, with the intention that many of the issues that we are debating here today would have been things of the past. Even though we have that facility of how many thousands of square feet, just four weeks ago or thereabout, I saw NEW GPC Inc.'s reporting that the Ministry of Public Health is still storing drugs and medical supplies at the NEW GPC Inc. bond, as we speak. The Minister should have spoken to that - whether they have moved all. NEW GPC Inc. went on further to say that it was owed \$500 million. The point is that we have a facility but it was shocking to hear that, in the month of Easter, NEW GPC Inc. was saying that the Ministry of Public Health still has tonnes of drugs and medical supplies at its bond. The Minister should have indicated to this House whether that situation has been corrected.

Let me say this: the issue is not about money and it has never been about money. Secondly, if we are able to procure all the drugs and medical supplies, utilising the budget we have, we still would have to deal with the issue of the management of our logistics. It is not one issue, so, when the Minister of Public Health spoke, I had expected him to say whether, based on the recommendation from SCMS about how the senior management structure should have been at the warehouse, all of those positions have been filled. One of the issues was human resources, paying them what they desired. So the Minister should have said whether we have the full complement of technical officers and management at the warehouse to manage the system. I shared those experiences with my colleagues.

The other issue was where we had a procurement officer and the Minister alluded to a procurement division that is to be formed; that should have been formed months ago. One of

the fundamental issues is that, whilst the procurement happens, we had no one who managed the contracts.

8.53 p.m.

That was a fundamental issue. I hope the Ministers have sought to correct that, where someone is paying attention to the entities that have won bids and that, if the contract states that they are to deliver between 30 and 45 days and they fail to do that, at the 46th day, we have the Attorney General's Chambers writing that company and not waiting until a crisis develops. I shared those thoughts with the Minister. I am glad that the Hon. Minister, Ms. Cummings, indicated, in her presentation, that they are about to develop a procurement division which would allow for the management of those contracts.

The other recommendation to deal with the matter, I would say, is the recommendation of the Ministry of Public Health having, in its employ, a legal officer, a lawyer to deal with the matters because the Attorney General's Chambers are taxed with their issues.

Mr. Speaker: Hon. Member, you have three minutes more.

Mr. Hamilton: Yes, Sir. Just this morning, a councillor in...

Mr. Ali: Mr. Speaker, may I ask that the Hon. Member be given 10 additional minutes to complete his presentation?

Mr. Speaker: Hon. Members, you have heard the request. If there are no objections, the Hon. Member has five minutes to complete his presentation.

Mr. Hamilton: If you read the newspapers this morning, a councillor in Region 6 wrote a letter, making a point about the shortage of drugs at the New Amsterdam Hospital, and he indicated that what is happening now is that we are running a cake shop pharmacy. When we are out of Whizz and Fenzic, someone would run over to the pharmacy and they would purchase. So, we have this piling up and the REO, according to the councillor, has spoken on the matter at the level of the council. Without any tendering process and instead of procuring, there is this emergency procurement that is happening, where, apparently, a cake shop is being run. When you want a cake of soap, you would go out and get it off the road. That is what the councillor basically was saying.

We have said and I am available and I regularly try to have a conversation with... [Hon. Member: You are begging for work.] I am a pensioner, Hon. George Norton. I do not have to beg for a job.

Mr. Speaker: Hon. Member, you have two minutes remaining.

Mr. Hamilton: If the Minister feels that my advice, based on my experience and some of which he has utilised and worked with, is begging for work, that is bad for him. I thought I would share my experience and I thought about saying to the Ministers that the technical officers in the system, if you are not astute enough, will *make rings around* you and you would come here and misinform this House. I thought I would say that to you. We have had those experiences.

I have no difficulty in supporting the motion presented by my Colleague, and, even as we debate the shortage of drugs at the Georgetown Public Hospital Corporation, the matter is compounded because, presently, there is a shortage of nurses and midwives that we have to import from Region 10 to man the GPHC, and I want the Minister to tell me that that is not factual. So, there are issues developing.

As I said, I stand to support the motion piloted in the name of my Colleague, Dr. Frank Anthony. Thank you very much. *[Applause]*

Mr. Speaker: Hon. Members, I feel constrained to make two observations. There are a number of speakers remaining and I would, with your concurrence, continue to exhaust this list. I make two observations. One is that it would be extremely helpful if there are fewer repetitions. The Speaker has been very lenient in terms of the presentations, but Hon. Members have repeated themselves too often for me not to notice. Secondly, I must tell Hon. Members that we, in this House, are in danger of reducing the impact and importance of our presentations by the interjections. I say that and I say no more.

Dr. Mahadeo: Thank you, Mr. Speaker. I will start where my Colleague left off, and that is to say that I fully support the motion by my Comrade and Friend, the Hon. Dr. Frank Anthony.

I have worked in the Public healthcare system in Guyana for over 26 years and, until last year, all of my years were with the Ministry of Health. I am proud to say that I worked those years and gained experience and training along the way. I really did not want to go back far,

but I worked in those days when there was only aspirin in the pharmacy and when only haemoglobin (Hb) test was done in the laboratory. My Colleagues, Dr. Westford, Dr. Ramsaran and the Hon. Gail Teixeira, could attest to that. Ms. Teixeira took over the Ministry of Health at that stage.

With my years of experience and dabbling in politics now, I would like to make a diagnosis. When we say that Guyana has Zika, it does not mean everybody has it but it is in Guyana. I want to say that the Ministry of Public Health is not healthy right now. It is suffering from delusions that there are no shortages of drugs, when there are; suffering from hallucinations; suffering from paranoia that all we want to do is to create problems and not say the truth, and I could go on because the people out there know. Those who feel it, those who go for their tablets and cannot get it, know that there are shortages.

Two speakers said that the Minister is burying his head in the sand. I would say differently. The Minister has advised that he went to the Regions and he spoke to the RHOs. I want to advise the Minister to take his head out of the clouds. Stop talking to the “big shots”. Stop talking to those at the top of the ladder. Speak to the people on the ground and then you will hear the truth. My Colleagues have spoken as to where they went, the different villages. I have, in my speech here, that, if we have these shortages on the Coast, and if people are suffering like this on the coast, what is happening in the Interior? My Colleague, the Hon. Member, Mr. Alister Charlie, along with the Hon. Member, Ms Pauline Campbell-Sukhai, told us a little bit of what is happening in the Interior.

If we say that there are no shortages, we are fooling ourselves and we are trying to fool the public, but we cannot. Only last week, at a meeting in Tain Village, people were complaining to me about shortages. When I advised them to go to the head of the Hospital in New Amsterdam and also advised him that they really cannot buy this drug, to see if he can help, because they have moneys for drugs and medical supplies in the Budget, the answer I got was: “Doc, if the person in charge can chuck up a doctor, wha dem go do wid me?” People are afraid even to complain.

From October, 2015 to date, there are only two times when a relatively large and adequate amount of drugs went to Region 6. Do you know when? It was two weeks before the Budget presentation 2016 and four weeks ago. I was advised, by some of the staff working at the Hospital, that we should bring a motion every month on drugs and medical supplies shortages so that they will get supplies weeks in advance to avert criticisms.

At a meeting last week, in Number 72 Village, I met with some residents. A brother and a sister approached me. Their mother is an 83-year-old amputee, suffering with diabetes for the last 43 years. This is a real life example. That mother, being an amputee, lives at the back street, which is the fourth street in the Village, would have to go to the Hospital twice per month because she has to have her urinary catheter changed and has to have her medications. I have the name of the person here. Since June of last year, that mother did not get any insulin. The daughter is working and is looking after the mother at home. The son is a labourer. How do they manage? For her to go to the Hospital, they have to hire a taxi. It gets worse because, the daughter told me, the mother was a patient of the extended home-based care programme that we had running in the region for five years. Then the daughter said that the doctor used to visit along with a team, he used to not only visit, but bring the medication, bring the insulin, and help to check the patient. That stopped in the middle of last year and when she asked the doctor at the Hospital that should be managing the home-based care programme in that area, she was advised that there are not doctors to run that programme anymore. When we had three doctors at the Skeldon Hospital, the home-based care programme was running and running well. They have six doctors and they do not have enough doctors to go.

If they cannot provide insulin - forget about visiting the patient's home - and that mother who has contributed to the welfare and the development of this country does not get her insulin, her sugar goes out of control. The common man even knows that she would go blind, she is going to get the other leg amputated, she is going to get kidney failure and the family will obviously not be able to afford dialysis. Sir, is it not criminal? The taxpayers are paying their money. The money is there.

I was shocked when I heard the Hon. Minister, my good Friend, I would say, at one time when he quoted the newspapers, say that the newspapers are criticising and condemning everything. Subsequently, he used the same article from the newspapers to criticise the past Government. I am not sure he is being rational. What can be said about that? We need to be rational. The taxpayers are paying money. The moneys are there. How can we explain? The drugs can be procured, but the patients are not getting them.

I heard that "we are only one year and a couple months or couple days in Government." I am sorry, but is that how long it takes to buy some Panadol and buy insulin? Check the Dental Clinics in Skeldon and in Port Mourant. They had a shortage of Lidocaine, what we

commonly call cocaine, and shortages of the dental supplies. Sir, three weeks ago, the cocaine went. Everybody should be happy and I should have said good job, but I cannot because there were no needles. If they do not have needles, how are they going to administer the cocaine? So, it was just as if they did not get anything. In other words, something is definitely wrong. That is not an isolated case; there were hundreds of patients being sent home.

I also challenge anyone, including the Hon. Ministers of Public Health, tomorrow morning or tonight, if they can get in contact with the people at the Skeldon Hospital, to find out, if a patient gets into an accident, if the patient could have a skull x-ray? No.

9.08 p.m.

Did they find out if the patient could have had a chest x-ray? No, Sir! Did they find out if the patient could have had an abdominal x-ray? No, Sir! Do you know why? It is because they do not have films. The doctors are now back in the dark ages making diagnoses without x-rays. If the person has tuberculosis, the doctor has to diagnose it by clinical signs and symptoms. If the person has a broken rib, the doctor has to diagnose it by touching and feeling and listening with a stethoscope.

We need to do better than this. We can do better than this. I am saying that this excuse that the Government has been in Office for one year and a couple of days is not acceptable; it is not good enough.

Last year, moneys were sent back and we are hearing all kinds of reasons and excuses why. That is gone. Let us not repeat the same thing this year. I am talking about the shortage of drugs.

My Colleague in the corner had mentioned the name of the REO of Region 6. Do you know what, Sir? I will go one step further than what my Colleague, the Hon. Hamilton, had said. Last Saturday night, on a programme that the REO of Region 6 hosted, he said that he was in possession of prescriptions that people went to his office and gave him. They were prescriptions that were written in the New Amsterdam Hospital and were not filled because the hospital did not have the drugs. Maybe, the Minister could call him and get the prescriptions. Sir, are there not shortages? I sincerely advise the Minister to take his head out of the clouds and come down to earth. This is where we are.

We talked about the Supply Chain Management System (SCMS), which was implemented some time ago and the Logistics Management Information System (LMIS). When I was young, I was told a story. I was told that there was a monkey who saw how a lady lit a match to light the stove. So, later on, when nobody was at home, he scratched the match and burned down the house. So, there is a common saying, *monkey come, monkey see, monkey do*. Healthcare cannot work like that. One cannot take somebody who has no experience in healthcare, put them into the system and hope that he or she would hear, see and learn. It cannot happen.

In Region 6, there are some staff who are qualified and trained in the LMIS. They provide their reports; they do forecasting; they know how much drugs would be needed for the month; and they supply that information. But, if the people at the top cannot understand that information and have no clue about procurement for healthcare and logistics, then the information is like *throwing pearls to swine* - it is of no use.

I never knew that my Friend, the Hon. Dr. George Norton was a shaman or a witch doctor. I know him to be a very brilliant Ophthalmologist. When he was making predictions about who was going to say what, I had to laugh. We are speaking the truth. The truth will set you free. I want to ask the Members of the Government to do the investigation. Even if they vote against the motion, they should do their investigations, talk to the people on the ground and they will learn the truth. Thank you, Mr. Speaker. *[Applause]*

Dr. Ramsaran: I want to join in supporting this motion by my Hon. Colleague, Dr. Frank Anthony, who is a trained Public Health Specialist. At the same time, I would like to join in recognising the remarks by the previous speakers on this side of the House, more particularly those of Mr. Hamilton and Dr. Vishwa Mahadeo. I would like to congratulate Mr. Joseph Hamilton for having imbued some of the things that I taught him while he was under my watch. Mr. Hamilton is definitely becoming a health sector manager and I may very well suggest that we loan him to the Government. Probably, he could take the place of the two Ministers and do a very good job. I would like to recognise this. I think it was Dr. Mahadeo who had pointed it out that, regardless of one's position on this motion, if one goes on the ground, one would find that much of what has been said here resonates well. Although in some places there might be good supplies, by and large, especially in the last few months, supplies, regardless of whether one wants to call it medications or medical supplies, have been very poorly represented in all of the regions.

What I would like to address our *coastlanders* about is this – and I think Dr. Mahadeo mentioned it: if we are having those issues here, imagine what is happening in the hinterland. That is what both sides of this House need to look at. It is because our hinterland residents are very special and things are tough, especially in areas where there might also be droughts. The added dilemma of not having medication and medical supplies is something that we should very much address. I would like to invite the Members on the other side to address this issue, recognise it and to take their heads out of the sand. When we do our walkabouts and visits, people speak to us, not only people in the health centres and hospitals, but people in the market places. It is very alarming that it is the basics that are missing, key and critical medications. If one is not hooked on to them, correctly through a prescription, one might not appreciate it. Another medication is insulin. It is a death threat or a death warrant sometimes not to have those things. These medications are nothing strange to our system.

Speaking about systems, I would like to point out this: systems work. The Government does not have to say that it has only been around for a year. The systems were working. Some of the comments that we have heard from the other side indicate that they inherited systems that were even being improved.

In relation to the expired drugs that they discovered, I would like to say this: there were drugs that could have been expired. Now, there are no drugs, not even drugs to expire. I want to challenge you, Mr. Speaker, and Dr. Norton to take note of this: you need to be more specific as a public health practitioner. Many of those medications that the Government said were expired and for which they have blamed the People's Progressive Party (PPP), they are aged. They have been accumulated for many years. Why? It is because those persons in charge of them will not scrap them until the auditors allow them to do so. That is the strict system we have put in place. If my good Colleagues across the way do not understand that as yet, it means that something is amiss. They go into a room and see drugs and say that it came from the PPP's time. Those drugs might be a five-year accumulation. They should pick up the box – I am picking up this box of LILAC Infant Milk as a demonstration. They should look at the bottom of the box and they would see that the date might be four or five years for expiry. They should ask the warehouse specialist why it is there. It is because persons from the Audit Office did not go to say that it could be destroyed. Not a single piece of State property, including a single aspirin, can be destroyed, even if it is expired. I would like to bring that bit of enlightenment to the goodly doctor. He needs now to be operating as if he is a Minister and not as an Opposition Member - criticising.

From time to time, when I travelled across the country, I did discover the accumulation of expired which were brought to the city, after the necessary documentations were done. But not a single piece of it could be destroyed until the proper accounting system was put in place. I just thought that I should put that to rest.

The PPP/C is accused of having left drugs that were expired. The message from the ground now is that there are no drugs that are being prescribed. Too many prescriptions are now being taken to the private sector - the private dispensaries and pharmacies. We are not against the private sector, but if the Government is going to be spending this amount of money – billions of dollars – which saw an explosion under the PPP/C regime, it needs to be reflected.

There was a time, when we took over way back, when it was 0.1% of the budget. Now, it is about 12% of the budget and it is a massive budget. It was a speakeasy budget in those days when the PPP/C took over in 1992. Of that speakeasy, small, miniscule budget, the health budget took only 0.1%. Now, it is taking 9% and 12%, as the former Hon. Minister within the Ministry of Finance, the Bishop, would tell us, of a massive budget.

My good friend across the way, the Hon. Minister of Public Health, is in a quandary. He does not understand the basics. I am speaking about the amount of money that we are spending now as compared to what we inherited and then as a percentage of relative budgets. The previous budget that we inherited from the People's National Congress (PNC) was miniscule. Now, the massive amount of money being spent should not allow us to accept any shortage. It is a management problem - it is bungling. What is more – and I would not be kind on this – is that there is, in the system, at least one Minister with a Masters in Public Health (MPH). It is one Minister who I saw, when I was in the sector at a management level in the regions. So, there should be no excuse for not having the wherewithal. There is something basically wrong. That is why I support this motion. That is why I want us to look at it clause by clause, when the time comes. The Government Members would see that they would be persuaded to support it.

I would like to also point out that systems were being put in place. The Minister within the Ministry of Public Health referred to the 10 officers, which she referred to as Logistical Officers. This is something that should have been rolled out a very long time ago. Those 10 officers are key and critical to the evolving system of the warehouse, procurement and supplies management systems. Why were they 10? It is because Guyana has 10 regions and those were to be the 10 policemen and police women who would have been dispatched from

the bond to seek out information as to pending shortages; drugs that are about to be expired; and where one facility has a temporary overstock but a next facility is slightly under stock and move it, with the correct documentation. I do not know if the Minister within the Ministry of Public Health understands the reason for the 10 members being there, but it was a master stroke that we developed so that the Government could have those 10 sleuths and not have to depend on the Regional Executive Officer or the Regional Health Officer (RHO). The Government would be doing its own checking. Those 10 officers, which the Minister referred to as Logistical Officers, would have been beholden to the Minister within the Ministry of Public Health, would have had to speak to her and would have had to report to her. In other words, it was to establish Monitoring and Evaluation (M&E). Any healthy system has to have that. How does one monitor, independent of the person at the bottom who is sending information that might not be pure or of good quality? I want the Minister to pursue that. I want the Hon. Minister to recognise that that is something that she would have seen ready to go when she walked into my office and took over.

The former Minister of Public Service had already worked out the Terms of References (ToRs) for these people. I am indeed speaking to this motion because I am trying to point out the human resource infrastructure that is important to make this a reality. It is not simply procuring medication. It is not simply debating whether there is a favoured or a sole-sourced company. It is how the system is managed. It is how the human resource is trained to do the monitoring and evaluation so that there are not these types of embarrassment.

What is more is that if, next year, the Minister of Public Health comes with an even bigger budget, the embarrassment would be more. It is because, if these systems are not put in place, the Minister would be managing larger inventories and the possibility of getting into problems would be more. Let me give an example. That is why I wanted to be a little unkind and hard a few minutes ago. One of our Ministers of Public Health is a public health practitioner. At one stage, that Minister was attached to the PAHO and worked in the regions and had to do some procurement.

It is understood that in any system that deals with large volumes of medication, and they spoke about PAHO and the World Health Organization (WHO), 3% to 15% would always expire. This is because one cannot wait until one needs a particular drug to save somebody from a heart attack, only to find out that there were just two vials and they had just expired.

This is the reality of life when one wants to provide a social good called public health or the health sector.

9.23 p.m.

I want you to listen very attentively - this is a teaching session – 3% to 15% will always be lost. What is unfortunate is that sometimes the 15% is those high-end drugs which might be small. Streptokinase, which is necessary to save a patient who may be having a heart attack and is in the intensive care unit (ICU), but if it is not there... It is not the cost of having it; it is the cost of not having it. It means the patient might end up with a stroke and the public health system has to take care of him, get medication for him that might be way above the vial of Streptokinase and the cost of those which you have expiring by many millions of times. The National Insurance Scheme (NIS) will have to pay the patient because he cannot work and you have to provide the necessary support. I wanted to bring these few moments which my colleagues across the aisle seem to be missing. It is not expiring drugs. You need to be able to come here and not mamaguy or *bulganai*. You need to tell the nation what is the breakdown of those medications which are expiring, what are the dates they were stocked and then together – we had this problem too – the system needs to work quicker.

The Audit Office or the Ministry of Finance needs to provide the auditors more quickly or in a timely manner so we can wrap up or get rid of the backlog. I want to challenge you. I know you are very honest people and will come back and tell this House the dates, give us a spreadsheet of the dates, of some of the medications there. I want to tell you this too, give you a little secret, if you go the regions you will find, because our system is fragile, medications there which are even older, which have expired but could not be returned to the city.

Ladies and gentlemen, I want to make this a short intervention. As Minister of Health, we tried to put systems in place. Those systems are existing - embryonic and evolving. It is a bit disturbing that we are now discussing this reality. This is a reality. There are drug shortages. There are shortages of medicines, medications and supplies, even sometimes oxygen. If there is oxygen, sometimes the system to deliver it is not there, which is just the same because the patient or his relatives are not interested in being told that the oxygen is in the tank, but it cannot be got out.

These are things we need as a parliamentary group, regardless of the political colouration or political divide, especially in this year of our jubilee, our 50th Independence Anniversary. It is somewhat displeasing, I want to say shameful, that we are discussing this. I want you to give jack his jacket. Up to recently, under the PPP/C, shortages were not there. What we had– this is a next hint I want to give, a bit of insight – in many cases, was that some of those medications were expiring because of a system which we had to tweak. We implemented a system of standard treatment guidelines. We were getting so many doctors. Each one coming back with his own way of doing things that we might have three or four antibiotics. [Dr. Norton: We have that already.] You did not have it. It was there before. It is called the *Standard Treatment Guidelines* which I implemented. It was printed because we were having that problem with expiring drugs. Every Dr. Tom, Dr. Dick and Dr. Beharry thought that he was a professor and invented his own treatment. We might have had three antibiotics and three different doctors and they still may want the fourth one. The drugs are of the same grouping.

We put our foot down sometime back and created that beautiful booklet. I think it is brown and yellow. [Dr. Norton: Green and yellow.] No. It is brown and yellow. [Dr. Norton: Green and yellow.] Obviously, Dr. Norton had something in the brain. I am saying regardless of the colour the content would point out where a professional is obliged to follow a certain guideline unless he or she has a compelling reason. That was one of the ways we were able to put a ‘staunch’, because sometimes when that doctor moved to another location the accumulation of medication he would have had would find disfavour with the incoming doctor. We put an end to that without detriment to the quality of treatment because there was a menu, but a restricted menu. Those are some things we can look at and then you might be able to tackle the problem of expiring drugs.

Again, the system of sole sourcing and procurement... This word sole sourcing is becoming almost a vulgar term. Sole sourcing is the end of a process. For example, I was looking at the television recently and saw some very healthy young women running. I think they can outdistance any of the males here, do anything athletically better. I said there has to be a system to select these people. One does not get to go to the stadium to perform unless one goes through a selection process. That is what life is about. Similarly, the so-called sole sourcing process allows, not one company, several companies to enter the race. This is where – I do not want to use the term dishonest – there is the less than truthful approach of my colleagues across on the Government benches, not giving the true picture or I suspect not

understanding it. When the race is broken, 100 or 200 metres away, there is a line-up of persons who could only get there because they pre-qualified. They had to run in the school sports or in the regional sports before they get up there. Then they are running with a certain set of rules and have to run in a certain fashion, observe certain movements, certain rules and regulations and who gets to the head, gets the whistle and is rewarded. That is a simple illustration of what is the so-called procurement system.

Then, again, I would like to tell, especially Members of the Government benches, that many other companies bid, besides one apparently favoured company, and in many cases they were given things in different batches. You might find one company taking on the supply of a particular batch of medication and medical supplies. It would be good if the honourable doctor be a bit quiet and listen to this teaching point. You start the race after having been pre-qualified. You cannot get, for example, a junior runner running with a *wanteriner* or a big time athlete at the level of the Olympic. There cannot be cyclists, who are now coming out of school, riding in the race for France. There is a prequalification process. What you need to do is to look at the rules and regulations, if you are comfortable with those, and make them tighter if you think they are not tight enough. Then you would see who starts at the race line and who ends. Sometimes you might be surprised that it is the same persons who have the wherewithal.

For example, not only do you have the capacity, Mr. Speaker, to store medications but the logistics to deliver it quickly. Why do you need to have a massive capacity? It is to prevent shortages and at the same time, if the Government can get out of the business of storing the medication and it is stored by the private supplier, you have some advantages. I am not going to go further into the procurement system and the so-called sole sourcing. I want to speak to the nation through the cameras. Sole sourcing is being given a dirty name here and you need to follow the example I gave. Sole sourcing is not for one individual company, several take part. There are certain documents they have to procure and then they have to fill them in. I have seen documents from a particular company. Is it this pinkie company? When you look through the booklet, my good friend the honourable attorney-at-law, some significant parts are not filled in. If you want, those documents can be checked right at the Ministry. There will be a company competing in whatever process and the technical staff from that company has not filled in significant portions. Then there is a big bubble up - the big lilac bubble up.

I would like to join in supporting Dr. Frank Anthony in this very timely motion. I will like to recognise the strong and spirited contribution of my other colleagues on this side. I want to say that this is not about scoring points. As a matter of fact, we are trying to help you score some points, because if you get this right it means you will be having less criticism when you go out there. As a matter of fact, you might be able to start going out. I am told that some of you are hiding from going out there.

In concluding, Mr. Speaker, I will like to thank you for giving me this opportunity to add to the debate. I will like to recommend to my colleagues across the aisle to go through this. If you find some systems we might have left, for example the sole sourcing system, make it tighter but do not throw away the baby with the bath water. Many of the things we have done are correct. I suspect that your dilemma is this: You are trying to prove the PPP did things so wrong that you are getting into trouble. We wanted to build a speciality hospital and you said we must not build it. Now you come back and say you have to build it. I am suggesting that you have to be rational. I think it was my colleague Dr. Vishwa Mahadeo who said you must be rational. Take a deep breath, swallow your saliva, take a sip of water and consult. Look at this, so you can join us, so together we will all look good as a healthy nation, having proper medication at the right time, in the right places, in the right quantity, without having any reason for complaint by the citizenry.

Mr. Speaker, I want to thank you. I want to add my weight behind the motion by Dr. Frank Anthony. At the same time I would enjoin my good people across the aisle to shut up and listen and learn. Thank you for allowing me to make my contribution. *[Applause]*

Minister within the Ministry of Finance [Mr. Sharma]: Thank you Mr. Speaker. Let me take this opportunity to wish you and your family a happy jubilee Independence, and also to my colleague Minister a happy birthday.

To commence my contribution to this debate, in relation to the motion in the name of the Hon. Dr. Frank Anthony, I must say, from the onset, that this motion has some inaccuracies. It may be considered misconceived and, as the Hon. Member Gail Teixeira's famous phrase, it is "a storm in a teacup."

The first Whereas clause is on article 24 of the Constitution. Yes, indeed, article 24 speaks about every citizen's right to free medical attention and also to social care, in case of old age and disability. However, that is captured under Chapter II, "Principle and Bases of the

Political, Economic and Social System.” Fundamental rights are actually under Chapter III. However, that is not a big issue.

Whereas clause 2: I must say the Minister of Public Health addressed the issue, adequately addressed it, in terms of the Minister being responsible to ensure that citizens have access to medicines and medical supplies in sufficient quality and quantity on a timely basis. I have no difficulty with it.

Whereas clause 3: Here as one Member apparently said, there is an issue with the figure. The clause states where the National Assembly approved \$5.19 billion. The figure actually is \$11.8 billion. The Hon. Member, in preparing the motion, only looked at the second part of the budget. Remember the budget was in two parts. He did not consider the first part. The first part of the budget was \$6.6 billion and the second part was \$5.19 billion which gives a total of \$11 billion.

9.38 p.m.

Therefore this issue of the triple allocation is not correct. In addition, it went on to state that approximately \$5 billion has been allocated in 2016. The actual figure in relation to this particular agency is \$1.7 billion and not \$5 billion.

The issue here is that the Hon. Member attempted to separate the Ministry of Public Health from the Georgetown Public Hospital Corporation, as a result he has two Whereas clauses and is confusing the issue. What I am saying is that the Members debated these figures and they debated them incorrectly because they were guided by the motion.

Whereas clause 4 had further complications because I believe the genesis of this confusion happen in whereas clause 4, when it states:

“AND WHEREAS the Ministry of Public Health has admitted that more than \$600 million of the appropriated allocation for medicines and medical supplies were not utilised in 2015.”

I asked myself, where did the Hon. Member received this information from for this motion? He received it from the Public Accounts Committee. The Public Accounts Committee, at the time, was looking at 2014 Report. If they were looking at the 2014 Report, any information given there should be related to 2014. They may be examining their own self, so this may be a possibility of further complication here.

If indeed it was so, and it was echoed by Minister that, yes, \$600 million was returned, what the motion did not state is that it was in keeping with the Fiscal Management and Accountability laws of the country. A matter of fact, it is sections 27 and 43 of the Fiscal Management and Accountability Act. I must congratulate the Permanent Secretary and the Ministers of the Ministry for ensuring that the money was returned to the Consolidated Fund.

As we move to Whereas clause 5, there was a report of shortages. Yes, as the Whereas clause stipulated that in the Budget 2016 debate Members of the Opposition did say they were shortages. Yes, there were shortages, but shortages where? It was not in the region, but at various facilities. If a health facility of the region...may be one of them has a shortage basically they are saying they are saying the entire region has an issue. There must be specific...I heard from the Hon. Members that there were shortages in almost everything. If this was true people would have been dropping dead left, right and centre in this country. It would have really be a crisis. I know Guyanese and we all know Guyanese people. If they had a problem, they would have been in the street. There would have been an outcry. Of course, as I said, with such a crisis there would have been causality. Where is the causality?

As Whereas clause 6 indicated:

“AND WHEREAS at the present time there appears to have been no response to this growing crisis with no procurement of large quantities of these medicines and medical supplies dating back to latter half of 2015,...”

Whereas clause 6 addresses the Georgetown Public Hospital Corporation and it indicates that out of \$7.2 billion in 2016, \$2.8 billion was allocated for medical supplies and under line item 6221. This is correct. Mr. Speaker, I am just going to refer you to the actual numbers and you and the Members could say if this should cause a crisis. In the entire line item 6221, if you are going to aggregate all of the line items for the Budget 2015, under line item 6221, \$5.5 billion was budgeted and the actual expenditure for 2015 was \$5.1 billion. Therefore there is only a difference of \$400 million that was not spent. I am trying to aggregate it here. What I am saying is that this particular whereas clause state that there was no large expenditure but figures does not lie. In 2015, there was \$5.5 billion and we spent \$ 5.1 billion. I cannot see that there is going to be any great shortage here. A matter of fact, in 2014, the PPP/C administration spent \$5.2 billion, as actual expenditure. Where is the crisis? Well, the Hon. Minister represented here, this particular Whereas clause, and he addressed it adequately. He said this - if Hon. Members may forget what he said - that GPHC has

presently completed the procurement process with the National Procurement Tender Administration Board and shortly there will be the award. Further the Ministry of Public Health is presently finalising 20 tenderers to award a contract costing some \$2 billion. In the interim the Ministry of Public Health has an arrangement to have supplies be given to the various health facilities in the event of any shortage. There is an interim situation in place.

I heard from the many Members and I listened to them carefully. I was going to rebut a few of them. The Hon. Member Dr. Frank Anthony regaled us of the various ailments and the non-availability of drugs. However, as was pointed out, he did not speak to the motion. It appears as if the Hon. Member used this opportunity to defend the record of the PPP/C administration when it was in office.

As we just heard the Hon. Member Dr. Ramsaran, who spoke as a Minister of the Government, said that we must listen and learn. This is why they put this motion here. It is not anything of substance that we should look at.

The Hon. Member Mr. Charlie mentioned that there was absence of drugs in some health facilities in Region 9. However, the difficulty I find here with the all of the presentations from the Opposition side is that they fail to realise the fact that this administration in 2015 was attempting to correct the wrong that was done by the PPP/C administration. How we attempted to correct this wrong? The Minister of Health told us about the Auditor General's reports and the number of drugs that was expired, millions of dollars, the number of drugs that was not supplied. In the previous administration there was 100 % upfront payment and the supplier did not supply.

The Auditor General's report, almost as an annual ritual, would record the issues of the new Guyana Pharmaceutical Corporation (GPC) in relation to expired drugs and drugs not being supplied. This was a scenario that we could have read from the Auditor General's report year after year and this is what we try to correct. The Auditor General's report of 2013 even spoke of the issue of expired drugs. In this 2013 Report, the Auditor General could not quantify the total of the expired drugs. As a Member of the Public Accounts Committee, in the Tenth Parliament, and listening to Hon. Member Ramsaran, and this was the kind of information the Public Accounts Committee wanted, that the Hon. Member wanted this Government to supply. We cannot supply it because it was the previous administration time and it could not supply it. In various reports, in 2010 Report, there were issues that even the record keeping was very poor. Records were written in the ledgers of stock books using pencils. Could you

imagine what could happen? The Auditor General's report reported that. The Auditor General, 2013 Report, after highlighting all the discrepancies, states:

“The Audit Office would like to recommend that the Ministry embark on a countrywide survey, to determine the realistic need of pharmaceutical and other medical supplies in order to reduce loss through expired drugs. This recommendation is one that has been given in the past from the AG's office”.

What this administration tries to do in 2015 was to address the issue with the Auditor General as giving the money using programme budgeting to the various regions. I am coming back to the Hon. Member Mr. Charlie when he said that in Region 9 there is a shortage of drugs. Under the PPP/C administration in 2011 Region 9 received \$2.8 million, in 2012 - \$4.2 million, 2013 - \$4.3 million, 2014 - \$4.3 million, but in 2015, under this administration, received \$24.4 million. This goes for every single region.

A matter of fact, if I give you the aggregate total of the 10 regions, in 2011 it was \$55.3 million; in 2012, it was \$60.1 million; in 2013, it was \$70.6 million; in 2014, it was \$69.9 million; in 2015, it was \$982.8 million. The reason why there was the \$600 million returning to the Consolidated Fund was because at the last moment these various regions – as a matter of fact, it was on the 31st December, 2015 - sent the money to the Ministry of Public Health. How could the Ministry of Public Health procure things at the very last day of the year? It was an impossible task to do.

The Hon. Minister did refer to the issue of the Chairman of regions that are controlled by the PPP making statements. As a matter of fact, in Region 6, the Regional Chairman gave a statement to the *Guyana Times* and what he said in that statement is that the region did not have medical supplies. Now, Region 6 had a \$197 million and it gave back this money to the Ministry of Public Health sometime around the 16th December.

9.53 p.m.

The region could have been spending this money but it created for itself a situation. Again, I am saying a facility in the region may be short of a drug but the region has sufficient drugs to go around. The issue is simply coordination within the region.

In my past life I worked as a Chief Accountant and a simple thing such as supply of food... When there was training at various schools they would always put about a 5% or a 10% extra.

When I would go around to the various schools, some schools would have said that there were additional people. Even the coverage was not sufficient. They would have wanted more food. They wanted me to give them more money basically. When I went to the next school there were only 50% of the people turning out. I would have said, "You send the food over there." Similarly, what you need here is coordination within the region, but it was said here. I think the Hon. Member Joseph Hamilton, who is laughing, was actually telling us that we must purchase from New GPC. Another Member, from that side, when they spoke,...
[Interruption]

Mr. Speaker: Hon. Member, if you are trying to attract the Speaker's attention then you should do it in the proper way.

Mr. Hamilton: Mr. Speaker on a Point of Order, Standing Order 40(a). I am correcting the Member.

Mr. Speaker: Hon. Member, you will address the matter for which you have risen.

Mr. Hamilton: Mr. Speaker, the Hon. Minister has indicated falsely that I said that the Ministry of Public Health must purchase drugs from the New GPC. I never said that in my presentation.

Mr. Speaker: I thank the Hon. Member. Hon. Member, you appear to not have represented the Hon. Member Mr. Hamilton in the manner in which he spoke. Would you make the necessary correction?

Mr. Sharma: Mr. Speaker, that was what I gasped from what he said. He implied that. If you are saying that this company has all the things that you need...

Mr. Speaker: Hon. Member, you should withdraw a statement which you said you have drawn from what the person said, and the person has said that he did not say so. Clearly you are in error in your representation and you should correct it. You should simply withdraw it and proceed.

Mr. Sharma: Mr. Speaker, I withdraw the statement.

Mr. Speaker: Please proceed.

Mr. Sharma: Basically that was what the persons from the Opposition, Hon. Members, were pointing to and would actually want to put this administration in that position that we must

buy from a particular person, and that we must buy extra. This is the situation with the various regions. As the Hon. Members, from this side of the House, indicated it is that the Opposition is just as the famous Rip Van Winkle, waking up after 20 years and returning to the village and saying that things have changed.

In the Opposition, I personally walked the length and breadth of most of the country and received complaints similarly to those the Opposition is now receiving. Now the Members are waking up because now they are reaching out to the people to understand what the people were experiencing all this time. Listening to the debate from the Opposition, what this nation was experiencing all this time are the same complaints that they are saying that they are receiving. They were the same complaints I received since 2010. This is a similar situation. What we are trying to do as a Government is to correct these situations. I am saying that the Minister of Public Health gave adequate assurance that the situation will be addressed, the procurement is in place and everything will be done. There is no need for any special investigation into this motion.

Therefore I am saying that this motion is unworthy and undeserving of being supported. Therefore I cannot support it.

Thank you Mr. Speaker. [*Applause*]

Dr. Anthony (replying): First of all allow me to thank all the speakers who have spoken in this debate, the three Ministers for giving their perspectives on the matter and, of course, the speakers on our side, who would have done a very good job in elucidating this drug crisis that we have.

Mr. Speaker: Hon. Member, I must interrupt you to point out that we are now approaching 10.00 p.m. and for continuation we should receive a motion.

Suspension of Standing Order No. 10

Mr. Nagamootoo: Mr. Speaker, I move that this sitting continues until the conclusion of matters connected here to, which is this motion, beyond the hour of 10.00 p.m.

Mr. Speaker: I thank the Hon. Prime Minister. I hear no objection, please proceed Hon. Member.

Question put, and agreed to.

Standing Orders suspended.

Dr. Anthony: I think we are suffering from drug denial syndrome because we have made a case that there is a shortage of drugs and medical supplies in the public health system. Yet, the two Ministers, who are responsible for public health in this country, got up and basically said to us that there is not a shortage. Or in the case of one Minister, she said that there has been a “stock out”. Now, I am trying to figure out what is the difference between the drug not being available at the hospital and a “stock out”. It amounts to the same thing. You know denying that we have a problem would not help us to solve the problem.

The Hon. Minister of Public Health Dr. Karen Cummings, when she spoke, she was making a fine difference that there was not a persistent drug shortage, but in stating that, I suspect that she was acknowledging that there was a shortage. Now, even if you are saying that there was not a persistent shortage, then I beg to differ, because there were the persons from Georgetown Public Hospital Corporation, responsible for the management of the Georgetown Public Hospital Corporation, coming to the Public Accounts Committee and presenting a case that of 184 items on a list 168 of those items were short at the Georgetown Public Hospital Corporation January of this year, fast-forward to this month. In my presentation, I just mentioned some of the items that were short. However, the list is quite a long one and in fact there is currently at the Georgetown Public Hospital Corporation, as of one week ago, about 165 items that are short. My colleague, when she spoke, the Hon. Member Dr. Jennifer Westford, said that it has got even worse.

Now, the two Ministers got up here and are telling this nation that drugs and medical supplies are not short. I made that case and I thought that we could have at least received an acknowledgment and that we will find a way of how we are going to remedy this situation. Unfortunately, when the Hon. Member Dr. Norton got up and spoke he did not address many of the concerns that I raised. Instead he tended to harp back to what was there before. Well, okay, what was there before? What are you doing now? One year has gone by and all we are going is from one crisis to another in the public health system and they have no way of remedying this – no way.

We were told in the budget debates that one of the reasons why we are allocating so much money to the regions is that the regions would be able to do their own procurement. Tonight, I have learnt from the Hon. Minister Dr. George Norton that now the money is going to be warranted back to the central Ministry so that there can now be a central way of procuring

the drugs and medical supplies. When we were saying this in the budget debates we were told, as you know, that is now the system. We want a fresh and new system. We are putting in a fresh approach. Now we have gone back and instead we have added a bureaucratic layer and that is taking the money instead of sending it directly to the Ministry of Health. We have now taken the money, routed it through the regions and then the regions are going to send it back centrally. We saw the flaw of that last year because when the money was put in the regions and by the time they reroute it and it got to the central Ministry they were not able to spend the money, resulting in \$600 million going back to the treasury. We were not able to buy essential drugs and medical supplies. Hence, the kind of shortages that we are experiencing and that is the problem. Now what they should have done was send the money directly to the Ministry of Health but that is not happening. We are going through this route.

Now, I heard the Hon. Minister Jaipaul Sharma in his presentation comparing how much money was in the region, when we were in Government, as to how much money they have put now in the region for health. It is simple. The system we had we were putting the moneys for drugs and medical supplies centrally. We put a small sum so that if they require some emergency purchase, they were able to do that. The small sum does not reflect the sums of money that were spent on drugs and medical supplies for the region. There is a big difference. Yet, the Hon. Minister of Finance is not able to discern this difference. Something must be very wrong in this.

Mr. Sharma: A point of clarification, I just want to clarify Standing Order 40(b). I just want to add clarification to what I said because it is being misrepresented by the Hon. Member.

10.08 p.m.

Mr. Speaker, what I said was that, in the 2013 Auditor General's Report, the Auditor General reported that the Audit Office went on to recommend that the Ministry embarked on a country-wide survey to determine a realistic need of the pharmaceuticals and other medical supplies in order to reduce the loss through the expiry of drugs.

Apparently there is a difficulty understanding what the Auditor General wanted and what is programme budgeting. Basically, what this Administration

Mr. Speaker: Hon. Minister, are you elucidating or explaining something which was misrepresented in what you said?

Mr. Sharma: Correct, Mr. Speaker.

Mr. Speaker: Could you just do that and not enter into another discussion.

Mr. Sharma: Mr. Speaker, basically, what this Administration is seeking to do is to look at programme budgeting to put the money into the regions. We have to know what the regions want. I am saying that, if the previous Administration had put a token into the various Ministries, there is no way that the various Ministries could have known what the cost of the drugs....

Mr. Speaker: Hon. Minister, you have to state what it is. I believe that you have done so and we need to leave it there. Once you have corrected or explained whatever the error was, then that should be left to the Speaker.

Mr. Sharma: Okay, Mr. Speaker. I just want to ask the Hon. Member to indicate how he would cost the drugs that went into the regions. If he could give me that information, I would be okay with that.

Dr. Anthony: Mr. Speaker, as I was saying, we now have a system where the money is coming from the region and then back to the Ministry of Public Health. It is because of this process, there is a delay. That delay is a costly one because by the time the Ministry of Public Health gets that money and is able to do the procurement, there is some time that is lost. There is a problem. **[An Hon. Member: Go to one stop shop.]** Exactly, go directly to the Ministry, give them the money and let them do the work. That was what we were telling them all the time.

When I spoke, I talked about the shortage of syringes – simple things. I did not hear anyone of the Ministers saying that there is not a shortage. There are no sterile surgical gloves in many of the regional hospitals. I am naming them because they are so elemental.
[Interruption]

Mr. Speaker hit the gavel.

Mr. Speaker: Hon. Member, it is not a choice between the Minister and the Speaker.

Dr. Anthony: Sorry, Mr. Speaker. Why are sterile gloves important? It is important because if one is going to do surgeries, there are a lot of medical personnel there who are being paid. They are there to do the surgeries. However, they go to work, there is the patient who needs

the surgery, but they cannot work because they do not have sterile gloves. They cannot work because they do not have scalpel, syringes or sutures. I have a long list of sutures that these places do not have. How are we going to correct that? I thought that when the Ministers got up, they would have said to us that there is a problem and that they acknowledge it, say what they were doing to procure, but that in the meantime, what they were doing this to fix what was lacking.

What is happening now? In some of the regions, they are going out and buying small quantities. In emergencies, they buy small quantities without going through the procurement process in the name of these emergencies. One wonders if this was not deliberately created. That is something that we have to watch. When the regions buy small quantities, we end up paying much more and so we are spending more money for fewer supplies. That is a problem. Unless we hear clear ways of how we are going to fix this problem, then something is fundamentally wrong.

I spoke about what was happening with the patients who have Guillain-Barre Syndrome at the hospital. I read the newspapers and I would assume that they have wrongly reported the Minister. It is because there is no way that my Hon. Friend would have said in the newspapers that a haemoglobin shot had to be given. What has to be given is an immunoglobulin shot and not a haemoglobin shot. It was in the newspapers and I am sure that the Hon. Minister of Public Health would not have said that. I think that they would have mis-reported him.

What I want to say is that the five patients at the hospital that require immunoglobulin shots, which is costing at least \$100,000 per vial and in some cases the patients require 25 vials, whether or not the Government would find some funds and pay for this so that we can help these people to get better. I do not think that this is too much to ask because the persons are very poor and, therefore, we need to help them.

Mr. Speaker: Hon. Member, I would only say that, I believe, as the Speaker, I have heard all this this evening from you and that you are repeating yourself. Perhaps you can help us along in the course of what you want to do, but we are getting the same thing for a little while now.

Dr. Anthony: Thank you very much, Mr. Speaker. What I had expected when the Colleagues on the other side spoke was how they were going to address some of the specific things that I

raised. Unfortunately, Mr. Speaker, I did not hear those answers. That is why I am repeating them in the hope that we could get such answers, but I will move on.

It was very disappointing when the three Ministers spoke when they said that there was no need for an investigation. This is coming from a Government that has done a number of Commissions of Inquiries (COIs). Yet, we do not want to do a simple investigation as to why there is a drug shortage and how we are going to fix it.

This is a serious matter and we can procrastinate and make all the blunders, but at the end of the day, there are patients and ordinary poor Guyanese out there who are suffering. There is no amount of white-washing or no amount of glossing-over that this situation does not exist because when patients go to the hospitals or the health centres they know that they are not getting their medications.

If this Government really care for the people of this country, then they will do something to address this chronic drug shortage that we are experiencing. Sir, with that I thank you, very much. *[Applause]*

Question put

Ms. Teixeira: Division!

Mr. Speaker: Is a division being called?

Ms. Teixeira: Yes Sir.

Mr. Speaker: A division it is.

Assembly divided: Ayes 28, Noes 32, as follows:

Ayes

Ms. Veerasammy

Mr. Gill

Mr. Anamayah

Mr. Dharamlall

Mr. Charlie

Mr. Damon

Dr. Mahadeo

Mr. Chand

Mr. Neendkumar

Ms. Pearson-Fredericks

Mr. G. Persaud

Mr. Mustapha

Ms. Selman

Dr. Westford

Dr. Ramsaran

Ms. G. Persaud

Mr. Croal

Mr. Hamilton

Mr. Seeraj

Bishop Edghill

Mr. Lumumba

Ms. Campbell-Sukhai

Dr. Anthony

Ms. Manickchand

Mr. Nandlall

Mr. Ally

Ms. Teixeira

Mr. Jagdeo

Noes

Mr. Rutherford

Mr. Rajkumar

Mr. C. Persaud

Mr. Figueira

Mr. Carrington

Mr. Allen

Mr. Adams

Ms. Bancroft

Ms. Wade

Ms. Adams-Patterson

Ms. Henry

Ms. Charles-Broomes

Dr. Cummings

Mr. Sharma

Ms. Garrido-Lowe

Ms. Ferguson

Mr. Holder

Mr. Gaskin

Ms. Hughes

Mr. Patterson

Ms. Lawrence

Mr. Trotman

Mr. Jordan

Dr. Norton

Mr. Bulkan

Dr. Roopnarine

Lt. Col. (Ret'd) Harmon

Ms. Ally

Mr. Williams

Mr. Ramjattan

Mr. Greenidge

Mr. Nagamootoo

10.23 p.m.

Question negatived.

Motion not carried.

Mr. Speaker: There is one other item on our agenda, but I understand that, by agreement, this motion, “Curbing The Rise Of Suicide Rates In 2016” would not be taken. It would be helpful and I would permit it, if the Whips on both sides make clear to this House what is their understanding or agreement with respect to this matter.

Ms. Ally: Mr. Speaker, the Whips have agreed that we are not going to proceed with this motion tonight, but that it would be done subsequently.

Ms. Teixeira: Sir, our understanding is the same that, the motion is not being removed from the agenda it is merely not being heard tonight, but it would continue to remain on the Order Paper for discussions at the appropriate Sitting.

Mr. Speaker: Hon. Members, before I invite the Prime Minister to move the adjournment, I would like to remind Members that objects, unrelated to the work of the Chamber and I see some coloured objects that I mistakenly thought were gifts that some Hon. Members were specially favoured with. I understand that they are not. What I would say to the Members

who brought them is that they ought not to do that without the expressed permission of the Speaker in future. I hope I have made myself clear, Hon. Members. They should be removed from the desk at this time. That is what I wish to have happen: That those funny bottles there, which are not connected with us, are removed from the desk so that we can continue.

Mr. Nagamootoo: Mr. Speaker, kindly permit me to wish your good self, all Members of this House, the staff of the Parliament Office and the press core a Happy Anniversary Day on 26th May, 2016. I believe that much has been said in this House about the Golden Jubilee year. I will expect to see all my Colleagues in this House at the Flag Raising Ceremony so that we can all celebrate with pride the 50th year of our country's independence. In saying that Sir, I would like to move that this House be adjourned.

Mr. Speaker: Hon. Prime Minister, may I request that you, just for a moment, resume your seat to allow the Leader of the Opposition to say a few words.

Mr. Nagamootoo: I might have wanted to request that of you, Sir.

Mr. Speaker: Then, the request that you wanted to request is granted.

Leader of the Opposition [Mr. Jagdeo]: Thank you Mr. Speaker for giving me the floor. First of all, on behalf of all the members of the People's Progressive Party in parliament and all of our members and supporters across the country, I would like to, today, wish you Mr. Speaker, a happy 50th Independence Anniversary and also to wish all the Members on the other side a prosperous year, a year filled with productive services, in favour of development in Guyana.

Mr. Speaker, I have not had the opportunity to speak formally at any event, and so I thought being a Member of this House, that I should say something about our country's independence. I have listened carefully to the two speeches made by the President, one that he delivered himself here in this House, and the speech read today by the Hon. Prime Minister on his behalf. We in the People's Progressive Party share many of the sentiments of the President. We believe that we have to work together, regardless of our political affiliation, to move our country forward.

We too share a vision for this country. A vision that is similar, at least in its ideas, to those and that of the President. We would like to see our country prosper; we would like our people to progressively have a better life. We want a green economy and our national and natural

patrimony to be passed on to future generation. We want our people to live together in harmony and not being divided by history and by current circumstances. It is because we believe that, as Guyanese, we have more in common than those things that divide us. We share, regardless of the robust debates that we have, regardless of the numerous encounters we have wherever we go on the streets or on television or in the debates, that we are all children of this soil. We all share its history.

Our history, regardless of our race, did not start when we came to this land. It is the entire history of this Guyana. The indentured servants who came here, their history did not start the day that indentured people started coming to Guyana. It started from the earliest times when the Indigenous people were here. That common history binds us. The pride that we share, when we travel abroad to talk of our country, regardless of who is in power it is common to all of us. So we believe that this blood tie that binds us is stronger than the sometimes heated political division we have that might find very robust expressions.

I believe too, that our country will do better in the next 50 years. I believe that, if we go back, as the President said, independence and the reflection around independence, particularly 50 years, must take account of the struggles of all our people. Too often, in a country like ours, among many of our people, we believe that this was gifted to us. If we look at the struggles for independence across the world, Africa, Asia and many colonial people, we would find that, in every instance, they had to sacrifice to attain independence. It was never handed to them on a platter.

So, in India the independence struggle was robust. The 2.5 million Indians who went to fight on behalf of the British in World War II that were returning home to India, made a difference in the colonial calculations to give independence to India. If we listen to Mr. Kwame Nkrumah and Mr. Patrice Lumumba, in 1960 at the Independence Ceremony, when the King of Belgium at that time had said that King Leopold II brought a civilizing mission to Congo at that time, it was Mr. Patrice Lumumba, in an unscheduled presentation, who stood up and spoke about the sacrifices of people for independence. That it was not the civilising mission, as though colonialism was a benign thing and that it benefited our people. It was only granted because of the struggles of our people.

Here too in Guyana, we must disabuse our minds that, somehow, the British handed this to us. From the very first fight for freedom from slavery and from the organised trade union movements, to the Political Affairs Committee in 1946, when the first sort of political actions

were brought together in an organised way - Justin Herbert, Ashton Chase, Cheddi Jagan, Janet Jagan – and, then in 1950, L.F.S. Burnham and Cheddi Jagan and the formation of the first political party in Guyana, the People’s Progressive Party, they were all important milestones in our march to freedom.

It was the progressive policies of the 1950 that grew, which the PPP and its leaders started to enact. It was because they wanted to change the lives for better here, for all of our people. It led to external pressure and interference. If we go to the source documents now and we all have an obligation and duty to do so, as Members of Parliament and as ordinary Guyanese, whether they live in the villages or the towns, regardless of their race, to see how the troubles of the 60’s were externally fermented. It was because they did not want freedom to be extended to our people or they wanted freedom to be extended to them on their own conditions. Those suspicions were because of the trouble, the race riots, *et cetera* we have had. We have had to overcome or to struggle with the suspicions of that period. It has harmed us because it has lived in the minds of that generation from then and it has poisoned the minds of our children because of the loose talks in all the families of Guyana.

So, when we talk about social cohesion today, the primary task, I think, is to go back and to restore. We almost have to remove the suspicions from that period. Yes, we did have local leaders who might have been used, but the plot was external to divide our people - purely external and we have had to live with the consequences. It happened in many places such as Kenya, the Mau Mau people fighting for independence. Two days ago, in London they filed a claim for reparation and it is before the courts now. The slaughter of those people - the Kikuyu tribe - all of this was not isolated, it was part of colonial rule and the face of colonialism - division of people.

If we are going to make progress in the future, as a cohesive nation, we need to go back and heal those minds and the suspicions. We have to ensure that our policies that we enact today that people perceive them to be for our entire country.

10.38 p.m.

We too share this vision of a green economy and we believed that we should not just speak of the green economy, but we need to laydown specific plans. I do hope that, after the independence celebrations are over, the whole year would be spent talking about how we could achieve the lofty visions that we have stated. The objectives of bringing our people

together - real policy, a change in attitude in our own minds about who we are, *et cetera*, as people and as a nation.

I have already spent quite a bit of time talking about this issue. It is late at night, but the PPP and its members would always work in the nation's interest. Our patriotism must never be questioned. We and our members love this country as much as anyone else does. When I say "we" I am not speaking on behalf of an ethnic group, I am speaking about members of our party who cut across the ethnic spectrum. We will work as hard for this country as anyone else. We are patriots too. We are looking forward to 50 years in the future, when we could look back at this celebration and say that our country has moved forward.

If we examine our history and the role of our leaders, we have to do so not from an emotional perspective - that is our history, good or bad. It is now our history. Many of the lessons of that history should help us, hopefully, into the future - examination of our economic history, our political history and our institutional history.

So tonight, as I once again wish all the Members of this House, the media and you, Mr. Speaker, an Independence filled with thought, reflection and pride about who we are, and the people of our country. As we do that here tonight, I hope that we could use the 50th Anniversary to craft a new way forward, new attitudes toward each other and maybe we would fulfil the true promise of this land. Thank you very much. [*Applause*]

Mr. Speaker: I thank the Hon. Leader of the Opposition for his statement. I believed that no Guyanese would yield pride of place in his/ her love for Guyana. We are all committed to the earth from which we came. I recall simply this and I say it as Speaker, there is a song we sing:

“Let Us co-operate for Guyana

Let us co-operate for our land,

Let us resolve to fight together

See we do it right together

Can we do it?”

Members of the National Assembly chorused “Yes we can”.

Mr. Speaker: I do not ask the answer.

ADJOURNMENT

Mr. Nagamootoo: Mr. Speaker, I would like to invite the Hon. Leader of the Opposition, Members of the Opposition and all members of the press core and also Members of the governance side to some refreshments after that very refreshing assurance from the Leader of the Opposition. I think that we would make a new beginning tonight. In saying that, I want to move that this House be adjourned to a date to be fixed.

Mr. Speaker: The Sitting is adjourned to a date to be fixed.

Adjourned accordingly at 10.44 p.m.