

Official Report

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2012-2013) OF THE TENTH PARLIAMENT OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER, PUBLIC BUILDINGS, BRICKDAM, GEORGETOWN

58TH Sitting

Thursday, 13th June, 2013

Assembly convened at 2.12 p.m.

Prayers

[Mr. Speaker in the Chair

ANNOUNCEMENTS BY THE SPEAKER

Condolences on the death of the Clerk's nephew

Mr. Speaker: I have just a few announcements, as always. The first is to say that our Clerk's nephew, Mr. Elon Isaacs, has unfortunately passed away and so we extend, on behalf of the staff and all Members, our condolences to the Isaacs family. As a consequence, Mr. Isaacs will not be sitting in for the duration of today's Sitting. Ms. Hermina Gilgeours will be performing the functions of Clerk and she will be assisted by Ms. Deslyn West. The funeral for Mr. Elon Isaacs will be on Monday, 17th June, 2013 in Supply and anyone wishing to have further details please telephone the Parliament Office.

Acquisition of vehicles for the Parliament Office

Mr. Speaker: The Parliament Office has acquired two new vehicles. One has been assigned to the Speaker and one has been assigned to the Parliament Office.

MPs and staff to attend workshop

Mr. Speaker: In keeping with the Parliamentary Partnership Programme, which the Parliament has entered into with the Parliament of the United Kingdom, two delegations comprising Members of Parliament and Clerks of Committees will be attending a workshop and seminar, the first being the 62nd Westminster Seminar on Parliamentary Practice and Procedure from 17th – 21st June, and the second being the 3rd Westminster workshop on the Public Accounts Committee (PAC) from 24th -27th June, 2013.

Presentation of Plaques of Appreciation

Mr. Speaker: I had sent out an email last evening that we will be presenting plaques of appreciation to two female Members of Parliament (MPs) and one member of staff who were honoured for International Women's Day in March, 2013. That ceremony will take place during the recess at 4.00 p.m. in the MP's Lounge. All are invited, including the press.

Return of MPs and staff from Canada and Peru

Mr. Speaker: A delegation of Members from the Public Accounts Committee (PAC) and a Clerk of Committees just returned from a visit to the Canadian Parliament in Ottawa where they were exposed to practices of the PAC of that Parliament and other parliamentary practices and procedures.

A delegation has also just returned from Peru where they participated in a workshop co-sponsored by United Nations Children's Fund (UNICEF) and Inter-Parliamentary Union (IPU) on the right to identity: Promoting universal birth registration in Latin America and the Caribbean.

Leave to Members

Mr. Speaker: I wish to announce that leave for today's Sitting has been granted to the Hon. Members, Dr. Frank Anthony and Ms. Jennifer Webster.

Gratitude to Deputy Speaker

Mr. Speaker: As always, I would like to thank the Hon. Deputy Speaker, who is not here, for presiding so ably in my absence on the last occasion.

PRESENTATION OF PAPERS AND REPORTS

The following Report was laid:

The National Minimum Wage Order 2013 – No. 5 of 2013. [*Minister of Labour*]

REPORTS FROM COMMITTEES

The following Reports were laid:

- (1) Minutes of the 8th and 9th Meetings of the Committee of Selection held on Tuesday, 7th May, 2013.
- (2) Minutes of the proceedings of the 10th Meeting of the Committee of Selection held on Wednesday, 22nd May, 2013. [*Speaker of the National Assembly*]

STATEMENTS BY MINISTERS, INCLUDING POLICY STATEMENTS

Mr. Speaker: Hon. Members, I was informed this afternoon that Hon. Prime Minister and Leader of Government Business wishes to make a statement on behalf of the Government. Please proceed, Hon. Prime Minister.

Prime Minister and Minister of Parliamentary Affairs [Mr. Hinds]: Mr. Speaker and Hon. Members, I rise to make a statement coming from the Office of the President.

“Walter Rodney 33rd death anniversary

The Administration has never stopped reflecting on the assassination of Dr. Walter Rodney on 13th June, 1980. The Administration has noted the unsuccessful, inconclusive results of attempts to enquire into his killing.

The family has persisted in its efforts to have the killing enquired into conclusively.

The President, in the context of those realities, and, particularly, the urging of his family, led by his wife, has decided to constitute an international commission of inquiry into the killing.”

INTRODUCTION OF BILLS

The following Bill was introduced and read the first time:

HYDRO-ELECTRIC POWER (AMENDMENT) BILL – Bill No. 15/2013

A Bill intituled:

“An Act to amend the Hydro-Electric power Act.” *[Prime Minister and Minister of Parliamentary Affairs]*

PUBLIC BUSINESS

GOVERNMENT’S BUSINESS

BILLS – SECOND AND THIRD READINGS

EVIDENCE (AMENDMENT) BILL 2013 – Bill No. 7/2013

A BILL intituled:

“An Act to amend the Evidence Act.” *[Minister of Home Affairs]*

Minister of Home Affairs [Mr. Rohee]: Mr. Speaker, I am pleased to proceed with this Bill which, I believe, is quite innocuous and ought not to generate any controversy with respect to its intentions.

The intention of the Bill is basically to expand the number of documents to which Section 43 of the Evidence Act applies and to include in the definition of analyst “an analyst of the Guyana Police Force or any other qualified person...” without, of course, taking away the right of the accused or the court, for that matter, to test the reliability of the report or certificate presented by the analyst. That is basically the fundamental thrust of the intention of this Bill.

The intention, further, is to make admissible in evidence, without the testimony of the analyst who prepared the report... I must say with one caveat that unless the analyst is required to give evidence, pursuant to instructions received from the court on application by any party in the court proceedings, the report of this duly qualified person or persons who have analysed a certain matter and stated the results of the analysis...

Currently, the legislative provisions under Section 43 of the Evidence Act allow certain specific reports compiled by experts to be tendered and used in court without the need for the analyst to attend the court and to give evidence. These include: post-mortem reports prepared by the pathologists – currently there are two pathologists in the country – and medical certificates prepared by a registered medical practitioner after examination of a virtual complainant.

In addition to these two reports mentioned in Section 43 (4) of the Evidence Act, the report of the analyst who runs the tests on suspected narcotics is also admissible in evidence without the need for that analyst to attend court to give his evidence, unless otherwise directed to do so. Reference to this could be found in Section 80 of the Narcotic Drugs and Psychotropic Substances (Control) Act which deals with the question of the analyst.

In practice, after the analyst of the narcotics conducts the tests on the suspected narcotic, he or she fills out an analyst form with his findings, signs the same, and hands it over to the police. The police rank, who would be appearing in court, collects that evidence and it is tendered through him, rather than the analyst himself or herself presenting it.

We have the same in respect to the Evidence Act and the Motor Vehicles and Road Traffic (Amendment) Act, which has to do with driving under the influence of alcohol. In this case, another analyst would do the necessary analysis and prepare the certificate, which would be signed by a registered medical practitioner, and the same would apply where the police in court would present that registered medical certificate.

As is normal in what the lawyers would describe as evidentiary practice, the reports of the analysts are admitted in evidence after certain elements are established before the court and the contents of the report are used as evidence in the matter, even though the person who prepared the report is not present and attendant in court to give that evidence.

On the question of post-mortem reports, currently, the only time the pathologist would attend court is if there is a request by a party to the proceedings or the court itself for the pathologist to explain something to the court.

We, in the National Commission on Law and Order, had several lengthy discussions on the question of initiatives that we can take to make amendments to the Evidence Act because it is the

mandate of the National Commission on Law and Order to examine the laws and to make recommendations to Cabinet in respect of such matters.

The legislative subcommittee of the National Commission on Law and Order, having examined this particular matter, found it appropriate to approach Cabinet to make certain amendments to the Evidence Act, in accordance with what is reflected in this Bill. The reform that we are proposing in the Bill is to request that certain statutory provisions be enacted in relation to the admission of evidence of the reports of the analysis of the following areas: fingerprints, firearms and ammunition, poisonous and noxious substances, local and foreign currencies, human blood, bones and tissues, fuel and fuel-based substances.

It is noteworthy to take into consideration that we are moving in this direction because, at the same time, the forensic laboratory that is nearing completion, which will bring to new heights the question of analysis and the presentation of evidence in court, would require the imprimatur of the court when evidence of this type is presented in order to legitimise, so to speak, the legal aspects of these matters.

I believe that passage of this Bill would go a far way in assisting, from a strategic point of view, the forensic laboratory, when it becomes fully commissioned, to advance its strategic plan and the terms of reference to which it has been mandated.

It is noted that there is currently no legislation providing specifically for the admission of the reports of these analysts into evidence without the testimony of the analyst who prepared the report which can be, as expected, very time consuming.

Accordingly, Section 43 (4) of the Evidence Act has been amended to include the above listed report from these sections in addition to post mortem reports and the reports from the duly registered medical practitioners. In addition to the reports from the pathologists and the medical practitioners, we are amending the Act to include reports being presented as evidence from those areas that I earlier mentioned.

Section 43 (5) is also amended to include an analyst of the Guyana Police Force or any other qualified person that the Minister may by Order prescribe since some of the substances are analysed by agencies which do not fall under the remit of the Ministry of Home Affairs, for

example: poisonous and noxious substances, local and foreign currency, fuel and fuel-based substances. These fall under the aegis of other government departments.

I believe that the Bill that we have before us is, as I said, quite innocuous and forward-looking and aims to enhance the criminal justice system, put the intended forensic laboratory in good stead, and will raise to new heights the quest to ensure that there is justice based on scientific materials and reports in order for persons who feel aggrieved to feel some measure of satisfaction and justice.

Thank you. *[Applause]*

Attorney General and Minister of Legal Affairs [Mr. Nandlall]: Mr. Speaker, in 1972 our Evidence Act was amended - I have no doubt - to meet the circumstances and exigencies which prevailed at the time. At that time, it was felt that those circumstances necessitated a change of the then Evidence Act to include, with some degree of smoothness and ease, some aspects of evidence in a court of law.

Then, the amendment sought to introduce into evidence medical certificates from a registered medical practitioner, obviously important in litigation, to prove that the injury which was being claimed was sustained in any legal proceedings. That was the major thrust.

It also included post-mortem reports to be admitted into evidence to establish, obviously, the death of a deceased person when such a death becomes an issue of moment in any given legal proceeding.

It also permitted the admission into evidence certificates which were to be submitted by analysts attached to a department of government, which certificates supported the establishment of some scientific fact which became of some evidential value in the determination of any legal dispute.

In short, those were the changes in 1972 which were made to the Evidence Act, as I said, to meet the demands, circumstances, and needs at the time.

From 1972 to now, the world has changed significantly. Our country has changed. Litigation has changed. But, most importantly, science and technology have made tremendous advances. It is now a recognisable notion in lawmaking that the law must remain as dynamic as it possibly can

and change to meet circumstances that develop in a society, lest the law becomes outmoded and out of sync with the changes that are taking place in a society.

Therefore, we, in Guyana, have a duty to ensure that we constantly and we vigilantly review our legislative landscape to bring it up to date with the changes which are taking place in our society, in our constant quest to ensure that our laws, as a social institution and as part of the legal architecture of our country, are kept abreast with the development, the social realities and the scientific realities of today's world. That is the principle which has inspired the presentation of this Bill to the National Assembly.

It seeks to substitute a provision which we inserted in the law in 1972 to, as I said, meet today's reality... As I said, in the 1972 law, which we passed in this House and which forms part of our Evidence Act, subsection 4...this Bill seeks to remove that and substitute in its stead a new subsection 4 and to inject into the Evidence Act a wider bracket of reports which can now be admissible in evidence.

Today, if one visits the Magistrate's Court – and what I am speaking about is very readily discernible by legal practitioners and your Honour will be very much aware of it – a medical certificate can be admitted without the need for that medical practitioner to present himself to testify in relation to that certificate. Obviously, the court always has a residuary discretion and power to summon that medical practitioner if the court or a party, who has an interest in the proceedings, feel that they need to cross-examine or the court needs to conduct some inquisition other than the content of the medical certificate in its quest to arrive at a just decision. It makes it extremely expedient for a certificate to be made admissible in lieu of oral testimony.

2.42 p.m.

What this Bill seeks to do is to expand way beyond the category of medical practitioners to include certificates signed by a finger print expert, a firearm or ammunition expert - which in this instance will be the ballistic expert – a poisonous and noxious substance expert, a local or foreign currency expert, a bone and tissue expert, and those who are trained in the detection of fuel, in the examination or analysis of fuel and fuel related substances. In terms of fuel, as Your Honour is aware, fuel smuggling is an offence, and being in possession of fuel that does not contain a marker of a required proportion is an offence in Guyana. We have prosecutions all

across the country in which persons have been charged in relation to these types of offences many a times at great inconvenience and I have no doubt, at great cost and great time expended; an analyst or the analyst attached to the Guyana Energy Agency has to present himself simply to tender this document.

This Bill would allow the smooth and seamless admission into evidence of a number of analyst certificates that are not currently admissible in the same way that a medical certificate or a post mortem certificate is. It is important that we amend our law to have these facilities available in our court in our constant pursuit of efforts to bring speed to a very slothful legal system. We all know the attendant injustices and social wrongs which flow from the lack of speed at which our criminal and other aspects of the legal system work. So from that perspective this Bill is also a welcome addition to the repertoire of measures which we are pursuing in our effort to bring expedience and dispatch to the legal system of our country.

The other clause that seeks to replace sub-section 5 of Section 43 of the Evidence Act simply continues along that trend to allow analysts that are attached to the Guyana Police Force to be able to fall into this increased bracket of professional or expert personnel whose certificates are now admissible. That is the simple intention of clause 5 as it appears on the Bill. It is simply to allow outside of the realm of Government departments – and I pause here to emphasise that the activities which would have been conducted by a “Government department” in 1972 may not be activities conducted by a department which can now be defined as a Government department because our governmental structure has gone through mammoth and massive changes. We have the creation of a number of semi autonomous and statutory regulated agencies whose conduct and affairs are largely governed by a board as opposed to a minister in charge of a ministry.

Many of these departments used to or would have fallen under a ministry and these analysts would have been attached to the umbrella of a ministry. That position has radically changed and many of these services are now performed by an agency which technically may not fall under a department of government as it would have some years ago. The Guyana Energy Agency, for example, while it falls under the office of the Prime Minister is really a statutory body corporate being governed and administered by a board for which there is a chairman. The agency is run by a Chief Executive Officer (CEO), statutorily defined and delineated with responsibilities and the

role of the Minister is not an unregulated one but one which is regulated by the statute creating the agency.

This is a Bill that in my view, as small as it is, has great practical value, particularly, to our legal system, and more specifically because it will have the impact of bringing speed and dispatch and expediency to the system. For professionals who would have had to sacrifice a lot of their time to be in court, now their presence may no longer be as necessary as it would have been prior to this enactment. They can now actually spend a lot of their time concentrating on their work. Of course, we speak here of a whole variety of professional people attached to the various agencies of Government and State. Therefore, I have absolutely no hesitation in lending my full and absolute support to this Bill.

Thank you very much. [*Applause*]

Mr. Rohee (replying): Mr. Speaker, I believe apart from what I said the Attorney General has captured quite succinctly the intent of this Bill. There is one word I believe that can encapsulate what both the Attorney General and I have said. That is, this is a progressive piece of legislation irrespective of how you turn it or twist it; from whichever perspective you may look at it, it has to be deemed a progressive piece of legislation. It is moving the process forward; it is forward looking. More than that, it addresses a concern which I believe quite a large number of Guyanese would be heard talking about from time to time, or calling for from time to time. People in this country are now habitual callers for justice. This call for justice is not only political justice, social justice, or economic justice; this is justice of a very wide berth. So I believe from those two perspectives, one, the legislation being progressive and two, democratic in nature, the Bill should be supported.

Widening the scope of the nature of the analyst and widening the scope of the institutions, which analysis would be or could be presented in the court, those two basic amendments by their very nature speaks to the progressive and democratic nature of the intent and thrust of the Bill. I wish, therefore, with this in mind ask that the Bill be considered for reading a second time.

Question put.

Division

Bell rang.

Assembly divided: Ayes 33, Noes 26, as follows:

Noes

Mr. T. Williams

Mrs. Marcello

Dr. Ramayya

Mrs. Garrido-Lowe

Mrs. Hughes

Mr. Nagamootoo

Mr. Ramjattan

Ms. Ferguson

Mr. Morian

Ms. Williams

Mr. Jones

Mr. Adams

Ms. Baveghems

Mr. Sharma

Mr. Bulkan

Mr. Bond

Ms. Kissoon

Mr. Trotman

Ayes

Mr. Jaffarally

Mr. Damon

Dr. Persaud

Rev. Gilbert

Dr. Mahadeo

Mr. Neendkumar

Mr. Chand

Ms. Shadick

Mrs. Chandarpal

Mr. Nadir

Ms. Teixeira

Bishop Edghill

Mr. Whittaker

Mrs. Campbell-Sukhai

Mr. G. Persaud

Mr. Benn

Ms. Selman

Mr. Ali

Mr. Allicock

Ms. Wade

Mr. Felix

Ms. Hastings

Mr. Scott

Dr. Ramsaran

Lt. Col. (Ret'd) Harmon

Dr. Westford

Mr. Greenidge

Mr. R. Persaud

Mrs. Backer

Dr. Singh

Dr. Norton

Mrs. Rodrigues-Birkett

Mr. B. Williams

Mr. Nandlall

Dr. Ramsammy

Ms. Ally

Mr. Rohee

Dr. Roopnarine

Mr. Hinds

Brigadier (Ret'd) Grainger

32

26

Motion negatived.

**MOTOR VEHICLES AND ROAD TRAFFIC (AMENDMENT) BILL 2013, BILL NO. 8
OF 2013**

A Bill intituled

“An Act to Amend the Motor Vehicles and Road Traffic Act.” [Minister of Home Affairs]

Mr. Rohee: Thank you Mr. Speaker, the struggle continues.

Mr. Speaker: *La luta continua*

Mr. Rohee: Mr. Speaker in anticipation of the Opposition adopting a similar posture as they did in the previous Bill, and I have no reason to doubt they will, I would still prefer to give them the benefit of the doubt. I want to use the tone that was used by the Attorney General when he sought to position the amendments to the Evidence Act in the context of changes taking place within our economic and social environment. This Bill before us has to be seen in a similar light. Whereas the first Bill is related to the criminal justice system and in fact seeking to bring greater acceleration to matters before the courts in a way that was described by the Attorney General, I believe this one is also similarly destined. The peculiarity, however, with this Bill is that it seeks in the current context to address the question of vehicles used in the commission of a crime. If I am to leave this National Assembly now and go to any location where people would usually congregate, be it a market place, a shopping plaza, a street corner or a social event, and seek to solicit their views on the question of motor vehicles being used in the commission of a crime I do not think I would find it rare if the majority of such persons questioned would be unanimous that in today's society, be it Guyana or any other developed or industrialised country, motor vehicles are currently being used to commission crimes – drive by shootings, execution shootings, robberies, hit and run. There are so many of them taking place with the use of a vehicle which modern criminologist are now describing as a weapon to execute or to commission a crime. This Bill seeks to capture the challenge of vehicles being used in the commission of a crime and to block all possible loopholes in the law that are used by persons to prevent those who use a vehicle in the commission of a crime from facing the full brunt of the law.

Clause 2 of the Bill seeks to expand the definition of ownership because many times when a person is found, or a vehicle is found there are a thousand and one questions that are raised about who is the owner, and many times cases collapse as a result of this matter not being clearly defined. Definition of owner for the purpose of the Motor Vehicles and Road Traffic Act is to include a person who is in possession of a motor vehicle under a sales agreement, a power of

attorney, or a Bill of sale. These are the usual transactions under which or through which persons become owners of vehicles. It was therefore considered necessary to include those persons who, although they are not registered owners of the vehicles may be in possession of a motor vehicle, or even enjoy the benefits of the ownership, but are not subject to the obligations of the owner, This Bill seeks to capture such persons in this Bill. I should point out before continuing, that this Bill could be described as a composite Bill. It is composite in the sense that it seeks to address a range of independent matters which necessitates amendments of the principle act. The first question we are seeking to address is the question of ownership.

The second question is to be found in clause 3 of the Motor Vehicles and Road Traffic (Amendment) Bill which facilitates, through the amendment to Section 10(1) of the Act, the tightening up of the registration of motor vehicles. For example, when there is a change of ownership of the motor vehicles which necessitates a change in the registered owner, otherwise than by death, the proposed amendment to this section seeks to detail the procedure that must be followed after both the registered owner, and the person into whose possession the motor vehicle has passed, apply in writing, providing the relevant details in respect of the change of possession, to the licensing officer within a seven day period subsequent to the change of possession. So what we are seeking to do here is to tighten up the procedure for the change of ownership from one person to the other. These amendments require that the vehicle must be brought to the licensing officer. The registered owner and the newly intended owner must be present when the licensing officer enters into the register and the certificate of registration the name and address of the person into whose possession the vehicle has passed. The effect of which is that the later is deemed the registered owner of the vehicle.

The proposed Section (10) (1) (c) caters for instances where a company is involved requiring that a letter of authorisation, signed by a director of the company, authorising the representative to act on behalf of the company, to be produced to the licensing officer. This may seem to be rather tedious in nature, but unless we do what could be described as tedious person will continue to escape the full brunt of the law.

Provision was made for the insertion of a section 10(4) whereby if the registration is not effected as required the person into whose possession the motor vehicle is now passed is vested with the rights, powers and liabilities as if they are the registered owner of the vehicle. All of this has to

be completed within 7 days after the change of possession of the vehicle takes place. Were this not to happen a fine of \$150,000 and, not or, to the imprisonment of three months would be the penalty that the defaulter would have to submit to.

There is another composite act in this Bill which has to do with the demerits points system. The traffic ticket system under the Summary Jurisdiction Procedure Act Chapter 1:02 is not accompanied by a general demerits point system as employed in other jurisdictions.

3.12 p.m.

It may be recalled, I think it was in the previous Parliament, 2008, when we sought to amend the Evidence and Motor Vehicles and Road Traffic Amendment Act, Section 103.1 of that Act, to make provision by inserting a paragraph which would read:

“The procedure for the assignment of points on conviction of certain offences known as the demerit point system”

Upon the enactment of that Act, that is Section 104.1 (a) of the Motor Vehicle and Road Traffic Act, would have empowered the Minister of Home Affairs, subject to negative resolution – I am sorry that it is not ‘revolution’, it should have been for positive resolution – to make regulations for “assignment of points on conviction of certain offences known as the demerit point system”. In other words, if a person would have committed so many traffic offences the demerit point system would have applied on the commitment of each offense so that by the time the third and most serious traffic offence would have been committed the demerit point system application would have denied that person a driver’s license and prohibition from driving a vehicle on the roads of this jurisdiction. It was, nevertheless, however, discovered that in attempting to draft legislation in attempting to establish a comprehensive demerit point system we were confronted with certain limitations and that any regulation which includes a provision that a person be disqualified by the licensing authority from holding or obtaining a driver’s license after the accumulation of certain demerit points would clearly be out of Section 104.1 and therefore the regulation making power of the Minister of Home Affairs. Therefore we found that further penalties envisaged by the demerit point system would exceed the maximum penalty of \$30,000 provided under Section 104.3 of the Motor Vehicle and Road Traffic Act and that it is why it is now deemed better and more effective to proceed by amending the Motor Vehicle and Road

Traffic Act to provide for the demerit point system while deleting Section 104.1 so that at the end of all this, clause 4 (a) of this Bill seeks to establish a comprehensive regime for the administration of the demerit point system. In other words, we create new sections, 33 (a) to 33 (h).

The introduction of these new Sections has to be read together or, as the lawyers would say *mutatis mutandis* with clause 8 which inserts a third schedule that lists the offences captured under the demerit point system and specify the demerit points there in. All this may appear to be rather technical but it cannot be otherwise less there be room or space for misinterpretation. We had to be as detailed as this in addressing this particular aspect.

The motor vehicle used in the commission of an offence in this respect, clause 6 introduces an offence under a new Section 108 (a):

“Where a person who drives or operates a motor vehicle used in the commission of an offence [read to mean ‘crime’] for which the penalty is not less than six months imprisonment or who uses the motor vehicle to facilitate the commission of such an offence shall be liable on summary conviction to a fine of \$150,000 and to imprisonment for 12 months and shall be disqualified [this is how the demerit point system will now kick in, in addition to the monetary fine and the imprisonment, the person will be disqualified] for a period of two years from the date of conviction from holding or obtaining a driver’s license.”

Finally, on the question of failure to report loss or a stolen motor vehicle because there are some persons who rent their vehicles and then all of a sudden they claim that it was lost or stolen or a vehicle may have been legitimately stolen or lost for some reason or the other, whatever the situation might be, failure to report the loss or theft of a motor vehicle in clause 7 of the Bill there is the creation of an offense under a new Section 109 (a) where if the registered owner of a motor vehicle that has been lost or stolen fails to report to a police station within seven days of the loss or theft he or she shall be liable on summary conviction of a fine of \$40,000 so one is now obligated under the law to report within seven days the theft or the loss of this vehicle because, at the end of the day, it is not unusual that vehicle used in the commission of a crime could find itself caught up in these legal conundrums thus allowing either the vehicle to return to

whoever claims to be the owner or the part owner or the 'lender' or the 'leasee' or 'rentee' to get off from the crime committed. I believe that this Bill calls on this House for it to be supported. Those who stand on the side of the fight against crime, those who stand against the use of vehicles used in the commission of a crime, ought not to have any difficulty whatsoever in supporting this Bill. Thank you. [*Applause*]

Minister of Public Works [Mr. Benn]: Mr. Speaker and Hon. Members, the Hon. Minister of Home Affairs, Mr. Clement Rohee, has been pretty detailed and distinct in his description of the issue which he seeks to have arranged in a proper way in the Motor Vehicle and Road Traffic Amendment Bill to take account of the realities which now obtain with respect to the use of the motor vehicles in the commission of a crime. The question of the proper registration and the new procedures required there to make sure that there is a clear and transparent record of the ownership, the transfer of motor vehicles in relation to being able to undertake the continuing fight against crime. Much of them these days involve the use of motor vehicles as the Hon. Minister did say. The use of vehicles in the commission of crime whether they are rented out or leased out. We have had situations, of course, where people report after the commission of a crime when there is a discovery of the involvement of a vehicle in respect to the commission of a crime then there is the story that the vehicle was, in fact, stolen and the circumstances are not sufficiently clear to the authorities as to the ownership and the use and the authorisation with respect to that vehicle.

I, of course, support the issues with respect to the registrations, the transfers, the procedures to be adopted with respect to the transfer to the motor vehicles is the one of the activation of the demerit system, clause 33 (a) to (h). As the Minister said, this outlines the regime for the activation of the demerit system. I think this has been long overdue. It is very important. We all, as users of the road, as drivers of motor vehicles, to have in the crowded and congested roads and streets that we have to always have a clear focus as to what sanctions may apply accumulatively if we make breeches with respect to the Motor Vehicles and Road Traffic Act so I think significantly we are coming into the modern age, as the Minister said, with another piece of progressive legislation in the form of this amendment with respect to bringing in the point demerit system so that there is the individual responsibility of the operator of a vehicle as to what the responsibilities are, of what sanctions are applicable on the next infringement and that the

operator should have the clear sense and the clear responsibility of trying to take every action to make sure all of the time that they should avoid as much as possible taking any action which would prevent repeat occurrences with respect to our traffic laws and I welcome the amendment with respect, particularly, to this issue.

In a general sense I have to note the rejection in the House previously, of the Evidence Amendment Bill 2013 that the Hon. Minister, Mr. Clement Rohee, presented. I would like to say and to urge as much as I could that the House needs to recognise the urgent nature of these Bills and amendments and the fact that they are pertinent and relevant and the fact too of the responsibility we have to make sure that we in this House take proper ownership and responsibility with respect to the nation's business as it relates to these particular amendments and Bills presented by the Hon. Minister. This is not a personal matter or a personal struggle between one side of the House and a particular Minister or Member. This is the nation's business and I repeat that these Bills and amendments that are being presented here today are urgent, pertinent and relevant so I want to urge Members on all sides of the House to recognise this and that we try to be responsible with respect to this or else we might be viewed by the nation as a whole if we continue to reject urgent matters in this House. The question arises as to our own relevance. The question arises as to whether we are acting in a pernicious or a malicious way and so without attempting to lecture I want to urge Members on all sides of the House to lend the support to this particular Motor Vehicles and Road Traffic Amendment Bill 2013 and also for us to take hold of the larger responsibility we have in this honourable House to lead and to do the nation's business in a responsible way. I thank you, Mr. Speaker. [*Applause*]

Mr. Rohee (replying): Thank you, Mr. Speaker. I can only repeat what I said earlier with respect to the amendment to the Evidence Act which is that this is another progressive piece of legislation which creates more space for justice for the citizens of Guyana and I hope that this would be conveyed in a very forceful and aggressive way to Guyanese people that this Government is committed to constantly recreating and creating space so that Guyanese, high or low, can have justice within this system that we have operating in Guyana and that the pieces of legislation that we bring to this House would be progressive and democratic in nature and this Bill that we have before us is in keeping with that policy of the Government.

Both sides of the House have adopted positions. The Opposition has adopted a position not to support any Bill brought by this Minister in this House and the Government side has adopted a position that the Minister will proceed with Bills passed by the Cabinet and brought before this House.

Those are to be taken by both sides. We take our blows. The Opposition will take their blows as well as is want for politicians to do. I have not information, intelligence or otherwise that the Opposition will vote in favour of this Bill. My deep throat sources have not provided me with that information. Whatever the situation might be this is not a question of casting one's fortunes to determine whatever will may be but to vote against this Bill, I can only say, is to side with persons who are bent on criminal enterprise. A strong signal must be sent from this House, a unanimous united signal. Forget 'Rohee'. What is of important is the signal that we are sending from the House to persons who are intent on criminal enterprise; that a Bill of this type will throw another spanner in the works of those who are determined to continue not only engaging in criminal activities but using vehicles AT 192, AT 162, the preferred vehicles of the criminals to commit crimes.

Crime has a very interesting way of making circles. Maybe one day when one of us in this very House having had a duty free vehicle given to us by virtue of being a Member of Parliament (MP) stolen one day from us by a criminal or a gang and found that that vehicle was used in the commission of a crime and in the absence of this legislation even the brightest minds would not be able to find justice in the system.

I wish to commend this Bill to the House. I wish to appeal to the Opposition, notwithstanding the position that they have taken with respect to Clement Rohee, the Minister of Home Affairs... I am not begging for anything. I do not need to beg. I stand here as a representative of the people. I wish to commend this Bill to the House and the least that I can do on behalf of my constituency is to appeal to the good sense of the Opposition to support this Bill in order to ensure that the criminal enterprises in this country are prevented from using other, and including this measure to commit further crimes in Guyana. I thank you.

Mr. Speaker: Thank you, Hon. Minister. Your sentiments are noted.

Question put.

Division sought by Mr. Hinds.

Bell rang.

Assembly divided: Noes 31, Ayes 27, as follows:

Noes

Mr. T. Williams

Dr. Ramayya

Mrs. Hughes

Mr. Nagamootoo

Mr. Ramjattan

Ms. Ferguson

Mr. Morian

Mr. Williams

Mr. Jones

Mr. Adams

Ms. Baveghems

Mr. Sharma

Mr. Bulkan

Mr. Bond

Ms. Kisson

Mr. Trotman

Ms. Selman

Mr. Allicock

Ms. Wade

Mr. Felix

Ms. Hastings

Mr. Scott

Mr. Harmon

Mr. Greenidge

Mrs. Backer

Dr. Norton

Mrs. Lawrence

Mr. B. Williams

Ms. Ally

Dr. Roopnarine

Brigadier (Ret'd) Granger

Ayes

Mr. Jaffarally

Mr. Damon

Dr. Persaud

Rev. Dr. Gilbert

Dr. Mahadeo

Mr. Neendkumar

Mr. Lumumba

Mr. Chand

Ms. Shadick

Mrs. Chandarpal

Mr. Nadir

Ms. Teixeira

Bishop Edghill

Mr. Whittaker

Mrs. Sukhai

Mr. G. Persaud

Mr. Benn

Mr. Ali

Dr. Ramsaran

Dr. Westford

Mr. R. Persaud

Dr. Singh

Mrs. Rodrigues-Birkett

Mr. Nandlall

Dr. Ramsammy

Mr. Rohee

Mr. Hinds

Motion negatived.

Mr. Speaker: Hon. Members, it is 15.40 p.m. I propose that we proceed with the Fire Service Change of Name Bill, Bill No. 13 of 2013, published on the 2nd May, 2013.

FIRE SERVICE (CHANGE OF NAME) BILL 2013 – Bill No. 13/2013

A BILL intituled:

“AN ACT to rename the Fire Service Act, the Fire Service and for related purposes.”

[Minister of Home Affairs]

Mr. Rohee: Thank you, Mr. Speaker. The struggle continues.

3.42 p.m.

All over the world and Guyana is no exception, there are calls for reforms in the criminal justice sector, the security sector, the financial sector, economic and social sectors. There are even calls for reform in the areas of literature and arts as we see manifested in the pages of our daily newspapers of those prolific letter writers who are now at each other's throats. I do not think we need to go to that extent in respect to this particular Bill. The Fire Service (Change of Name) Bill 2013, it would be a grave injustice if the Opposition was to continue in taking this position against the organisation of the Guyana Fire Service. By the way, incidentally, Mr. Speaker, you must have noticed that the “noes” from the Opposition benches are more moderating. They are not as energetic and enthusiastic. I am trying to figure out from my deep throat sources what is the reason for that, but I will get around to that eventually. By the next sitting I will get around to that.

To treat the Guyana Fire Service in the manner in which the Opposition has treated the Evidence (Amendment) Bill 2013 and the Motor Vehicles and Road Traffic (Amendment) Bill 2013... The Guyana Fire Service is basically a humanitarian service, notwithstanding the fact that so many persons would make allegation about the fire tender arriving without water, which is virtually a myth. When the activities of firefighters are followed around the world, take for example 9/11, and the heroic role played by firefighters, not only in that experience, but in other countries of

the world, I think, to treat the Guyana Fire Service in the mode in which the previous Bills were treated would be a grave injustice to an organisation of this type. I see the Guyana Fire Service as basically a humanitarian service. Many people call the Guyana Fire Service for various services – extinguishing fires, getting into a house that is locked from the inside and doing so many other things that are basically humanitarian. A car in an accident plunged into a trench with the driver and the passengers locked inside, it is the firefighters who are called upon to rescue those persons and that is why in many parts of the world the fire service is also known as a rescue service. Members of the Opposition may laugh at it, they may scoff at it, but there are hundreds of firefighters out there who are watching to see how they will deal with this. They have families; they have friends; they have constituents. I am happy to see that they are now piping up and getting back into their old selves. When the Opposition is quiet I get worried. The change of name for the Guyana Fire Service... I think there are a lot of people in this country, inside of this House, and outside of this House, who have a relationship with the Guyana Fire Service.

Many years ago the British Guiana Fire Brigade and Ambulance Service was a good example to show the humanitarian side of this organisation when there was an ambulance service. I must say that I am thankful to the Opposition. When the budget was presented a few months ago, the Members gave their approval to the budget for the Guyana Fire Service, in which there was an allocation for the procurement of four ambulances for the Guyana Fire Service. The intention there is to rebuild the ambulance service of the Guyana Fire Service, which was there before, and we are now seeking to restore that. The Guyana Fire Service or the Guyana Fire and Rescue Service is now going to be demonstrated with the restoration of the ambulance service of the Guyana Fire Service, which was there since colonial time, but because of the economic difficulties, which the country went through in the late 1960s, 1970s and even up to the mid 1980s, the ambulance aspect of the Guyana Fire Service was removed, was done away with and the Guyana Fire Service was left to hobble, so to speak, on one foot.

Because of the economy is doing better, we are now in a position to build a service that not only has to do with extinguishing fires, but to provide a rescue service, a humanitarian service. I believe it would be heartless... We have to be the soul brothers of the Guyana Fire Service, to provide them with the support because these people sat down for days to consider whether they

should move from just a simple fire service to a fire and rescue service. Having sat down and considered this move in that direction, I believe, we should support the Guyana Fire Service. How could we oppose the Guyana Fire Service, on what grounds? Is it because of Rohee? Is it because the Opposition Members took a position on the Linden shootings and that “Rohee must go” that they are not supporting the Fire Service (Change of Name) Bill? This is bigger than Rohee. [Mr. Ramjattan: Why did you not give Mr. Benn? We love Mr. Benn. We would have supported it.] You love Mr. Benn, I love him even more. “He ain’t heavy he is my brother.”

We ought not to take such an entrenched dogmatic position in respect to the Guyana Fire Service. I believe history will condemn you not absolve you. Some of you are prone to say that history will absolve you. History may absolve you *badda*. History will condemn you were you to take a position of not supporting a humble and a noble organisation such as the Guyana Fire Service. Firefighters are held in high esteem all over the world. [Ms. Ally: Increase their package.] The Guyana Fire Service has never made representation to me for that because they beyond that. I think the Guyana Fire Service, in respect of how much I might say or how long I might speak, itself has made representation by force of example, by dint of hard work, of sacrifice that it deserves this name change. I, therefore, wish to commend this name change to this House that the Guyana Fire Service to be the Guyana Fire and Rescue Service.

I, therefore, wish to ask that the Bill be read a second time. [Applause]

Parliamentary Secretary in the Ministry of Health [Mr. Hamilton]: The facts are that what this Bill is attempting to do is to have the Guyana Fire Service return to its old self. The first attempt of a fire service establishment in Guyana was on the 12th October, 1957. At that time, the British Guiana Fire Brigade and Ambulance Service was formed under the Fire Brigade Ordinance No. 7/1957. The attempt by the Hon. Minister and the Ministry of Home Affairs is to have the Guyana Fire Service reverting to its original role when it was established in 1957. In the 1980s, or thereabout, sometime between 1980 and 1985, the Government sought to de-emphasise the ambulance service within the aspect of the Guyana Fire Service and the responsibility was given to the Ministry of Health, primarily the public hospital, to run the ambulance service. Those are the facts and the history of the fire service in Guyana.

In this regard, all Commonwealth countries and Caribbean countries, if the role of the fire services is examined it is beyond outing fires, and that is the reason why the attempt here is to have the Guyana Fire Service name change to the Guyana Fire and Rescue Service, because it goes beyond outing fires. If Trinidad and Tobago is looked at, it will be seen that it has a fire and rescue service - New Zealand, French Guiana, USA. It is not something unique and, as I said earlier, it is not inventing something; it is something that was there before and was changed in the 1980s.

Fire services throughout the world have been engaging in activities other than firefighting, as indicated by the Hon. Minister, road accident emergencies. We, who look at television, would see that when there is an accident there is the Emergency Medical Services (EMS). We will also see the fire service rendering assistance. For that matter, there are some accidents in which the only entity that can extricate the injured from the vehicle is the fire service. The only entity that has the necessary equipment to extricate a person from a vehicle in certain type of accidents is the fire service - road accidents.

Fire service is involved in land and rescue search, certain rescue operations and, structural collapses. If a house falls, it is the fire service that will have to intervene. It participates in emergency medical services. Aircraft emergencies rescue, it is the fire service. For countries that are prone to earthquakes, it is the fire service; countries that are prone to hurricanes disasters, countries that are prone to typhoon disasters, and so, is the fire service that is called. The fire service must not be seen as just some men and women trained to out some fires and to investigate after a fire. If there are chemical spills, it is the fire service that is called upon to work and for us, in Guyana, who are thinking about getting involved in the activities of petroleum, we would want to and need to have a fire service that is well equipped and prepared to deal with the new situations that will occur.

Presently, the fire service, if the present Act is read, some of the activities, which it should be doing, it is incapable of doing. As I understand it, the Guyana Fire Service is preparing for the added roles that it has to play. It did not sit and wait. As I understand it, the Guyana Fire Service, via the Ministry of Home Affairs, has already sent persons overseas and otherwise to be trained to deal with the new situation that it will be confronting with beyond firefighting.

The other issue, I would say, is that I believe that the Guyana Fire Service, which will become the Guyana Fire and Rescue Service if this Bill is accepted and passed, will be in a better position, in my view, to run an ambulance service. Why I say that is because it is a regimental organisation that is filled with discipline and so the situation that we have presently, regarding the service, I believe...

Mr. Speaker: Hon. Member, are you saying that your Ministry does not have the capacities...

Mr. Hamilton: Mr. Speaker, it is evident, to all Guyanese, that presently what entails need to be complemented, supplemented and upgraded. All of us live here. I am saying that the intervention of the Ministry of Home Affairs is timely and it is important and that is why all of us in this House should support the intention and the Bill that is before us.

I have sought to indicate to this National Assembly the fact that we are attempting to have the Guyana Fire Service revert to the role that it was established to perform in 1957 to deal with more than fire, to have involved in rescue, to have an efficient and effective ambulance service. The Guyana Fire Service (Change of Name) Bill 2013 – Bill No. 13 that is before us, I would submit that all of us, in my humble opinion, should support this Bill and to seek to help the Guyana Fire Service and its members to develop beyond where they are at, as I said earlier. In my discourses with the Guyana Fire Service leadership, it has indicated that it...

Mr. Speaker: One second Hon. Member. Hon. Members, there is someone in the chamber who has a cell phone and who is allowing it to just ping without any regard for our rules. I am hearing it. It is just going ping, ping, ping. Whoever it is, could you just silence it or shut it off? It is not fair to the rest of us. Even as I am speaking I am hearing it. The sound seems to be coming from the left...

Mr. Hamilton: As I have said, I have tried to, in my brief remarks, here, capture the real role of a fire service in a modern society. It is beyond outing fires. It is, as I have outlined, that the fire service members have gone for the necessary training, first aid training. They have gone for the training for the necessary emergencies that they will have to deal with in the future. We, as indicted by the Minister in the National Assembly, just several weeks ago, voted the necessary provision to equip the Guyana Fire Service with four ambulances to begin its exercise. I suspect that recognising, firstly, that we are reverting to where we started in 1957 and, secondly,

recognising that we have already voted provision for the Guyana Fire Service to be involved in this role, extending its scope and its name to the Guyana Fire and Rescue Service, I, therefore, will urge that all us support the necessary name change and the activities that will follow regarding the Guyana Fire and Rescue Service.

Thank you very much. [*Applause*]

Mr. Rohee (replying): I think all that has been said it is difficult to refute because the services currently conducted by the Guyana Fire Service is twofold but really, one, extinguishing fires, rescuing people and providing a humanitarian service, in many respects. In practice, it is basically doing that, notwithstanding the Opposition non-support for the name change. The famous German Philosopher Feuerbach said that “practice is the criterion of truth.” If we agree with that – I see no reason why we should not – then the truth is that the Guyana Fire Service is performing certain duties and responsibilities which, in practice, tells us the truth about this organisation. That is sole criterion for which we should support this Bill.

What is unusual, so far in this matter, is the predisposition by the Opposition to put party rather than country first. The position of the Opposition is obviously a party’s position and not a country’s position. It cannot be otherwise because if this was a country’s position the Opposition would have supported this Bill, but this position of the Opposition is clearly a party’s political position which tells me that it is putting the party’s position before the country’s position. We are at a position now where are seeking to carry out these reforms...

Mr. Speaker: One second Minister. I am hearing the banter but some of these recommendations came out of the Discipline Forces Commissions Report which in a Special Select Committee...

Mr. Rohee: I was saving that vignette for the next Bill.

Mr. Speaker: That is a vignette, but I have actually sent for the copy of the report.

Mr. Rohee: I was saving that vignette for the last Bill, Mr. Speaker. You cannot throw out all at one time, but I am happy that you drew that to the attention of the House.

We are at a very interesting juncture of our country’s history where are seeking... Notwithstanding all of the turmoil and politics and whether money should go for Amalia Falls

Hydropower Project, or whether moneys should go for the Cheddi Jagan International Airport expansion project, or whether Rohee should go or whatever the case may be, the work has to go on and the country has to move forward.

I wish to commend this Bill before the House and to say that supporting this Bill would mean putting our country first rather than putting politics first. The Guyana Fire Service would welcome the support from this House for its name change. It would mean so many things in addition to the service - resources, more support, more external assistance, and so forth. I, therefore, wish to commend this Bill the House and ask that it be read a second time.

4.12 p.m.

Question put.

Mr. Hinds: Division.

Bell rang.

Assembly divided: Noes 32 and Ayes 27, as follows:

Noes

Mr. T. Williams

Ms. Marcello

Dr. Ramayya

Mrs. Garrido-Lowe

Mrs. Hughes

Mr. Nagamootoo

Mr. Ramjattan

Ms. Ferguson

Mr. Morian

Ms. R. Williams

Mr. Jones

Mr. Adams

Mr. Sharma

Mr. Bulkan

Mr. Bond

Ms. Kisson

Mr. Trotman

Ms. Selman

Mr. Allicock

Ms. Wade

Mr. Felix

Ms. Hastings

Mr. Scott

Lt. Col. (Ret'd) Harmon

Mr. Greenidge

Mrs. Backer

Dr. Norton

Mrs. Lawrence

Mr. B. Williams

Ms. Ally

Dr. Roopnarine

Brigadier (Ret'd) Granger

Ayes

Mr. Jaffarally

Mr. Damon

Dr. Persaud

Rev. Dr. Gilbert

Dr. Mahadeo

Mr. Neendkumar

Mr. Lumumba

Mr. Chand

Ms. Shadick

Mrs. Chandarpal

Mr. Nadir

Ms. Teixeira

Bishop Edghill

Mr. Whittaker

Mrs. Campbell-Sukhai

Mr. G. Persaud

Mr. Benn

Mr. Ali

Dr. Ramsaran

Dr. Westford

Mr. R. Persud

Dr. Singh

Mrs. Rodrigues-Birkett

Mr. Nandlall

Dr. Ramsammy

Mr. Rohee

Mr. Hinds

Motion negatived.

Mr. Speaker: Hon. Members, according to the chamber's clock, it is 4.20 p.m. I think this is a convenient time for us to take the one hour recess. I remind Members that we will be having a simple but yet auspicious ceremony in the Members' lounge, and notwithstanding the mood and the atmosphere, the appearance of the division in this chamber, let us remember that we are all Members who have taken an oath to serve our country and we will recognise our sisters who have so served as we did last year. I invite you to participate in that ceremony, without sun glasses Hon. Attorney General, in a few minutes time.

Sitting suspended at 4.20 p.m.

Sitting resumed at 5.34 p.m.

POLICE (CHANGE OF NAME) BILL 2013 – Bill No. 14/2013

A BILL intituled:

“AN ACT to rename the Police Act, the Police Force, the Police (Discipline) Act and for related purposes.” [Minister of Home Affairs]

Mr. Speaker: Hon. Members, we are at that place and time when we were about to proceed the second reading of the Police (Change of Name) Bill 2013 – Bill No.14/2013. I do not know whether the Minister is continuing the struggle. As I indicated, this one, in particular, is a specific recommendation made in the Discipline Forces Commission Report and notwithstanding that, I just want to indicate to both sides. I have been asked, during the recess, by several persons and I thought that I would just say that under our Standing Orders, I think Standing Order 69 in particular, any Bill brought in this session cannot be returned once it has been brought, voted for or against. It is nothing of the similar nature can be returned for the duration of the session. Some Members have asked of the press and some Members of Parliament asked my opinion on that and I just thought that I should quote the relevant Standing Order. With that said I invite the Hon. Minister to proceed with the second reading of the Police (Change of Name) Bill 2013 – Bill No. 14/2013, first published on 2nd of May, 2013.

Mr. Rohee: This is one particular Bill that is long overdue. It is not only overdue in terms of time, but it is overdue in terms of change that has been long in the making, both in our society and in the organisation or the institution called the Guyana Police Force. I am convinced that the overwhelming majority of Guyanese, I would even go so far as to say in the diaspora as well, and I have spoken to a number of fifth formers in a number of our schools secondary, students at colleges, at the University as well, who have never given me one iota of doubt about the need for such a change. I do not believe that they have come to such conclusion because they have read it in the Discipline Services Commission Report, the findings of that Commission; I do not think they have come to that conclusion because they have surfed the internet in order to draw some professional conclusion. Obviously, not so many of our people are professionally involved in intellectual thinking on matters of this kind. I think by virtue of their own experiences, by virtue of the culture, the customs, the mores in our country, the history, conversations, the day to day life that they experienced and the whole make up of our society, our own experiences with the police, that have made this large catchment of the population come to this conclusion that a name change would be consistent with the thinking in the society. For them, I think, that this name change should not only be informed, but also in content; that this name change should not be something of a cosmetic nature. It should be something that must be able to deliver a better service to the people. Unless this change is not only influenced from external forces outside of the Guyana Police Force, but is strongly influenced by agent of change within the organisation,

that organisation called the force itself must assume responsibility, must assume ownership of this change, both informed and in context, that a better service to the customers, who are the people, the citizens of Guyana, can be provided.

This is a popular clamour. I believe the Discipline Services Commission, when it met and discussed the whole range, the whole gamut of issues related to police and security, and so on, captured that popular sentiment in the country. Apart from what the people went before the commission and said, the commission captured that popular sentiment and was able to translate that sentiment into a document called the Discipline Services Commission Report. Obviously the politicians were not satisfied with simply the publication of a report. It was decided that that report should come to the Parliament, it was decided that a Special Select Committee should be set up to examine the recommendations in that report, and after several months of discussions a report was submitted to the last Parliament and that report was adopted.

Both Government and Opposition sat in that Committee that examined the recommendations and one of the recommendations was for the country to move precisely in this direction. The Parliament adopted those recommendations and it was left to the relevant authorities for each recommendation, in terms of the applicability, to be implemented and pursued. This name change is consistent with one of the recommendations of the Discipline Services Commission Report and it is consistent with the general sentiments, national sentiments, I would call it, within our country. The force itself, as an institution, has accepted it. The leadership of the organisation sat, commensurate on this matter and agreed that it is in its best interest to accept this change, name change and institutional change.

The institutional change manifested in the reforms that are currently taking place within that organisation. There has been some disquiet about the process through which these reforms were triggered and initiated. But I believe, that notwithstanding this sense of disquiet and disagreement, the fact of the matter is the reforms are currently on the way and are being tackled from different angles, from different dimensions, so that to complement the change of name the reforms will give substance to sustain this name change, so that when we speak about our police service, we are not only talking about a name change *per se*, we are talking about an institution that has experienced transformation. Notwithstanding the profits of do where ever they might be, notwithstanding the publication of certain editorials which have condemned this reform even

they have ever been started, questioned the new departments that has been set up by the virtue of the strategic plans that has been agreed by the Government and police force, mutually, and even identified individuals by name, who sit in this Strategic Management Department, who are responsible for executing the changes, institutionally, within the force, notwithstanding all of that, the fact of the matter is that the nation, the country and the people, who have elected us to sit here, have mandated their representatives to carry out these changes within the premier law enforcement agency or organisation/institution in this country.

What we are seeking to do here is not peculiar to Guyana. In most Caribbean countries the organisation in which the police constitute a body is called a police service. Most of the CARICOM countries would have gone through that transformation already. We are logging somewhat behind for a host of reasons, justifiably or unjustifiably, but the fact of the matter is that we are on our way.

In many countries around the world as well, reforms are taking place within these institutions. I believe that they are not doing so because it is the flavour of the day to do so because it is the sexy thing to do to make changes, or because the donors have insisted that unless the country makes these changes funds will not be forthcoming. No. In fact, the people of Guyana have, themselves, found it necessary to make these changes. These changes are driven by, what one will describe as the heresies that have been manifesting themselves in the country and recognising that these things are happening, we obviously have to respond to them in a revolutionary manner. This revolutionary manner is to bring about revolutionary changes with the expectation that the wishes, the aspirations, of the Guyanese people will be met and satisfied.

Modernisation of the police force around the world is something that is taken place almost in every country. I just came back from Russia where I met with representatives of police forces from around the world. More than 120 countries were at this gathering and I took the opportunity to meet with as many persons, as I could, who told me about the changes they, themselves, were seeking to effect in the police and in the security services in their respective countries.

This Bill is in keeping with the exigencies of the situation in many countries in the world. The name change from the Guyana Police Force to the Guyana Police Service, I believe, is beyond

reproach. It should not be questioned; it should be supported and we should be united on this matter. I wish, therefore, to commend this Bill to the House and ask that it be read a second time.

Rev. Dr. Gilbert: I wish to lend my support to this Bill presented by the Hon. Minister of Home Affairs, the Police (Change of Name) Bill 2013 – Bill No. 14/2013. I presume that this is a non-contentious Bill and I rather suspect, contrary to what we have seen earlier, that we are going to see the collective support of this National Assembly given to this Bill, in particular.

The principle of legislative drafting articulates that in drafting the piece of legislation, a requisite question which may be proffered is what mischief the Bill or the legislation is seeking to address, or correct, and in this instance a name change is proposed, which is to change the name from the Guyana Police Force to the Guyana Police Service. One may want to, for the sake of contention, argue that there is no consequential or material impact, or difference, that name change would have on the broader scheme of law enforcement, but I want to differ because this Bill - the Hon. Minister went in a great details in outlining the framework and even the historical background that this Bill comes upon - is seeking to address, to correct, some mischief, indeed, and the name change must not be seen from a pejorative perspective but from a transformative perspective. A name change speaks of a new identity of a new persona. Those of us who are people of faith would how important and significant a name is to the identity of a thing or a person. The Guyana Police Force has historically functioned within a certain context of law enforcement for as long as we can remember. For as long as we could remember, by virtue of the conflict between the execution of its mandate and the public perception, there has been continuing tension in the relation. This is not germane to Guyana.

In 2011, I had the opportunity to observe law enforcement and community policing in about seven cities across the United States of America. I also had the opportunity of riding along side police officer patrol in city street and troubled neighbourhoods. I can say that Guyana is not the only place where there is tension between law enforcement and communities. What was very clear and visible was that there was a continuing and sustained efforts, in the various precincts, to have policing or law enforcement be community-based and service-oriented. I believe that there is that commitment also by this Government to transforming the tension, which I referred to earlier, into wholesome working partnerships for the creation of safe neighbourhoods. That is evident by the many initiatives that we have seen. One just comes to mind and that is the

Community Action Component of the Security Programme and there are many others that seek to bring community and law enforcement into some degree of cohesion as we worked to create safer neighbourhoods.

The Ministry of Home Affairs has presented to the nation a five years strategic plan, 2011 to 2015, which seeks to bring the Guyana Police Force into alignment with international policing standards and best practices. The Minister, in the forward of this strategic plan, intimated, and I want to quote:

“The new strategic plan for Guyana Police Force heralds a new chapter in policing approaches in Guyana, whereby the Guyana Police Force will continue to provide all the current policing services that are delivered daily but will give added emphasis to those crimes and activities that adversely affect the lives of citizens and communities in Guyana.”

This gives recognition to the fact that in order for the Guyana Police Force to be able to function effectively, within a modern framework, there must be a shift from the traditional enforcement schema to a service-oriented paradigm.

All modern police forces throughout the world need the support of citizens to assist in making communities safe and secure, and by taking actions to reduce the opportunities for crime and disorder in our communities, and to provide information about the crimes and the possible suspects and to build effective partnerships with their local police. This is only possible when there is a service-oriented approach. I think the very use of the word force gives the very wrong connotation. I believe if we are seeking to build partnerships and if we are seeking to create an image of the police department that places a greater emphasis on its motto, which is “To serve and protect”, it is important for citizens to have that sense that we are a part of the process and therefore the word service gives a better field than the word force. I believe, as we move in creating that cohesion between the Guyana Police Force and the communities, even our language needs to change and the language needs to be a bit more endearing.

5.57 p.m.

This recognised need is one that we are aware of. The continuous efforts and initiatives by the Ministry to build bridges and partnerships are something that we all have a part and a stake in. It is so easy for us to give in to the temptation to be political about every issue. I heard recently, I think it was the Chief Whip saying earlier today, that once you are in Parliament, you are politician, even if you say that you are not. It is so easy for us to give into the temptation to be politicians and to be political in almost everything we do. The issue of national security and the issue of citizen security and building safe communities and safe neighbourhoods are issues we need to give serious consideration to. If we can resist the temptation to be political on such an issue, it would be a good thing for us.

If we were to examine the mission statement, Sir, of the Guyana Police Force, it states:

“The Mission of the Guyana Police Force and its Auxiliaries is to serve all citizens and communities of Guyana in a professional, pro-active and accountable manner.”

We recognise that the mission statement itself establishes that the fundamental *raison d’être* of the Guyana Police Force is to provide service. It further adumbrates that to achieve this we will work in partnership with communities, public agencies and private bodies to enhance and support an environment where all our people are preventing crime and helping to build a safer and secure Guyana. That makes it very clear that it is a collective engagement that is required. Again, one may say: what does the name have to do with that? Again, the name, I believe, creates a better sense of service and community.

If you ask a child what emotions are provoked with the use of the word ‘force’ as against the word ‘service’, I believe even a young child will tell you that service sounds more friendly. That is the idea. The essence, therefore, is that our mission establishes that the partnership in public service is the focus. Partnering in public service is the focus of the Guyana Police Force. The Guyana Police Force cannot do this on its own; citizens are critical in this whole process.

The image that we are seeking to recreate is one where our people do not see our policemen and policewomen as people that they should abhor an engagement with, but persons that they can partner with in service and protection. So, this change of name is just another important and necessary step in moving our Citizen Security Programme closer to its ultimate objective, which is to have a Guyana where all our people not only feel safe, but are truly safe.

If we have to start with the name, then let us begin with the name. Ultimately, it is our hope that the name will then translate and transcend into an ultimate manifestation of what the name is intended to achieve, which is a service-oriented police department.

I commend this Bill to this House and ask that we receive, from all sides of the House, support, not for the People's Progressive Party, but for all of Guyana.

Thank you very much. *[Applause]*

Mr. Nandlall: Sir, I wish to begin from where you left off when we commenced the debate of this Bill, by pointing out that the issue of changing the name of the Guyana Police Force is not one of recency; it has been with us for a long time. You correctly pointed out, Sir, that it came out as a recommendation of the Disciplined Forces Commission. The Hon. Leader of the Opposition was a member of the Commission. Of significance, I believe every organisation, which came before that Commission to testify, advocated the change of a name from 'Force' to 'Service', including the People's National Congress, which is a major part of APNU. Perhaps the position of that party has changed. I am not sure.

The human rights organisations, in particular, advocated for that. There were a whole host of committees that sought to canvass the cause of allegations of extra-judicial killing and allegations against police brutality. All those organisations that came, spoke about a milieu of measures which they advocated must take place in the Guyana Police Force to bring about the change which they want to see. It is a change that would make the Police into a more service-oriented organisation, change its nature and character from that of a paramilitary institution and a regimented institution to a civilian-type organisation.

It is not, Mr. Speaker, a mere change of name; it was accompanied by a philosophy of a change of character and a change of function; that would have crystallised into a change of the quality and type of service which the organisation was supposed to have been rendering.

Even the motto of the organisation was examined and it was felt that this name change was more in keeping with the motto of "to protect and serve the people of Guyana". It was felt, in keeping with this philosophical as well as practical and realistic change, that functions of the organisation be dissected so that the Police Force will almost have a civilian arm and then the proper and

technical police arm, where civilian-type services, for example, the issuance of fitness for vehicles, clerical and typist services that are being done in the Force now, but are being done by trained police personnel, would migrate to civilian personnel and proper and core police functions will stay with the police who are trained to perform those services. So, at any given time, we would not have the constant paucity of human resources in our Police Force.

It is not a name change which is taking place here, but a transformation of the Guyana Police Force. The comprehensive security reform programme, which is now being administered by the Ministry of Home Affairs, is a compendium of a whole host of recommendations, including those culled from the Disciplined Forces Commission and many other expert consultancies which would have been done over the years. The recommendations coming out of these various sources are what is contained in that programme now being adumbrated and implemented by the Ministry of Home Affairs. Those who believe that this is a mere cosmetic change and a change of form devoid of any accompanying substance are wrong.

Often times, Members of the other side, Hon. Member Mr. Felix and others, would lament about the quality of service which the citizenry receive at the hands of the Police. The Government is doing a lot to change that. [**Members (Opposition):** By changing the name.] Apparently, the Opposition continue to say that it is only a change of name, though I have spent some considerable amount of time to explain that it is a change of name accompanied by corresponding change of substance and policy. So, it is not a cosmetic change.

Many of the Bills, the Bill that you have rejected today to do with the Fire Service, are part of that architecture of change. The change that you have rejected, when you rejected the Fire Arm Bill, was part of those reforms.

Sir, during the recess, you appealed to Members of the House to put aside our differences and recognise, at the end of the day, that we stand to serve one purpose. That purpose is to ensure that we represent, we canvass and we advance the welfare of our people and those whom we represent. That should be our only consideration. Clearly, we are seeing that the Members of the Opposition are not prepared to represent and to do what is in the best interest of their constituents. [*Interruption*] I will wait on them, Mr. Speaker, for when they are prepared for me to resume.

We must not make these hallowed statements about coming here to do what is right for our country and, when the opportunity presents itself, we do not deliver. This has nothing to do with Minister Rohee. All the work of the Disciplined Forces Commission, the recommendations that we have clambered so long to have implemented are all going to be thrown out of the window because Minister Rohee will stand to engineer them through the House. Is that how we are going to treat the Disciplined Forces Commission Report? Because Minister Rohee is the instrumentality through which they will come, they will all be rejected. Is that the message we are sending to the people of this country? **[Members (Opposition):** That is right.] Well the people are listening. All the changes and all the organisations who came before that Commission and asked for that name change to take place must now be told that name change cannot take place because the Opposition has a problem with a man named Clement Rohee. That is the way the Opposition is going to represent their constituencies' interests. We have a lot of work to do. **[Mr. Hinds:** We have to persuade them.] I have no difficulty in persuading them.

The Bill that is before this House is a Bill that is part of larger milieu of change that the Government is seeking to bring to the Police Force, an organisation that needs improvement and that needs constant reform if we are going to continue to prepare our law enforcement agencies to tackle the question of crime.

Minister Rohee issued a call. We cannot put a divided posture up when it comes to important social problems like crime. That is what we are doing here. When we are not supporting measures which are taken against criminals... In my humble view, Sir, the fight against crime has only two sides. You either stand on the side of the criminals or you stand on the side of the law.

Thank you very much. *[Applause]*

Mr. Nagamootoo: Mr. Speaker, I rise on a point that is very serious. I am a Member of the Opposition and the Attorney General has made a statement that would indict ever single, each and every, Member of the Opposition. I take objection to the Attorney General's statement and ask him to withdraw that statement and that those words be expunged from the record. He should apologise.

Mr. Speaker: Hon. Members, I have listened to the Hon. Attorney General. He said that you can stand on one of two sides, the side of the law or the side of the criminals. What I would do, upon

the Point of Order made by Mr. Nagamootoo, the Hon. Member, is remove from the record that other part. The statement that there are two sides that you can stand on, I believe that that is a fair statement to make. I would have the latter part removed.

Mr. Nandlall: Sir, I am saying that there are two sides. In crime fighting, you either stand on the side of the law or you stand on the side of criminals.

Mr. Speaker: The Standing Orders are quite clear that you shall not impute any improper motive of any Member. In so far as you have said “the Opposition”, there are 32 Members of the Opposition, so it is a group that is easily identifiable.

Mr. Nandlall: Sir, I would like to amend it to say that... *[Interruption]*

Mr. Speaker: I am hearing the Attorney General, please.

Mr. Nandlall: You either stand on the side of the law or you stand on the side of criminals. My supporters have told me that the Opposition is standing on the side of criminals. I want that to be put in the records. That is what I wanted to say, Sir. *[Interruption]*

Mr. Speaker: Very well, Hon. Member. Members may recall that just a few short weeks ago, Hon. Member Mr. Trotman said that his information is that the PPP is a criminal cabal. I allowed that, because I said that every Member has a right to give an opinion if you are saying that it is reported to you. It was questioned by Hon. Member Mr. Lumumba and I qualified it. So far as the Attorney General is saying that his supporters are saying, based on the ruling I gave previously, I would have to allow that.

Mr. Rohee (replying): Mr. Speaker, I did not realise that this Bill would have generated such interest, but I am happy to know that that is so and I think the people of Guyana... I recall some time ago, reading in one of our local newspapers, an Hon. Member of the Opposition saying words to the effect that if police ranks were to be asked about their support for the Minister of Home Affairs, one would get a different answer. We are seeing a manifestation of what may appear to be – I have to be careful how I put this – the Opposition’s understanding of what they think exist in the Police Force on this matter.

I want to warn, however, that on a matter of this type, when we are talking about the future of the Guyana Police Force, and not any other organisation... We are not talking about an association of coconut water sellers; we are not talking about the man who sells mauby or buns by the street corner; we are talking about the Guyana Police Force as a constitutional body that is enshrined in Acts of Parliament. If my reading of the Opposition's position is correct that it will vote against this name change, my concern, and I think it is the concern of many of my colleagues on this side of the House, and many people outside of this House, notwithstanding what the Opposition may think about what they have in terms of support of Guyana Police Force, this will send a very troubling signal in this country.

I, as a patriotic person, believe that we should not, for want of better words, send confusing signals to organisations like Police Forces. They are a disciplined force. There are some Members on this side of the House who were once in disciplined organisations. If you are to send from this House, one of highest fora in this land, a signal to the Guyana Police Force that this House is divided in terms of the future of the Guyana Police Force, I believe that we are miscalculating, to put it mildly. I believe we are miscalculating.

To have a political tug-of-war over the future of an organisation such as the Guyana Police Force and partially making a joke and a mockery of it in this House is most regrettable. I am not saying that we, on this side of the House, are the only ones who take the Guyana Police Force and the future of the Guyana Police Force seriously. I am not saying that at all but I can only judge on the basis of behaviour in the House and the way they vote, Mr. Speaker. I believe that a political tug-of-war over the Guyana Police Force is unnecessary. You cannot and ought not to send from this House divided views on the future of the Guyana Police Force. **[Members (Opposition): Resign.]** Mr. Speaker, the Opposition is obviously not convinced. They might have their own information, but I am saying that that information might lead to miscalculation. They are obviously not convinced by virtue of their position. It reminds me of the old saying. You know, sometimes some people do not know when they are dead. **[Mrs. Backer: Is that a threat?]** Some people do not know when they are dead. Allow me to finish what I want to say. Like the old saying, *'Back to back, belly to belly, I don't care a damn, I don't dead already.'* So this *don't care a damn* position of not caring what are the consequences as long as Mr. Rohee is there... As long as they continue to live in that syndrome, Mr. Speaker, because we are here in politics...

This is all about politics. I do not know which one on that side of the House could predict the political postures of the PPP/C. If we have to wait until the next Elections to bring this Bill back, so shall we.

If the Opposition is of the view that its political fortunes are ironclad and us guaranteed that it will be in the same position as it is now come the next Elections, let us leave that to the electorates!

Mr. Speaker: Minister, I only need to know whether you are quoting from a deep-throated intelligence report.

6.27 p.m.

Mr. Rohee: I have already gone over that, Mr. Speaker. That is the section where *[inaudible]* Mr. Speaker, I once heard a former President of the Republic and former leader of the People's National Congress/Reform say that one must never say never in politics, but this is the problem that the Opposition has found itself in.

Another former leader of the PNC, before the former leaders that I spoke about, once said...I think I am old enough to say these things because many of the youngsters over there do not know these things, with due respect to their parliamentary status. That particular leader of the PNC once said that politics is not only the art of making deals... **[Mrs. Backer:** It is the art of shooting people.] That will come out in the inquiry into Dr. Rodney's death. Hold your breath. Politics is not only the art of making deals, but it is a question of determining how far one can go with the realities. **[Mr. B. Williams:** Are you going in the box for the Dr. Rodney inquiry? Are you going to do that again?] I will repeat what I told you the last time: I have a wife, not a man.

Mr. Speaker, I am sorry that I am being diverted into other areas. *[Interruption]*

Mr. Speaker: Hon. Members, we need to hear the Minister and conclude this debate.

Mr. Rohee: The name change that we are seeking, is it to be agreed to, would obviously take the reforms at a much faster pace. But having regard to the Opposition's intended position, which is virtually to slow it down or to torpedo it, let me say without any sign of contradiction that the

reform process that is currently underway is inexorable. It will continue. Notwithstanding the political shenanigans, politicking and so on, serious work has to go on, on a day-by-day basis. Even if there is not the support for the name change in this House, the substance of the change, the institutional reforms... [Mr. B. Williams: Wrap this thing up.] Mr. Speaker, this is a historic debate for the purpose of the archives and the Hansard because it is the first time in the annals of our history we are debating a name change for the Guyana Police Force.

Notwithstanding the position that the Opposition has opted for, we will continue with the reforms and we will continue with the work of the consultancies to press ahead with the strategic plans for these organisations. There are certain reforms which could be proceeded with, notwithstanding the Opposition's position on the name change and, as I said, that is to be regretted. Had we had the support with the name change, obviously, much more could have been done.

We will continue, nevertheless, and we will await the Eleventh Parliament when, instead of being on the minority/majority side, so to speak, we will once again be in a position to table these Bills – four progressive and democratic pieces of legislation, none reactionary in nature, all progressive, all democratic, all forward-looking, all which the nation has been calling for. Yet, we have an Opposition which has dug itself into a hole, which has backed itself into a position from which it cannot extricate itself and it is now the victim and now its own worst enemy.

I rest my case and ask that the Bill be read a second time. *[Applause]*

Question put.

Mr. Hinds: Division.

Assembly divided: Noes 29, Ayes 27, Declined to Vote 1, as follows:

Noes

Mr. T. Williams

Ms. Marcello

Mrs. Hughes

Mr. Nagamootoo

Mr. Ramjattan

Ms. Ferguson

Mr. Morian

Ms. Williams

Mr. Jones

Mr. Adams

Mr. Sharma

Mr. Bulkan

Mr. Bond

Ms. Kissoon

Mr. Trotman

Ms. Selman

Mr. Allicock

Ms. Wade

Mr. Felix

Ms. Hastings

Mr. Scott

Lt. Col (Ret'd) Harmon

Mr. Greenidge

Mrs. Backer

Dr. Norton

Mr. B. Williams

Ms. Ally

Dr. Roopnarine

Brigadier (Ret'd) Granger

Ayes

Mr. Jaffarally

Mr. Damon

Dr. Persaud

Rev. Dr. Gilbert

Dr. Mahadeo

Mr. Neendkumar

Mr. Lumumba

Mr. Chand

Ms. Shadick

Mrs. Chandarpal

Ms. Teixeira

Bishop Edghill

Mr. Whittaker

Mrs. Campbell-Sukhai

Mr. G. Persaud

Ms. Manickchand

Mr. Benn

Mr. Ali

Dr. Ramsaran

Dr. Westford

Mr. R. Persaud

Dr. Singh

Mrs. Rodrigues-Birkett

Mr. Nandlall

Dr. Ramsammy

Mr. Rohee

Mr. Hinds

Declined to vote

Mrs. Garrido-Lowe

Motion negatived.

TELECOMMUNICATIONS BILL 2012 – Bill No. 18/2012

A Bill intituled:

“An Act to provide for the establishment of the Telecommunications Agency and for a regular, coordinated, open and competitive telecommunications sector and for matters incidental thereto or connected therewith.” [Prime Minister and Minister of Parliamentary Affairs.]

PUBLIC UTILITIES COMMISSION (AMENDMENT) BILL 2012 – Bill No. 17/2012

A Bill intituled:

“An Act to amend the Public Utilities Commission Act.” [*Prime Minister and Minister of Parliamentary Affairs.*]

Mr. Hinds: I rise to ask again that the second reading of these two Bills be deferred. I want to go on to say that we have been working at it for much of May. Persons on the Government side have been reviewing the proposals for changes to the laws which were put to us by both the Guyana Telephone and Telegraph Company (GT&T) and Digicel Guyana. In the last week of May, we held intense consultations with the parties, in particular with GT&T over the 29th, 30th and 31st May and with Digicel Guyana on 1st June. We are continuing to pursue an agreement with GT&T. We are in the stage of exchanging proposals to reach an agreement with which both sides can live.

Let me recall again that there is ever hanging...and the main reason for this process of trying to seek agreement with GT&T, which maintains that in 1990 it was awarded a monopoly in certain areas, is so that as we put the laws in place, we do not face GT&T going to court and, possibly, putting a stay on the laws. We want to get to a position where we can go forward without the threat or without hanging before us court action which may stay and even delay for quite some time getting to a liberalised telecommunications sector in Guyana.

This is where we are at. Progress is being made but much more slowly than we would have liked. I move that the second reading of the Telecommunications Bill and the consequential Public Utilities Commission (Amendment) Bill be deferred once again.

Second reading of the Telecommunications Bill and the Public Utilities Commission (Amendment) Bill deferred.

PRIVATE MEMBERS' BUSINESS

MOTIONS

THE MARRIED PERSONS (PROPERTY) (AMENDMENT) BILL 2013 – Bill No. 9 of 2013

BE IT RESOLVED:

That this National Assembly, in accordance with Standing Order No. 52(1), grants leave for the introduction and first reading of the Married Persons (Property) (Amendment) Bill 2013 – Bill No. 9 of 2013.

A Bill intituled:

“An Act to amend the Married Persons (Property) Act.” *[Deputy Speaker of the National Assembly]*

Deputy Speaker [Mrs. Backer]: The purpose of this Bill is very simple. It seeks to amend the Married Persons (Property) Act by stipulating the time within which applications under Section 6 (A) and Section 15 of the Act may be made.

Mr. Nandlall: I rise to do what, obviously, is going to be a rarity and to say that we are supportive so there is agreement in the House, coming from this side, for the first time. It is because we appreciate the merit that is contained in the Bill which will come as a result of the motion. We are unconcerned...

Mrs. Backer: Mr. Speaker, on a Point of Order, I sought under Standing Order No. 52 (1) to ask the National Assembly, as I am required to do, for leave. Standing Order No. 52 (2) states:

“If a motion for leave to introduce a Private Member’s Bill is opposed, the Speaker, after permitting a brief explanatory statement by the Member moving for leave and by the Member opposing it, may without further debate or amendment, put the question.”

My understanding is that at the first reading, if there is no opposition, the Bill is read for the first time. There is no discussion as to why. There is no provision for discussion.

Mr. Speaker: Hon. Members, there is a Point of Order that I would like to respond to. The wording says “may without further debate or amendment...” so it is in the discretion of the Speaker.

Secondly, in the past, when Mr. Greenidge introduced his Bills, I have allowed some discussion on it.

Mr. Greenidge: It was to oppose it, Mr. Speaker.

Mr. Speaker: It was to oppose it. It says “may”. I was just about to caution the Hon. Minister not to venture into rationalising or justifying past decisions or oppositions. If you are supporting, you may make a short statement and take your seat. I will not allow you to make a speech about past Bills and so forth.

Mr. Nandlall: The Government signals its intention to support the Bill because we see the merit in it.

Thank you very much, Sir.

Question put, and agreed to.

Motion carried.

Bill read a first time.

APPOINTMENT OF A COMMISSION OF INQUIRY TO INVESTIGATE THE INCIDENCE OF ILLNESS AND DEATHS IN THE BARIMA-WAINI REGION OF GUYANA

WHEREAS the Constitution of the Co-operative Republic of Guyana prescribes at Article 24 that “Every citizen has the right to free medical attention etc;” and, at Article 36 that, “The well-being for the nation depends upon preserving clean air, fertile soils, pure water, etc;”

AND WHEREAS there have been credible reports that several persons – including a two-month old child, a seven-month old child and a twelve-month old child – have died and over 500 persons became ill since February, 2013 and several other persons had died and become ill from time to time, from similar causes said to be associated with the supply of water, elsewhere in the same Barima-Waini Region;

AND WHEREAS in accordance with the Commission of Inquiry Act, Ch. 19:03, “The President may issue a commission appointing one or more Commissioners and authorising such Commissioner or Commissioners to inquire into any matter in which an inquiry would, in the opinion of the President, be for the public welfare;”

“BE IT RESOLVED:

That the National Assembly expresses its sympathy with the relatives of the deceased children and with the victims of the illness in the Barima-Waini Region; and

BE IT FURTHER RESOLVED:

That the National Assembly calls upon the President of the Co-operative Republic of Guyana, in accordance with the Commission of Inquiry Act, Ch. 19:03, to appoint a commission of inquiry to inquire into the illness and deaths of persons and to make recommendations to prevent a recurrence of such illness and deaths and to preserve the well-being of the residents of the Barima-Waini Region.” *[Leader of the Opposition.]*

Leader of the Opposition [Brigadier (Ret'd) Granger]: I rise to ask this honorable House to support the motion which stands in my name, a motion for the appointment of a Commission of Inquiry (COI) to investigate the incidence of illness and deaths in the Barima/Waini Region of Guyana.

I rise because children have died. Innocent infants have perished. I rise because over 500 persons suffered illness in this region. I rise to ask this National Assembly to bemoan the deaths of innocent persons and to express condolences to their families and relatives. I rise to pray for the recovery of the persons who were made ill during this period. I rise, also, to encourage this House to seek answers, to determine the causes, to look at the conditions that existed in the Barima/Waini Region at the time, to look at the course of the crises and, also, the consequences of the crisis which that occurred in this region. I rise to seek a solution to what occurred so that it would not occur again during the next rainy season.

This commission is necessary because of the repetitive nature of this particular disease. A previous Minister of Health pointed out that between December and March, there is always a rise in the number of cases of this particular disease. He pointed out that this is the deadliest period, the most dangerous period. In other words, this is something that could have been anticipated because a previous Minister, perhaps of a more clinical bend or less political bend, was able to discern this pattern several years ago.

This commission is necessary because it was also determined that the most vulnerable were children and, in this case, we know that there are three confirmed deaths of infants 12 months

and younger. It is the youngest who suffered and these are the people who should be taking over this country – the youngest persons.

This commission is necessary because the Barima/Waini Region is a huge region. It is four times the size of Trinidad and Tobago. We know, also, that most of the rivers in Guyana run from the South to the North, to the Atlantic. In the Barima/Waini Region, particularly, the residents of the riverine areas are very susceptible to this type of disease. We are aware of the preconditions.

We are aware, also, that three of this country's Indigenous groups – Arawaks, Caribs and Waraus – reside in this region and, particularly, in Moruka. It has produced three Ministers of the Government, two of which are present here today. This region is a very important region to us all but it is also susceptible to the vagaries of what I call the frontier economy. There is mining, there is logging and, of course, it is a region of great potential, but it is also an area of great smuggling and lawlessness, so it requires greater attention from the law enforcement and other regulatory agencies.

In this particular crisis that we are discussing this evening, there are at least six Ministries and we have not heard about the reaction of some of these Ministries to the crisis. There is the Ministry of Local Government and Regional Development, the Ministry of Health, the Ministry of Amerindian Affairs, the Ministry of Natural Resources and Environment, the Ministry of Housing and Water, and the Ministry of Education. In addition, there are several Government agencies: the Guyana Geology and Mines Commission (GGMC), the Environmental Protection Agency (EPA), the Guyana Water Incorporated (GWI), and the Guyana Forestry Commission (GFC).

When we see the complexity of the administrative obligations of the State, then is when we understand the importance of a strong local government and a strong Regional Democratic Council (RDC) to be able to coordinate their work in an area that is four times the size of Trinidad and Tobago and to be able to coordinate the work of six ministries. If our local government structure is weak, coordination will be poor and, if coordination is poor, our children will die.

But, the deadliest disease in the Barima/Waini Region is not gastroenteritis. It is the feeling of being abandoned; the feeling of being deserted; the feeling of being disregarded; and the feeling

of being disowned by the very Government which should protect us, preserve life and prevent this catastrophic type of epidemic.

Let us look at the making of this disaster, this man-made mess in the Barima/Waini Region. There are three aspects that we should examine and my Colleagues, I am sure, will explore them further. The first is the public health aspect. The second is the public works aspect. The third and, perhaps, the most insidious is the public information aspect.

As far as the public health problem is concerned, we have seen an extraordinary number of people falling ill. We have seen children dying. Up to now we do not know how many children died. We have seen a repetitive pattern of illness.

6.57 p.m.

Dr. Indar of the Caribbean Public Health Agency (CARPHA) blamed this disaster on poor data collection and late detection. So the public health problem according to Dr. Indar might not have been so severe had there been better data collection and earlier detection.

Then there is public works problem. The Guyana Water Incorporated (GWI) is charged with responsibility for distributing water to households, particularly to the areas that were most affected, the areas in Sebai. It was not until 24th March after the disease had been raging for over two months that we got the first squeak out of the GWI to the effect that there is going to be an improvement in the pure water supply system.

The third aspect I would like to look at very briefly, and I said it is the most insidious aspect, is the public information aspect. This outbreak started in the middle of January. We heard nothing from the Government, nothing from National Communications Network Inc. (NCN), nothing from Guyana Information News Agency (GINA). The first death occurred on 15th February, nearly one month after the outbreak started. A two-month old child died and still we heard nothing. It was not until the end of the first week in March that the Ministry of Health is known to have made its first public statement. It is not until the first week in March after a disease break out in January that the first plane load of medicine was taken into the Barima/Waini Region. Even when we heard the first statements we were told the Ministry has been on top of the issue even before it was highlighted in the media. On top of what issue? My colleagues will deal with

the numbers. However, by the middle of March when this disease was raging we were still being told by representatives of the Ministry the outbreak is under control. When we were being told 252 persons were hospitalised and three persons dead from that disease. The next day after the disease was said to be under control the number of ill rose to over 500. Even then we were told by another official of the Ministry that the situation has stabilised. By the 28th March there was a news blackout. There was nothing from any state medium that I could detect after 28th March about this disease that had created so much destruction and death in the Barima/Waini. GINA went blank, NCN went blank, and the Chronicle went blank. We do not know up to now how many people suffered and how many people have died and that is why we are calling for an enquiry. The Opposition is not satisfied with the readiness of the Government to respond to a crisis of this nature. The Opposition is not satisfied with the ability of those six ministries to coordinate their efforts and manage this crisis. The Opposition is not satisfied with the dissemination of timely information to the public and to this Hon. Assembly, among whom are representatives of the very regions. The Opposition is not satisfied that the infrastructure has been installed to provide safe water to the 25,000 residents of that region. We are not satisfied that arrangements have been made for the proper disposal of solid waste if that has been one of the causes of the disease. Most of all the Opposition is not satisfied about the way the entire region was treated, as if it was part of the bush. It was treated in a most undeserving and undignified way. That is why I call upon this Hon. House to support the call contained in this motion for a commission of enquiry to investigate the death and illness of our citizens in the Barima/Waini Region. I thank you. *[Applause]*

Mr. Speaker: Hon. Members we are by Standing Orders scheduled to have a half hour recess, but I noticed that the Minister is eager to respond. Minister do you wish to commence now or after the recess?

Minister of Health [Dr. Ramsaran]: Mr. Speaker, I think it is better we take the break because this will definitely be a long and interesting session.

Mr. Speaker: We will take the recess for half hour and when we return we will hear from the Minister in rebuttal.

Sitting suspended at 7.04 p.m.

Sitting resumed at 7.41 p.m.

Dr. Ramsaran: Mr. Speaker, when this incident in Kaituma first surfaced and even before it did come to the attention of the media the Ministry of Health was in possession of certain information which showed certain trends. I will try to show you that indeed the Ministry of Health was indeed on top of this as it was on top of the alleged outbreak of malaria in January in Waramadong. Similar responses were mounted based on epidemiological evidence and good practice. But first of all I would like to reiterate, as we did so many times in the past few months, that the Ministry of Health was pained at this development where we lost three of our young citizens. Since then the Ministry of Health has had a heightened interest in that area and other areas. I mentioned the swift response with the assistance of the Guyana Defence Force (GDF) and other agencies to the alleged outbreak of malaria in another part of the country even before this incident. Why I show you that chronology is because this Ministry of Health was not only alert as to those events in Kaituma but even before to other similar events from another disease which threatens our tropical country in another part of our land. I want to reiterate this was a painful experience for us – losing three babies. It is emotive and we can generate a lot of political capital by exploiting the death of three innocents.

The Ministry of Health will not attempt to do that. We will show that we did lose the babies, the circumstances under which they were lost and then we had to - I do not want to sound uncaring - move on and deal with those who we were dealing with, the living in Kaituma and its surrounding areas. Even before the first team which hit the media, the large team that we sent in, there was a smaller team we sent in under the guidance of epidemiologist Dr. Edwards. We will come to that chronology. Only today I think another large team came out of Kaituma; a mixed team. In other words, Mr. Speaker, media, colleagues on both sides of the House, and for the few visitors in the gallery, this shows the involvement of the Ministry on a long term basis to deal with a problem. The epidemiology of a disease does not start and end when we would have thought it is over. There might even be a double dip. But I will not go into the epidemiological terms specifically, but beg your indulgence that indeed diseases can be very capricious and the only way to manage them is good surveillance. Our information show there is that surveillance system existing not only for childhood diseases, not only for diarrhoeal diseases, but for other diseases which plague our land as for example malaria as I told you of.

So even after this unfortunate development faded from the front pages, and from the media, the Ministry was still sending in teams. A subsequent team went to Kaituma and I think only today they came out. I suspect all the members of that team are finally out. Even as we were recalling over the months the unfortunate developments in Kaituma and the loss of the three children from time to time I was prompted by other events to remember, even if by some ungodly chance I was to forget. I was always reminded of our continued vigilance in Kaituma and other similar areas by developments in other lands some of which might be better endowed than we are. Only recently I was reading in the *Kaieteur News* page 7 of the issue of 6th June, 2013 about the most unfortunate development in our neighbouring country Jamaica, our fellow Caribbean country. This brought back bad memories of the pain and difficult circumstances we went through when we lost our three infants in Kaituma. Viral diseases are the main takers of lives of children under five years worldwide. The Ministry of Health does not attempt to use this as an excuse. We just state a fact. And we state a fact to say as medical persons would advise anyone moving this motion that sometimes once the disease starts it is the devil's own job to fight it even in the best conditions.

Let us look at another hospital this time in Jamaica. We suspect Jamaica might be more endowed in this regard, more empowered as it were to deal with such situations. *Authorities investigating outbreak of gastroenteritis following baby's death*, *Kaieteur News* page 7, Thursday 6th June of this year. I will be a bit expansive. As I promised you before the break Mr. Speaker, this will be an interesting session. I want to make it a learning session because we are all involved, we are all consumed, to quote our national poet the late Carter.

“Authorities investigating outbreak of gastroenteritis following baby's death”

I see the bright feature of my good colleague Dr. Fenton Ferguson, the Minister of Health of Jamaica. To give you some sources there is Caribbean Media Corporation (CMC). I suspect that means Caribbean Media Corporation. But the article is also easily available under *Gastroenteritis Outbreak Result in Death of Jamaican baby* under Caribbean 360, and they quote where they got the article from. But let us go on. This is what the article says:

“Kingston, Jamaica, CMC: health authorities are investigating whether or not the death of a seven-month old baby is linked to the increase in cases in gastroenteritis in a section of the island.

Notice ‘a section,’ because the nature of this disease is such that by the time you pick it up the incubation period might have allowed a spread and your resources, even in the best of circumstances, have to go and find them and to fight the disease. Our little babies, especially those under five, and as my information from that period shows the vast majority of the victims who died and those who continue to live were a significant portion, somewhere just under 80%. This is understandable first of all because their personal hygiene might not be as we hoped it to be. They tend to pick things up and put them in their mouths, they tend not wash their hands or forget to so, and so forth. Besides that they are weak beings. A little baby is not just a small version of a man, not a small man or woman we are seeing. Their physiology is different and diseases love that and are successful in outing their young lives easier than in the adult population.

A similar situation is observed in the older population because their immune systems, their defence systems, would also start to become weakened. That reminds me of an old saying my mother had “once a man twice a child.” We notice too that for the older age group fortunately we were able to intervene in the very effective way we did and did not lose the older weakened folks. You might argue that demographically they are not so many because this is a young frontier town which attracts people who want to do things demanding physical energies, for example, mining. That might be one of the epidemiological interpretations. There are so many things that can come out of this. But I want to say this: while we are paying we have to learn our lessons. What I want to say is that notwithstanding the quotations from a certain regional heavyweight in the laboratory field her comments were restricted from her experience as being a few hours at a conference in our country. I would say no more on that. Now what we did note is that like the alleged outbreak of malaria –it turned out to be a false alarm but we responded overnight – in Waramadong School the response came from information we were following in the field. In the case of Kaituma we were following what was going on for the epidemiological weeks before that. Like the malaria response it was multi-agency, multi-faceted.

As a matter of fact, since the night is young I would like for you to indulge me in referring to another case study I am trying to present to you before I pull the rug from under the Brigadier's argument that there was an ineffective, one-sided, uncoordinated approach to the response. Let me go back to a piece of information we gave to this House which, of course, could have been shared. We shared it with the media too. You would recall Mr. Speaker that sometime back I submitted to your office 100 copies of a response to a goodly gentleman, our Hon. Colleague in this House by the name of Mr. Bulkan. He was querying certain things about the malaria response, the deployment of the medical team to Region No. 7. Because this issue is of such serious import in a country like ours, especially in frontier conditions, I want you to indulge me with some time. So although I am speaking about malaria in Waramadong I am still speaking about the viral disease gastroenteritis in Kaituma.

Mr. Speaker: One word of caution. Geographically and in terms of time you really cannot go too far away from the motion that is at hand.

Dr. Ramsaran: First of all, the Brigadier attempted to tell us that the response was not timely. I will show you a pattern... [Mr. B. Williams: Brigadier or Hon. Member?] The Hon Brigadier, Member of the House. I say that sometimes Mr. Speaker as a little diversion. There is a continuous puerile sometimes. I am not dishonouring the goodly gentleman.

Mr. Speaker: I did not see it as in any way dishonouring him. If I do I will correct you; you may proceed.

Dr. Ramsaran: Thank you Mr. Speaker. Why I am doing this is to show that the Ministry of Health has a good track record and the information has been very, very easily obtainable. It has been obtainable to questions asked by Members of the Opposition. Question: Medical Team Deployed in Region No. 7. There is a response to Notice Paper No. 176. I went on extensively to answer the question:

“Could the Hon. Minister say why the medical team that was deployed in Region 7 in January and February, 2013 to the villages of Kamarang, Waramadong, Jawalla, Imbaimadai, Isseneru and Kato, among others, did not consult with or engage either prior to deployment or subsequently with the Regional Democratic Council (RDC) of Region 7.”

Of course I proved in the text that RDC (for Region) 7 was foot to foot with us. One of my best workers as I pointed out here is the Regional Health Office (RHO) (for Region) No.7. But this information they did not see although a question was asked by the Opposition. Maybe the answer was too good and our goodly media including the state media did a good job of keeping it from the public. So what we are saying here to speak to the motion is that the response against the outbreak in Kaituma is similar to the response in the other areas. In other words my goodly Hon. Colleague Dr. Norton, as doctors we like to look at patterns and I am showing you the pattern is that the Ministry of Health in both instances was on top of the situation. This is what we said in response to Mr. Bulkan, and I am certain that Mr. Bulkan would have received this document including the coloured pictures highlighting the role of our glorious soldiers from the GDF, our pilots from the GDF; the good role of Mr. Best. Before I get back to Kaituma, this is what I said in part...

Mr. Speaker: What you are saying is that the response for malaria *mutatis mutandis*, to use the word that has become very popular in the House, applies to the response for gastroenteritis. Is that what you are saying?

Dr. Ramsaran: I think so Mr. Speaker. That is what I am saying. Thank you. And my Latin is not as good as yours.

Mr. Speaker: I heard the Minister of Home Affairs use it today, *mutatis mutandis*.

Dr. Ramsaran: This is what I said to Mr. Bulkan and it would be good if the media were to speak to him. Mr. Bulkan having asked the question which no doubt was intended to embarrass the Government. Having gotten a satisfactory answer what did you say? This is what I said in the copy with the coloured pictures. And I have some copies for the media at the end. I said:

“The Minister of Health brings to the attention of Parliament...

Mr. Speaker: I am sorry to have to interrupt all the time but you did say the Member asked a question because he intended to embarrass. I would not want the notion to go abroad that Members ask questions for that purpose. It is part of our democratic system to elicit information. They may use the information to cause embarrassment but the thrust of asking questions is really

to elicit information, to evoke transparency and, in fact, we have had backbenchers on your side asking questions. I am sure they were not intending to embarrass.

Dr. Ramsaran: Mr. Speaker what I was hustling to say is that indeed our goodly colleague did not use the information to any such purpose. I was suspecting that possibly the answer was almost perfect. I said this and it could be a teaching point:

“The Ministry of Health brings to the attention of the Parliament and the nation the swift and effective response of commodore Best and the GDF Air Wing. This was a highly successful joint activity.”

The operative words are ‘joint activity.’ I am going to show you that point just now.

“This is an excellent example of the various elements of the Government of Guyana working together to achieve the benefits of synergies, optimal use of the tax payer’s dollar and delivery of services.”

That team at that time included - remember I am pushing it seeking your indulgence - for example the Director of the National Malaria Programme, a doctor; the Director of Regional Health Services, a doctor; Medec Corporal Bouyeam, Guyana Defence Force; Mr. Marvin Roberts, Microscopist from the National Malaria Programme; Mr. David Williams, Microscopist; Ms. Rina Marks, Senior Microscopist; Nurse Patricia Singh, BSc (Nursing); former Coordinator Indigenous Peoples’ Committee; and, of course, Captain Patrick Nicholas and Captain Azeez Nizamudeen of the GDF. That team was reflective of what goes on in the Ministry and the Government. We were able to reach for the resources we needed. By next morning our Air Force 2 was ready to take off.

Mr. Speaker: Let us reach into Barima/Waini. I urge you go to the motion at hand. Thank you.

Dr. Ramsaran: I am coming there. Mr. Speaker, if you do know these frontier areas they are very similar in conditions. Speaking about the swiftness of response and the comprehensive, multi-faceted, multi-agency approach let me say this: the Ministry of Health was following the epidemiological progression of this disease. Even as we were losing the children we noted for example in the first week eight cases. In the second week two cases, that is in the Kaituma/Sebai Canal bank area. Then in the third epidemiological week eight cases, then 14 cases, then 10

cases, then 17 cases. All this time we have in that area a doctor, a medec and two health workers. The epidemiological surveillance reports come regularly and every Monday morning at my management meeting if anything is untoward the Chief Epidemiologist of the country who is one Dr. Shamdeo Persaud, Chief Medical Officer, would report on it. We were following these tendencies – 8, 2, 8, 14, 10, and 17. We lost the babies and that was bad. It heightened our interest and we checked that the necessary material was there for the managing of the main cause of taking the babies out, dehydration. So the need was to rehydrate the patients, the need was to see that the stuff was there to do it, that is the medications, the skills and the personnel. We had it on the ground. Then we noticed significant increases in the numbers and that is when having lost the babies... *[Interruption]* That is a historic fact and I do not want to make it feel uncaring, but the epidemiological trends were being followed. Even at that period there were 14, 10, and 17 from a beginning of eight. You are a lawyer there are many lawyers here and doctors; it is a commonsensical approach to interventions, scientific interventions. For example, we intervened similarly in the malaria areas because of the epidemiological shouts we were having. What did we do? Having checked that the doctor at the hospital had the resources, had the support of the community, had the support of his fellow workers, but was working in, admittedly, an environmentally poor condition which had been exacerbated by the sudden influx in recent years because of certain economic interests of many more citizens and entrant citizens.

8.03 p.m.

What happened? We dispatched prior to this main team that I am going to tell you about – this main team went in from the 15th-19th March – a very good man who is quiet, effective, efficient, who has international regional experience at the CARICOM level dealing with health, epidemiology, things epidemiological; one Dr. Morris Edwards. My notes show that we, following the trends I mentioned to you were discussing if the gentleman gets good money or not, as my colleague is heckling but it is because he is trained. *[Interruption]* One buys the skills. What are we being accused of, paying for the skills? I do not know his salary; I know his competencies. To mobilise a team one would take a few days before to organise it. The military would tell me that. Now Dr. Morris Edwards' team – Dr. Morris Edwards, Epidemiologist; Mr. Samuel Johnson, Medical Technologist from the National Public Health Reference Laboratory; Ms. Sasha Waldron, Surveillance Officer. That is a key word in this 'surveillance'. How does

one set up a system of surveillance so at the brain centre one can be picking up data and analysing it? Dr. Morris Edwards went in prior to this big team that is being referred to; the visit of which happened not only because of the deaths but because we started to see a definite increase in the tendency. For example, we would have seen that there was a jump from 8 which went up from 10 to 17 up to 112 and then we started to see that the health team needed further assistance.

The region already started to mobilise. This was a total effort. That is why I refer to the malaria incident. It is something that we are not foreign to. We do it in many instances. This is the team from the national... *[Interruption]* I am hearing some whispering in the wilderness. If I could get the undivided attention of the Hon. Mr. Williams... the Chief Medical Officer, Dr. Shamdeo Persaud, Mr. Kester Craig, Operations and Training Officer, Civil Defence Commission; Mr. Vlugman, Advisor, Pan American Health organisation (PAHO) and he is now temporarily heading PAHO as the substantive head has gone up to Washington to take up higher office; Ms. Donna Canterbury, Scientific Services Manager, Guyana Water Incorporated, and of course we have persons to do the recording. There was also from my office an Inter-Ministerial Sectorial Coordinator who would have been keeping in contact with the Ministry of Local Government and so on. At the regional level we had Mr. Paul Pierre, Regional Chairman; Mr. Nigel Fisher, Regional Executive Office, Mr. Gerald Rodrigues, Assistant Regional Executive Officer. This is the Joint National Local Team that we cobbled together to go to look at this. Remember that this was a team which was already following the surveillance evidence which started 8-2 – that is one week 8, second week 2, third week 8, fourth week 14, next week 10 – so there was a tendency which says that we have a cap on this thing. It is logical, Mr. Speaker, and I think I saw you nod.

Further, Dr. Nigel Longhorn...

Mr. Speaker: If I say that it is a nod of tiredness, I put myself in trouble. If I say that it was a nod of approval, I put myself in trouble so I will stay quiet.

Dr. Ramsarran: Thank you, Mr. Speaker. Thank you for the nod. Dr. Nigel Longhorn, Regional Health Officer, is a young man from the coast and he is doing a very good job there; Dr. Hestick, a doctor at Port Kaituma; Ms. Dolly [inaudible], Medic, Port Kaituma, that is where they are stationed; Ms. Felix Holder, Medic, Moruca; Ms. Judith Atkinson, Medic, Moruca; Ms. Sherlene

Sandy, Environmental Health Assistant, Moruca – obviously the persons from Moruca would have been parachuted in to support the local team of Dr. Hestick, his medics and so on – Ms. Andrea Bazilio, Environmental Health Officer (EHO), Mabaruma and Mr. Vivian Edwards, Environmental Health Assistant, Moruca. One would have seen that there is a lot of emphasis on environmental persons. That is because, while we have to treat them in the hospital by the doctors the disease is beyond the four walls of the hospital and that is why we took up, for example, the people from GWI. That is why, for example we engaged the services of Minister Benn because of certain practices, which we saw there, degraded the environment biologically and physically.

There is a schedule of visits and this was the objective of that activity, Hon. Mr. Granger, which was already fixed in our *modus operandi*, our standard operating procedures, but were reinforced in the run up to this even as we were checking what was happening on the frontline, Hon. Mr. Granger. When we were looking at how our troops in the trenches were fighting the battle and holding the enemy off then we decided that they needed the cavalry to come charging in. At this time, in this case, we used air craft. We did not come on horses. These were the main objectives, good colleagues, especially in the media, and they were similar for what we did for malaria, but those were tailored for that disease; the response mechanism is there and it can be tried and tested but of course we have to learn from our mistakes. We have to hone it and make it better and better. We have to keep getting it right.

The main objectives of this mission:

1. The major mission sent in under the guidance of my Chief Medical Office, is to conduct rapid assessment of the situation in Port Kaituma and the affected communities and that would tell you that it is not only the central location but peripheral locations.
2. Conduct community meetings and sensitisations sessions with residents of the affected area.

Let me say this: anyone wanting to belittle community-involvement sensitisation does not understand what gastroenteritis and public health are about but we will turn a deaf ear to those noises.

3. Give support to the Regional Medical Team and Regional Administration in response to the outbreak.

In other words we know that they were responding. We say the tendencies of low figures and then decided that one might have even lost the babies when the figures were not astronomical so there was a certain approach.

4. Conduct public awareness and education with various target groups including the students, teachers and parents.

This is important because such disease spread were there are large collections, especially, of young children.

5. Provide logistical support and administrative assistance to the medical team.
6. Distribution of supplies to affected residents.

This would have included the additional bleach that we took in, the additional water treatment tablets and so on were already there. The Oral Rehydration Solution (ORS) is almost a magic solution. The Hon. Mr. Williams attempted to tell us about the formula – the formula that we used previously, when we were poorer – of mixing salt and sugar in a certain proportion. Mr. Williams, the Hon. Member, we have passed that a long time ago. We now use it in the packets and some 10,000 packets were distributed on that campaign for that week and more were there to back up the doctors. We have been keeping an eye on the situation and more will be sent as necessary.

Only today a team returned from Kaituma. The team was lead by the Deputy Permanent Secretary, Mr. Trevor Thomas. It included Chief Medic, Mr. James Baldeo and, of course, the incumbent coordinator, Mr. Michael Gouveia, the Coordinator of Indigenous Peoples' Communities. It involves, also, a biomedical technician and an engineer – a qualified engineer from the Ministry of health. We also recruited two other engineers to go in and of course, you might want to know this, our very Hon. Member, Mr. Joseph Hamilton, Parliamentary Secretary, was part of that team.

Mr. Speaker: Hon. Minister, you will need an extension. Your time has expired.

Mr. Hinds: Mr. Speaker, I propose that the Hon. Minister be given 15 minutes to continue his presentation.

Question put and carried.

Dr. Ramsarran: Thank you, Mr. Speaker. We had a schedule of activities which were all laid out just as we had a schedule of activities when we were working with Region 7, hand in glove; having workers from Region 7, the centre, going with us in the Skyvan – ‘Airforce 2’. Now there was a schedule of activities including... I would like to tell you how comprehensive it was, besides travelling of course to Kaituma with seven persons and cargo, they were meeting with children at the Kaituma School on the 15th, meeting with the Regional Health Team, visit to the hospital at Kaituma and the subsequent days are listed. This information of course can be had. It is not secret. As a matter of fact, I had several press conferences and this information was freely disseminated. I remember one particular press conference when we signed on for the TB programme when global fund allowed us to have additional resources. That was on, I think, the 8th March. We had an extensive signing on ceremony and after that I took the opportunity of the presence of a large section of the press corps to engage them of my own volition on the Kaituma issue and, of course, the information here, though partly available at that time because the process was unfolding, was shared. The members of the media, our honourable fourth estate, I am told, can testify to this fact. We had a first-day meeting. That created the District Emergency Operational Centre. We had a brief meeting with the Prime Minister. The Prime Minister was in the area because he too had been given certain instructions.

We visited the various communities and their facilities; Canal Bank meeting, sensitisation and distribution of water treatment tablets and jerry cans because one does not want people to be taking water which might come from a good source but fetching it in containers that might be contaminated; visit to Four Miles, Visit to Canal Bank visit to Mac Doom community with the same set of things and objectives – get the people involved in their own health. Visit to Sebai and incidentally Sebai has an interesting story; visit the Sebai Primary School. The well there had perfectly good water but the problem was with the distribution system which might have been contaminated because it might have been compromised, in some cases, possibly by the said residence. Those are things that we have to learn from and work together. That is why I am happy that I was visionary enough to take along the GWI team. GWI was with us and I am happy

that the Minister of Water and Housing responded so beautifully. Besides that, coming out of the report, we already have concrete things that GWI has undertaken to do.

We had several other meetings of the District Emergency Operating Centre (DEOC) which, of course at an early stage, identified a store room for its stocks that we had taken in. We continued to visit such communities. At the Kaituma School we had a meeting with the PTA because the parents need to be involved – hand washing, personal hygiene, being strict with the kids and so on and so forth, identifying early symptoms, administering the medications to conclusion and not just stopping when one thinks that the child is a wee bit better. That is a major problem, incidentally. Visit to Citrus Grove community for the same thing, meet and sensitisation, jerry cans, treatment, water tablets and so on. Visit to Fitzburg, same activities. Then on the final day the District Emergency Operation Centre (DEOC) had a debriefing with the local team and it was decided that we will stay at that high level of operational readiness locally for at least a week after because we had already started to see a tendency downwards. As a matter of fact one report says that during that visit and the week after there was as much as a 60% decrease so one needed to correct interventions and that is why I find somewhat troubling the structure of the motion by the goodly Hon. Member of Parliament, Mr. Granger. His language could have been better, to put it mildly. He gives the impression to this honourable House and through this honourable House, the nation that the problem might still be continuing. I am not saying that we do not have to be vigilant but listen to the structure of this sentence:

“And whereas there have been creditable reports that several persons including [and he listed the children there] have died, over 500 persons have become ill since February, 2013, and several persons have died.”

Some of this information is totally correct, Mr. Speaker, but follow me. If I am to say not that since February that 500 are ill, I have not indicated which is known. My team confirmed today that there is essentially no further problem with the outbreak in Kaituma. I am certain that Members on that side know that so...

Mr. Speaker: Minister, I do not follow the argument because this motion would have been submitted some weeks ago so there must have been a cut-off point and I would not accept that as of today the Leader of the Opposition deliberately is misleading.

Dr. Ramsarran: I have considered that, Mr. Speaker. I have taken that time capsule into consideration and still I beg you to think that my argument stands because even a week or two ago, it would have already been clear that one say they became ill since February, 2020. It was already in this month or late last month and the situation was already fairly stabilised. There was no other report of these spikes. Okay, Mr. Speaker? I stand open to your interpretation, your correction, but I still think this was where the death of these poor children was being used for political mileage to say that the situation... It is vague. Even with two or three weeks ago, how it is structured here, it is vague but then again I might, in this case, have a slightly better command than the English language than the Hon. Member.

I would like to say that the Ministry of Health and the Government benches are very appreciative of the concern expressed in this motion but at the same time I would like to recognise... Yes, probably we needed to be more aggressive with spreading the good response that we did have but at the same time while recognising and appreciating that this is good concern by the Opposition Leader and the Members over there that the Ministry of Health from the legend that I have just given you, from the story I have just told you, from the history, the snapshot, of a reflection on what the Ministry did with malaria, with the Kaituma outbreak, one will see that we are capable of managing this. We need possibly to engage the Opposition more. We need to share the information more but we have had many press conferences believe me.

What I would like to say too is these are some of the concrete steps that the Ministry of Health and its strategic partners like, for example, the GWI, under the Hon. Minister, Mr. Irfaan Alli, significant steps have been implemented. We need, for example, to recognise that there is open defecation from the ships to the boats that ply those waterways and berth in Kaituma. They are working with Minister Benn to address that issue. It is unconscionable and a little earlier in my intervention I said that this is physical and biological degradation and I said too, linking to that statement, that it is caused possible by the recent influx reaching up to 5,000 to 8,000, depending on the time, of new citizens in that small area and we need to look at that frontier town. Any civilised person, any civilized employer, should not have conditions where there is open defecation from the side of boats. Similarly to that we have discovered the problems with the pit latrines. The Ministry of Health has repeated thought communities and agencies that work in these communities on the correct construction and locations of pit latrines. I would like to submit

before I use up my 15 minutes while I am continuing to tell you that the Ministry of Health has the wherewithal but this is not about the Ministry of Health alone. This also is about the citizens. This is about those citizens of Guyana, from the coast, who go and sometimes legitimately, correctly, intrude into these communities but they too need to be responsible. They go there and the population is made higher. One has many human functions that have to be taken care of. We noticed, for example, certain sections of the business community might, as in the past, have been having open effluence into the canal. Probably because there are more businesses to cater for the boom in the local economy that burden which could have been borne by the biological systems there are now overburdened. As a result we have recruited the assistance of the agency which manages such places as Kaituma. That is why one will see the regional authorities were fully engaged.

Like my good colleague in Jamaica who is paining from the loss of his toddler... I started to read the article. This baby died at the Bustamante Hospital for Children. The Bustamante Hospital is one of the best for children in the English-speaking Caribbean. "...prompting the Ministry of Health [of Jamaica] to determine whether the quality of water being used by residents was the cause of death..." This is the same thing that we are having but not in a built up area as where this hospital is located but in frontier conditions, which are very challenging. That is no excuse. That does not relieve our pain of losing these three babies but it just puts things in context – a real reflection about the canvas on which we are painting this picture.

I appreciate the concern of the Hon. Leader of the Opposition and the concern, obviously, of all of his Members. I wish that support now will transmit to not having the demand for a time consuming and, I posit, not very necessary commission of inquiry but the support to help us educate, to help us to do the things that we are doing but where the community seems to have been overwhelmed by the influx and by certain other bad practices. Hon. Opposition Leader...

Mr. Speaker: Hon. Dr. Ramsarran, for my own benefit here, you are saying ‘seems like’, ‘could be’. This is, you must agree, very scientific areas that we are going into and certainly it seems that there is need for some study. You are using words like... You dismiss the regional experts who you said came for a conference for a few days or hours but then you are saying... I tend to agree that there is an influx of ‘coastlanders’ and so forth but certainly there needs to be some empirical data collected and analysed and that is something that I think all of us should welcome

but from what I am hearing from you... You do sound positive but you also do not sound sure, to use a legal term, beyond a reasonable doubt.

Dr. Ramsarran: Okay, Mr. Speaker, I will now sound sure beyond a reasonable doubt. What I am saying is that indeed, just as we have been able to deal with another problem just prior to this, we are following, as we are supposed to do, the epidemiological data which the uninformed lady did not consider because the data was being followed, the intervention happened at a certain time, which epidemiologist would say is probably the correct time; notwithstanding the fact that one might have lost persons when one was not having that spike. I explain to you why. One would expect, as an epidemiologist that the under-five subpopulation would be more vulnerable; not that it makes it any less painful. I hope that I can pass one of this onto you and at the same time share this with the media and the response to Mr. Bulkan which will show the similarities of the good responses by the field in giving us this epidemiological data through the surveillance system through our 'epi-nurses' collecting it at the Ministry of Health. Mr. Speaker, I want to mention one other thing. In a certain village in the Rupununi they are now about to install a tower and that will give us so much more response time but in the mean time we are getting from those areas the paper work every week. It comes to the pilot and one passes it on.

As an aside, I told persons who came to me today asking 'what is the significance of this tower?' – the media – I said, immediately, that it will allow us now not to have to fetch to the aircraft these epidemiological forms, surveillance forms and then fly them down and we pick them up at Ogle but it would be done in a 'click', like that. Similarly, I am saying to the House, that we were on top of this because those areas have better... They are older areas in terms of the infrastructure and they have that communication opportunity.

It is multifaceted and I want to be very sure for you to understand; I am borrowing your legal term and I want to make it a prop. We are on top of this. We have followed the data. We are suppressing whatever we had here as the data shows. The structures that gave us this are in place. The medications we have are in the country to deal with this – dehydration, mainly. We have taken the samples. We have determined what is the causative agent and I want to fast track my discussion now. We have determined that with, for example, the use of our lab and the support labs, for example where that goodly lady came from, and of course we are looking at our vaccination programme because such childhood diseases that are preventable are preventable by

vaccinations. We have nationally, for the media, some 95-96% coverage for the antigens and vaccines that we do give for preventable childhood diseases and last January, on the 11th, I introduced a new vaccine, human papilloma virus (HPV) vaccine. As the Hon. Dr. Vishwa Mahadeo reported, Region 6 has 100% uptake for that vaccine. We have so... I am still speaking about the outbreak in Kaituma. Vaccination stops outbreaks. We need to reach out to the people. In frontier locations one does not need to have a commission of inquiry. One has to find out what the difficulties are. Right now the women for example are going more and more with their men folk into further and further places. Not only for outbreaks but for pregnancies, difficult pregnancies, high risk pregnancies, we are going to be having challenges. One does not need to have a commission of inquiry to know that. That is epidemiology and, as my mother would say, commonsense. It is commonsensical now to say that I am sure of what I am saying; that I am confident in what I am saying and if a few minutes ago I misspoke I fully apologise and I would like to say some of the concrete things that have to be done.

Mr. Speaker: Well your time has expired, Sir. The extension that was sought and obtained...

Dr. Ramsarran: ...was to continue.

Mr. Speaker: Well a motion will have to be put.

Dr. Ramsarran: Mr. Speaker, I need about three minutes. The Prime Minister had asked for me to continue.

Mr. Hinds: Mr. Speaker, I propose five minutes for the Minister to conclude his presentation.

8.33 p.m.

Mr. Speaker: Hon. Members, I sense that the Minister will not be given time to continue, however, I think that he should be allowed to wrap up the debate, in the interest of us having a debate. Minister, you have two minutes to wrap up this debate.

Dr. Ramsaran: Thank you for your indulgence, Mr. Speaker, and I would like to thank the Opposition for that.

Guyana Water Incorporated (GWI) has a list of things that it will be doing. GWI has undertaken a project in the year 2013 to activate a new well. GWI is examining the feasibility study for other

interventions. A new well will be drilled to serve the community in the year 2013. A team visited with us.

What I would like to say is that I am very appreciative of the concerns, although somewhat belated, by the Leader of the Opposition. We welcome them; we want to work with the Opposition; we want to say that our energy should go, not towards a Commission of Inquiry (COI), but it should go towards helping us to achieve some of the things that have been mapped out by the technical people. If we want, we can invite that lady from Caribbean Epidemiology Centre (CAREC) to come have a chat with us. She cannot go to the media without speaking to the Ministry, and she will agree 100% that she should not. Now, she comes with us, that honourable woman, and, I am certain, she will agree with the many measures, for example, water. I would like to at the same time sympathise with my colleagues in Jamaica. It has just happened to them. I do not know if they will get more deaths, but we hope not. At the same time, I would like to say, since I must close now, that I am available at the end of this to share with the media Mr. Bulkan's reply and the other replies to show what I could not finish with my next 10 minutes had I been given 15 minutes. I am willing to share them with the media afterwards.

I do not want to support, but I want to urge the House that we do not need a Commission of Inquiry. We need to recognise the seriousness with which that proposition was made. We need to recognise it, but at the same time we need to move on and get the work done as Keynesians and epidemiologists. *[Applause]*

Mr. Speaker: Hon. Members, we will hear tonight, for the first time, from the Hon. Member of Region 1, Barima–Waini, Ms. Rennita Williams.

Ms. R. Williams: I rise here this afternoon to speak on the motion laid in this House by the Hon. Member Mr. David Granger. I take note of the Hon. Minister speaking about the political mileage in the Port Kaituma area. First, let me say to him that it is not about politics, it is about bringing the facts to House and looking after the welfare of the people in the region.

With the mention of the 500 persons who were affected, to my knowledge and the bit of information that I received from the Port Kaituma residents, it was 529 persons who were affected in that area. The three children who died were a seven-month-old, Steven Adams, of

Canal Bank, who died on the 4th March, two-month-old, Zashada Bumbury, of Quarry Hill, who died on the 15th February and a one-year-old child of Quarry Hill also.

This clearly indicates to us that more needs to be done in the health sector, especially in the region. With the outbreak of this disease, mothers have been losing their babies and it is very difficult for mothers to be losing their babies at such a tender age.

We are so calling on the Commission of Inquiry... to be laid in this House. I ask the honourable House to kindly support.

Thank you. *[Applause]*

Mr. Speaker: That is a Churchillian speech - short, pointed and well delivered.

Minister within the Minister of Local Government and Regional Development [Mr. Whittaker]: I must, from the very inception, point out that it is well known, perhaps not by some, by many that our Government has not paid mere lip service to article 24 of our Constitution. We have been, continually, ploughing more and more resources to fund programmes and project to provide the required infrastructure, medical equipment, medicines and, very important, the trained medical personnel across the 10 administrative regions of our country so that our people can enjoy this right which paragraph one of the motion referred, the right to free medical attention.

I say to this National Assembly that it is in large measure, due to the presence of these health facilities and services at Kaituma, that we were able to take aggressive steps to diagnose and treat the illnesses to which the mover of the motion referred. I need to take the National Assembly through a chronicle of events which will allow Members to see the types of efforts, the types of interventions we have made which allowed us to arrest the illness within relatively short period of time.

It did start in an Amerindian village called Sebai in a creek; it started with isolated cases. Our health workers, and there is, at least, one at every health post, are trained to diagnose what has become a common illness especially in hinterland areas and especially in those areas where there is a hype of mining activities. That health worker was able to diagnose, as he normally does, and to treat what started as isolated cases. As there began to be marginal increases that health worker

made contact with the Port Kaituma Hospital and that is where the first bit of collaboration begun. To speak of the absence of collaboration is totally inaccurate. The health worker contacted the Port Kaituma Hospital where, in fact, there are a doctor, a medex and two health workers. The persons were referred there and they were treated. The surveillance continued; it started in January. It was not March when the big team arrived, but it started in January. As the youthful, dedicated community health worker continued the surveillance work, assisted by teams from the Port Kaituma Hospital, they began to see what could be termed as arithmetic progression, in terms of the numbers and it is at that stage that Georgetown began to assemble to put together a team. At the regional level, there were the village people with their health worker, there was the hospital, there was Guyana Geology and Mines Commission (GGMC), there were a number of people from the business community, there were concerned miners; they were all onboard helping with what was essentially a communal activity.

It will be correct to say that our response at both the regional and national level, once we got the required information, was immediate, extensive, coordinated and effective.

The team set out to do, *ab initio*, what any COI would set out to do, and that is - I do not want Mr. Williams to believe that he has a monopoly over those Latin words - it sought answers. That is what the team sought to do, to seek answers. We were with the people from the start. We have always been with the people and to speak about the people feeling abandoned, our indigenous people in the villages do not ever feel abandoned, and even those who were referred to the hospital. I forgive the Member for that statement which was made.

I wish to posit that my friends on the other side have a history of wanting to enquire into the wrong things and into wrong happenings. They did not deem it necessary, as they should have, to enquire into the electoral frauds of the 1970s and 1980s. Those needed an inquiry. They did not deem it necessary to enquire into the mass suicide on Guyana territory where hundreds of foreigners died and that is right in the same area, six miles away from Port Kaituma. They did not want that.

Mr. Speaker: You have had two inquiries away from health. Dr. Ramsaran dealt with malaria, which is still in health, but you have gone to mass suicide. Let us, at least, stay in health.

Mr. Whittaker: I am coming back. Nor was there a COI to determine the mysterious death of the eminent Guyanese historian, Dr. Walter Rodney. I am glad that our Government has decided that it will have such an inquiry. Whilst they take shelter under the denial syndrome we of the PPP have determined... *[Interruption from the Opposition Members.]* Mr. Speaker I would like to continue.

Mr. Speaker: Hon. Members, the Hon. Minister has had three strikes and he will not be venturing down the road of Mr. Satyadeow Sawh or any other unsolved crime or mystery in this country. I would like Minister to please curtail your arguments to the motion at hand. You have had some liberties there.

Mr. Whittaker: Could I get back those 45 seconds?

Mr. Speaker: You will.

Mr. Whittaker: Our Government has determined, indeed very quickly, that our resources will be better spent discerning the causes of the illnesses at Port Kaituma, mitigating the factors that gave rise to the illness and the consequential deaths in the three instances while simultaneously we treated those affected by the illness. I ask that the House weighs and compares the semantics of the motion against the immediate practical interventions which have allowed for the same determinations and in a more timely and efficient manner.

The motion speaks about credible reports in the second WHEREAS clause. What better creditable reports could the Guyanese people get than that provided by our team of doctors, epidemiologist, headed by Dr. Edwards, medex, environmental health officers, community health workers and the support of our regional health services and our Civil Defence Commission. These are persons, most of whom know the region, know the people, know the culture. These are persons who have some attachments to the region and its people, and who care for the people and would always want to get to the bottom of the issues, committed men and women with relevant knowledge, skills and experienced, armed with historical data, established and proven methods of responding to health crises. That is why their response was immediate, transparent and effective. It came at a time when the symptoms were very prominent, not emanating from an inquiry three months later. It came from the facts that were obvious at the time.

What is it that the Commission of Inquiry will do or can achieve that the team, to which I just refer, did not achieve? What is the basis for the appointment of a COI? A COI must be the final option when all others have failed. In any case, a COI has to be resourced. Have we sought to think of that? Let us use those very resources, since we already have the facts, we already know the causes, to implement the recommendations of the joint technical team. As it is contained in this document - they are condensed into 12 such recommendations - that worked in the region to provide the answers we sought, because that is what it delivered. It delivered the answers we sought. What are the causes? Which are the communities affected? The team ultimately came out on top of the issue. Lest it be felt that the team merely glossed over the communities, spent a few hours or a few days and left. Let me say in the process it conducted an assessment in all the affected communities, and even those contiguous, met with and interviewed..., held community meetings, visited and inspected the living conditions and the environment in which the people lived. Of course, it conducted public awareness meetings and sensitisation sessions with the residents of the affected communities. Whilst it was doing all of that it was also engaged in providing relief to the victims. Again, I ask, what is there that a COI, three months after, will bring out or determine that this team did not?

The team determined that as a result of multiple environmental health hazards, which plagued the residents of the affected communities, in some instances, of poor hygiene practices by some residents, in some instances, of the upsurge of mining, garbage being thrown or washed into the waterways used by some for cooking and drinking, especially during the rainy season, that is a perennial problem all over. What I am pointing out here is that any COI, going out there, will find the same thing. Some pit latrines are not properly constructed by residents and in some instances situated close to or over the waterways were all contributing factors to the several hundred persons who were treated for gastro-enteritis.

That there were only three deaths, which is deeply regretted, is attribute to the urgency, the diligence and the efficiency with which the medical team went about discharging its duties and responsibilities. As old people say, “*give Jack he jacket*”, let us give those people our praise because they worked. Again, I ask of the Members, what is it that a COI, three or four months later, can do that this experienced and committed team of medical and technical personnel can do

who went to Port Kaituma and surrounding areas did? What is it that the COI can do? The evidence that the medical people were looking for were there, evident in February and March...

Mr. Speaker: Hon. Minister, if I could ask a question. Since this motion was put in, has that evidence been shared with the Opposition? If, in fact, there is a reported findings and recommendations, has that been shared? You are saying what more... If the Opposition was not even aware that there was an investigation leading to a report then you cannot fault the Opposition because it was not brought in. In fact, you seem to be armed with a report that the Minister of Health did not even referred to. Go ahead though.

Mr. Whittaker: I could only say that the Opposition Members were not proactive enough and they did not go with enquiring minds. It suits them now, because we are in the season of COIs, to bring it. The appointment of a Commission of Inquiry, at this point in time, would only serve to duplicate efforts and waste resources. [*Interruption from the Opposition Members.*] I am going to offer you the recommendations of the high-powered medical/ technical team that went in there.

These resources could be better used to implement the recommendations of that team, that included some of the best medical personnel there are, including representations from sectors such as GWI, some of the most senior officers there, including the Civil Defence Commission that helped with logistic arrangements, including the Ministry of Health, including the Ministry of Local Government and Regional Development which had its people on the ground from the very inception. At this point in time, I would like to point out that, quite apart from what I have said, the team's outreach, its activities were not just confined to the communities, it reached out into the schools, it reached out to the children in the primary and secondary schools, educating them on the dos and the don'ts, it reached out to the team of teachers because we expect that the teachers will be part of any programme to bring awareness to our children.

The 12 recommendations of this medical team include, among other things, education and sensitisation of residents, community outreaches, distribution of flyers – it had started to do all of those things - at health posts, at hospitals, at schools, distribution of water purification tablets, oral dehydration solutions and bleach, continuous monitoring and evaluation to determine the effectiveness of the interventions, the assignment of additional environmental personnel. The environmental health officer has been moved from Mabaruma and that officer is now posted in

the Matakai subregion to complement the efforts of the two environmental health assistants, the doctor who is at Port Kaituma and the one who is at Matthews Ridge and other personnel who are there. Efforts are being intensified in respect of solid waste collection and in this regard Neighbourhood Democratic Council (NDC) has been engaged, the business people have been engaged who, we understand, are responsible for most of the solid waste that is dumped in the canal and we are taking measures to reduce and, ultimately, stop these dumping activities.

Let us not ponder to up unsubstantiated views and erroneous conclusions. Let us ensure that the recommendations of the team that spent many weeks on the ground, interfacing with people in their own environment... Let us look at these recommendations and see how we can work to support them. I believe that that is the way to go. Whatever resources we have, spend it that way to implement... I dare say that the COI could not come up differently in terms of any kind of recommendation.

Thank you. [*Applause*]

Mr. Speaker: Hon. Members, is there anyone from the Alliance For Change (AFC) wishing to address the House?

Mrs. Garrido-Lowe: I rise to speak in support of the motion “Appointment of a Commission of Inquiry to investigate the incidence of illness and deaths in the Barima-Waini Region of Guyana.” A motion brought by the Hon. Leader of the Opposition Brigadier (Ret’d) David Granger.

First of all, the Alliance For Change (AFC) wishes to express its deepest sympathies to the families of the three babies who died from the outbreak of the gastro-enteritis in the Barima-Waini region and the over 500 persons who were ill due to the waterborne disease in February 2013. We can only imagine the feeling of helplessness, the suffering that persons had to bear and that empty space in their heart that cannot be filled when a loved one is lost. We, in this honourable House, have to put our heads together to make lives better for every Guyanese.

The Hon. Minister of Health said that the Ministry of Health was on top of the situation, being swift and effective in response. In that instance, yes, and this is very commendable, but the crux of the matter is that all this horror of illness, loss, pain and grief could have been avoided. It is

the duty of any Government of the day to fulfil the needs of its people and to safeguard their rights, as stated, in the motion brought to this honourable House, in article 24 of our Constitution, which states that every citizen has the right to free medical attention.

Article 36 states that the well-being for the nation depends upon preserving clean air, fertile soils and pure water. The residents of Barima-Waini, Region 1 are citizens of this country and have the right to experience what is their rights.

Region 1 is part of our vast rich hinterland and the richest of gold, lumber and manganese lies within it. They are being extracted on a daily basis and the amount of moneys being extracted could easily maintain the region with a lot can be left over to share. Therefore there should be no excuse for hospitals in this region to lack doctors and well trained nurses and midwives in a community with such a large population; there is no reason why the water system should be so inadequate that children have to die because of waterborne diseases and there is no reason why this should continue to happen, especially at such a drastic level. The Government should take some of the region's earnings and spend it back in the communities on the hospital, for example.

9.03 p.m.

The residents of Barima-Waini deserve and have earned a right to have nothing less than a specialty hospital staff with enough doctors, nurses, midwives, where surgeries can be performed to ease the stress and strain of having to come to Georgetown for every surgery needed and for every snake bite. It is costly and can be avoided.

I am not accusing the Government of not caring for the people of Region but it does need to show more concern for the people of this rich and beautiful region. Plans for the upgrading of the water system and conditions at the Port Kaituma Hospital should have long been put into motion. I must add that the hospital at Moruka needs to be upgraded in order to serve the thousands of residents in the Moruka subregion. Why this is not possible for this Government after 20 years?

The Alliance For Change opposes the present unhealthy conditions that the people of the Barima-Waini, Region 1, have to live with. We are asking this Government to show more concern to the welfare of its residents and come up with a solution to solve at least the water

problem once and for all and provide residents with the safe water for use at the earliest opportunity.

The Alliance For Change has no difficulty supporting this motion.

Thank you very much. [*Applause*]

Minister of Amerindian Affairs [Mrs. Campbell-Sukhai]: In response to the request for the appointment of a Commission of Inquiry to enquire into the illness and death of persons and to make recommendation to prevent a reoccurrence of such illness and death and to preserve the well-being of the residents of the Barima-Waini Region, I wish to first put on record that the unfortunate situation of outbreak of gastro-enteritis and death of three children associated with the illness outbreak was indeed unfortunate and is deserving of concerns and full sympathies to the families.

I wish to recall that from the onset of the illness outbreak in late January of this year the local and regional health officials, the front line staff, provided the surveillance, the monitoring and the treatment in the early phase. I wish to ask this question: Is the Leader of the Opposition saying that he has no confidence in the trained regional medical personnel of the sub-district or is the Hon. Member Mr. David Granger, deliberately want to overlook their contribution while he attempts to carve out for himself a political profile as the defender of the population of Region 1? I leave that question for the public to determine.

The Government recognises the work of the local health care providers since it was those workers that kept the data flowing, allowing for monitoring of the rise, the peaks, in the gastro-enteritis outbreak affecting the residents in the communities and guiding the timely dispatch of a competent team of health practitioners coupled with a multi-agency technical team who, on their arrival, immediately collaborated with the local health personnel in the sub-district and provided to the affected population an early response to specialist support assessment, community meetings to advance public health awareness and activities, so as to stop the situation from escalating. The combined team of medical professionals was able to control and deliver the necessary support and took control and managed the situation and the responsiveness in averting a worst situation or a worst result. The health sector response is aligned to Government's responsibility and willingness to adequately provide health care to the population at large. Where

the limitation exists, there is no hesitation by this Government or the health sector to address the need.

Members of the National Assembly should be well aware that over the last two decades the increasing level of financial allocation for investments towards developing a sustained and expanding health system in Guyana engages annually the deliberation of the National Assembly and with greatest of respect visible improvements in the health service delivery service systems have been achieved. The impact for the hinterland region is demonstrated by the full transformation of what obtained prior to the PPP/Civic administration in the health sector. The regional health system expanded to bring benefits to the most remote of communities, training of indigenous health works to administer and deliver primary health care to villages and communities have been a success.

It is important to note how appreciative members of communities are to be in control and in management of their own regional health system. The investment and the resultant improvements of health infrastructure are visible located in more than 99% of hinterland villages and communities. The investments are fully supported by the Ministry of Local Government and Regional Development and implemented by regional administrators. It is also a fact that Guyana health sector does not suffer from the lack of medical drugs and supplies. The challenge facing the regional health system is with the dispatch of the medical drugs in a smooth and timely manner. The Government recognises that gap which exists in the delivery system. Of course, this required much more effort and collaboration to ensure that available resources are adequately directed to improving and making the drug delivery system to the hinterland more effective, eradicating the isolated complaints that surface from time to time.

Without a doubt the developing and improving health delivery system impacted positively across the nation and it included Region 1, Region 7 and Region 8. It was indeed unfortunate and distasteful to be a witness to the robust budget debate in defence of an allocation for the establishment of Guyana to have the opportunity to experience a specialty medical hospital. Of course, we all know the result that this allocation was disapproved by the House by the combined vote of the Opposition. We cannot have fork-pronged tongues when we are talking about the health of this nation. I posit that the report presented by the Ministry of Health...

Mr. Speaker: One second please.

Mr. Greenidge: Mr. Speaker, am I not right in thinking that the funding of the specialty hospital is supposed to have been on the basis of an Indian letter of credit? The Point of Order is to assume that the moneys, which were taken, could themselves have accounted for the fact that there is not specialty hospital. Specialty hospital, in any case, is supposed to be funded with the Indian funds that were part of the dispute.

Mr. Speaker: What the Minister did say was that the combined Opposition did not vote funds to support the specialty hospital, which would be a fact. The reasons would be as you stated, but the Minister is not incorrect in stating that the House did not approve the specialty hospital.

Mrs. Campbell-Sukhai: I posit that the report presented by the Ministry of Health's team reported on findings of the probable causes of the outbreak and offered recommendations for action to be implemented to avert future occurrences. The actions taken by the health authorities contained the outbreak to a few communities within the Matarkai subregion. Similarly, one Amerindian village, that of Sebai, recorded a total of 45 cases. It is noted that Amerindians living in the other affected communities were among the affected population and, therefore, they were all provided with preventative supplies and treatments. The experience and the effectiveness of the actions by both the national and regional teams served to strengthen the health system to respond likewise to similar situation in the future, if necessary. However, I am confident that the multi-sectoral and other stakeholders note that lesson and spare no efforts to strengthen and heighten surveillances across the various sectors, water and sanitation, infrastructure and facilities, the environment, including reliable health services delivery across our country. It would be remiss of me not to mention the role and the responsibility of the population, villages, and community leaders must all work to encourage mind set attitudes and promote healthy lifestyle practices. The challenge is not the sole responsibility of the State nor the neighbour, but it is the responsibility of all.

The long-term approach to the issues of sanitation, good hygiene habits, rendering safe water to families at household levels, from the individuals, leaders and sectors, is needed to ensure positive impact on the total health of our population. The recommendations articulated in the report submitted by the health team dealt with the situation. This was shared with Cabinet and

the public through community meetings and the media, more particularly the television, and it demonstrated that there was a combined contribution to arresting the situation. The transparency and accountability to the public were ever present.

I rest my case that the concerns expressed by the Leader of the Opposition does not warrant the establishment of Commission of Inquiry, but it warrants the support of all Guyanese towards ensuring a healthier Guyana.

Thank you. [*Applause*]

Dr. Norton: I rise to support the motion brought before this honourable House by Brigadier (Ret'd) David Granger, M.S.S, leader of the majority in the House. This motion is to appoint a Commission of Inquiry to investigate the incidence of illness and deaths in the Barima-Waini region of Guyana.

For many of decades I have been visiting the Barima-Waini region at various times, on various field trips, so today I speak with a full amount of authority about the situation in this region and will relate the facts as were personally witnessed, by me, during those trips. Almost on all of those visits, which I have made there, being a physician by profession and by practice I am always involved with the deaths of persons, especially infants of the Amerindian villages, from sicknesses of vomiting and diarrhoea due mainly to waterborne disease caused by the coliform bacteria known as the escherichia coli. One of the main sources of these bacteria is of course *faeces*, especially of the human beings.

While I must stick to the motion which refers specifically to the Barima-Waini, Region 1, we must not, for one moment, think that this disease is not common to other parts of this country, for it is particularly so in the Amerindian villages of the other hinterland regions. This motion however, makes specific reference to Region 1 because of what happened at the beginning of this year, during the month of February, where more than 529 Guyanese became sick with a disease known as gastro-enteritis, a sickness characterising mainly by vomiting, diarrhoea and abdominal pains. This incident can be best described as the epidemiological disaster, particularly so in the areas of Port Kaituma and the surrounding villages such as Canal Bank, Sebai, Quarry Hill, Oronoque, Four Miles, Citrus Grove and Mc Doom. It was not the 529 persons who became sick that matters most. It is the fact that 70% of the sick was under the age of five years and it

was the naked truth that three children died, including the seven-month-old Steve Adams of Quarry Hill, two-month-old Zashada Bumbury together with the one-year-old from Amerindian village of Canal Bank.

The death of any infant in this day and age from vomiting and diarrhoea is one too many and it must be regarded as such by all of us. Even though the situation ought to be considered as one of crisis proportion, in the beginning, it was only brought to the attention of the general public from the private media, there was not a word from the Government or from the Ministry of Health. The Minister in his typical *Oppan Gangnam Style* boasted to the public that his Ministry had all under his control, even before the private media were notified of this crisis. That made it seem as if there was a deliberate attempt to hide it from the public, or probably the Hon. Minister thought that it was not that important. Whether that was so or not, let it be known that the first death occurred on the 15th of February of this year and it was only during the last week of that month that the first medical team from Georgetown was dispatched to that area.

According to an official from the Caribbean Public Health Agency (CARPHA), one Dr. Lisa Indar, who the Hon. Minister referred to as a regional heavyweight, yet he referred not being in agreement with her, she was in Guyana at that time and said that the authorities were not aware that the outbreak was occurring in Port Kaituma because the Ministry is not getting information in a timely manner. This is so because there is a deficient syndromic surveillance system in Guyana. The Minister must recognise this; he must admit this and he must do all in his authority to correct this situation.

Just to let you know, Mr. Speaker, that the relatives of the dead had to wait for four months for the post-mortem and I must remind you that the *morgue* in Port Kaituma, where all the bodies have been stored, has a claim to fame of dogs eating the corpse, the bodies of the dead, as like the rats did at the public hospital in Georgetown, in morgue there. The water that the residents were supposed to use for domestic purposes, bathing, cooking, brushing their teeth and most of all for drinking, including the water from far-reaching creeks and of the pipes from wells, was so contaminated with the E.coli, that is the bacteria. It was so contaminated that could not be tested, the water was so murky and discoloured, it was so full with silt, and in some places the silt was making it difficult to flow as a liquid and as a consequence it causes the water pump to be broken.

It is a known fact that the bleach and the purification tablets are only effective if used in water that is clear in colour. If the water is discoloured and murky then the bleach and the tablet of purification would be of no use, and that was the situation in Port Kaituma. By the way, it is interesting to note that the cost of one litre of bottled water in that area is somewhere around G\$1,000.

Persons in authority, for one reason or the other, seem to be looking for excuses for the water contamination so as not to put the blame where it ought to be placed. We heard of one of the most absurd reasons being that it was some poisonous vine that the Amerindians used to poison fish. This they said was the cause for the water contamination and hence the illness. The villagers who lived there all their lives, the native of the area, placed the blame of the water contamination squarely on the mining activity in that area. Eventually, good sense prevails and there was a warning by the authorities for persons to desist from all forms of mining. This warning was, however, allowed to fall on deaf ears and no efforts were made by those in authority to see that their seize order was effectively carried by the miners. In other words, mining continues as if all was well and good.

We, only recently, saw how quick and effective the law enforcement agencies and the mining authorities can act when they so desired as was demonstrated amply by their actions, not so long ago, as was seen in worldwide on YouTube. I refer to the case in Marudi Mountains, in Region 9, with the mother and children protestors and the brutality they endured at the hands of those same agencies. For whatever reasons the authorities in Port Kaituma seems not to be motivated as they were in Marudi Mountains. Apparently, the flow of gold must have been the more important factor than the flow of potable water for the residents. One got the impression that even though three infants were dead and more than 500 persons were sick, gold mining had to continue, regardless of what were the consequences.

I take this opportunity to remind the PPP/C Government, especially the Minister, and his Ministry, who is responsible for mining of the native American prophecy of the Creek nation. I quote:

“When you cut down the last tree, when you kill the last fish and when you have contaminated the last river you will only then discover that you cannot eat money.”

I would like to add on that you will only then discover that you cannot eat gold. That is why I cannot continue without expressing my most sincere empathy and being in full solidarity with the heroic Akawaios people of Region 7, Upper Mazaruni, of the villages of Kako and Isseneru, to encourage them to fight the good fight of the benefits of all mankind, not only for Guyanese, but to preserve that pristine environment that was equated to them by the great spirit now deemed as State's lands.

The health authorities pointed that the long-term solution of the problem rests on sanitation and hygiene. This might be so; I do not dispute that. It is always important to have proper system of sanitation and hygiene, but while the grass is growing, not only is the horse starving, but babies are dying. I must point out to you, Mr. Speaker, that that is why in the first resolve clause, as you know, we must support this motion, states:

“BE IT RESOLVED:

That the National Assembly expresses its sympathy with the relatives of the deceased children and with the victims of the illness in the Barima-Waini Region...”

It was noticeable to note that, taking into consideration this resolve cause, the Hon. Minister of Health expressed his sympathy to the Jamaicans, not to the people in Port Kaituma. He did not. Thank you the Hon. Minister.

Dr. Ramsaran: Mr. Speaker, a Point of Order. This is so bare... I was almost being unparliamentarily. It reminds me a few months back when the...

Mr. Speaker: What is the Point of Order?

Dr. Ramsaran: The Point of Order is that that is a blatant inaccuracy. I started off and I said, many times, although this is very painful, this, this and this. It reminds me of a few months back when he referred to the *Tuskegee* Experiment. I did not break that up. This is hopelessly inaccurate.

Mr. Speaker: The Minister, indeed, did on several occasions speak about how painful the lost of the children was. The Minister also spoke today about being better able, if I can put it that way

with the English Language,... Minister, the point that I want to make to you is that you did not specifically extend... but I accept your explanation that the references to the painfulness were your way of expressing sympathy and empathising. As you were reminded by the Leader of the Opposition, the English is a peculiar thing.

Dr. Ramsaran: I mentioned this at repeated press conferences...

Mr. Speaker: Yes, it was at press conferences, but Dr. Norton was speaking about here.

Dr. Ramsaran: ...the language was clear.

Mr. Speaker: But I accept that you did, in fact, show sympathy. You are right. On several occasions, during your presentation, you spoke about the painfulness of the deaths and of the lost.

Dr. Norton: I have no doubt and I commend the Hon. Minister of Amerindian Affairs. She did, in no uncertain manner, express sympathy to the relatives. I had no problem with that. I was listening for it because it is an important part of the resolve clause.

Sadly, there was no candle lights vigil for those three babies of Port Kaituma as they were last Sunday night at the Georgetown Public Hospital Corporation (GPHC) in front of the maternity section for that baby and the baby's mother who died there. I refer to that painful case, the Minister talked about pain, of Mrs. Rodney and her baby girl. I ask, what is becoming of the health system of this country?

If pit latrine and its locations are one of the main contributing factors to the contamination of the water by the bacteria that can kill people, then it must be forced to become a thing of the past. We must not wait for babies to die from contaminated waters from those latrines or another schoolchild to fall in and perish, as had happened in this region not too long ago, before they become abolished, once and for all, from all government buildings, especially school, health facilities and other public places.

The schools in Georgetown do not have pit latrines, likewise the schools in and Region 9 should not have pit latrines. This situation, as it stands at the moment, is blatant and naked discrimination in so many ways against the people of these regions. Just to remind you, Mr.

Speaker, that, the little child who perished in the pit latrine, when the political party, in sympathy with the community, offered to build a flush toilet efforts were made from Members of this House to discourage the Parent Teacher Association (PTA) of the school to accept it. That is something we should not remember.

I insist that there must be a national policy that any school without a functioning flush toilet must be deemed incomplete and non-functional. Not so long ago we read in the newspaper about the Leonora Hospital, not so far from here, was without a functioning flush toilet, and the baby in the fridge, of course. It is not strange that we seem to be having a national environmental health crisis. For it was only recently it was pointed out to the public, by the Ministry of Local Government and Regional Development, the Minister in particular, at one of his workshops, that the environmental health officers are found to be incompetent and are not functioning effectively and efficiently.

9.33 p.m.

These officers must be made answerable for their shortcomings. It was reported that they failed to attend meetings, they do not monitor activities assigned to them and they are even accused of having an itching palm to turn a blind eye to wrongdoings. These are areas that need to be improved if the sanitary conditions in the villages in the Barima-Waini Region are to be improved. Persons would no longer become sick in such numbers. We must never forget that old, but relevant cliché that goes '*an ounce of prevention is worth a pound of cure*'.

We all in this House must support this motion. It is not the first time that this has happened in this country, especially in the Barima-Waini Region. Less we forget, in 2009, in the village of Moruca the schoolchild perished in the pit latrine. We suffered the death of Calvin Charley, 32, and his mother Helena Charley of 63 years of age, also that of Albert Delacruz and Troy Turnhill, who was just a baby. They all died of similar causes as the three babies in Port Kaituma.

Mr. Speaker, during one of my visits to that region, I vividly remembered when I held the sick infant in my arms, of a mother from Barabina Hill, who was sent home in tears with her baby from the Mabaruma Hospital with vomiting and diarrhoea to literally die after visiting that institution for a third time and the baby's condition was not getting any better. It was becoming

worse. The baby was dying, Mr. Speaker. Was there anything that could have been done to save the life of the baby then? Such a situation can only bring tears to the eyes of any human being. It was a baby like any one of our babies, if we ever had, who might have grown to become the president of this country.

Mr. Speaker, if you allow me, I would like to quote from Stabroek News, Monday, December 19, 2011. It is a statement that I think is relevant to the motion before this House. I quote:

“It would not be business as usual at the Ministry of Health. As according to the recently appointed Minister of Health, Dr. Bheri Ramsaran, high on his agenda for the Ministry is the equity of access, value for dollar of investment, quality of service and clientele satisfaction.”

Mr. Speaker, I would like to question the Hon. Minister as to whether this is the equity of access and the quality of service that Region 1 is now receiving that the Hon. Minister promised when he took office.

The bleach purification tablets, the Oral Rehydration Solution (ORS) solution, the advice of compulsory boiling of water for domestic purposes all appeared to be put in place too late to avoid this crisis, if it ever worked at all before. The authority seems to be waiting for this crisis to happen before these simple and obvious measures could be put in place for them to be enforced.

The efforts of the joint team of so-called experts from Guyana Water Incorporation (GWI), from Civil Defence Commission, Guyana Geology and Mines Commission (GGMC), EPA, GFC, Ministry of Amerindian Affairs, Ministry of Natural Resources and Environment, Ministry of Local Government and Regional Development and Ministry of Housing and Water were all too late to save the lives of those babies. The joint team of so-called experts literally missed the bus. These babies had to die first and 500 Guyanese had to become sick for them to be mobilised out of Georgetown. Probably they were on standby in Georgetown waiting in fear just in case something similar should happen here in Georgetown as it did in Port Kaituma.

I, personally, think that it is only a matter of time for a similar disaster to happen in Georgetown like that which is waiting to happen at Bartica in Region 7, Red Village near Suddie Hospital in

Region 2 or at Mahdia in Region 8. This is so because Guyana and all of us Guyanese have now become the true champions, not of the earth, but of the dirt. The damage was done and is still being done at Port Kaituma. The water supply system that was promised by the CEO of Guyana Water Incorporated is yet to be delivered up to this day.

To avoid this happening again and more destruction and devastation in other parts of this country, I beg that we all support this motion which is clearly prescribed by the Constitution of Guyana at Article 36:

“The well-being for the nation depends upon preserving clean air, fertile soil, pure water and the rich diversity of plants, animals and eco-systems.”

Thank you very much, Mr. Speaker. *[Applause]*

Minister of Agriculture [Dr. Ramsammy]: Thank you, Mr. Speaker.

Mr. Speaker: Dr. Ramsammy, my apologies. I would not want to interrupt you midstream. Hon. Prime Minister, could you move the requisite motion for us to go beyond 10.00 p.m. please?

SUSPENSION OF STANDING ORDER NO. 10(1)

Mr. Hinds: Mr. Speaker, I propose, considering Standing Order No. 10, that we continue our discussion here until we complete the motion now in progress.

Mr. Speaker: I am grateful. Thank you. Members, the motion is that we go beyond 10.00 p.m.

Question put, and agreed to.

Motion carried.

Dr. Ramsammy: Thank you, Mr. Speaker and all Colleagues. I would rather that we did not have to have a motion like this in this House. I would have rather that the circumstances that caused such a motion had not occurred. The truth is that this Government and any government in this country and all of us, have committed to, and we should try to ensure that no baby dies of preventable causes. That is our national aspiration, our national strategy, and that is the global strategy.

We have not been able to achieve that aspiration in any country in the world. Nonetheless, it is an aspiration that we must continue to strive for. Indeed, in our own national policies, we have said that by the year 2025 we would have hoped that there would be no baby dying of preventable causes. Indeed, we have worked in Guyana, in the region and around the world to ensure that diseases like acute diarrhoeal diseases do not cause any death. That is something we have worked for.

It is true that most of us, Guyana included in the Caribbean and indeed all of the CARICOM countries, including Haiti, have, over the last two decades, reduced under-five deaths dramatically. In Guyana, it is very dramatic. Under-five deaths, in 1990, were over 2,600 and now it is just over 200. Just over 200 are too many; we should know that, but there is the story of a dramatic reduction.

Indeed, the vast majority of them, if we look at five year periods between 1980-1985, 1985-1990, 1990-1995, you would see that approximately 2,600 deaths annually have been reduced over a period. By now, we are just over 200. Most of those under-five deaths in Guyana and around the world, the number one cause, if we take it country by country, including in African countries where AIDS cause a number of deaths among under-five children, by country, region and globally, is acute diarrhoeal diseases. More than 33% of under-five deaths are caused by acute diarrhoeal diseases. Do you know what the tragedy is? Firstly, we know how to prevent it. Secondly, we know how to treat it when it occurs. The fact that we are still dealing with this as the number one cause of death demonstrates that in spite of our knowledge and in spite of the tools we have, we have not been able to totally prevent acute diarrhoeal diseases and to totally prevent deaths by acute diarrhoeal diseases.

The truth of the matter tonight is that there were three children who died. All of us in this country should feel a sense of loss and should feel diminished by that fact. So, this evening, as we debate this motion, I would hope that all of us in this House and around this country are not only sympathetic to those families, and are not only concerned, but would want to ensure that it does not happen again.

Let me just say this to the Hon. Member Brigadier (Ret'd) Granger and to all of our Colleagues that I believe all of us in this House support that first Resolved clause that we express sympathy.

I know for a fact that the Minister of Health, on several occasions during that period, did express sympathy. I heard him say that. I know that the media asked me about this and I expressed sympathy to those families. Tonight, I think we have an opportunity, all of us, in solidarity and in unity in this House to express our sympathy to the families.

I am not going to try to figure out the motivation for bringing this motion. It does not matter to me what the motivation was. What is important is that the motion seeks for us to answer these questions: What were the causes? What could we have done to stop it? What must we do now so that it does not happen again? This is where I believe, Colleagues, that the motion calling for a commission of inquiry is a little bit premature. We need to first exhaust those mechanisms that are in place.

Hon. Member George Norton knows very well that this House passed a Bill that is now an Act called the Ministry of Health Act. The Ministry of Health Act has a regulation that establishes an expert panel that is automatic. It is automatic. First of all, within 24 hours of the death of a child, an expert panel must be convened. I do know that that expert panel was convened. I would want to think that this House would want to examine that report. [**Mr. Greenidge:** So, where is it?] Well the report is there and we can ask. Maybe the shortcoming of the regulation, Mr. Speaker, is that we did not require that report to come to the House, but there is nothing to stop any Member of this House to ask for that report. We do have a social sector Committee, a standing Committee, that could enquire into this.

I am just simply saying that I would have rather explore and utilise those mechanisms in place so that we could not only examine that report, but that we could, through our standing Committee of Parliament, decide whether the report did not go far enough and ask for further inquiries. I think that this House should utilise all the mechanisms at our disposal before we go outside of this House to find answers. If that were the case, I would support it. I would support going further if we are not satisfied after utilising all those. I think that any time a child dies, we should want to have all of the mechanisms we have in place utilised and examine those reports.

Mr. Speaker, the truth is that there is a mechanism in place, one to prevent these things from happening and, two, to respond when, in spite of our best efforts, we still have illnesses and so on. One important step is establishing the epidemiological surveillance system which is in place.

We would recall and I believe the dates would be in 1992, because the Hon. Member, Ms. Gail Teixeira, became Minister, I believe some time in October 1992 and inherited a situation where a cholera outbreak across Central America and South America actually entered Guyana. It entered through the Venezuelan border into Region 1. In fact, the young doctor then, who was the Regional Health Officer (RHO), I believe, at the Mabaruma Hospital, is now the Chief Medical Officer in Guyana, Dr. Shamdeo Persaud.

A surveillance system evolved from a weak system which we had. Since then it has been built up more and more. Layer upon layer have been built. I know that when I was at the Ministry of Health, and I know still, there is a surveillance system that has daily, weekly, monthly and quarterly reports. There are certain diseases that have daily reports. One of them is the acute diarrhoeal diseases. We have daily reports on this for every health centre and for every hospital. So, for every community we have a baseline. There is diarrhoea in developed countries, in developing countries and so on. It is not like you can ever totally prevent it from happening. There is a baseline. Given the various conditions that exist, there is a baseline. An outbreak is when you deviate from that baseline upwards. Even an addition of one is a deviation. When that happens, there is a heightened alert that causes us sometimes to do more than one check per day. So, we keep checking by the hour. That is a system that is in place that allows us to detect what is happening. The Minister has explained and I am not going into those details. The reports would have gone into those details to show whether in fact those early recognitions of an outbreak did occur.

These are systems that are in place. Indeed, it is not only that; we have identified over the years from experience, for various communities, what kind of infectious conditions exist during rainy seasons and during dry seasons. During the time that this outbreak occurred, it was a dry period when the river water was actually low. There was concentration of certain viruses. Indeed, whilst there were tests that demonstrated a presence of *Escherichia coli* (*E. coli*), there was, in fact, a high level of rotavirus. We all know that one of the major causes of acute diarrhoeal diseases in Guyana is not *E. coli*, though *E. coli* also contributes; it is rotavirus. Rotavirus accounts for approximately 30% to 40% of all acute diarrhoeal cases in children.

In Port Kaituma, in fact, because I read the report, the cause of the disease in that outbreak was rotavirus. The newspaper reports that gave you that impression did report *E. coli*. The official

testing demonstrated rotavirus. Mr. Speaker, I do not want to go down to that detail. The truth is that whether we are dealing with Nigeria, Rwanda, South Africa, Grenada or Guyana, rotavirus is a major cause of diarrhoeal diseases.

Whether it is E. Coli, *clostridium difficile* or rotavirus, there is one important treatment which is what our colleague, Hon. Member Basil Williams, kept talking about - salt-sugar solution. We all know that one of the critical elements of protecting our children is to have ready supply of ORS. Indeed, these supplies are available at all of our health centres and hospitals. They are not always utilised by the personnel. It is a struggle that we still continue to make sure that the health personnel are effectively utilising ORS.

Indeed, in instances of outbreak, we make sure that every family has ORS in their homes. We provide that supply. One would recall, Mr. Speaker, in 2005 during the massive flooding which was the perfect condition for acute diarrhoeal diseases, the United States Centers for Disease Control and Prevention (CDC) came here and projected that there will be approximately 750 deaths of children under five years old. Indeed, we had one. We had one, and not the 750. There are many Members in this House who helped us out. We distributed ORS into every family's home around Region 4.

Mr. Speaker, we have, as a country, been building these systems, ensuring commodity supplies. The Hon. Member spoke of the water tablet and said that it only works with clear water. The Hon. Member is not aware, I think, that what we utilise is not the traditional water tablet. It is a product called 'PUR'. PUR, in fact, is a product that Guyana worked very hard with companies abroad to develop, because it is meant to be used with exactly the kind of water you are talking about. It was meant to work as a flocculant. It removes all those ingredients and purifies the water. Those are the kinds of tablets that we use in those areas.

Clearly though, with all the mechanisms in place, on this occasion, we did have deaths and illnesses. We need, therefore, to recognise that as much as we are building the system, it still has areas that we need to strengthen. I think we should all accept that we need to strengthen it and find out how we are doing this. [Mr. Nagamootoo: How many more deaths do you need to have that done?]

The truth is, as I said, that we have made progress in addressing child mortality. We have gone from a child mortality of 120 per 1,000 to now under 20 per 1,000. I think the figure is 16 per 1,000. That is progress, but, for me and for all of us, 16 should not be acceptable. That answers the question that the Hon. Member Mr. Nagamootoo is asking. We should be trying to bring that number down to fewer than 10. The truth is that no Caribbean country has reached under 10 per 1,000, excepting Cuba. That is because we are struggling still around the world to reach this target.

By 2010, three new vaccines became commercially available. Two of the three had relationship to the deaths of children from preventable diseases. One was pneumococcus PV 13 vaccine, which prevents infection by pneumococcus and, therefore, prevents certain kinds of influenza. That is acute respiratory infection...represent the second largest cause of death of children in our country and other countries around the world.

10.03 p.m.

I am happy to say that Guyana is one of the few developing countries which have PV13 as part of our immunisation programme – one of the few countries. We may not yet reach 100% since it is a new vaccine.

The second vaccine of the three is rotavirus vaccine and I am glad that Guyana is one of the few developing countries which now provide routine rotavirus vaccine. This, more than the improvement of the health system, more doctors, more nurses and so on, help us to achieve this dramatic reduction in child mortality.

We are trying our best to ensure that we continue to improve the health of our children and, indeed, by 1990, the total number of deaths in our country was approximately 14,000 per year, total deaths of children and adults. The average number of deaths annually now is about 7,000. Part of the reduction comes from the fact that deaths of more than 2,400 children, who died in our country, are now being prevented because of all the things we do.

In spite of all of that, I think that the death of any child from preventable causes should be enquired into and that is why when we passed the Ministry of Health Bill, we put the regulation

for an automatic investigation. It is not somebody who decided it must happen automatically. That is what happened in this case.

For those reasons, I believe that whilst we are supportive of this House expressing sympathy, I think that we should, therefore, utilise the mechanisms that we have at our disposal to enquire further into those deaths that we want to. I certainly do not have any objection to us doing that.

We can go into all kinds of other things. Dr. Norton talked about the pit latrines. We should endeavour, in this country, to sooner rather than later not have to utilise pit latrines. The other day I visited a community, Dr. Norton, that still has pit latrines but the community was not in Guyana; it was in the United States of America. [**An Hon. Member:** Where?] It was in Mississippi.

I am saying that we have to continue to strive because I would hope that I am still alive and active in trying to improve lives in our country when this country could say that using pit latrines is part of our history; it no longer exists. I think we are all on the same path. How we get there is something we can debate but we need to ensure that we are working together on this. I would hope that any maternal death or child death, all of which elicit an automatic investigation, one day we will have no more, no more investigation because there would be no death of children and no maternal death. That should be our aspiration.

I, therefore, urge that we utilise the mechanism at hand. I know that the Hon. Member and all of us can see the merit of utilising the mechanisms that we have, not only to look into the reports already available but have the sector Committee do what it is mandated to do and enquire further into the Ministry what has been done since in order to prevent another outbreak that causes death. I am sure there will be outbreaks but they should be short and should cause no death.

I urge Members for us to take a different route that would engage us first before we seek to have more extensive mechanisms in place.

Thank you, Mr. Speaker. [*Applause*]

Ms. Ally: Mr. Speaker, before the next speaker, I have heard, on more than one occasion, reference made to this report. Let me say, first of all, that we, on this side of the House, have not

seen and do not have, in our possession, any report and I am asking if the Hon. Minister can lay in this House a dated report that they have been making reference to within seven days.

Mr. Speaker: The Speaker has no authority to compel, but I did make mention earlier that, certainly, in view of the fact that the Leader of the Opposition has moved this motion if, in fact, there had been an investigation with a consequential report with findings and recommendations, I would expect that that report would have been shared, at least, with the Leader of the Opposition, even if there is no desire to have it widely publicised.

I urge and join with the request that the report be made to the Leader of the Opposition and the Leader of the AFC and they would have responsibility for it. I heard Members being urged to work together, but for the first time tonight we heard that there was a national report, which is commendable, but we were, for weeks anticipating a debate, knowing that a debate would come on this motion, and now that the debate is on, we are being told that there is a report which would take care of everything that is being sought. A lot of this could have been avoided had the report been shared and made known. Perhaps, the Leader of the Opposition may have amended his motion. I do not know. I can understand anxieties about sharing it across the board, but, certainly, the Leader of the Opposition is a constitutional office holder responsible enough and I believe there should have been no objection to sharing it with him.

Minister, I do not know whether you are in a position now to make a response or whether you wish to confer but I join with the application that it be, as I said, at least, with the Leader of the Opposition and Mr. Ramjattan who will bear responsibility for it thereafter.

Dr. Ramsaran: Definitely, Mr. Speaker. What I would like to say here is that there is a whole twist of the discussion as if we were hiding the report. The report is there. If the report was wanted, and we have been making public references to it... We may have to tweak the legislation so that it becomes mandatory and probably with such a serious motion...

Mr. Speaker: Okay. The report is to be... Thank you very much.

Ms. Teixeira: Based on the comments you made and everything else, may I... In this House, there are two sides. There are shadow ministers and a shadow cabinet. I would like to encourage, in the future, that there is a two-way stream between us. Whilst you are correct in saying that we

should have automatically shared the report with the Leader of the Opposition, at the same time, there is a shadow minister of health who, I believe, is Dr. Norton, who works in the health sector, and other persons who hold shadow portfolios. We just had a meeting with Mr. Granger where this whole issue was discussed. I encourage, therefore, both sides of the House that the shadow ministers and regional representatives on the Opposition side are able and free... They have not been prevented from contacting Ministers. Some do it more often than others. Vice versa, on this side of the House, there is that feeling that the sharing of information might be useful. Just as a principle, Mr. Speaker...

Mr. Speaker: Members, I have urged, particularly during the Budget debates, that there should be more encounters. I have heard Ministers making invitations. I heard the Minister of Agriculture offering to take Members on a tour to different parts. The Minister of Local Government and Regional Development and the Minister of Education have offered. I would ask that we take up the offers. We have made available the Parliament Office to facilitate meetings. They should be statutory and you should meet once a month or fortnightly. It is up to you. I know that the Minister of Agriculture and Dr. Roopnarine meet from time to time to resolve issues in that sector.

Indeed, many of these issues can be addressed without coming to a full-blown debate. If there is any assistance that the Parliament Office can give, we are prepared to do so to facilitate this.

Dr. Ramsaran: If you could indulge me, Mr. Speaker, there have been good moments when Dr. Norton approached me and those things like placements, queries and training were automatically resolved. That is why I thought, at first, that there was some political twist to this.

Mr. Speaker: What we would like to see is that you set a statutory time and date when you will meet and have a briefing.

Mr. Bond: Mr. Speaker, I rise to support the motion brought by the Hon. Leader of the majority, David Granger.

This motion is very clear. The motion speaks, in the first WHEREAS clause, to rights. In the second WHEREAS clause, it speaks to the deaths of children. The third WHEREAS clause calls for an appointment of a commission of inquiry into the deaths. The first Resolved clause speaks

to expressions of sympathy and remorse for the relatives of the children and the last Resolved clause calls upon the President to appoint a commission of inquiry into the deaths.

For my own part, being a product of the soil of Region 1, Barima Waini, I express my sympathy to those families and the fact that one child has remained nameless from the reports is a travesty in itself.

The sentiments echoed by my Colleague, the Hon. Member, Mr. Whittaker, has somewhat left me disconsolate, himself being a member of the same community, Mabaruma, Region 1. I could remember experiencing black creeks and crystal lakes. I drank from those creeks; I never got gastroenteritis. I swam and bathed in those creeks; I never got gastroenteritis. I remember walking into the office of my mom, who was the Health Visitor at the Mabaruma Hospital and seeing those charts of the persons going to the latrines and then persons going and using the water from the river and them getting sick. I saw the animated pictures showing them drinking the water and getting sick. I can remember her going to riverine areas - Moruka, Wauna Creek, Yarikita and Morawhanna - and doing work in those areas as the Health Visitor. I spoke to her and she told me that there were outbreaks but when I mentioned the figures we have in 2013, she was alarmed.

She was saying that because of the drought, what normally happens when there is a dry spell, the gastroenteritis and other waterborne diseases would surface because there is limited supply of clean and potable water.

This motion, again, appeals to the side that is not easily appealable, to the other side, the side that is humane. I was heartened to hear Dr. Leslie Ramsammy give a very frank and passionate presentation as a healthcare provider. That is the kind of expression that is needed from our leaders, not the dismissive and arrogant responses that some others give.

This motion today brings to the forefront the question of equitability. I remember Napoleon, the Stalinist pig in George Orwell's *Animal Farm* saying all animals are equal but some animals are more equal than others. I remember my father giving me that book as a present and we began having conversations about the historical enveloping of communism and socialism into the political cloth of Anglo-speaking Caribbean countries, conversations about the responsibilities of the State in a communist, socialist, soft setting, responsibilities to provide education, health care,

amenities of water and power, and installation of infrastructure for transportation and commerce. I dare say those conversations are apt in our rather fledgling democracy.

Let me say this emphatically from the outset: every Guyanese has the inherent and unconscionable right to resources of this country and to enjoy the basic amenities of the State in a reasonable quantity and of reasonable quality. This, however, is not the boast of the majority of Guyanese, more so our Indigenous sisters and brothers.

Dr. Leslie Ramsammy, I wish to assure you that the reason why these treatable and preventable diseases are so common place in countries around the world is because of where they occur. They occur in rural and poor communities. They occur where people need the State's intervention and the State lacks the political will to intervene. That has been the testimony of it. How could we, as a country, in 2013, still speak of gastroenteritis having occurred in such alarming numbers and be so nonchalant about it. You sent a team. So what? Where did you send the team? Is it Kaituma? I visited the Kaituma Hospital. Do you want to see the state of that Hospital? Pigs invade it and eat the garbage. The roofs are caving in. The toilets are not functioning properly. There is no proper water supply. This is 2013. How could you, as leaders, try to pass off incompetence upon the Guyanese people? This should not be a once and far or whenever something arises. The knee-jerk approach to decision making continues. The PPP/C Administration has had 20 years to get it right and failed to do so.

This is not the first outbreak; it is not the second and it would not be the last. But what must we do? Must we wait until February, March and April? Must we wait in Canal, Oronoque, Four Miles, Citrus Grove, McDoom and the other areas for another outbreak in 2013 for you to send in a team to tell them that gastroenteritis is preventable, drink ORS, boil your water, and make your toilets far from the creek? Must we wait until we hear that old story again? I say that is reprehensible; that is incompetence to its highest.

The Minister should take full responsibility. Not only should he express sympathy; he should apologise. [**An Hon. Member:** He should also resign.] I would not call for the man's resignation. The party seems to love persons who seemingly err in their capacities. It is very fond of them.

I must make the wider point that health is not the only issue affecting our Amerindian brothers and sisters. For too far too long... It is the political fixtures that are there... I want to make a general point. Were we to empower our Indigenous brothers and sisters, few of the problems they face with empowerment and education... These are real difficulties not play-play difficulties. Were we to empower them, we would not have these outbreaks and these issues occurring – human trafficking and so on. The Administration must understand this. You have appointed an Amerindian Minister. There are NGOs and Councils, but you have not given real empowerment to our Amerindian brothers and sisters. Every two mornings you will have to go in there and give out handouts, send a team and walk with medical supplies. It has come to a point where I had to draw the conclusion that it seems as if the PPP/C does not care for our Amerindian brothers and sisters. Do you know what, Mr. Speaker? They boast about the solar panels, the one lap top and land titles but the Amerindians are not generally happy. When one goes into Lethem and these places, one sees a solar panel on a mud wall with thatched roof houses. This is not development. This development that they boast about...*[Interruption]*

Mr. Speaker: Hon. Members, this is the last speaker. Mr. Bond, please speak to the motion.

Mr. Bond: I will come back, Sir. The point has been made, and I think I made it sufficiently, that these problems we find in the areas of health are symptomatic of an administration that has neglected to see the whole picture of fixing the entire problem. I dare say that why I believe the PPP/C is so averse to a commission of inquiry into anything – I am surprised they talked about Mr. Rodney's death – in terms of human element is that they are so many things underlying that they are not willing and prepared to fix. If it is anything this Government has demonstrated, it is a lack of political will to fix people's problems. That is what they have demonstrated.

We need a commission of inquiry not only into health, but all the areas I mentioned which are affecting our Amerindian brothers and sisters. I want to say that the call to have it done should be commended. We should not hear statements that this is duplication of efforts and wasting of moneys. The PPP/C should be the last to talk about wasting moneys – last! We have seen wastage in every single facet of our lives.

I do not wish to be long to keep my Colleagues who look tired, but I want to say that this motion should be adopted in its entirety and supported by the entire House.

Thank you. *[Applause]*

Brigadier (Ret'd) Granger (replying): I thank my Colleagues, Dr. Norton, Mrs. Garrido-Lowe, Mr. Bond and Ms. Williams, on this side of the floor, and the other speakers here, who have spoken in support of this motion.

I learnt a lot tonight about the Ministry of Health and the Ministry of Amerindian Affairs. I am glad for this motion.

It is really small-minded to think that I would use the death of three children to seek popularity. At my stage in life, I do not have to seek popularity by using three children's death. It comes from the mind of a person who would send a vehicle in the Rupununi to Woweta at Katamang, when I am visiting there, to put up posters saying, "Granger is a stranger." That tells me something about the mentality of people who are running our Government. It is really shameful.

I learnt a lot and I am grateful for the debate. I would like to point out to this House – because we have been referring to three deaths – that I thought that the Minister of Health, when he spoke, would have referred to what happened to Joseph Scott – six months; Tracy France – 12 months; Keisha France – six months; Jacob Beth – 12 months; Wendy Williams – 18 months; Nalini Santiago... Really, it is not three deaths. That is why we need an inquiry, because I have the list of other people who died in January, February and March. We thought that the two Ministers would have brought this matter out, but it seems that we still need an inquiry to find out the truth.

I think we had a very fruitful debate. Again I thank the contributors for the incisive views which have been aired and the commitment to ensure that there is no recurrence. For this reason, I would like to call on Members of this House to demand that an inquiry be convened so that more children do not die from gastroenteritis or ADD for months, weeks and years to come.

Thank you. *[Applause]*

Mr. Speaker: Hon. Members, I put the question that we adopt the motion as printed, circulated and debated without amendment.

Question put, and agreed to.

Motion carried.

ADJOURNMENT

Mr. Hinds: Mr. Speaker and Hon. Members, I move that the House be adjourned until 27th June, 2013 at 2 p.m.

Adjourned accordingly at 10.33 p.m.