

National Assembly Debates

**PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF
THE SECOND SESSION (2002-2005) OF THE EIGHTH PARLIAMENT
OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE
REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER
PUBLIC BUILDINGS, BRICKDAM, GEORGETOWN** Part I

57TH SITTING

2.08 PM

Thursday, 24 March 2005

MEMBERS OF THE NATIONAL ASSEMBLY (68)

Speaker (1)

The Hon. Hari N. Ramkarran, S. C., M. P. - *Speaker of the National Assembly*

Members of the Government (37)

(i) People's Progressive Party/Civic (34)

(ii) Non-elected Ministers (2)

(iii) The United Force (1)

The Hon. Samuel A. A. Hinds, M.P.

*-Prime Minister and Minister
of Public Works and Communications*

The Hon. Reepu Daman Persaud, O.R., J.P., M.P.

-Minister of Parliamentary Affairs

The Hon. Clement J. Rohee, M.P.

*-Minister of Foreign Trade and
International Co-operation (Absent)*

The Hon. Harripersaud Nokta, M.P.

*-Minister of Local Government
and Regional Development*

The Hon. Gail Teixeira, M.P.

-Minister of Culture, Youth and Sport

The Hon. Dr. Henry B. Jeffrey, M.P.

-Minister of Education (AOL)

The Hon. Saisnarine Kowlessar, M.P.

-Minister of Finance

The Hon. Shaik K. Z. Baksh, M.P.

-Minister of Housing and Water

The Hon. J. Ronald Gajraj, M.P.

*-Minister of Home Affairs (Region No. 3 -
Essequibo Islands/West Demerara) (AOL)*

The Hon. Rev. Dr. Ramnauth D.A. Bisnauth, M.P.

*-Minister of Labour, Human
Services and Social Security*

The Hon. Clinton C. Collymore, M.P.

*-Minister in the Ministry of Local
Government and Regional Development*

The Hon. Satyadeow Sawh, M.P.

*-Minister of Fisheries, Other
Crops and Livestock
(Region No. 5 - Mahaica/Berbice)*

*The Hon.S.Rudolph Insanally, O.R, C.C.H, M.P.	-Minister in the Office of the President with responsibility for Foreign Affairs
*The Hon. Doodnauth Singh, S.C., M.P.	-Attorney General and Minister of Legal Affairs (Leave)
The Hon. Dr. Jennifer R.A. Westford, M.P.	- Minister of the Public Service
The Hon. C. Anthony Xavier, M.P.	-Minister of Transport and Hydraulics
The Hon. Bibi S. Shadick, M.P.	-Minister in the Ministry of Labour, Human Services and Social Security (Region No. 3 - Essequibo Islands/ West Demerara)
**The Hon. Manzoor Nadir, M.P.	- Minister of Tourism, Industry and of Commerce
The Hon. Carolyn Rodrigues, M.P.	-Minister of Amerindian Affairs (Absent)
The Hon. Dr Leslie S. Ramsammy, M.P.	- Minister of Health
Mr S. Feroze Mohamed, M.P.	- Chief Whip
Mr Cyril C. Belgrave, C.C.H., J.P., M.P.	-(Region No. 4 - Demerara/Mahaica)
Mr. Donald R. Ramotar, M.P.	
Mr Husman Alli, M.P.	-(Region No. 7 - Cuyani/Mazaruni)
Mr. Komal Chand, C.C.H., J.P., M.P.	
Mrs Indranie Chandarpal, M.P.	
Mr Bernard C. DeSantos, S.C., M.P.	-(Region No. 4 - Demerara/Mahaica)
Mrs Shirley V. Edwards, J.P. M.P.	
Mr Odinga N. Lumumba, M.P.	
Mr Hecralall Mohan, J.P., M.P.	-(Region No. 2 - Pomeroon/Supenaam)
Mr Ramesh C. Rajkumar, M.P.	-(Region No. 6 - East Berbice/ Corentyne)
Dr Bheri S. Ramsaran, M.D., M.P.	
Mrs Philomena Sahoye-Shury, C.C.H., J.P., M.P.	- Parliamentary Secretary, Ministry of Housing and Water -(Region No. 1 - Barima/Waini)
Mrs Pauline R. Sukhai, M.P.	
Mr Zulfikar Mustapha, M.P.	
Mr Neendkumar, M.P.	-(Region No. 4 - Demerara/ Mahaica)
Mr Khemraj Ramjattan, M.P.	-(Region No. 6 - East Berbice/ Corentyne) (Absent)

* Non-Elected Minister

** Elected Member from The United Force

Members of the Opposition (30)

(i) People's National Congress/Reform (27)

Mr. Robert H. O. Corbin, M.P.	
Mr. Winston S. Murray, C.C.H., M.P.	
Mrs Clarissa S. Riehl, M.P.	- Deputy Speaker of the N.A
Mr. E. Lance Carberry, M.P.	- Chief Whip (AOL)
Mr. Ivor Allen, M.P.	- (Region No.2-Pomeroon/Supenaam) (Absent)
Mrs. Deborah J. Backer, M.P.	
Mr. Deryck M.A. Bernard, M.P.	
Mr. C. Stanley Ming, M.P.	- (Absent)
Mr. Raphael G. C. Trotman, M.P.	- (Absent)
Mr. Vincent L. Alexander, M.P.	- (Region No.4-Demerara/Mahaica)
Mr. Basil Williams, M.P.	- (Absent)
Mrs. Volda A. Lawrence, M.P.	- (Absent on Leave)
Dr Dalgleish Joseph, M.D., M.P.	
Miss Amna Ally, M.P.	- (Region No.5-Mahaica/Berbice)
Miss Sandra M. Adams, M.P.	- (Region No.10-Upper Demerara Berbice) (AOL)
Mr. Jerome Khan, M.P.	
Dr George A. Norton, M.P.	
Miss Myrna E. N. Peterkin, M.P.	- (Region No.4-Demerara/Mahaica) (AOL)
Mr. James K. McAllister, M.P.	- (Region No.3-Essequibo Islands West Demerara)
Dr Carl Max Hanoman, M.P.	
Miss Lurlene A. Nestor, M.P.	- (Region No.4-Demerara/Mahaica) (AOL)
Mr Abdul Kadir, J.P., M.P.	- (Region No.10-Upper Demerara/ Berbice)
Mr Ricky Khan, M.P.	- (Region No.1-Barima/Waini) (Absent)
Mrs. Rajcoomarie Bancroft, M. P.	- (Region No.8- Potaro/Siparuni)
Mr Nasir Ally, J.P., M.P.	- (Region No.6-East Berbice/Corentyne)
Miss Judith David, M.P.	- (Region No.7-Cuyuni/Mazaruni)
Miss Genevieve Allen, M.P.	- (Region No.4 -Demerara/Mahaica)

(ii) Guyana Action Party/Working People's Alliance Party (2)

Mrs Sheila V.A. Holder, M.P.	- Absent on Leave
Mrs Shirley J. Melville, M.P.	- (Region No.9-Upper Takutu/Upper Essequibo)

(iii) Rise, Organise and Rebuild Party (1)

Mr Ravindra Dev, M.P.	- (Absent)
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OFFICERS

Mr Maurice B. Henry, Head Committees Division

Mrs Lilawtie Coonjah, Deputy Clerk of the National Assembly

PRAYERS

The Deputy Clerk reads the Prayers

ANNOUNCEMENTS BY THE SPEAKER

(i) Leave

Honourable Members, leave have been granted to the Hon Dr Henry Jeffery, Honourable Members Mr Lance Carberry, Mrs Volda Lawrence, Miss Sandra Adams, Miss Lurlene Nester and Mrs Sheila Holder, all for today's sitting.

(ii) Unveiling of a full-length portrait of the late President Jagan in the Parliament Chamber

Honourable Members, during last Tuesday afternoon, 22 March 2005 a full length portrait of the late President Cheddi Jagan, the fourth President of this country was unveiled in this Chamber by Mrs Janet Jagan, herself a former President. The unveiling ceremony took place in the presence of a number of Members of the Assembly from both the government and opposition benches, close relatives of the late President, Members of the Diplomatic Corps and other invitees.

The portrait is a gift from the Government of India to the National Assembly was entrusted to the family of the late President for presentation to the Assembly. On behalf of the Members of the National Assembly, I received the gift on your behalf and on my own and I now wish to thank the government of India for this gift which has enabled the Assembly to continue the tradition of hanging a portrait of our presidents on the

wall of this august Chamber. Members will of course observe that there is an empty panel between the late President Jagan and the late President Burnham, this panel is intended to be occupied by the third President, perhaps it is order for me to mention that Dr Jagan served as a Parliamentarian in this Chamber from 1947 to 1992 and along with the National Assembly constituted the Parliament from 1992 to 1997 and he held offices as member of the legislative council, leader of the House, Premier and leader of the Minority.

(iii) Circulation in the Parliament Chamber, the new quarterly Newsletter of the National Assembly

Members in due course receive a copy of the Parliament Chamber, the new quarterly newsletter of the National Assembly. It was an initiative of the staff of the Parliament Office and its compilation printing and publication took a great deal of effort. I would like to congratulate those members of the staff who worked to produce this newsletter for the moment. It is meant for Members of Parliament and the Press, hopefully when resources have become available, it can be enlarged and circulated to the public.

(iv) Mr James Pender, Parliamentary Staff Adviser

Honourable Members, Mr James Pender, who has been attached to the Parliament Office for the past six weeks leaves Guyana this weekend. His work with us has been facilitated by the Commonwealth Secretariat and the Commonwealth Parliamentary Association. Mr Pender is an Australian and derived his knowledge and experience from the Australian Parliament, but his knowledge is vast and wide and he has placed it

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at our disposal and we have learnt a great deal from him. I would like to thank Mr Pender for his invaluable work and assistance both to me and the staff and I have compiled a document called the *Pender File* and it will be with us for many years to come.

PUBLIC BUSINESS

MOTIONS

ITEM 1 - CONSIDERATION OF FINANCIAL PAPER NO 4/ 2004

BE IT RESOLVED:

That this Assembly approve of the proposals set out in Financial Paper No.4/2004 - Supplementary Estimates (Current and Capital) totalling \$1,458,826,253 for the period ending 2004-12-31.

The Speaker: Honourable Members, the Assembly will resolve itself into Committee of Supply to consider the Financial Paper.

ASSEMBLY IN COMMITTEE OF SUPPLY

The Chairman: The Honourable Minister of Finance.

Hon Saisnarine Kowlessar: Mr Chairman, in accordance with Article 171(2) of the Constitution, I signify that Cabinet has recommended for consideration by the Assembly the Motion for the approval of the proposal set out in Financial Paper No. 4/2004, Supplementary Estimates Current and Capital for the period ended 31/12/2004 totalling \$1,458,826,253 and I now move the Motion.

Question proposed

The Chairman: Honourable Members, we shall consider the paper as usual, that is the items shall be taken from both the Capital and the Current Estimates in order in which the Minister is responsible.

SECTION A - CURRENT ESTIMATES

Page 1

**ITEM 1 - AGENCY CODE 01/1 - OFFICE OF THE PRESIDENT,
Chart of Account 6321**

Question is proposed that the sum of \$17,977,567 for Agency Code 01/1 - Office of the President, Chart of Account 6321 - Subventions to Local Organisations - stands part of the Estimates.

The Chairman: The Honourable Member Mr Winston Murray

Mr Winston S Murray: Could Honourable Minister kindly say what sum of this \$17,977,567 arose specifically in respect of hosting of the Guyana Trade Exposition in Trinidad and Tobago and secondly whether that sum represents the total cost of hosting of the Guyana Trade Expo-

sition in Trinidad and Tobago.

Hon Samuel AA Hinds: Mr Chairman, the sum of \$8,000,000 was advanced to GO-INVEST to meet expenditures associating with the hosting of the Guyana Exposition in Trinidad and Tobago. I cannot say at this time that whether that is all or whether there have been or they might be additional charges.

Mr Winston S Murray: Could the Honourable Prime Minister say whether in view of that expenditure, which may even be more than the \$8 million - he could not say at this time whether he has seen positive results in terms of additional orders; can he give some benefits that he may have seen specifically derived from this Exposition?

Hon Samuel AA Hinds: Mr Chairman, I have heard reports from the Head of GO-INVEST that this has been a very positive exercise.

Agency Code 01/1 - Office of the President, Chart of Account 6321 - Subventions to Local Organisations - \$17,977,567- agreed to and ordered to stand part of the Estimates.

ITEM 2 - AGENCY CODE 03/2 - MINISTRY OF FINANCE, Chart of Account 6294

The question is proposed that the sum of \$18,000,000 for Agency Code 03/02 - Ministry of Finance, Chart of Account 6294 - Other - stands part of the Estimates.

The Chairman: The Honourable Member Mr Murray.

Mr Winston S Murray: Mr Chairman, is the Minister aware that between the sums previously sought, a supplementary provision with

what is currently being sought amounts to more than double the original voted provision? Would the Minister not agree that this is exceedingly bad planning if one has to come to the National Assembly to get supplementary provisions during the year that are more than double the total original sums?

Hon Saisnarine Kowlessar: Mr Chairman, I do not agree. I agree that it is double but I do not agree that it is bad planning because these awards are usually unanticipated.

Mr Winston S Murray: Could the Minister specifically tell us what compensation awards he is talking about that could not have been foreseen?

Hon Saisnarine Kowlessar: Mr Chairman, the large one that was previously sought had to do with one that you are well aware of the one that had to do with Mr James Ramsahoye. There were another few which we had to deal with during the year, Mr Phillip Allsopp and some other runners last year.

Agency Code 03/2 - Ministry of Finance, Chart of Account 6294 - Other - \$18,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/01 - PARLIAMENT OFFICE, Chart of Account 6242

Question is proposed that the sum of \$685,170 for Agency Code 07/1-Parliament Office, Chart of Account 6242 - Maintenance of Buildings - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6242 - Maintenance of Buildings - \$685,170 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/1 - PARLIAMENT OFFICE, Chart of Account 6264

Question is proposed that the sum of \$500,000 for Agency Code 07/1- Parliament Office, Chart of Account 6264 - Vehicle Spares and Services - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6264 - Vehicle Spares - \$500,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/1 - PARLIAMENT OFFICE, Chart of Account 6282

Question is proposed that the sum of \$300,000 for Agency Code 07/1- Parliament Office, Chart of Account 6282 - Equipment Maintenance - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6282 - Equipment Maintenance - \$300,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/1 - PARLIAMENT OFFICE, Chart of Account 6283

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Question is proposed that the sum of \$336,500 for Agency Code 07/1 - Parliament Office, Chart of Account 6283 - Cleaning and Extermination Services - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6283 - Maintenance of Buildings - \$336,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/1 - PARLIAMENT OFFICE, Chart of Account 6284

Question is proposed that the sum of \$2,000,000 for Agency Code 07/1 - Parliament Office, Chart of Account 6284 - Other - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6284 - Other - 2,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 07/1 - PARLIAMENT OFFICE, Chart of Account 6293

Question is proposed that the sum of \$500,000 for Agency Code 07/1 - Parliament Office, Chart of Account 6293 - Refreshment and Meals - stands part of the Estimates.

Agency Code 07/1 - Parliament Office, Chart of Account 6293 - Refreshment and Meals - \$500,000 - agreed to and ordered to

stand part of the Estimates.

**ITEM 4 - AGENCY CODE 23/1 - MINISTRY OF TOURISM
INDUSTRY AND COMMERCE, Chart of Account 6281**

Question is proposed that the sum of \$2,186,676 for Agency Code 23/1 - Ministry of Tourism, Industry and Commerce, Chart of Account 6281 - Security Services - stand part of the Estimates.

Mr Winston S Murray: Could the Honourable Minister tell the National Assembly why he needed almost as much as he originally had in the voted provision for security charges. Does this sum reflect increased numbers of security or is it increased rates of charge.

The Chairman: Honourable Minister of Tourism, Industry and Commerce

Hon Manzoor Nadir: Previously the rates charged had existed for almost six years and last year it was re-advertised and these are the effective new market rates that we had to make provisions for.

Mr Winston S Murray: Could the Minister say if this is the result of withdrawing the contract from the union company that was formed and giving it to a private company.

Hon Manzoor Nadir: The union company never provided security at that location.

**Agency Code 23/1 - Ministry of Tourism, Industry, and Commerce,
Chart of Account 6281 - Security Services - \$2,186,676 - agreed
to and ordered to stand part of the Estimates.**

**ITEM 5 - AGENCY CODE 45/1 - MINISTRY OF HOUSING
AND WATER, Chart of Account 6321**

The question is proposed that the sum of \$ 180,000,000 for Agency Code 45/1 - Ministry of Housing and Water, Chart of Account 6321 - Subventions to Local Organisations - stands part of the Estimates

Mr Winston S Murray: Could the Honourable Minister kindly tell the National Assembly under what specific subhead, under subventions the Chart of Account 6321, will this item be located?

Secondly, could the Minister kindly tell the National Assembly what the mechanisms are in particular, what are the criteria that will allow old age pensioners to access this assistance on an equitable basis?

Hon Saisnarine Kowlessar: The specific Head is under Guyana Water Inc, the mechanisms used is that those who own homes about eight thousand persons that are receiving old age pensions.

Mr Winston S Murray: Can you say, what are the criteria to ensure equity in the disbursement of the \$180,000,000?

Hon Saisnarine Kowlessar: It is a flat rate.

Agency Code 45/1 - Ministry of Housing and Water, Chart of Account 6321 - Subventions to Local Organisation - \$180,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6221

The question is proposed that the sum of \$48,000 for Agency Code 53/1 - Guyana Defence Force, Chart of Account 6221 - Drugs and Medical Supplies - stands part of the Estimates.

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Agency Code 53/1 - Guyana Defence Force, Chart of Account 6221 - Drugs and Medical Supplies - \$48,000 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6222

The question is proposed that the sum of \$9,206,778 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6222 - Field Materials and Supplies - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6222 - Field Materials and Supplies - \$9,206,778 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6223

The question is proposed that the sum of \$166,115 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6223 - Office Materials and Supplies - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6223 - Office Materials and Supplies - \$166,115 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6224

The question is proposed that the sum of \$212,932 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6224 - Print and Non Print - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6224 - Print and Non Print - \$212,932 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6231

The question is proposed that the sum of \$8,656,575 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6231 - Fuel - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6231 - Fuel - \$8,656,575 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6242

The question is proposed that the sum of \$395,884 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6242 - Maintenance of Buildings - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6242 - Maintenance of Buildings - \$395,884 - agreed to and or-

dered to stand part of the Estimates

**ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE,
Chart of Account 6243**

The question is proposed that the sum of \$349,100 for Agency Code 53/1 - Guyana Defence Force, Chart of Account 6243 - Janitorial and Cleaning Supplies - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6243 - Janitorial and Cleaning Supplies - \$349,100 - agreed to and ordered to stand part of the Estimates

**ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE,
Chart of Account 6284**

The question is proposed that the sum of \$120,000 for Agency Code 53/1 - Guyana Defence Force, Chart of Account 6284 - Other - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6284 - Other - \$120,000 - agreed to and ordered to stand part of the Estimates

**ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE,
Chart of Account 6292**

The question is proposed that the sum of \$18,000,000 for Agency Code

53/1- Guyana Defence Force, Chart of Account 6292 - Dietary - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6292 - Dietary - \$18,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 6 - AGENCY CODE 53/1 - GUYANA DEFENCE FORCE, Chart of Account 6294

The question is proposed that the sum of \$7,603,342 for Agency Code 53/1- Guyana Defence Force, Chart of Account 6294 - Other - stands part of the Estimates.

Agency Code 53/1 - Guyana Defence Force, Chart of Account 6294 - Other - \$7,603,342 - agreed to and ordered to stand part of the Estimates.

ITEM 7 - AGENCY CODE 74/2 REGION 4 - DEMERARA/ MAHAICA, Chart of Account 6253

The question is proposed that the sum of \$12,000,000 for Agency Code 74/2 - Region 4 - Demerara/Mahaica, Chart of Account 6253 - Maintenance of Drainage and Irrigation - stands part of the Estimates.

Agency Code 74/2 - Region 4 - Demerara/Mahaica, Chart of Account 6253 - Maintenance of Drainage and Irrigation - \$12,000,000 - agreed to and ordered to stand part of the Estimates.

SECTION B - CAPITAL ESTIMATES

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ITEM 1 - 507 - MINISTRY OF HOME AFFAIRS, Subhead 24001

The question is proposed that the sum of \$50,000,000 for Agency Code 507 - Ministry of Home Affairs, Subhead 24001 - Land and Water Transport - Police - stands part of the Estimates.

Agency Code 507 - Ministry of Home Affairs, Subhead 24001 - Land and Water Transport - Police - \$50,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 1 - AGENCY CODE 507 - MINISTRY OF HOME AFFAIRS, Subhead 24005

The question is proposed that the sum of \$1,082,424 for 507- Ministry of Home Affairs, Subhead 24005 - Land and Water Transport - Prisons - stands part of the Estimates.

Agency Code 507- Ministry of Home Affairs, Subhead 24005 - Land and Water Transport - Prisons - \$1,082,424 - agreed to and ordered to stand part of the Estimates.

ITEM 1 - AGENCY CODE 507 - MINISTRY OF HOME AFFAIRS, Subhead 26001

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The question is proposed that the sum of \$6,861,534 for Agency Code 507 - Ministry of Home Affairs, Subhead 26001 - Equipment - Police - stands part of the Estimates.

The Chairman: The Honourable Member Mr Winston Murray

Mr Winston S Murray: Mr Chairman, the items equipment police is defined in Project Profile 42 in Project Profile Book 2004 and listed among the things to be done was traffic equipment to reactivate the traffic lights. Could the Minister say whether this additional sum that is being sought here would enable that to be done, because the lights all around Georgetown are still not working?

Hon Gail Teixeira: Mr Chairman, the question to do with Subhead 26001 - Equipment - Police - does not deal with the traffic lights G\$6.8 million is a drop in the bucket costing that has been proposed to put in new lights and fix thirteen of the junctions is over US\$1 million. Instead, this is for the automated fingerprint identification system to allow the police to more accurately electronically deal with fingerprinting. This is a police matter.

Agency Code 507 - Ministry of Home Affairs, Subhead 26001 - Equipment - Police - \$6,861,534 - agreed to and ordered to stand part of the Estimates.

ITEM 2 - AGENCY CODE 520 - MINISTRY OF PUBLIC WORKS AND COMMUNICATION, Subhead 26003

The question is proposed that the sum of \$400,000,000 for Agency Code 520 - Ministry of Public Works and Communication, Subhead 26003 - Electrification Programme - stands part of the Estimates.

The Chairman: The Honourable Member, Mr Winston Murray

Mr Winston S Murray: Is the Minister of Public Works and Communication aware that the sum he is now seeking is 400 percent more than what he sought in the original voted provision, which the original voted provision is identified with Project 102 in the Project Profile for \$100 million. Does the Minister not agree that for the expenditure of an additional sum of \$400 million there should have been a project profile prepared and presented to the National Assembly as was done for \$100 million project, so that the National Assembly could have been informed on exactly what must be done with this money and have a project understanding of the expenditure?

Hon Samuel AA Hinds: The Minister does not see the need for a new project profile for this expenditure.

Agency Code 520 - Ministry of Public Works and Communication, Subhead 26003 - Electrification Programme - \$400,000,000 - agreed to and ordered to stand part to the Estimates

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19002

The question is proposed that the sum of \$259,619,930 for Agency Code 530 - Ministry of Housing and Water, Subhead 19002 - Civil Works - stands part of the Estimates.

The Chairman: The Honourable Member Mr Winston S Murray

Mr Winston S Murray: For the Minister not to agree that it is a misnomer to describe in the Legend column, these sums have to meet individual inflows. You are not meeting anything here Sir, is it not the case you are receiving money and this is really to accommodate the receipt of the money so it comes as revenue on the one hand and is shown here as expenditure, but it is really money that is coming in. It is

not to meet anything, but to accommodate the inflows or to receive them. Does the Minister agree that, that is the better description?

Hon Saisnarine Kowlessar: Mr Chairman, I do not agree.

Agency Code 530 - Ministry of Housing and Water, Subhead 19002 - Civil Works for \$259,619,930 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19002

The question is proposed that the sum of \$34,519,190 for Agency Code 530 - Ministry of Housing and Water, Subhead 19002 - Design and Supervision - stands part of the Estimates.

Agency Code 530 - Ministry of Housing and Water, Subhead 19002 - Design and Supervision - \$34,519,190 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19002

The question is proposed that the sum of \$3,450,902 for Agency Code 530 - Ministry of Housing and Water, Subhead 19002 - Technical Assistance - stands part of the Estimates.

Agency Code 530 - Ministry of Housing and Water, Subhead

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19002 - Technical Assistance - \$3,450,902 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19003

The question is proposed that the sum of \$326,000,000 for Agency Code 530 - Ministry of Housing and Water, Subhead 19003 - Infrastructural Development and Buildings - stands part of the Estimates.

Agency Code 530 - Ministry of Housing and Water, Subhead 19003 - Infrastructural Development and Buildings - \$326,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19004

The question is proposed that the sum of \$55,499,382 for Agency Code 530 - Ministry of Housing and Water, Subhead 19004 - Development of Housing Areas - stands part of the Estimates

Agency Code 530 - Ministry of Housing and Water, Subhead 19004 - Development of Housing Areas - \$55,499,382 - agreed to and ordered to stand part of the Estimates.

Mr Winston S Murray: Mr Chairman, may I crave your indulgence to... I did not realise that the two Subheads 19003 and 19004 were also being forwarded. In particular, I would like to go back to 19003 -

Infrastructure development and Building in which the Minister had a voted provision \$200 million and is now seeking supplementary provision 326 million. This is more than 100 percent increase over the original sum for this purpose. Is the Minister aware that Project Profile 131 dealt with this item, this is a capital item and Project 131 identified the specific projects that were going to be dealt with and completed for a sum of \$200 million? Sir, at this time we are being asked to approve \$326 million additional dollars, there is no project profile and there is no addendum to this project that defines what this money will be used for and since it is capital expenditure and there is no project profile, would the Minister not agree that this is unhelpful to transparency and in fact, it is supportive to a very opaque approach to accounting. Sir, could the Minister say why it is not possible knowing that contractors are on the jobs all the time in these areas, why it is not possible to make a more accurate forecast ahead of time of what needs to be paid to these contractors who are working on the ground so that we can avoid these large supplementary provisions sought without any project profile which keeps us in darkness.

Hon Saisnarine Kowlessar: Basically these sums are for additional works which had to be done in various housing areas including places like Vigilance, Martha's Ville, No. 77 Village, Amelia's Ward and so on. So these were additional works which had to be completed and it was not possible to envisage those additional works at the time.

The Chairman: I put the matter already Mr Murray

Mr Robert HO Corbin: Supplementary question, Mr Chairman.

The Chairman: The matter has passed already, but I will allow you.

Mr Robert HO Corbin: I just want to ask the Honourable Minister, whether these projects were un-programmed as he said and anticipated relate to any of those projects that were projects that were on-the-spot announced by His Excellency as he travelled around the country.

Hon Saisnarine Kowlessar: No, Mr Chairman.

**ITEM 4 - AGENCY CODE 531 - REGION 1: BARIMA/WAINI,
Subhead 14001**

Question is proposed that the sum of \$13,000,000 for Agency Code 531 - Region 1: Barima/Waini, Subhead 14001 - Roads - stands part of the Estimates.

Agency Code 531 - Region 1: Barima/Waini, Subhead 14001 - Roads - \$13,000,000 - agreed to and ordered to stand part of the Estimates.

**ITEM 5 - AGENCY CODE 552 - MINISTRY OF HOUSING AND
WATER, Subhead 28001**

The question is proposed that the sum of \$28,162,625 for Agency Code 552 - Ministry of Housing and Water, Subhead 28001 - Minor Water Systems- stands part of the Estimates.

Agency Code 552 - Ministry of Housing and Water, Subhead 28001 - Minor Water Systems - \$28,162,625 - agreed to and ordered to stand part of the Estimates.

Assembly resumed

The Speaker: The Honourable Minister of Finance

Hon Saisnarine Kowlessar: Mr Speaker, I have to report to the Assembly that the Committee of Supply has considered Financial Paper

No. 4/2004 and passed it without amendment. I now move that this Assembly doth agree with the Committee's Resolution.

Question put and agreed to.

Motion carried.

The Speaker: Honourable Members, we shall now move the Motion to consider the next Financial Paper listed on the Order Paper.

**ITEM 2 - CONSIDERATION OF FINANCIAL PAPER NO. 5/
2004**

BE IT RESOLVED:

That this Assembly approve of the proposals set out in Financial Paper No. 5/2004 - Supplementary Estimates (Current and Capital) totalling \$4,748,096,251 for the period ending 2004-12-31.

IN COMMITTEE OF SUPPLY

SECTION A - CURRENT ESTIMATES

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ITEM 1 - AGENCY CODE 03/02 - MINISTRY OF FINANCE,

57/25

Chart of Account 6321

The question is proposed that the sum of \$2,802,096,251 for Agency Code 03/2 - Ministry of Finance, Chart of Account 6321 - Subsidies and Contributions to Local Organisations -- stands part of the Estimates.

The Chairman: The Honourable Member Mr Murray

Mr Winston S Murray: Mr Chairman, is the Minister of Finance not aware that this has been a perennial understatement of the voted provisions for this matter year after year. Is the Minister not aware that it is possible to have a more accurate figure put into the voted provisions since the amount reimbursed as rice levy in the previous year is known at the end of that year. As indeed if you look at the Estimates would be seen in respect of 2003 and if that is the case, why does the Minister insist in putting an unreal number of \$50 million in the Estimates and then having to come at the end of the year to ask for \$2.8 billion, why is it not possible for this to be taken into account at the time of the Budget when there is a historical record that could properly form the basis for so doing?

Hon Saisnarine Kowlessar: I agree that it is understated, but as the Honourable Member knows very well this is just a dummy transaction, it is a mere book entry in and out and therefore in accounting terms, we are just crossing cheques in and out and it is not necessary to have an accurate.

Mr Winston S Murray: Is the Minister aware that he has just misled this House by talking about a dummy transaction? *[Laughter]* Is the Minister aware that in fact when rice is exported the levy is indeed collected and it is not just a book transaction, when this levy is reimbursed to the exporters of rice? These represent real numbers and real transactions.

Hon Saisnarine Kowlessar: Mr Chairman, it is a self-cancelling inflow and outflow.

Agency Code 03/2 - Ministry of Finance, Chart of Account 6321 - Subsidies and Contribution to Local Organisations - \$2,802,096,251 - agreed to and ordered to stand part of the Estimates.

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SECTION B - CAPITAL ESTIMATES

ITEM 1 - AGENCY CODE 501 - OFFICE OF THE PRESIDENT, Subhead 44001

The question is proposed that the sum of \$112,000,000 for Agency Code 501 - Office of the President, Subhead 44001 - Public Sector Technical Assistance Credit - stands part of the Estimates.

Agency Code 501 - Office of the President, Subhead 44001 - Public Sector Technical Assistance Credit - \$112,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 2 - AGENCY CODE 526 - MINISTRY OF FINANCE, Subhead 44005

The question is proposed that the sum of \$1,760,000,000 for Agency Code 526 - Ministry of Finance, Subhead 44005 - Caribbean Court of Justice (CCJ) - stands part of the Estimates.

Agency Code 501 - Ministry of Finance, Subhead 44005 - Caribbean Court of Justice (CCJ) - \$1,760,000,000 - agreed to and ordered to stand part of the Estimates.

ITEM 3 - AGENCY CODE 530 - MINISTRY OF HOUSING AND WATER, Subhead 19003

The question is proposed that the sum of \$74,000,000 for Agency Code 530 - Ministry of Housing and Water, Subhead 19003 - Infrastructural Development and Building - stands part of the Estimates.

The Chairman: The Honourable Member Mr Winston Murray

Mr Winston S Murray: Mr Chairman, is the Honourable Minister aware that this is the second sum he is asking for consecutively on the two Financial Papers. If you take the \$326 million that we just approved in the previous Financial Paper together with this \$74 million now being sought that there is a total supplementary provision for 2004 of \$400 million. Could the Minister say in what circumstances of voted provision of \$200 million needs to be augmented by as much as \$400 million under supplementary provision and whether this again is not either bad planning in terms of projecting the payments that need to be made to contractors or indeed intended to avoid the scrutiny of the National Assembly through the submission of a relevant project profile as was done in the case of \$200 million originally voted and would the Minister not agree that it is necessary indeed essential that for the expenditure for the sum of an additional \$400 million at least the supplementary project profile needed to be presented to this National Assembly if only for reasons of transparency.

Hon Saisnarine Kowlessar: Mr Chairman, because these works were basically unanticipated and the vouchers came in late in the year, it was not possible to have a project profile.

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Agency Code 530 - Ministry of Housing and Water, Subhead 19003 - Infrastructural Development and Building - \$74,000,000 - agreed to and ordered to stand part of the Estimates.

The Chairman: The Honourable Minister of Finance

Hon Saisnarine Kowlessar: I beg report that the Committee of Supply approved the proposal set out in Provisional Papers 4 and 5 of 2004 and I now move that the Assembly doth agree with the Committee in the said resolution.

Assembly resumed.

The Speaker: The Honourable Minister of Finance

Hon Saisnarine Kowlessar: Mr Speaker, I have to report to the Assembly that the Committee of Supply has considered Financial Paper No. 5/2004 and passed it without amendment. I now move that this Assembly doth agree with the Committee's Resolution.

Question put and agreed to.

Motion carried.

SUSPENSION OF STANDING ORDERS NOS. 12 and 46

The Speaker: The Honourable Minister of Parliamentary Affairs.

Hon Reepu Daman Persaud: I move that the Standing Orders No. 12 (Order of Business) and No. 46 with respect to the publication of the

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Appropriation Bill, be suspended to enable the Supplementary Appropriation (No. 3 for 2004) Bill No 1/2005 to be introduced at this stage.

Question put and agreed

Motion carried

ITEM 3 - SUPPLEMENTARY APPROPRIATION (NO. 3 FOR 2004) Bill 2005 - Bill No.1/2005

A Bill intituled, an Act to provide for the issue from the Consolidated Fund of the sums necessary to meet the expenditure (not otherwise lawfully charged on the Consolidated Fund) of Guyana for the fiscal year ending 31 December 2004, estimates whereof have been approved by the National Assembly, and for the appropriation of those sums for the specified purposes, in conformity with the Constitution.

The Speaker: The Honourable Minister of Finance

Hon Saisnarine Kowlessar: In accordance with paragraph 2 of Article 171 of the Constitution I signify that Cabinet has recommended the Appropriation Bill for 2005 for consideration at the National Assembly and I now present the Bill to the Assembly and move that it be read the First time.

Question put and agreed to.

Bill read the First time.

The Speaker: The Honourable Minister of Finance

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Hon Saisnarine Kowlessar: Mr Speaker, I move that the Bill be read the Second time.

Question put and agreed to.

Bill read the Second time.

The Speaker: The Honourable Minister of Finance

Hon Saisnarine Kowlessar: Mr Speaker, I move that the Supplementary Appropriation (No. 3 of 2004) Bill 2005 - Bill No 1 of 2005 be read the Third time and passed as printed.

Question put and agreed to.

Bill reported without amendment, read the Third time and passed as printed

MOTION

ITEM 4 - CONFIRMATION OF THE CUSTOMS DUTIES (AMENEMENT) ORDER 2004

BE IT RESOLVED:

That this National Assembly, in accordance with Section 9 of the Customs Act, Chapter 82:01, confirm the Customs Duties (Amendment) Order 2004, which was made on 10 December 2004, under Section 8 of the Customs Act, Chapter 82:01, and published in the Official Gazette dated

10 December 2004.

The Speaker: The Minister of Finance will move the Motion as set out in the Order Paper.

Hon Saisnarine Kowlessar: Mr Speaker, I beg to move the Motion: Be it resolved, that this National Assembly in accordance with Section 9 of the Customs Act, Chapter 82:01 confirm that the Customs Duties (Amendment) Order 2004, which was made on December 10, 2004 under Section 8 of the Customs Act, Chapter 82:01 and published in the Official Gazette dated December 10, 2004.

Mr Speaker, this Motion is seeking to remove Annex 1, community rates of duty from the first Schedule Part 1 of the Customs Act. This removal is in keeping with Article 87 Paragraph 1 and Article 90 Paragraph 1 of the revised Treaty of Chaguaramas which states *inter alia*:

Members shall not apply directly or indirectly to imported goods of community origin any fiscal charges in excess of those applied directly or indirectly to like domestic goods or otherwise apply such charges so as to protect like domestic goods

Under this Annex, a number of products from CARICOM countries and satisfying the community rules of origin treatment fall under Chapter 22 of the CET for example beer, ale, stout, whiskey, rum, gin, vodka, wines, ethyl alcohol, liqueurs, vinegars, medicaments of Chapter 30 using alcohol, toiletries of Chapter 33 and matches of Chapter 36. The rates on these items, which are being imported into the country from extra regional sources is 100 percent, while for those items originating within the Region, it is 30 percent. Annex 1 provides for this treatment.

As you are aware, 30 percent can only be imposed if there is a tax for a

similarly manufactured products and Excise tax for example. Up to 1994, Guyana had an Excise tax, but this tax was removed and we were remitting the 30 percent tax by ST letters.

Up to 1 September 2003, when the Fiscal Enactments (Amendment) Law was introduced, the powers to remit were removed, but administratively the period of remission was allowed up to February 2004. This Order therefore seeks to remove from the Customs Laws the authority to impose a tax on items imported from CARICOM countries, in order to bring Guyana in conformity with the revised treaty of Chaguaramas with effect from 3 August 2004.

As this Honourable House is aware the HS 2002 which was passed came into effect from 1 January 2005, has removed the authority to impose a tax on such CARICOM goods mainly alcoholic beverages.

However, it was the intention of the government to have this revised CET or HS 2002 implemented from 1 January 2004, but due to administrative delays originating in CARICOM, the government could not do so.

Mr Speaker, this Order was made retroactive to 3 August 2004 so that the laws will be in conformity with the CARICOM Treaty. We await the approval of this Order to make the refunds which are due to these importers. For the information of the Honourable House, these funds are being held in an escrow account and will be refunded on approval of this Order.

The Speaker: The Honourable Member Mr Murray

Mr Winston S Murray: Mr Speaker, I have listened attentively to the Honourable Minister of Finance and at best, I would describe what is occurring here as an act of gross inefficiency on the part of the government.

As explained by the Honourable Minister, we heard that in December 2004, a comprehensive Customs Act was passed, which dealt with all aspects of duties and exemptions, et cetera. At that time, we therefore thought that come 1 January 2005, whatever needs to be done prior to that was done and we are having a start on a comprehensive basis on 1 January 2005. Lo and behold, in March 2005, the Minister brings a Confirmation Order affecting a period from August (let me see if I have it right) 2004 to 31 December 2004. What should have happened at that appropriate time, they should have been brought to the National Assembly - this very order - so what needed to have been done then to prevent the discrimination against those importing from CARICOM, could have been done.

Sir, the truth of the matter is the following:

- that the government has been using ST letters as a basis of remission; and
- that there was no place in the law and this was pointed out to them by international financial institutions and it had to be put right.

This is the affect post fact. In other words, they would have gone merrily along up to the end of 2004 using the ST letters. Once the ST letters could have not been used then the importers from CARICOM find themselves in a fix and they had to pay the duties as though they were importing from third countries.

Sir, as a Parliamentarian, when I received this Order, I thought something was amiss, because having just passed a comprehensive Customs Act effective 1 January 2005, I find it rather strange that we were confirming an Order backdated to 2004.

Sir, I want to draw to the attention of this House the unpleasant and disagreeable experience that I have had in trying to get information from this system. We are often told that we need to be constructive in the

criticisms we make here and it is in the spirit of that effort to be constructive, that I sought to get clarification as to exactly what seems to be an anomalous Order to come into being at this time. I must tell you that I had the royal run around. I believe, I need to put that on public records. I called no less a person than the Minister of Finance himself to get an explanation, because I do not want to come and unnecessarily seem to be attacking a measure. If I had understanding, I would recommend to my colleagues in the People's National Congress/Reform what that understanding was and if it is something which we can support with understanding of what it was, we would support it.

The Minister was unavailable, I left a message with his secretary and I never got a response. To the Minister's credit, after I was able to get someone to speak to him, who in turn spoke to him. He called me and said to me he had not received the message from his secretary and I take him at his word and I believe him. Beyond that sir, having failed to get the Minister, I sought to get the Head of Customs Administration and this was the biggest secret as to where he was and how I could get to speak to him. The secretary said he was unavailable. I was not sure what that meant, whether he was there or at a meeting or he was out of the building. So obviously I sought to press my issue, and ask what do you mean, would he be available later on? I was told he is not there. I asked, was he going to be there later on? Was he going to be there tomorrow? The answer was, I do not know. I said, is he out of the country? Then finally, I got an answer that he was on a few days leave. Sir that is what I had to endure. I left that.

I then went to the number two in the Customs Administration, because this is a customs matter. I spoke to the secretary who told me that I must identify who I was. Well I identified myself. When I spoke, I must identify the subject of my call. I identified the subject of the call, I was put on hold and all of a sudden the line went dead and I got dial tone. That was my experience Sir. Then I decided to call the Director of Budget and I must say, he responded promptly and it was through him I was able to reach the Minister eventually to get an understanding of this matter, Sir this is not a unique experience, but if we are to play our role, if we are to

be truly effective and if we are to be constructive, we could only do so on the basis of cooperation from the other side, being able to be provided with information on a timely basis or at least upon inquiry, so that we could act on a basis of knowledge. Sir, having now understood, I believe, it enabled the Minister or it caused the Minister to make the very fulsome statement that he made, because I do not believe that was planned, but again I do not want to be unfair to the Minister. That has been my experience.

Having had the understanding, we have absolutely no problem in supporting this measure, because importers of CARICOM goods should not be made to pay third country rates of duties. We therefore welcome the remission they will receive, but it is sad they go about in such an inefficient manner. Thank you, Sir. *[Applause]*

Hon Saisnarine Kowlessar: Mr Speaker, firstly let me thank the Honourable Member for supporting this Motion, I want to congratulate him and the other members of the opposition for supporting us in this respect. I want to apologise for the royal run around that the Honourable Member had from some of the public officers. Of course, as Minister I do not have total control over them in terms of their attitudes. So I want to apologise for their behaviour.

Mr Speaker, I want to say, in terms of the point about inefficiency I agree that this Order should... if you look at the past Order Papers, you will see that this Order was there almost every time since December 2004. It was since December 2004 it was laid in the Parliament. I do not have any control over the Order Paper that is presented in Parliament.

Secondly, the issue of ST letters, these were always issued. All the time they were issued, even in the past, even when the previous government was there. So I do not want to defend that position, but to say at least, we have made a correction and we are going in the right direction. I

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want to thank the Member for his support and ask this Honourable House to approve this Motion. *[Applause]*

The Speaker: Thank you Honourable Member.

Question put and agreed to.

Motion carried.

The Speaker: Honourable Members, we now move on to the next item on the Order Paper.

BILLS - Second and Third Readings

ITEM 5 - REGIONAL HEALTH AUTHORITIES BILL 2004 - Bill No. 26/2004 published

16-12-2004

A Bill intituled, an Act to establish regional health authorities with responsibility for providing for the delivery of and administering health services and health programmes in specified geographic areas and for matters incidental thereto or connected therewith.

The Honourable Minister of Health

Hon Dr Leslie S Ramsammy: Mr Speaker, I present this afternoon the Second reading of Bill No. 26 of 2004, the Regional Health Authorities Bill 2004.

Mr Speaker, colleagues, I have the honour of presenting another Bill, which I believe, contributes to the reforming to the health sector, the updating of the legal framework within the sector and the modernisation of the sector. I feel a sense of pride that I am today piloting the Regional Health Authority Bill, because I think, it is a serious attempt to correct some of the structural and functional deficiencies that exist in the present system.

However, as the Minister of Health, I cannot claim original ownership of this idea and of this plan. I have been provided the opportunity of refining and finalising a plan that has been on the drawing board for a long, long time now. I would like at this time to thank my colleague the Honourable Minister of Education Dr Henry Jeffrey for first giving me the opportunity to work on a plan for reforming regional health system. This was in 1998 when I joined the Ministry of Health as the Director for Health Sector Reform.

The Ministry of Health after much consultation and discussions among many health system experts locally and from the IDB, PAHO, WHO and other organisations had proposed to reform the regional health system by modifying the decentralised model and adopting a regional health authority model that many countries had begun to utilise. Dr Jeffrey had asked me to refine the proposal and to consult with regional and other local governments and also with professionals. Indeed, these proposals were being developed prior to Dr Jeffrey becoming Minister of Health. Indeed, discussions had started also during the tenure of Minister Teixeira, when she served as Minister of Health between October 1992 and December 1997.

Again, I want to come back to the genesis of the decentralised model and to reveal that the idea of regional health authority as being proposed in the Bill before us dated prior even Minister Teixeira and I will there-

fore return to this later.

The Regional Health Authority Bill is truly a piece of legislation that fundamentally brings reform to the sector. In so doing, it does not seek to reverse the pathway that Guyana committed itself towards several decades ago. It seeks to reform the present regional health delivery system, to bring greater coherence and not to reverse the principle of decentralisation that the previous major reform efforts sought to establish. The devolution of responsibility for health from the central Ministry of Health to the Regional Democratic Council in 1986 was a bold move and one with the right intention. Certainly the move was necessary and an obvious reaction to the inherent weaknesses in the health sector. The then Ministry of Health and the then government demonstrated great courage and I am convinced they made a conscious decision that something different had to be done. The situation in health was deteriorating rapidly and the health system appeared incapable of responding of the growing problems that the sector faced. While the devolution of responsibility for health from central government to the RDC was actually made in 1986, it was not a original view or policy for at least two decades before the move in 1986. The idea for decentralised health system was muted.

The PPP government of 1961-1964 had voiced such proposals and the 1971-1980 National Health Plan spoke eloquently about a decentralised health governance system. In a paper in 1983, the then Minister of Health, Dr Van West Charles discussed plans and referred to decentralised model that was proposed in the 1971-1980 National Health Plan. Indeed Mr Speaker, Dr Charles had stated that since 1969, the Ministry of Health had clearly outlined a plan which would enable the health service to be brought closer to the people. He was writing in 1983, with regionalisation the need for this emphasis had been brought home more forcibly, be continued to describe the proposals of the 1971- 1980 National Health Plan.

The same recommendations were made again in a PAHO/WHO Study which was commissioned in 1992. Indeed, in that report, they went through the difficulties that the health sector was experiencing and espe-

cially the difficulties that were encountered with the new decentralised model with health being devolved to the RDC and returned to the proposal of 1971-1980. The National Health Plan 1995 also returned to the same subject and the experts who had gathered to prepare the 1995-2000 Health Plan also supported the proposal that was in the 1971 National Health Plan. The idea of regional health authority is not an original one and the reform of 1986 was indeed a forerunner of the present Bill.

The then government decided to modify the earlier proposal for decentralisation, but immediately realised that the system had inherent structural and functional deficiencies in collaboration with the Pan American Health Organisation WHO a study was commissioned and Mr David Zakus was hired as a consultant. In his report, he referred to the structural and functional deficiencies of the system. Indeed, Mr Speaker, I would like to refer to some of the things he said:

That the main organisational issues are related to health systems, organisations, administration and management especially planning and supervision, all of which were found to be in need of serious and immediate attention.

Mr Speaker, he went on to make a recommendation that the government should promote full decentralisation and he referred again to the original proposal of 1971 and 1980. The decentralised model had failed to effectively respond to the deteriorating situation.

In 1992, another study was commissioned and in looking at the performance of the decentralised system, this was the macro-economic and sectoral policies the current review of education and health sectors. This is what the writers had to say:

But with the decline in the quality of services due in part to the economic crises, but aggravated since 1980 by the decentralisation to the Regions, the public system has essentially all but lost credibility with the public. The promise of a network of community-based health care facilities staffed by health workers knowledgeable about their communi-

ties, trained in public health and preventive medicine and having access to rationalised series of referral services has not materialised. Recent acceptance that the State will need to reconsider its objective to maintain a fully rationalised and to highly subsidised health service, has not resulted in alternative strategies being implemented, while even senior medical professional acknowledged that only those with no other option, utilised the public system, it is also the case that outside of the three urban centres, there are really no private facilities available.

These writers continued, Mr Speaker:

There are a number of serious problems with the decentralisation. The regional administration is responsible to the Regional Council and is independent of the Ministry of Health. A Regional Medical Officer is theoretically responsible for the delivery of health care in each region. In six of the ten regions this position was vacant or filled by someone who is acting and who does not meet the specified qualifications. The regions are not accountable to the Ministry of Health for either the quality of services, the provision of supplies or the budgetary allocations. Rather as the regional administrations over the past years have received considerably less funds than requested a practise had evolved of allocating funds for the most pressing needs at the moment. The absence of an annual audit supports this lack of accountability.

Mr Speaker, the 1971-1980 Plan or proposal had suggested a system similar to the one in the present Bill. I would like to refer to the proposal. In the proposal there are two levels:

- the Central level; and
- the Regional level.

The Regional Health Delivery Service would be devolved to five Re-

gions and these five Regions would be administered by Regional Health Boards with a CEO.

The composition of the Board was also described; it would include representatives from:

- local Authorities;
- the Municipalities; and
- Civil Society.

The function of the Regional Health Boards would be similar to what is being proposed in the present Bill. Guyana has been considering this for a long time and it has originated across the political divide, different governments have brought it up. It was not fully implemented in 1986 and a variation of a model that was proposed, with all the difficulties that we have faced and with all the experts coming on board, we keep returning to a model of the Regional Health Authority.

The National Development Strategy which was crafted by the experts and by Civil Society returned to this subject and in Chapter 19, proposed reforms in the Health Sector. This is the 2001-2010 National Development Strategy. They started out by talking about the unfortunate consequences of Guyana's economic decline in the 1970s and 1980s that have led to very poor health conditions for a large part of the population. It must be emphasised according to the National Development Strategy that although Guyana's health profile still suffers in comparison with most of the Caribbean, there have been remarkable progress between 1988 and 1998.

Mr Speaker, the National Development Strategy went on to describe some of the problems and some of the recommendations. It describes the Health Services in Chapter 19:25 for example the Health Services are not responsive to users, particularly those most in need thus resulting in increased inequity, in addition poor accountability to users undermined the responsiveness of the system. They are both allocative and technical

inefficiencies that plagued the sector, particularly the Public Health Sector. It then went on to describe all of the functional and structural difficulties that the regional system was experiencing and then made a recommendation in Part 4 of Chapter 19. The recommendation in Part 4 was that Regional Health Authorities should be established. These will be decentralised public bodies with the responsibility for health services delivery. They will assume responsibilities for operating and maintaining those health facilities that are now under the aegis of the Regional Administration. The Regional Health Authorities and the Hospitals will be operated by boards. This is a recommendation in the National Development Strategy.

The Bill before us provides for the devolvement of the delivery and administration of health care and health programmes from the Ministry to Regional Health Authorities and defines the relationship between the Ministry of Health and the Regional Health Authorities that are established. Part 2 Sections 6, 7, 8 and 9 clarify these roles.

Under this Bill the Minister can establish Health Regions and Regional Health Authorities to administer the Health Regions.

Provisions are made in Part 3 Sections 13 and 14. The Act is structured so that this can be done gradually in order to ensure that best practices are utilised as authorities are put in place.

In Part 2 Section 12, the incremental approach is provided for. This provision is made for a review of the system. The review that is mandated by Parliament and a report brought to Parliament.

The Bill provides for an accountability framework that sets out the roles of the Minister and the Regional Health Authorities and the roles that each has towards the other within the Health System.

In addition, Regional Health Authorities will be required to establish five-year health plans and to enter into services agreements each year with the Ministry of Health, which sets out performance targets for the Au-

thority. Authorities will also be audited each year by the Auditor General and will be required to make certain returns and report to the Ministry so that the Ministry can monitor the progress of the Authority over the term of each service agreement.

Parts 2, 6 deal with these accountability provisions. The Regional Health Authorities will have the status of non-co-profit corporations and will be totally arms length from the Ministry. Although the Act sets out the general powers, duties and responsibilities, the basic structure and administration and the financial criteria for all Regional Health Authorities, it leaves the details of how they will each do business to the by-laws of each corporation. These can be found in Part 4.

The Ministry of Health will facilitate the levels of uniformity in order to ensure that each Regional Health Authority truly reflects the needs of the people of Guyana and is arms length from the government.

A Board will be structured to operate the Regional Health Authority. The structure of the Board is set out in the Act. It also ensures that conflicts of interest will be at a minimum. For these reasons each authority is required to establish a medical and dental Advisory Committee, a Professional Advisory Committee and a Health Management Committee that will have non-voting status on the board, but be available to provide expert advice on health and management issues.

The Bill also provides for the appointment of inspectors, who will ensure that Regional Health Authorities meet their obligations under the Act, the Regulations and the Service Agreements that they signed with the Ministry of Health. Part 7 - Sections 33 (1) to (8) deal with these issues.

Lastly, Mr Speaker, the Bill ensures that there is an orderly transition of both physical assets and employees from the Public Service to the various Authorities and that pensions and other benefits are preserved. I know that Minister Westford will deal more in-depth with these issues.

Mr Speaker, there has been much discussion on the performance of the

Sector. Over the years, Central Government and the Ministry have allocated more and more funds and indeed while there have been some improvements, structural deficiencies of the system prevent maximal improvement. In order to remove some of these deficiencies, recommendations have been made to modify the decentralised model that Guyana has had extensive experience with. Countries in our Region and countries further afield have been utilising this model some with great success and while some still have teething problems, all will admit that improvements have resulted.

In our own Region, Trinidad and Jamaica have instituted these systems and while in both cases there has been teething problems, studies of those revealed that improvements have been made while they must continue to work on optimising the benefits.

I have in my possession a report that was done in March of 2003 on the workings of the Regional Health Authority System in Trinidad and Tobago. In Jamaica, it had more success; in developed countries, in the United Kingdom, in the US, in Canada; in various European Countries this system is in place. In other countries such as Singapore and Malaysia, this system is now being instituted. I believe that the Regional Health Authority model will strengthen the health sector response in Guyana; it will lead to optimal return on our investment and bring greater relief to our people.

Mr Speaker, we already have an example of this system working in Guyana. No one can doubt the improvements in the last several years at the Georgetown Public Hospital, where this model is operating and it has operated successfully. We continue to work the model at Georgetown Hospital and this model has provided us with many lessons that we now want to put in place in the Regional Health Authorities.

We have already placed a pilot project in Region 6 and it is beginning to bear fruit. Mr Speaker, this system has been discussed in the Region for several years. When I was at the Ministry of Health prior to becoming Minister of Health, I was in many of the Regions discussing this proposal

Region 10, Region 1, Region 9, Region 7, Region 5, Region 2, Region 3, Region 6, with the Medical Associations, both the Guyana Medical Association and the Berbice Medical Association. We believe that this is the direction to go.

Mr Speaker, I am optimistic that we will see better results with the improved investment, with the improved systems in place, we can bring better health to all of our people and I urge all of the Members in this Assembly that there was a good idea in our country a long, long time ago. We have gathered much experience over the years, we have seen our modification has worked and today, the government and the Ministry of Health, propose that we return to a very good idea that have proven to be successful in many, many countries. I urge my colleagues to support us in the reform process. I thank you. *[Applause]*

The Speaker: Thank you the Honourable Member

The Honourable Member Mr Vincent Alexander

Mr Vincent L Alexander: Mr Speaker, Honourable Members of this National Assembly, I rise to make my contribution to this debate on the question of the implementation of Regional Health Authority.

Mr Speaker, the Honourable Minister Dr Ramsammy has sought to create a historic context in which we have gotten to this point. I must commend him for trying to show some continuity between what was done by the Peoples National Congress, the originators of the idea of regionalisation and of what is being done today. But Mr Speaker, if one does not get historical context right, then what will follow most likely will not be right. In that regard, I would like to refer to a number of points made by the Honourable Minister as he sought to deal with historical context.

In the first instance, the Honourable Member argued that what essen-

tially is being done is an update of the framework for the health system. Indeed, what is being done represents a change in the framework. Mr Speaker, the greatest contradiction is that that change which is said to be the legal framework is itself in defiance of our legal system at the base of which we have the Constitution of Guyana. I will show later on that what is being attempted contradicts with our Constitution and therefore really leaves one amazed that the argumentation could be made that we are trying to update the legal framework, when in fact we are doing one of the most fundamentally legally wrong thing, that is, to try to do things in contradiction to the extant Constitution.

Mr Speaker, it was argued by the Honourable Member that this development is a progression, is a movement forward in relation of what has happened in the past, that there is no reversal. I beg here again to disagree. One cannot speak about decentralisation in the health sector outside of the general understanding of the decentralisation of the government and the decentralisation of the delivery of services in this country. So if one looks at the trend of decentralisation in this country to which this Honourable Member sought to refer, one would see that we started off even before we gain independence in 1936, with administrative decentralisation and that we move gradually, but progressively to decentralisation, which embraces both administrative decentralisation and political decentralisation.

Mr Speaker, what is before us today, is a reversal insofar as it seeks to take us out of the realm of political decentralisation with specific reference to the health system into a realm of only administrative decentralisation. In that regard, I contend and will at a later point elaborate that this is in fact a reversal and not a progression in terms of decentralisation.

Mr Speaker, the Honourable Member can probably be excused for this error, on the grounds that there is an absence of understanding of decentralisation and in various aspects and in various forms, because the Honourable Member in creating this historical context sought to argue that we had experience devolution in the health system. Indeed, our Consti-

tution and indeed, Act 12 of 1980, the Local Democratic Organs Act did provide for the devolution. The fact of the matter is, from 1980 to the present day, there was never the devolution of authority from the centre to the Regional Democratic Organs, what took place was another provision. If I am not mistaken, it is Section 10 of the Local Democratic Organs Act that was used to delegate authority to the RDC. There was no devolution and so when one gets the concept wrong and the understanding wrong, then the results, may be very well be wrong. I submit again that the Minister has mis-stated historical developments, because though there were provisions for the devolution, it never took place in the health sector. What took place under the provisions of the Local Democratic Organs Act was delegation which is different in essence from the devolution.

Mr Speaker, here again I would like to contend that what we are witnessing today is not decentralisation as the Honourable Member proposed that Zakus had proposed, but in fact a decentralisation of a lesser magnitude and in fact a reversal of where we are at presently.

Mr Speaker, the Honourable Member referred to a proposal of 1971 by the then Minister of Health, which he said corresponded to what is being proposed here today. What the Honourable Member has failed to do is to indicate that subsequent to 1971, we had gone through a progressive process which went beyond the 1971 proposals and which as I said earlier, took us into the realm not only of administrative decentralisation, but into the realm of political decentralisation.

For example in 1973, we established a system of Regional Ministers, in the process of decentralisation, moving on beyond 1936, when we had District Commissioners. So, the politicisation started in 1971, with the Regional Ministers, but we went beyond that and in 1974, we introduced Regional Authorities statutory bodies that would administer the various Regions and so the progression continued.

In 1980, we introduced the Local Democratic Organs and completed the cycle of movement from administrative decentralisation to one which

embraces administrative and political decentralisation. We had gone beyond 1971, there is no progression 1971 and what is proposed now through what happened between 1971 and now. There was a deviation from 1971. There was a progression to something greater and something bigger.

Mr Speaker, it is important that we understanding that historical context, even understanding that historical context, the Honourable Minister sought to go to the National Development Strategy. It is indeed true that the National Development Strategy advocated... *[Interruption]*

The Speaker: How would you know that he would go to that? I see you walked with your book.

Mr Vincent LAlexander: It is coincidental that he did and I did my research. *[Laughter]* Indeed, the National Development Strategy does allude to the fact that we should move in the direction of the establishment of Regional Health Authorities. However, It does not prescribe the details that is before us. It does not articulate the system as is being articulated and therefore, one cannot as a matter of fact contend that what is being done is necessarily in keeping with the thinking of the National Development Strategy. In that regard, I want to make one reference to the strategy, where it speaks about Regional Health Authorities on Page 230. It says:

the Boards of the RHAs will be autonomous, they will comprise of Members of the Medical Association, ex-officio representatives of the Ministry of Health ...

and I emphasize as I quote

...with a preponderance, of Representatives of a Regional Governance and local community.

Mr Speaker, what we have before us today, does not represent a preponderance of the regional government and local community. I need to make that point, because it is one of the basis for what has evolved, when in fact, what has evolved has departed from a fundamental principle which is articulated and that is a preponderance of representatives of the regional government and local communities.

Mr Speaker, I will return to this as I proceed to show that there is no such preponderance and in fact what this Bill seeks to do is to establish a system that will diminish and undermine the Regional Democratic Councils.

Mr Speaker, the present system of regional democracy was built upon certain pillars. Pillars which were articulated in a paper presented to this House on 5 August 1980. We have roads that were built twenty-eight years ago and they are still strong and standing today and some of our principles of twenty-eight years ago are still relevant today. If one turns to Page 10 of that document, it says:

That the development programmes of local government authority areas should be integrated into the National Development Plan and central government resources allocated on definite principles for financing such development.

It goes on to say:

Local Authorities should be vested with a clear duty and responsibility for managing and developing their respective areas

In that regard, the Regional Democratic Council is a local authority. This document did not only speak about the principles, it went on to articulate the mechanisms for the realisations. So on Page 12, the document says:

Every sector ...

Here we are talking about local government sectors in this instance the Regional Democratic Council or the Regions.

...will be administered and managed by a Local Democratic Organ, comprising of the elected representatives of the citizens who live in the particular sector. Every sector will have its specific duties and responsibilities clearly defined by law. The Regional Democratic Council will be the supreme local government organ in each region

And I emphasise, Mr Speaker:

... with responsibility for the overall management and administration of the region and the coordination of the activities of all Local Democratic Organs within its boundaries.

I repeat, Mr Speaker,

with the responsibilities for the overall management and administration of the Region.

Mr Speaker, these principles to which I have alluded, found themselves in the 1980 Constitution and became the basis upon which the Local Democratic System was established.

Mr Speaker, more recently in the Constitution reform process, these principles were accepted as being relevant to our governmental system and our system of local democracy today.

So, if one turns to the current Constitution - the much talked about Constitution - one would see those principles that I just referred to are found in the articles of the Constitution and I wish to quote a few:

Article 71 of the Constitution says:

Local Government is a vital aspect of democracy and shall be organised so as to involve as many people as possible in

the task of managing and developing in communities in which they live.

Article 74 of the said Constitution states the following:

It shall be the primary duty of Local Democratic Organs to ensure in accordance with law the efficient management ...

And I repeat management here again -

...and development of their areas and to provide leadership by example.

Article 74 (3) says:

It shall be the duty of the Local Democratic Organs to maintain and protect public property, improve working and living conditions, promote the social and cultural life of the people, raise the level of civic consciousness, preserve law and order, consolidate the rule of law and safeguard the rights of citizens.

Article 77 says:

The Development Programme of each Region shall be integrated into the National Development Plan I and the Government shall allocate funds ...

And here I shall emphasize again, the government shall allocate funds

... to each region to implement its development programme.

Here, we are talking about Regions that were established under this Constitution - Regions present in the form of the ten Regions that we have in this country - shall allocate funds to each Region to enable it to implement its development programme.

So during the Constitution Reform Process, we went even beyond what was in the 1980 Constitution and provided Article 77 A which states as follows:

Parliament shall by law provide for the formulation and implementation of objective criteria for the purpose of the allocation of resources to, and the garnering of resources by local democratic organs

Mr Speaker, I humbly submit, that if we are to proceed with health authorities in the manner recommended, in the manner in which this Bill prescribes that -

- we will be doing a number of things in contradiction to the provision of our Constitution;
- we will be taking away from the people through the Local Democratic Organs, the Regional Democratic Council, that authority to manage their affairs - an authority to oversee their development;
- we will be taking away from the Regional Democratic Council that authority to receive from central government funds that would go towards development;
- we will be taking away from them the whole system that we are trying to develop of allocating resources based on objective criteria to the Regions that will go towards health, education and all of the various sectors.

Not only are we here involved in a reversal in the 1980 Constitution, but we are involved in a reversal of what is provided for in our most recent Constitution. In that regard, I therefore return to my very first point that

is to say, that we are updating the legal framework for health, when in fact the framework which we are creating flies in the face of the Constitutional provisions is rather ironical.

The Peoples National Congress/Reform finds it rather difficult in that context to embrace this Bill in its present form. May we hasten to say the question of Health Authorities is not the question of issue, it is the question of Health Authorities as proposed in this Bill, which is that issue today.

This question of health authorities goes beyond the issues that I have raised here in terms of a reversal of trends. If one looks at the Bill and indeed if one looks at the National Health Plan 2003 - 2007, one would see that the trend which was referred to during the budget debate and on previous occasions continues, because one of the provisions here is to ensure that those workers are removed from the protection of the Public Service Commission and placed under Regional Boards. We know why we have the Public Service Commission and we have the experiences which vindicate the continued need for the Public Service Commission and not to have our public servants exposed to these Boards.

Mr Speaker, the evidence is clear, the Minister have referred to the Georgetown Hospital Corporation as a model of what is going to happen. If you recall what the Minister himself has admitted, he has been involved in terms of going into his pocket expending monies in the realm of the Georgetown Hospital Corporation and saying to the nation that he would break the rules once he wishes to, once he thinks that is the thing that he should do and if the President want he could fire him. If you recall the problems of the Georgetown Hospital Corporation, when the Administrator of that Corporation sold goods of the Corporation to himself, in the first instance he should not have sell to himself and even in so doing there is no due process; are we

going to take this as a model under which we now want to drown all of our Regions. Is that the model the Minister is talking about, a model which has brought us shame and disgrace? That model is unacceptable

to the People's National Congress/Reform. *[Applause]* It is not a model that provides for transparency, it is not a model that is operating in the context of the rule of law. It is a model against all democratic principles that is so often adumbrated, embraced and articulated in this House by all and sundry. Go back to your democracy and you will see all your democracy is articulated, I dare say, but not as practiced. This will not allow us to follow that model.

Mr Speaker, I would like to turn to some specific aspects of this Bill to underline my argument that in fact this Bill does not moves us forward, this Bill represents a reversal. One of the major elements of that reversal is that this Bill seeks to remove power from the hands of elected officials in Regional Democratic Councils and to vest that power in the hands of a Minister. This is in some regard, a chorus of every hymn that we hear from that side, the Minister, the Minister shall do this, the Minister shall do that, the Minister shall do everything and this Bill again has that chorus umpteen times. For example, the Minister may establish performance targets. That is one of the things the Minister may do - performance targets. It is not the Region, it is not the Ministry, is not the people through their representatives, it is not the Board, the Minister shall establish performance targets.

It also said that the Minister may establish countrywide standards which respect to quality of health and health programmes to be provided into the country in the health regions - the Minister, not the Chief Medical Officer the technical knowledgeable person - the Minister.

Mr Speaker, forgive me by chance in referring to this Bill; I refer to it without reference to numerous amendments which have come before us today. We have not had the opportunity to peruse these amendments, which were delivered at the commencement of this session, so I cannot refer to the amended Bill. I have to refer to the Bill in the form in which it is presented to me for study.

Mr Speaker, the Bill goes on to say the Minister may by order establish Regional Health Authority to administer one or more health regions. What

is becoming clear that these health regions are not going to correspond in the boundary with the extant regions? The Minister at his discretion and at his behest may establish regional health authorities to administer one or more health regions. So there are two things:

- health regions; and
- regional health authorities

And he may establish health authorities to administer one or more health regions, but one gets an insight of what is intended under this idea of Regional Health Authorities and regional health regions. When one looks at the National Health Plan, what does it say? In that regard, on page 30, it speaks of the creation of health management committees. There are differences between the health plan and what the Bill provides for. The Health Plan does not provide for Regional Authorities, it provides for the creation of Health Management Committees, but that is not the issue or the question here. It said that the NHP will create four or five Health Management Committees to cover the entire country, but we are not seeing what is proposed. The Bill is telling us well he may, but it is already thought out in the health plan and is already decided that four Health Management Committees and I am presuming that these correspond with the Regional Health Authorities will be created - four of them.

It goes on to give an indication of the geographic nature of those four, because it said that those four shall be Berbice, Essequibo, Demerara and the Hinterland. *[Interruption]*

The Speaker: Your time is up Honourable Member.

Mr Winston S Murray: I wish to move that the Honourable Member be given a further fifteen minutes to conclude his presentation.

Question put and agreed.

The Speaker: You may proceed Honourable Member.

Mr Vincent L Alexander: Thank you very much, Mr Speaker. We are seeing a proposal to establish four Regional Health Committees...
[Interruption]

The Speaker: Honourable Member, if I may interrupt you for a moment, it is now 4 o'clock I would suggest that you conclude on this point and then we can we can suspend and return.

Mr Vincent L Alexander: In fact, I would oblige by closing at this point and continue immediately after.

The Speaker: Honourable Members, we can suspend at this point.

16:00H

THE SITTING IS SUSPENDED

16:32H

THE SITTING IS RESUMED

Mr Vincent L Alexander: Mr Speaker, I alluded to the fact that the intention is to have four Health Management Committees to underline the fact that the Regional Health Authorities are not authorities that are going to be in the said ten regions that we presently have. These Health Authorities are going to straddle across regions. In the absence of de-

tails, I cannot explain the division in Berbice, Demerara, Essequibo and the Hinterland, because I know that Berbice Demerara and Essequibo covers the entire country and therefore it is still unknown what will be taken by the hinterland. In fact, all of these regions find parts of themselves in the hinterland.

More important than that is the composition of these regional health authorities. The Bill provides for the Minister to be involved in this aspect. What does the Bill specify? The Bill specifies that the Regional Health Authorities shall consist of the following members:

- three members appointed by the Minister;
- one member nominated by each Regional Democratic Council in health region within the jurisdiction of the Regional Health Authority.

So you may have more than one Regional Democratic Councils within the jurisdiction of one Health Authority;

- two members nominated by private sector entities in the health region within the jurisdiction of the Regional Health Authority;
- two members from among nominees named by organisations representing doctors, nurses and by the recognising union representing employees of the Regional Health Authority;
- the Chief Executive Officer shall be ex-officio; medical director or professional, director of medical and professional services shall be ex-officio.

So that is the composition of the Board.

It is important for us look at that because I will go back to the original point, where the National Development Strategy, spoke about the pre-

ponderance of representatives on the Regional Democratic Councils, that preponderance is not evident in the provisions here. What do you have? On one hand, the Minister is nominating three persons, almost half of the voting members of the authority. So we see the Minister is putting himself in a position, where he can personally determine the decisions that are being made by that authority. At the same time, we are told about devolution and autonomy. There will be no real devolution and no real autonomy if the hand of the Minister figures this much in the composition of the authority. Here again, not only do we have a situation where we are moving away from political decentralisation and administrative decentralisation, having a body not elected by the people in authority, but we are moving to re-centralisation insofar as the hand of the Minister allows for the centre to be the determining factor in what happens at the level of these Regional Authorities.

Mr Speaker, that trend is also evident in financial matters, because if one seeks to look to the Bill, the aspect that deals with financial matters, one would see that the Minister has a role in that regard as well. And so it is a case where this authority will not be a normal authority reporting to the Parliament, but one which reports to the Minister and one which the Minister makes arrangements for its financing. In two regards that is a retrogressive step, because it does not allow the Regional Democratic Council under Article 77A of the Constitution to benefit on allocations based on objective criteria that go towards the Health Sector among other sectors. The health sector is being extracted from that arrangement and so the life of the Constitution is being taken away by these new arrangements, because we have observed on previous occasions all that is left with the Regions at present is Health, Education and Public Works - some public works. In fact, what we are doing is reducing the Regions to Health and Public Works. On a previous occasion, I did say that there is a tendency and a trend of removal and that there is a possibility and I repeat that Education may follow this same trend. On that occasion, the Minister sought to throw papers at me about education and about health. Mr Speaker, the fact of the matter is, that there is this emerging trend of activities being taken from the peoples representatives

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in keeping with the Constitution and placed under boards and authorities that are administrative in their nature that report to the Minister and by virtue of that providing for recentralisation to take place of services, which were previously under the peoples representatives.

In a world, where the tendency is being removed from hierarchy in government to spheres in government, wherein people are elected for a particular geographic area, a determination is made of what services can be delivered in that area. The elected people who are allowed to manage and administer the delivery of those services we find the reverse taking place in Guyana. Hierarchy is being created and the central government is reinserting itself in the delivery of services across the country.

One sees in the Bill that the Minister has the right even to revoke decisions of this authority. He may virtually assume authority of these health authorities and certainly, one cannot speak about devolution in that context. When one talks about devolution, it means that one gives up authority to another body. That is what devolution means, to transfer it and not to have mechanisms of insertion where you could go back and interfere. I can understand if there is delegation, because in the context of delegation, then the Minister or a central body delegates, he remains ultimately responsible, though he may not be involved in the day-to-day administration so they can go back to correct things for which they are responsible, but devolution is different. Devolution provides for an authority to be given power and an authority to operate in its own right. This Bill is not providing for that. This Bill is providing for the Minister to insert himself at his own behest and to carry out the functions which are prescribed for the Regional Health Authority. That dismisses this whole argument about moving forward in terms of decentralisation. Decentralisation sees you along a continuum of de-concentration, delegation and devolution.

continued in Pt II

National Assembly Debates

**PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF
THE SECOND SESSION (2002-2005) OF THE EIGHTH PARLIAMENT
OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE
REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER
PUBLIC BUILDINGS BRICKDAM, GEORGETOWN**

Part II

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cont'd fr: Pt 1

It is true that Act 12 of 1980 provides for devolution. It had not been achieved. What we are seeing taking place is a movement away from devolution and a movement away from political decentralisation undermining the peoples representatives and inserting the Minister.

For example, the Regional Health Authorities have to sign contracts of performance with the Minister. The Regional Health Authorities can have any decision they make reversed by the Minister.

In addition, the Minister is the one who shall issue to every inspector a certificate of appointment as inspector in the execution of his duties under this Act. So this is another element of ministerial involvement. One could well understand this aspect in the absence of the others. On one hand he can insert himself and on the other hand he has something called an inspectorate.

Mr Speaker, when one looks at Section 37(2), it says:

Notwithstanding the generality of Sub-section (1) the Minister may make regulations prescribing and governing the health related services and Health Programmes that are provided by the Regional Health Authority.

Respecting the management functions duties, geographical and substantive jurisdictions of Regional Health Authorities.

All of these areas the Minister can make regulations on.

Respecting the guidelines and standards to be observed by the Regional Health Authorities.

Prescribing to Regional Health Authorities to follow in carrying out an exercise in the responsibilities, duties and powers.

Transferring responsibilities from Health Facilities from one regional authority to another.

In fact, there is clear evidence that this autonomy which we are talking about, will not be in existence.

Mr Speaker, in closing, I wish to say, the Peoples National Congress/Reform has no difficulty with Health Authority, but the Peoples National Congress/Reform has difficulties with Regional Health Authorities articulated in this Bill. In the first instance, the Peoples National/Reform believes in the Constitution, it must be upheld and the extent to which the Constitution provides for the Region to manage certain affairs. It is an infringement of the Constitution to take away health and to place it under some other authority. The extent to which the Constitution says that the Regions must be responsible for receiving finance, creating the plan, managing and more recently, for monies to be allocated based on objective criteria is the extent to which this Bill flies in the face of the Constitution. It flies in the face of that progressive movement which has taken place 1936 to now in terms of recentralisation. It flies in the face of the whole idea of people's involvement, in this instance the Regional Democratic Councils and by virtue of that people being able to make decisions in relations to their own lives. We see here an imposition from the centre of people not necessarily from the regions and a reversal of the democratic processes that have taken place over time, a desecration of our Constitution and a contradiction in some of the articulations from that side of the House and that which they are now seeking to put in place.

Mr Speaker, I submit that this is the continuation tendency of

recentralisation, a tendency of ministerial involvement in everything, not only involving in policymaking and monitoring, but in the implementation and a tendency which is manifest, in the way in which in recent times all things have been done, all things are being done to the exclusion of the people and their representatives.

Finally, I say, if indeed the government wants to make such a fundamental change to the system of decentralisation, then they should not come with a Health Bill that seeks to sneak through the back door, they should come and place on the table what are the perceived problems of regionalisation and decentralisation. As the President has said let us have discussion here in the Parliament, let us ventilate the issue here and when we would have ventilated the issue here as the highest policy forum in the land, then they could come with their concrete proposals to deal with the problems we would have discussed.

Mr Speaker, I take my seat, but I say, this Bill is fundamentally a departure from what is provided for in our Constitution, from what is articulated in terms of our under-pinnings of regionalisation and local democracy that the Peoples National Congress/Reform is even weary that even a Special Select Committee will not be able to correct these inefficiencies. I thank you. *[Applause]*

The Speaker: Thank you Honourable Member

The Honourable Minister of the Public Service

Hon Dr Jennifer RA Westford: Mr Speaker and other Honourable Members of the House, I rise to give my support the Regional Health Authority Bill 26 of 2004, which is currently being debated in this House.

The idea for the creation of these Health Authorities was obviously originated internationally. It was at the Summit of the Americas held in 1994,

that Latin America and Caribbean governments identified the need.

Sir at the Summit of the Americas in 1994 Latin American and Caribbean governments identified the need for a network to support health reform through analysis, training and other capacity building measures. In response, the United States Agency for International Development, the Pan American Health Organisation and the World Health Organisation launched the Latin America and the Caribbean Regional Health Sector Reform Initiative. This initiative saw the genesis of Regional Health Authorities in several sister Caribbean States. The initiative's main objective is to promote more equitable and efficient delivery of basic health services by supporting regional activities for informed decision making on health policy and management, health financing, health services improvement, decentralisation and institutional development.

Guyana has since been a partner in this reform process; the pace has been slow since care has been taken to conduct sensitisation and appraisal workshops. It is my belief that we should now focus on implementation of the resultant action plans. However, we must realise, that the changes that we are instituting are processes that require among others harmonisation of related reforms particularly at the district level.

Mr Speaker, we are hearing that this Regional Health Authority Bill, that it is in contravention of the Constitution. May I inform this Honourable House, that this Bill was drafted by no less a person than a very experienced and I stress the word *experienced* Canadian Draftsman, who was involved in drafting of similar Bills for Canada as well as other CARICOM Countries. Sir, when drafting this Bill, the Constitution was obviously taken into consideration and instead of being in contravention; it is actually an addition to the Constitution.

Mr Speaker, we are aware that human resources development is pivotal in achieving the objectives of the Regional Health Authorities. To this end, government has embarked on an aggressive training programme both locally and overseas, health personnel with the necessary skills so that they perform maximally in achieving the objectives of these Health

Authorities.

Mr Speaker, change is never accepted with open arms. There is always some apprehension both by the staff and the clients. Let me assure the Guyanese public that the formation of the Regional Health Authorities is designed to enhance the efficacy as well as to improve the transparency of health care delivery in the respective Regions.

Part 5 Section 26 of this Act, speaks to the issue of the principles, objectives and priorities of the Health Authorities and their health care programmes which will be delivered.

It also speaks about the ability of persons being able to access equal attention and health care as those who live out of the area and those who live in that very area.

It also speaks to the monitoring and the evaluation of the programmes of the Regional Health Authority and most importantly, it speaks about ensuring transparency of all financial transactions.

It is also very important for the staff to note and I repeat, for the staff to note that they will receive no less favourable employment benefits than what they are currently enjoying. Sir, we just heard that workers are going to be taken out from the Public Service from under the protection of the Public Service Commission and that they will be exposed to the Boards according to the Honourable Member Mr Alexander. Sir, the reality is that on every Board of the Regional Health Authority, there is going to be representation from which ever bargaining unit.

I will now read from Part 8 Section 39 which deals with pensions and other benefits.

The Minister shall ensure that when a Regional Health Authority is established, that all persons employed in the health region or regions assigned to the Authority immediately before the establishment of the Authority, continue in the jobs they held on terms and conditions and with benefits no less favourable than before the establishment and that exist-

ing union agreement ...

And I repeat Sir, existing union agreements

... shall continue in force until changed by agreement between the unions and the Regional Health Authority.

It continues to say:

A person who transfers from the Public Service to a Regional Health Authority shall continue to have the same pension benefits under the Pensions Act as if he continued to be employed in the Public Service until such time, as a separate pension fund is established for employees of a Regional Health Authority and the person chooses

And I repeat, chooses

.... to be covered under that same pension plan.

Sir, it is clear, that there is no sinister motive; there is no intention of depriving workers of their rights here. It is a fact we always try to draft our Bills and Legislation without trying to contravene other laws and regulations.

Mr Speaker, we heard, the Honourable Member Mr Alexander (he is not here, but I am sure that he is somewhere around), lamenting the fact that the Minister seems to have taken over full control, that everything is being done by the Minister. Since I happened to be one of the youngest around here in the terms of membership of this House, I have never seen any Bill which refers to any function which says *the Ministry*. I have always seen it said *the Minister*, because someone has to be responsible, someone has to be in control over the actions, over the functions of the Ministry and not because the Bill is saying *the Minister shall*, it means as the Honourable Member Mr Alexander said that the Minister has the authority to do everything at his discretion and behest. The Minister is answerable for what his technical staff will be doing. All of these

parameters for the rules and regulations governing the authorities are going to be done by the responsible technical persons.

Sir, I saw a bit of contradiction, when the said Honourable Member mentioned that he did not like the idea of this Bill, because it seems as though the hand of the Minister allows the centre and I am wondering if he is speaking about the Ministry. So on one hand, he is saying that the Minister is doing these things; then he is saying that the Minister is allowing the Ministry to determine the parameters of the Board of the Regional Health Authority and he is right. It is the Ministry, but the Minister is answerable and to the end he did say that the Minister is answerable for the actions and performance of the Ministry and it is a fact.

Mr Speaker, this Bill is aimed at achieving no less than providing a better health care system for our sisters and brothers of this country. Sir, those of us, who worked in the Health Sector would know that much better is desired and this is the aim by this administration to ensure that the citizens of this country get what they deserve. Sir, the reality is that the citizens will now have a better opportunity to participate in the process of planning and monitoring the health services in their various communities. We have even heard it mentioned by the Honourable Member Mr Alexander, that the configuration of the Boards will be having representatives from around the citizens and representatives from among various organisations. There will also be District Health Management Committees at the lower levels, where persons will be given an opportunity to participate in their health care. Sir, I see no harm in persons signing on to this process. I do not think it is going to make the system worse. It can only make it better.

I therefore urge each and every one of my Guyanese brothers and sisters out there to support this process, to work along with their communities in ensuring that they finally have a very important say in determining how their health care systems are run, to see, to monitor and to ensure that all the talk we are hearing about corruption that there is going to be transparency, that all transactions are going to be monitored. Even though the Honourable Member Mr Alexander has said that it is a trend that the

government is now trying to recentralise. This is not a name of recentralisation; it is a name of monitoring and ensuring that there is transparency so that once and for all, we will stop hearing allegations of corruption maybe the Honourable Member does not want to have the allegations of corruption going away since there will be nothing else for them to harp on. *[Interruption: 'What happened to Georgetown Hospital?']*

Sir, once again, just for the records, may I say that the Georgetown Public Hospital Corporation is not considered a Regional Health Authority according to my understanding of the rules and regulations in the Act that governs the Georgetown Public Hospital Corporation.

Sir, once again, let me urge my colleagues on the other side of this House to work along with us. As I said, changes are never accepted, there will always be hitches; there will always be difficulties. Let us work together and iron out the difficulties that may be presenting themselves in this Bill. Let us all work together for a better health care system for all of us since all of us are going to necessitate and be exposed to using this very health care system that we seem to be so flippant about. Thank you very much Sir. *[Applause]*

The Speaker: Thank you Honourable Member

The Honourable Member Dr Joseph

Dr Dalgliesh Joseph: Mr Speaker, I rise to make my contribution to the debate on the Regional Health Authorities Bill No. 26 of 2004.

Mr Speaker, I also rise as a practitioner, who has worked for more than twenty-two years in the Public Sector and who has also worked in different Regions conducting medical outreaches and touching base with many local authorities throughout the ten administrative Regions in our

country.

In putting the Regional Health Authorities Bill in perspective, once one speaks in Guyana about Regional Health, one speaks about the health of the nation. Guyana has been divided into ten Administrative Regions and therefore, when we speak about Regional Health Authorities Bill, we are actually talking about the health of the nation. Therefore, it is within that context that my colleagues the Honourable Member Mr Vincent Alexander spoke alluding to different aspects that are deficient in the confection of the current Bill we are debating.

The People's National Congress has been responsible for regionalising health in Guyana. This was done within the context of a clear understanding of what were the health challenges at the time. Health care was regionalised under the People's National Congress at the time, when you already had regionalisation of central government within the political framework that the Honourable Member Mr Vincent Alexander alluded to. It meant therefore that through decentralisation of health care delivery required a structure that was similar to what existed in the centre and also a structure that would have addressed those important concerns in terms of health care delivery at the local level. That is why the structure was intimately related to the Regional Administrative System.

In a random and quick look at the Regional Authorities Bill, there is no role for the traditional health care professional, who was at the helm at the Regional Health Care system. I refer here to the Regional Health Officer known as the RHO. In essence, that person was responsible at the regional level for all health related matters under the regionalisation of health. Therefore, one wants to find out whether or not the Regional Health Authorities is an imposition to an already existing system and what is the role of the RHO which is not clearly identified here in the Regional Authorities Bill.

Mr Speaker, one would have assumed that in introducing a new system, one would have placed the current system under review so that we can identify its strengths and its weaknesses. Having identified those strengths

and weaknesses efforts would have been made to resolve them in tangible ways. The current Regional Health System has a plethora of problems, even at the time when the Regional Health Care System was established under the People's National Congress, we had challenges in those days that we had not overcome. Therefore the PPP/C obviously inherited those challenges that we were not able to overcome. Therefore it is imperative that in changing a system, one wants to ensure that at least the fundamental problems inherent in the current should not be inherited by a new entity which has not yet been tried and proven in Guyana.

Regional Health Authorities have not been operative in Guyana and therefore it is a new system. Therefore, one needs to take into consideration what are the problems they are going to inherit that we so far have not been able to address effectively. I will really share with you some of those problems.

1. So far in the health sector, we have not been able to put in place proper systems for evaluating programmes outcomes in our regions. Our regions on an annual basis submit programmes which have to be funded, but we have not yet in the Health Sector established proper systems to evaluate their outcomes, to really and truly determine that has been the effectiveness of our spending and what have been the benefits to the population of the respective regions.
2. No system for quality assurance is present in any of the Regions except of course Region 4. Quality assurance is essential, because when one looks at the National Strategic Health Plan, one looks at what it plans to do. The element of quality assurance is written in black white, but what is the litmus test? That what is happening out there, what the consumers are receiving on a daily basis, is it subject to quality assurance and that is the fundamental issue.

The issue is, you could put that on paper, but the bottom line is the

population in general has to be the recipient of quality health care. Which means that we have not been able to satisfy those requirements under the current system, what are the guaranties that the new system will do likewise or do better? Therefore, those are some of the fundamental questions that we have to answer as we seek to introduce Regional Health Authorities.

3. There is no local or regional scientific planning, once Regional Health Authorities are established as is the case currently of Regional RHOs regionalisation of health, you need to have a scientific planning presence in every Region, because the problems that are inherent in every Region must be addressed. Therefore, you must be able to have the mechanisms at the local level to ensure that scientific methods of resolving those problems reside within the purview of the respective Regions.

Over the years and even under the People's National Congress, we know that many regions posed major logistical problems as it relates to health care delivery, there is no doubt.

- Region 1 provides logistical problems and logistical challenges;
- Region 7 does the same;
- Region 8 does the same; and
- Region 9 does the same.

Therefore, we have not successfully dealt with those problems so that we can safely say:

- (a) We can guarantee that our programmes and our policies reach the recesses of any of those regions. Therefore these are fundamental issues that have to be addressed, if we are to agree to Regional Health Authorities and an environment where they can effectively function and deliver what is anticipated.

Therefore, I believe that it is essential that in terms of how we develop the structure through which HMCs are to function, that we have to take into consideration the current problems we have not been able to overcome.

- (b) The next issue has to do with bureaucracy. One of the fundamental problems in regionalisation of health that we have experienced and I am sure that the current administration experiences the same is the regional bureaucracy. When you interact with the RHOs in almost all the regions, they tell you of the problems they have with reimbursements of funds and timely disbursements of funds. I therefore ask the question ... we have to find solutions to these problems. While on paper, there is a proposal for HMCs but there are no clearly defined mechanisms, through which these problems can be eliminated.
- (c) Health information systems - This has been a fundamental problem in our time and even now. It is difficult for one to find out exactly what is going on in any Region. In terms of indicators for certain diseases, to understand clearly what has been happening in different areas of the health sector in any of the Regions. This is an issue which the PPP had bemoaned during the time PNC was in Office, but they have not resolved the problem either.

Therefore are we going to bequeath to the HMCs these problems or are we going to bequeath to them systems that are well designed so that we can have good medical information that can be easily transmitted to and fro to the centre, from the periphery to the centre and from the centre to the periphery. This is also a challenge which one needs to consider, when one takes the quantum leap from what we currently have to what is desired. There is still a departure, a dependency on the centre for direction and this obviously hinges on the fact when we envisage regionalisation of health, our view was that every region should have at its helm a RHO, but that every RHO would have had acquired a Masters in Public Health (M.Ph). It was our desire that once an RHO is equipped with the qualification of an M.Ph, he or she would have been

in a better position to really lead the regional health effort. Therefore to that end, the People's National Congress did initiate the training of RHOs to fulfil that responsibility. There is a number of RHOs and I must agree that a number of RHOs have been trained under the PPP/C, but they are not at the helm of the Regions or the Regional System. Therefore, the point I make is, that in essence what we consider at that time to be an important imperative in terms of the quality of health care delivery was not emphasized and continued by the PPP/C since they took office. We have a number of RHOs who are still out there administering the affairs of our Regions and they have not benefited from further training and more specifically training in Masters in Public Health. This is essential.

Now in the Regional Health Authorities Bill, there is no specific mention as to the role of the MCA as it relates to the persons and the qualifications for the persons who are to be in charge, the CEO or Directors. What qualifications or basic qualifications they are supposed to have in order to effectively dispense health in the Regions. Therefore, this is one of the grey areas and the current Bill as well as the Strategic Health Plan does not clearly define.

Mr Speaker, a random look to one of the annual report for a Region ... and here, I have the Annual Report for Region 10 for 2003, it tells you that inherently in the Regional Health Care System, there are problems which have to be resolved if we are to contemplate on what we have to what is proposed. As stated here, Region 10 has a population of approximately 50,000. The Report goes on to show an establishment. I will share with you that establishment and I think the people of this country can judge from an establishment like this and with a population of 50,000, what kind of quality health care we are delivering.

In terms of Regional Hospitals - the Linden Hospital Complex, there are:

- twenty one nursing assistants;
- one dentist;

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- one dental assistant;
- one pharmacist;
- one pharmacy assistant;
- one radiographer; and
- Community Health Workers, there is none.
- health visitors - none

Now in terms of a Regional Hospital, this establishment is a formula for failure. This establishment clearly tells you that the people in that Region are not the recipient of the proposed or the quality of health care that has been enunciated in the National Strategic Health Plan or what is proposed in the Bill before the House now.

I will now go to the District Hospital, again in Region 10, there are:

- community health workers - none;
- five nursing assistants;
- one dentist;
- dental assistant - none;
- one pharmacist;
- two pharmacy assistants;
- health visitors - none;
- radiographer - none;
- but there is a facility for X-ray.

Again Mr Speaker, what I am seeing here and what I am trying to point

out is that in many of our regions (and this is one that I have chosen at random), there are inherent problems in the quality of health care that is being delivered. Therefore, if we do not get this right, how are we going to make this quantum leap? It is essential that if we are going to bequeath to HMC and why I am highlighting Region 10, because it is proposed that Regions 6 and 10 will be pilots and if they are pilots, then obviously the pilots will be confronted with the inherent problems that currently face the Regional Health Care System.

I will go further to the level of the Health Centres and this is the official report. There are:

- community worker - none;
- four nursing assistants;
- dentist - none;
- one dental Assistant;
- pharmacist - none.
- pharmacy assistant - none;
- one health visitor;
- radiographer - none.

The point I am making here is that so far, I have not mentioned anything about professional nursing staff, because no where in this report does it make any mention about professional nursing staff. This is the tip of the iceberg as it relates to what we are hoping to bequeath to HMCs in a quantum leap from what we have to what we do not have. The problem here is and I repeat as I stated in my opening remarks, that once we speak about Regional Health Authorities we are speaking about the health of the entire nation. This obviously is not a simple matter. Regional health involves all the people of the Co-operative Republic of Guyana.

Therefore, we have to take into consideration our current constraints, and how we plan to deal with those current constraints before we can quantum leap. I assure you that if the Regional Health Authorities were to be established now they would be established within an environment that is conducive to failure. That is not what we want. Our business here in this House is that we must guarantee the nation's health and therefore our deliberations must be so geared that the nation's health must be pivotal in all our minds.

This brings me to the fact that such an important Bill was deliberated on as the Honourable Minister said, they had numerous consultations. With us, who are instrumental in establishing the Regional Health Care System, we were not actively involved in the deliberations. This is not good for Guyana. Obviously, the People's National Congress/Reform has a role to play in the governance of this country; we have a role to play in determining the best standards for health care in the Cooperative Republic of Guyana. We are the major opposition and we have a right to be heard not here at the debate, but we must be invited to be actively involved in deliberations that shape the future of this nation. This is a condemnation to all the processes that took place without our active involvement. I would sincerely hope that we do not develop the culture of bringing, such important pieces of legislation to the House without first involving the combined opposition so that we can actively deliberate and shape the future of this nation.

Mr Speaker, Regional Health Authorities require that we put in place a number of systems, which of course, when one looks at what obtains now, those systems are not in place.

We have signed on to what is considered minimum acceptable standards for healthcare delivery at the regional level and also at the centre. Those minimum acceptable standards must be the hallmark of quality health service. Now we have not been able guarantee, those minimal acceptable standards throughout the length and breath of this country and therefore it is unfair to bequeath such a situation to HMCs.

In essence, HMCs are not really problematic for the People's National Congress/Reform. The fundamental thing has to do with the fact that HMCs are going to operate in an environment, where the emphasis now which is to regionalise through the regional democratic establishment will now be disallowed in the health sector. Therefore, they will be an entity unto themselves and therein lies the problem. According to the Minister's presentation, it is envisaged to establish five or four HMCs. I do not know the Minister's formulation, but if now you are battling with the problem of providing adequate healthcare to all the people who live in our ten administrative regions, I really do not see how five HMCs will effectively deliver what is required. Mr Speaker, I believe that one of the salient feature of regionalisation of health, even though my colleagues over there refer to the PAHO/WHO Document, one of the essential thing which even the Conference held by PHAO/WHO in 1991 or 1992 that dealt with national referral systems also underpin the importance of ensuring that local health systems must coalesce with and from national health system and at the end of the day the people must be educated so that they too can take care of their own health, but you need to meet them with your education programmes et cetera. So far we have not been able to reach even half of our population so that our programmes and policies which are geared for their own health and the strengthening their own health can be met.

Therefore, this Bill as it is today - the Regional Health Authorities Bill - falls short in many ways. Fundamentally, it does not address those inherent problems which have plagued the Regional Healthcare System that we have established in the 1980s. It has not effectively addressed them. It has not been able also to address the healthcare needs per region per population, per small pockets of population.

One of the most fundamental issue that the Honourable Minister of the Public Service, Ms Jennifer Westford alluded to, I really do not know where she is going to get the staff from. I would like very much to see what the Annual Regional Reports for Regions 6, 1, 2, 3, 4, 5, 7, 8 and Region 9, because if Region 10 gives us such a dismal picture, then I would very much like to know what the other Annual Regional Reports

reflect. Once you are talking about the nation's health, you need to take it within its total context.

If what you have today have failed to deliver, what tells you that what you propose will deliver. We cannot play with the nation's health. We cannot allow the nation's health to be in the hands of one person. The nation's health is so pivotal.

Now I understand that the People's Progressive Party Administration is the current custodian of the nation's health and therefore they have an obligation to ensure that whatever systems that they put in place must be systems that are appropriate and they must deliver the goods. I doubt whether what is proposed here in terms of Regional Health Authorities within its current context, in going through the gamut of clauses in this Bill, will address those fundamental needs and requirements of this population.

Therefore Mr Speaker, I agree with my colleague the Hon Vincent Alexander that in terms of Regional Health Authorities, I have no problems with the quantum leap, but this is a quantum leap from a situation which is untenable to a situation which is unclear. There is no way you can move from this situation to a situation which have not been tried and tested and hope to have the kind of results that are articulated in the Strategic Health Plan and are articulated in the current Bill before this House and therefore I do not believe that even the Minister himself has any litmus test to really determine that what is proposed will be achieved. Already, Mr Speaker, the Strategic Health Plan is now in its third year and we have just read the Regional Report of Region 10, which is the end of the fiscal year 2003. Mr Speaker, within this picture which looks quite dismal to me, I do not believe that we are yet ready to bring into effect the Regional Health Authorities for the simple reasons that I have identified. We are prepared nevertheless to deliberate with the People's Progressive Party, ways and means of ensuring that once this Bill is approved with participation of both sides of the House and it is a Bill once agreed by us, it must be introduced in a progressive manner making sure that some of the problems that we have identified inherent in the Health

Care Delivery System in the Regions are addressed or at least efforts are geared towards addressing many of the fundamental problems.

Therefore, I support the former speaker Hon Vincent Alexander in that we are not prepared to support this Bill in its current form, but we are prepared to jointly deliberate as the need arises so that we can have or fashion a Bill that reflects those concerns that we have so far articulated. I thank you. *[Applause]*

The Speaker: Thank you Honourable Member

The Honourable Member Mr Rajkumar

Mr Ramesh C Rajkumar: Mr Speaker, I rise to support the Bill as presented by the Honourable Minister.

Mr Speaker, this is a very comprehensive Bill, which shows the end result of decade of hard work. I say that in the context of having experience being a member some time ago in the Hospital Management Committee in Region 6.

At that time, after listening to the Honourable Minister Jennifer Westford's presentation in 1994, I then recall that it was around that time that the Management Committee of the New Amsterdam Hospital was formed, whereby, it was thought this Committee shall give advice to administration of the New Amsterdam Hospital, taking in consideration the conditions of the health system at that particular point in time.

As I listened to the Honourable Member Dr Joseph's presentation, I tried to grapple with whether in fact he was opposed to the Bill or whether he was implicitly supporting the Bill, because he did lament the fact that the Regional Health System presently in place is not providing the quality service that is required for healthcare in Guyana.

Mr Speaker, we also look at the presentation of the Honourable Member Mr Alexander and he also stated that the legal framework is in defiance of our present legal system. I would like to point out that Article 65 (1) of our Constitution provides:

Subject to the provisions to this Constitution, Parliament may make laws for the peace, order and good government of Guyana.

In other words, when we are looking at the Constitution in its framework of the Local Democratic Organs, which is a vital aspect of democracy and that is in our Constitution, but there was no provision in terms of a legal framework that the establishment of the Regional Democratic Council will be in control of the Regional Health System. What happened there, if you would like to use a word *delegation* or *devolution* whichever it was, we could interpret it differently whether it is devolution or delegation, but that is what the Ministry of Health had shouldered the Regional Democratic Council with a responsibility of healthcare in the particular Regions. So there was nothing by law or within a legal framework, which states that health shall be the responsibility and the sole responsibility in the region of the Regional Democratic Council. So therefore, there is nothing unconstitutional or nothing in defiance of the legal system as it presently exists of which this Bill would collide.

Mr Speaker, the Bill sets out a plan; it calls for the Regional Health Authority to provide a plan on a request of a Minister. It also provides for public consultation whereby Clause 18 (5) states:

Not less than once in every calendar year, each Regional Health Authority shall conduct a public meeting to set out for public discussions its activities and any future plans including, in the case of a Regional Health Authority its last annual report.

That report having been previously publicly available. In other words, the public is involved. The Regional Health Authority System will then be opened to public scrutiny and also public involvement for the better

planning of the functioning Regional Health Authority, thus a provision of quality healthcare which we all so anxiously want to provide for our citizens.

There is also the provision in the Bill for professional advisory committees, so therefore the Health Authorities will not be working in a vacuum, there would be a professional advisory committee comprising of medical personnel, persons from nursing institutions and also the dental institutions that will provide advice to the Regional Health Authority so that it could carry out its mandate as set out in this Bill.

There is also the provision where Regional Health Authority would become a budgetary agency and has its own budget and to be in charge of its own funds. Therefore, they could make plans for the delivery of quality healthcare. In other words, the Bill in itself is a very comprehensive piece of work that we have seen for one decade or over a decade of discussions and consultations, because in 1994 and thereafter, in Region 6, the management committee was set up whereby certain advice was rendered to the administration - the Regional Health Officer. However, that work was at some time stultified, because we have had instances where the authority of the Management Committee was put into question. How could they request statistics from the Administrator? If we are going to have data collection, how could we then request and enforce the collection of statistics?

We have encountered those difficulties over the years, but we have persisted because we recognised ... and this is the very point Dr Joseph was making ... that the Regional Health System under the Regional Democratic or the Local Democratic Organs is not functioning at its maximum or its optimum. Therefore, we recognised that and all these years, we have been working as a model with Region 6 Health System, whereby the Management Committee was set up and it was put into operation and now we are very happy. I would say this from the Management Committee's perspective in Region 6 that we are able to get this Bill before this Honourable House so that we could implement and have the force of law of that Committee which shall function.

The Bill also sets out in Clause 14(2):

The Regional Health Authority shall be a body incorporate

In other words, it has some level of autonomy; it shall be body corporate and has the autonomy and therefore it could function at its maximum. What we find, the structure in place is the Regional Health Authority, which functions as a Board that has a CEO, a Management Committee and then there are Professional Advisory Committees and so forth. In the past, we have had much confusion under the present Regional Health System that exists. We have had instances where the Regional Health Officer was the Medical Superintendent; in some instances, where the administrator had to be the Medical Superintendent and the Regional Health Officer, which brought about a lot of conflict to interest.

However, today, with the coming of this Bill, making the provision for the separation of the different levels of authority, we could therefore see a better implementation of the system of health and in terms of setting standards.

Part of the Bill at Section 9, speaks of setting standards and that is what we have to be very cautious about, because we need to have standards whereby we could provide the quality which is second to none in other parts of the world.

Mr Speaker, in conclusion, I would like to urge the members of the other side of the House to support the Bill as it is laid in Parliament. Thank you [*Applause*]

The Speaker: Thank you Honourable Member

The Honourable Member Dr Hanoman

Dr Carl Max Hanoman: Mr Speaker, I wish to add my contribution to this debate on the Regional Health Authorities Bill 2004.

In recent times, many Bills regarding health have been brought to this Honourable House and I agree that regulations on health are necessary. Regulations on health and healthcare in the region must be built on a proper structure for it to be functional. We need adequate personnel, buildings, medical equipment and suitable professionals to execute adequate healthcare. What this Bill attempts to do is to put the cart before the horse.

As noted in the 2005 budget debate, I alluded to the monies allocated to the Regions; the monies were inadequate. They allocated the money in an attempt to relief human suffering that abounds in the regions. We have at the moment broken down equipment, no trained or not enough trained biomedical technicians, which is so necessary to maintain medical equipment.

We must emphasize that putting up buildings that can be satisfying to the eye is not enough. We must approach the population with a sense of responsibility showing that we care. We cannot tell the people that we have facilities and we cannot deliver.

To note a very clear example, the new New Amsterdam Hospital is functioning below capacity. The laboratory can only do limited blood testing, which is so important in assisting in diagnosis. I listened to the honourable colleague and friend in Parliament, Mr Rajkumar, who stated that he was on the Administrative Board of the New Amsterdam Hospital. I hope that he has the facts to say how they are doing. Recently, I am informed that a patient died because of a blackout at the hospital. A lot of important medications are necessary in the case of emergency and I can give an example of that - dopamine.

New Amsterdam is noted for suicides, they drink malathion and paraquat. The drug atropine is necessary with the treatment of malathion. There is limited supply of atropine in Berbice. A fourteen year old girl died only

recently because of a lack of atropine injections at New Amsterdam. I am a Berbician, I am from New Amsterdam so I care for my fellow Berbicians and for all Guyanese.

It would have been better if we had put our efforts in improving what we have, than to destroy the existing structure and create Health Authorities at the whims and fancies of the Honourable Minister of Health.

Our efforts must be directed to the training of more professional, nurses, doctors, nurse's aid and technicians to staff the existing facilities and not try to enlarge when we have a deficient system.

Our efforts must be streamlined to the acquisition of sophisticated equipment to help in diagnosis for example laparoscope, colonoscope, fibrotic gastroscop. These things are not available in a newly built hospital. We must have a hospital that is fully equipped.

Now the Honourable Minister of Health has said that he was going to use Georgetown Hospital Corporation as a template for the Regional System. I would like to refer to Auditor General's Report as to the happenings at the Georgetown Hospital. Is that how we are going to go? Boards and Committees must be selected from individuals nominated from organisations that represent medical professionals for example the Nursing Association, the Medical Association, and the Dental Association. There should also be nominees from civil society.

I question this Act as it only regulates the public health facilities. It is vague whether this Act can regulate private hospitals or clinics within the regions. I am sure that there are other areas that legally cover this aspect of health.

I would now like to go to the Bill - Part 4 Section 15 (3) under Structure and Administration, I would suggest that the terms of Office be one year instead of two years since that is the initial Board nominated by the Minister.

Under Section 16 (3), it is ridiculous that the organisation that represents

doctors and nurses are not named.

Under Section 16 (9) the chairperson must be elected from the members of the Board, but it does not say how.

The Minister recently told this Parliament that he used to discuss health issues and policies with me at Biomed Labs and at my office in Lamaha Street. That is true, that was when he was enlightened, when he was critical of the PPP/C and a previous Minister of Health. I will still invite him for a beer and try to enlighten him as I am sure he does not truly believe the very thing he is now proposing. He has changed from those days since we drank beer together.

Under Section 18(1), meeting of a Board in procedure, it is very loose. The suggestion should be bi-monthly or monthly meetings. I am concerned about the make up of our Medical Advisory Committee as to whether the Professional Advisory Committee will advise on all professional appointments that is medical staff, dental staff, pharmacist and nurses.

In Section 23(2) of the Bill, fifteen members are elected to a Professional Advisory Committee, but it is not clear where the members would come from the Guyana Medical Association or the Guyana Pharmacy Association or how these members will be elected or are they going to be totally selected by the Minister. The hand of the Minister is pervasive in this proposed Bill. While the Minister seeks to suggest that there is devolution of power, the truth is, he is installing on himself imperial powers, powers of an emperor. There is no devolution of power, but consolidation of power in the hands of the Minister contrary to the spirit and intent of the local government initiatives.

Under Part 7 General - Section 33 (c) - Subsidiary health corporations - Can this allow the Minister to inspect my office or clinic or hospital? This Act must determine clearly what the Minister's intentions are.

Finally, under Section 36 referring to Section 41(7) or (8), Section 42 -

Every person who violates or fails to comply with these sections commits an offence and is liable on summary convictions to a fine of \$500,000 or imprisonment for six months or both. Mr Speaker, we are at Sections 41 and 42 in this Bill. I hope it is in the amendment.

My colleague Dr Joseph and the Honourable Member Mr Alexander have spoken with great convictions on the shortcomings in this proposed Bill. Let me point out how inconsistent the Honourable Minister has been. The Minister has stated that the NDS Chapter 19 addresses reform of the health sector, which recognised that the economic decline in the 1970s and 1980s affected health delivery.

He also stated that due to economic progress made during 1988 to 1998, healthcare delivery improved. Am I to assume that economic progress has declined as health care delivery has declined? We have new structures, new buildings, but the software and personnel is not available. How come in a so-called expanding economy healthcare delivery has declined? We have spent billions and yet the average Guyanese regionally are subjected to poor health care delivery reflected in an increase of maternal and infant mortality. That is so, if you take the figures for the New Amsterdam Hospital, I am not referring to the Georgetown Hospital, but the New Amsterdam Hospital, the Regional Hospital.

We, in the PNC/R have no problem in supporting a decentralised system, but what has been proposed is recentralisation vested in imperial powers in my very good friend the Honourable Minister of Health. Thank you. *[Applause]*

The Speaker: Thank you Honourable Member.

The Honourable Member Dr Bheri Ramsaran *[Pause]*

Can we move on now to Dr Norton? *[Pause]* Dr Norton, I am calling on you to speak; you either speak or refuse to speak.

Dr George A Norton: Mr Speaker, I rise to make my contribution to Bill No. 26 of 2004 - the Regional Health Authorities Bill.

Mr Speaker, one cannot help repeatedly expressing alarm at the powers this Bill gives to the Minister. Even though this might have been clearly demonstrated by my colleagues and particularly so by the Honourable Member Mr Alexander, there is that feeling that the Minister is showing no confidence or trust in the members of this Regional Health Authority, that he the Minister himself has established for even though this Bill list the powers, duties and the responsibilities of the Regional Health Authority, yet the Minister maintains, what can best be described as *a strangle hold* on the Regional Health Authorities. For practically all its duties and functions are controlled by the Minister with respect to the administration of this Act.

This Bill lists Part 2 as powers and duties of the Minister, but in reality in almost all the other parts of this Bill, there are mentions of powers given to the Minister. You must remember that the Minister is a political figure and even though he is responsible for the administration of this Act. Yet even with respect to the technical aspect of its administration, he has overriding powers.

The Minister might only be a political figure, but the impression given is one in which the Minister is like a superhuman, a genius, one who knows it all and does it all. For almost in every section of the different parts of this Bill, one reads:

- the Minister authorising;
- the Minister establishing;
- the Minister approving;
- giving directions;
- providing guidelines;

- coordinating;
- revoking;
- suspending;
- ensuring;
- dissolving; and
- appointing people.

In other words, the Minister has a tremendously grand overbearing over the Regional Health Authority. For example, the Minister may provide for or arrange for the provision for health services and health programmes inside or outside of a health region, whether or not the services or programmes are being provided by that Regional Health Authority in that particular Region.

He may also give approval under this Act, but this approval may be subjected to such terms and conditions as the Minister considers appropriate, he even may suspend or revoke an approval given under this regulation.

While it is accepted that an accountability framework should be established subject to provisions of the Financial Management and Accountability Act 2003, it should never be the Minister to establish the same. This is best done by an independent body, somebody such as the Accountant General. For this same reason, the Minister being a political figure should not be the one to establish performance targets for a Regional Health Authority especially with respect to its financial management.

This Bill speaks of a service agreement between a Regional Health Authority and the Minister. This should be a mutual agreement for both parties, yet according to the Bill, this is done in a form approved only by the Minister. Why not in a form that is approved by both parties?

The Minister should not only lay before the National Assembly the report of the review of this Bill, but it must state in this Bill that this report must be laid before the National Assembly by way of a Motion to be debated and to facilitate a broader evaluation and effect the necessary changes.

It is not sufficient for this Bill to state that the Minister may by order from time to time establish one or more health regions. This was pointed out by my other colleagues. What we find is that there is the absence of details with respect to the establishment of these health regions. There need to be a more defined criteria for establishing same and such criteria should be stated here in the Bill. For as it stands at present, this can very well be described as a leap into the dark. Those criteria should be spelt out and we can tell you that for instance in Trinidad and Tobago, the Regional Health Authority corresponds with the geographical regions of that country and that definition is clearly defined.

The Minister may by order establish a Regional Health Authority and may by order dissolve the Regional Health Authority. For a Regional Health Authority that he has just established, the Minister may now appoint the number of persons and members of its Board that the Minister consider appropriate. Could not the members of this Regional Health Authority nominate and elect their own Board, be it the first or subsequent Board? Mr Speaker, not only does the Minister appoint members of the Board, but he also makes subsequent appointments to fill vacancies on the Board and also appoint its first Chairperson. This Board controls and manages the business and affairs of the Regional Health Authority, why cannot the members of the first Board elect their own first chairperson as will be the case subsequently. Mr Speaker, should it be left alone for the Minister to decide on the payment on remuneration and expenses of the first Board. This should not be the case; they ought to be a clear criterion for payment which there must be specific objectives. This should never be in the powers of the Minister.

There are situations where it is stated without a doubt that the Minister should consult when establishing accountability framework, with every

existing Regional Health Authority, but this is a rare case of consultation stated in this Bill. For at times, it is only the opinion of the Minister that is necessary for the Board to be given directions and according to this Bill; the directions of the Minister shall be complied with by the Board. Rather than giving directions on the Board based on his opinion, should not the Minister be encouraged to engage in consultations with the Board especially if it appears that this Board is failing to ensure compliance with either the National Health Plan or the Regional Health Plan?

Better still there should be an independent mechanism for investigation of the performance of the Board. This should not be left to the Minister. The Minister in this situation is both judge and jury demonstrating once again the control of the Minister over the Board.

With respect to the formation of the Board, two members may be nominated by private sector entities. These entities should be well established and must be so stated. These entities should be of good standing and should not be guarded against fly by night convenient forming entities as might have happened in situations before. The two members nominated or selected from nominees named by organisations representing doctors and nurses should be given some amount of consideration, because there are some administrative regions that there are no doctors in the first place. Those where the doctors are not present and do not belong to the organisation representing doctors in Guyana. Besides these organisations as questioned by my colleague, which precisely are they referring to, the Guyana Medical Association or the Medical Council? It should be noted that membership of the organisation like the Guyana Medical Association or even the Berbice Medical Association do not extend its membership throughout the length and breadth of Guyana. It is therefore difficult or almost impossible at times to find persons to nominate from these organisations. For example, in the case of the Guyana Nurses Association, because you can find out from the Nurses Association that practically its membership does not extend beyond Region 4 and this is from the horses mouth. Besides that their association is only concerned with registered nurses and this is what they said to me. Once again, we have a situation where the central is controlling what is taking

place outside. These are important considerations that needs to be addressed, if there will be any semblance of a true independent Board especially since they can be only nominated by their different organisations, but have to be appointed by the Minister. He is demonstrating a strong hold one again.

There is a contradiction in this Bill, which says that the Board must determine the remuneration and expenses to members and community members of the Regional Health Authority, but yet it says that the Minister has to approve the same. This would much more accurately be a recommendation rather than a determination of the Board.

Even though the Minister might be involved in making broad policies should leave the Board to make its own bylaws without requiring his approval. While the bylaws made by the Board and all its amendments to them shall be submitted to the Minister for approval, why this has to be done in accordance to a procedure established by the Minister? Cannot the Board regulate it own procedure subject to the provisions to this Bill and Regulations as is the case of the procedures of meetings of the Board? Besides the bylaws should be made available to the public for them to scrutinise to be informed at their own time and at leisure and should not only be on their request during working hours of the Regional Health Authority. For this reason these bylaws should be published in the National Gazette.

Public meetings once every year of a Regional Health Authority is not enough. Is it that the public is not sufficient for public discussion? The Bill states that these meetings should be made.

The Secretary shall keep the minutes of the meeting of the Board and one would expect that these minutes can be adopted by members of the Board but this Bill states that it has to be confirmed by the Chairperson. An administrator and this is one person, can be appointed to carry out the duties of at least ten persons all minimum members of the Board, who in the opinion of the Minister may altogether fail to carry out its responsibilities and duties or to comply with the provisions of this Bill or

the Regulations. This is done without any stated independent investigation. Can this one person, who is the appointed administrator, be expected to do the job of ten persons? And even if he can, why do we need the Board in the first place? If he is doing the job, why is he only doing it for two years? Once again, it is the Minister who determines the salary and expenses of this administrator. This should never be the case. Similarly the Bills says, the Minister may appoint any person as an inspector and like the administrator, no mention will be made to qualifications requirements for suitability to these jobs. Apparently all that is necessary is the issuance of a certificate of inspector by the Minister to any person as is stated in this Act qualified for this job.

I would just like to refer to the fact that the Minister did refer to Georgetown Public Hospital Corporation as the model which he wants to follow. The Minister is saying that the conditions that this Bill gives to persons going into the Regional Health Authority are no less favourable. I can inform this Honourable House that one of the reasons why the new contracts for the consultants at the Georgetown Hospital have not been signed as yet is, because the conditions are less favourable. Besides, in a very recent case, the Medical Advisory Committee of that hospital, which is supposed to be the role model, was not consulted on the employment of persons to that institution. For instance, one turns up at his department to see professionals functioning in his department with no consultation with members of the Medical Advisory Committee.

Mr Speaker, the PNC/R cannot support this Bill nor we cannot even support sending this Bill to a Special Select Committee. Thank you very much. *[Applause]*

The Speaker: Thank you Honourable Member.

The Honourable Member Mrs Shirley Melville

Mrs Shirley J Melville: Mr Speaker, I rise to give my contribution to the Regional Health Authorities Bill of 2004.

It is indeed a very important piece of legislation, because we are dealing with the health of our nation. However, from a regional perspective, there is definitely need for more clarity and we would like to know how the present Regional Health Body is going to fit in to the health system with the introduction of the Regional Health Authorities Bill.

As we have heard earlier on in this House that there could be quite a lot of unnecessary confusion at the regional level due to the lack of understanding of how this system operates.

Mr Speaker, there is definitely need to make it very clear to our personnel within the Region so that they could carry out their duties in a more effective manner. For example, in Region 9 there is a Regional Health Officer, an Administrator of the hospital and a doctor. We noticed that in the composition of this Bill that there would be one person sitting on the Board to be elected by the Regional Democratic Council.

Page 14 speaks about a public meeting to be held at least once a year. Certainly there is need for more than that, because it bothers us, we do not understand who would be the five Regional Authority Bodies that are going to be established.

Mr Speaker, of course, we welcome the introduction of this Bill to this Honourable House. However, as I have said, we do know that there is a lot of confusion at the regional level, so there is need for a bit more clarity in the areas that I have mentioned.

The Regional Health Authorities Bill has been introduced into other CARICOM countries and I feel that there are lots of lessons to be learnt from the experience from those other countries.

In closing, we start healthy at the grass roots, healthy villages lead to healthy regions and then we would indeed have a healthy country. Thank you [*Applause*]

The Speaker: Thank you Honourable Member.

The Honourable Member Dr Bheri Ramsaran

Dr Bheri S Ramsaran: Mr Speaker, I too rise this evening to make my short contribution on this Bill, because I do notice the comprehensive approach that has been taken by both sides of the House. Here again, I must say that I note a healthy change in the life of our Parliament. Democracy is alive and discussions are happening. It shows that we might have differences of opinion, but once again I must congratulate not only the members on this side of the House, but members of that side of the House especially Dr Joseph who attempted to present what he considered constraints and challenge not only of the governing party or the government, but challenge, to quote him, ourselves to look at these constraints. But Mr Speaker, a lot of was said and some of it was well said, but what is more interesting to me, was the lot that was not said. In many cases, what I would like to point out to you now might have been alluded to during the debate, but I still think that it should be repeated for the sake of reinforcing it.

I did hear one continuous refrain, which would tend to mislead the uninitiated was the secure or the security of tenure of workers under the existing system should a new system come in place.

Mr Speaker, I would like to point out and to assure the wider public and the wider Public Servant that well entrenched in the document presented by the Minister, are provisions protecting the rights of workers who have contributed, who have given years of their life to the nation and who legitimately should expect some stake in this process. Why I start with that point is because there seems to be some times an attempt to mislead, to ponder the popular misconception. This indeed was happening with the recent attempts in Region 6, where many workers at the bottom, probably because sufficient enlightening work or public activity had not been undertaken by the committee set up to pilot the project. Many

of them were confused and their confusions were being played upon by elements in the union, some of them short but nasty, literally speaking short but nasty. Some gave the idea that the workers would lose their rights, that workers would suffer, that the new authority would be something to marginalise.

Fortunately for us, it is clearly enunciated in Subsection 39(1) of the Bill, where it says, workers, members of the workforce would enjoy the same privileges (I am paraphrasing) and the same rights as they would have enjoyed under the traditional Public Service.

Which prompts me to think that this is not an attempt in any way ... according to one of the speakers on the other side ... by stealth to try to subvert the Public Service Commission? Indeed, my readings of Subsection 39(1) I think that is the correct section, the rights of the workers are fully protected. This is how it is posited in the document:

39(1) The Minister shall ensure that when a Regional health authority is established that all persons employed in the health region or health regions assigned to the authority immediately before the establishment of the authority continue in their jobs they held on terms and conditions and with benefits no less favourable than before the establishment and that existing Union agreements shall continue in force until changed by agreement between the Union and the Regional Authority.

I thought that I should start with that one, because I think it is to the wider workforce and of course they would be interested in knowing that. Mr Speaker, in the initial days when discussions, workshops and public consultations were going on in Region 6 to introduce this idea; let me reassure you that they were numerous workshops, numerous consultations with wide participation of the workforce representatives of the Union and the RDC. In those initial days, there were some confusion among the workforce, who sometimes and of course, the union representing the Public Service Workers attached to the health sector in Berbice. At that time, there was even confusion between privatization

and the efforts to create a regional health authority. Those confusions were being played upon and I must again emphasize the clarity with which this Subsection 39(1) put pain to those misconceptions and fears. Here again I emphasize and would like to use this as an illustration to dismantle other aspects of the debate or other aspects of the interventions made by persons from the other side.

Selective reading of the Bill was indulged in and just as select references were made to the powers of the Minister without referring to the entrenched protection of the rights of civil servants, in Subsection 39(1) there were repeated references to the powers of the Minister without putting them in the correct context. For example, as pointed out from this side of the House, there is no other legislation where the Ministry is referred to. Of course, the Minister is entrenched here, but he would... [Interruption: 'What are you talking about, entrenched?'] I hear a voice from the other side querying *entrenched* and let me emphasize again, I am using the term *entrenched* mainly to call to the attention to all of those public servants out there that this Bill has entrenched, has protected your rights and benefits. Of course, a seasoned campaigner like my good colleague on the other side for example the Honourable Member Mr Alexander would very well understand why members of the working class which this government seeks protect would very much cherish and accept the contents of Subsection 39(1).

Mr Speaker, I exhausted that topic and I would like to point out to you that just as how that effort by the Minister to incorporate in his legislation protection for the workers and civil servants is pushed into the background, other aspects too seem to have been overlooked and attempts made to eclipse them.

The powers of the Minister are questioned, but I must point out that this is done or he is conferred with certain powers within the framework. For example, it was asked why certain things were not bequeathed to the Chief Medical Officer. The answer has been repetitively given from this side when such questions were answered.

Of course, as is expressed in this Bill, the Minister will have to rely on his advisory bodies including the advice of his technical officers. I have been reminded by a well learned legal counsel that when we speak of the Minister we also refer to the Cabinet, because a target or line Minister will be expressing on issues of a given line Ministry basically the thoughts and direction of the Cabinet, which is an elected body.

Mr Speaker, what I would like to point out too as we mentioned *elected bodies*, there is no paucity in this document of representation by elected bodies of the regional health authorities. In many instances, there have been references to the consultation with officers of the RDC. This was pointed out at least on two occasions from the opposition benches. For example, the Members from the RDC of regions that fall under the ambit of any given regional health authority shall have to be incorporated into the governing structures.

Mr Speaker, I would like to be long today, but what I would like to point out is that Dr Joseph made some interesting points; I tried to list them, there are about five points which we should reflect upon. I would like to look at it in a wider context.

He was saying that we should not make that quantum leap, if we have not been able put in order some of the deficiencies which he correctly pointed out. Mr Speaker those are deficiencies that this nation has been grappling with for decades, they are nothing new. They occurred under the existing system, the pre-regional health authority system, whereby in spite of the fact that the RDCs had a big say in health delivery and health supervision, the quality of health delivery was poor.

Now, it could be said that the RDCs with their constraints and with the known problems had structural difficulties in delivering what was expected of them in the health sector. It is not that a system was not tried; a system was tried and failed. The question we should ask Dr Joseph when he made his very interesting contribution is this, should we wait until we have an ideal situation before we fashion the tools to correct the mistakes and the difficulties that we are encountering? I think that in his

eagerness to share what he has been observing in the field when he goes on the medical outreaches as he related, in his exuberance he forgot this main fact that if we are in a ship or in a boat that has a hole, we cannot wait until we get to shore to try to patch that hole, while we are paddling we have to be innovative and create the tools using the material and the resources at our disposal to patch that boat, to cork it.

So the approach that we should not take a quantum leap, because we have deficiencies is in itself deficient. It does not show boldness, it does not show leadership and the present Ministry of Health is acclaimed for taking the mantle of leadership in a vigorous manner. Mr Speaker, while the Ministry of Health and this administration recognised many of the weaknesses, constraints and deficiencies that exist in the health sector, we are of the opinion that we cannot wait until we have rectified those deficiencies and constraints and address those concerns before we try a tool. The tool we have identified to rectify, to repair, to put in order is the regional health authority.

Mr Speaker, before I close I can slip into a little history, regional history, not local Guyanese history this time. Let me say that the regional health authority initiative has been on the Caribbean Agenda for some twenty-odd years now. In our own Caribbean, Jamaica took the first bold steps and we could very well learn from those efforts. The Regional health authority is not an invention of the People's Progressive Party, it is a tool that we have accepted, that we will have to fashion to suit our own needs, while we are simultaneously addressing some of the concerns that my colleague have raised on the other side of this House.

Let me emphasize some of the concerns that they would have raised, many are legitimate and some are ill-founded. We know that for every one concern that they can raise the People's Progressive Party/Civic administration, because of its very close connection with the grassroots knows about four or five more deficiencies that makes us anxious and apprehensive that we are anxious to address.

So Mr Speaker, I would like to recommend this Bill as the way to go, as

the way forward. I would like to recommend it as a tool that will help us to lay the foundation to repair some of the damages we have identified, some of the deficiencies that we have identified. Here, I do not want to be contentious and go into how we ended up at this situation. One of the speakers on the other side attempted to (should I say) smirch, I do not think that is un-parliamentary, the efforts of the administration of the Georgetown Public Hospital. Of course, the Minister indicted that he would like to take the Georgetown Public Hospital as an example and an effort was made to say no, conditions have not been maintained, conditions of certain workers have not been maintained and we were entertained to the example whereby contracts with certain consultants have not been signed, but this exactly is the crux of the matter Mr Speaker and colleagues. Administration in a semi-autonomous body now will have more leeway than probably in past dispensations. It is to their credit that the administration of the hospital was able to address certain difficulties. If for example, the administration of the hospital as presently incorporated, discovers certain deficiencies for lack of performance in any particular department that administration because it is held to higher standards now, because it has to deliver and because it is under scrutiny is obliged to act regardless of the feelings and sentiments of workers in any particular department. What I mean, is that if a particular department is expected to deliver fifty surgeries per week and the staff is capable for whatever reasons for delivering less than fifty, since that administration in a semi-autonomous body like the Georgetown Public Hospital Corporation, would have undertaken to deliver fifty units of service, then it is quite understandable to the nation and to the general workforce that that administration must intervene. As a matter of fact, as I reported on another occasion, such intervention has brought for example in the delivery of cataract surgery drastic increases, drastic improvement in work output both at the Georgetown Public Hospital and the New Amsterdam Public Hospital. So here the example that the colleague on the other side tried to raise, that powers are given to the administration to intervene, I laud those powers, the patient laud those powers. The patient body out there that belong to a backlog of the hysterectomies that need to be done, because of fibromas, of the hernias need to be done

because of the discomfort they have and of course the cataracts that need to be done, because their lies a big backlog. They will laud the intervention of the administrators of a semi autonomous body into any department to deliver services, services that they were obliged to give as matter of course.

Mr Speaker, I would like to close by reminding you that there seems to be a misconception, that the Ministry of Health by instituting or trying to get on the law books the Regional health authority is desirous of taking on the role of the delivery of service. I heard that on two occasions at least and I shall try to check the records if my counting is right on two occasion at least the Ministry was supposed by the opposition to be the deliverer of services. The Regional health authority is coming from a philosophy which says, the central Ministry of Health will not be the deliverer of services, but will take stewardship of the process, sets standards, high demands and ensure quality and evaluation of services delivered by the entities to which it would have delegated those responsibilities.

Mr Speaker, having touched on some key elements of this piece of legislation, I would like to recommend it to you and to the House as a good tool with which we can start the rectification process. Mr Speaker, with that I would like to thank you and other members of the House. *[Applause]*

The Speaker: Thank you Honourable Member

The Honourable Minister of Health

Hon Dr Leslie S Ramsammy: Mr Speaker, I would like to take this opportunity of thanking all the members who spoke on this Bill. This is really an honest attempt, to improve the present system. As I listened to all the Members, there were few things that were identified in the Bill and I have the sense that many members were having a little difficulty trying to find something to oppose.

Indeed, if one was to take ... and I will encourage the Members to take the Hansard and look at each others speech or presentation, there are lots of contradictions. Mr Speaker, the Honourable Member Mr Alexander spent most of his presentation talking about the constitutional basis of this Bill and mentioned a number of Articles 71, 74, 77 and so on. I want to assure all the members that these were issues that were discussed with many of the experts, there is no provision in this Bill that infringes on the constitutional provisions that Mr Alexander talked about, there is no derogation and it does not fly. No provision in this Bill flies in the face of the Constitution.

Indeed, the Honourable Member Mr Alexander left out one very important article of the Constitution and he knows this very well - Article 13

The principal objective of the political system of the State is to establish an inclusionary democracy by providing increasing opportunities for the participation of citizens, and their organisations in the management and decision making processes of the State, with particular emphasis on those areas of decision-making that directly affect their well-being.

If there is not something that affects their well-being like health, what else? Mr Speaker, I could effectively leave the Honourable Member Mr Alexander in those almost forty- five minutes to an hour presentation and including taking a break, in everything he said Article 13 simply dismisses his argument.

Mr Speaker, the Honourable Member did mention the fact that there are some amendments that are being proposed and it was circulated only today. Not true Honourable Member, the second reading was supposed to come up previously and on 16 February, the amendments were circulated when this Bill was deferred. This Bill was on the Order Paper and on that particular day we deferred it. I think it was the debate on the Motion on the flood. These amendments were circulated on 16 February.

The Honourable Member talked about the standards - why must the

Ministry set standards? I think that he was answered by his colleagues. I think Dr Hanoman said something and also the Honourable Member Dr Joseph [*Laughter*] ... fraternity, because they know what they are talking about. You cannot ask any one to deliver health without having standards; this is common throughout the world. We have standards, we have policies that we must be adhered to and the Ministry of Health has a role to play in this. Here, the Ministry of Health is providing steering and leadership. These regions are growing.

Let me go to the National Development Strategy which says what the role of the Ministry is and it is consistent with the provisions in this and setting standards in regulating the sector, in monitoring the sector. These are the roles that the Ministry plays.

So Mr Speaker, we are following well thought out proposals. The Honourable Member Dr Joseph, let me just stay with Member Alexander a little. He talked about the fact that while we are talking about following the NDS, we have ignored certain things like choosing the Board Members and he stopped halfway in the sentence. He stopped halfway at the Regional Democratic Council in terms of the Boards of the RHA will be autonomous, with a preponderance of representatives of regional government that is where the Honourable Member stopped, but the sentence continues. It says, and local communities and this is what we are doing not only the NDCs and RDCs, but doctors nurses and other bodies, the business communities, the civic communities. This is what we are doing.

As I said, I sympathise, because the Honourable Member Dr Joseph was struggling to find something. He talked about other things that we are supposed to have. This Bill makes provision for all of these things. This Bill says you have to have these things and that in the present regional system; the Ministry of Health has no power, no jurisdiction to make these things happen. The proposals here, the reformed regional health authority and the way to deliver health have made provisions for all of these things.

In terms of qualifications and so forth, there must be bylaws. To the credit of this government, we are saying to the Board, we did not come with a Bill that includes all the things that the Honourable Member Dr Norton said that we should put in here. We are saying that these things will be covered by the bylaws and the Board will make the bylaws, but somebody will have to approve them. We just cannot have boards all over the place. There are certain standards that we have to meet and so somebody has to be responsible. All the things about the Minister, you know after this Bill, the next Bill and the next Bill the same thing, because somebody has to take responsibility. The Ministry of Health like the Ministry of Agriculture and other Ministries somebody is in charge. The Minister of Health is in charge of Ministry's activities. *[Applause]* I will not support any move to let the Minister abdicate that particular role.

Mr Speaker, a number of members spoke about structures. Why are we addressing structures? Those structures by themselves are not important. Structures are important, they determine performance and it is true that structure by itself cannot guarantee performance, but without structures you cannot have performance.

Mr Speaker, there are a number of things. To the Honourable Mrs Melville, when we do establish regions - the regional health authority - when we come to these Regions and we have extensive discussions and these things will be clarified as we go to the region and we are not putting the cart before the horse.

Mr Speaker, there are many things that I can go into details here, but I think that the point has been made. We need a change and this Bill proposes what we think is an effective change. We are not going to implement it on one shot. We said that we are going to establish it incrementally. This Bill makes provision unlike many others, to say that in five years we must do. It puts a mandate on a Minister that a review must be done and must be presented to the National Assembly.

Mr Speaker, I think that a change is necessary and a case has been made for us to pass this Bill. Thank you Mr Speaker. *[Applause]*

Thursday, 24 March 2005

The Speaker: Thank you Honourable Member

Question put and agreed to.

Bill read the second time.

IN COMMITTEE

Clause 1

Clause 1, as printed, agreed to and ordered to stand part of the Bill.

Clause 2

Clause 2, as printed, agreed to and ordered to stand part of the Bill.

Clause 3

Clause 3, as printed, agreed to and ordered to stand part of the Bill.

Clause 4

Sub-Clause 4(2)

Dr Leslie S Ramsammy: Mr Chairman, I move the Amendment standing in my name for Subclause 4(2), as set out in the document presented, be considered

Amendment -

Before the words *a regional health authority* insert the words *be discharged by* in subsection (2)

Question put and agreed to

Amendment Carried

Clause 4, as amended, agreed to and ordered to stand part of the Bill.

Clause 5

Clause 5, as printed, agreed to and ordered to stand part of the Bill.

Clause 6

Clause 6, as printed, agreed to and ordered to stand part of the Bill.

Clause 7

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

Clause 8

Clause 8, as printed, agreed to and ordered to stand part of the Bill.

Clause 9

Clause 9, as printed, agreed to and ordered to stand part of the Bill.

Clause 10

Clause 10, as printed, agreed to and ordered to stand part of the Bill.

Clause 11

Clause 11, as printed, agreed to and ordered to stand part of the Bill

Clause 12

Clause 12, as printed, agreed to and ordered to stand part of the Bill.

Clause 13

Clause 13, as printed, agreed to and ordered to stand part of the Bill.

Clause 14

Clause 14, as printed, agreed to and ordered to stand part of the Bill.

Clause 15

Sub-Clause 15(3)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the Amendment standing in my name for subclause 15(3), as set out in the document presented, be considered.

Amendment -

Immediately before the words *the first board* insert the words *members of* in subsection (3).

Question put and agreed to

Amendment carried

Clause 15, amended, agreed to and ordered to stand part of Bill

Clause 16

The Chairman: Please take one amendment at a time, Honourable Member.

Sub-Clause 16 (3)(d)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the amendment standing in my name for Sub-Clause 16 (3)(d), as set out in the document presented, be considered.

Amendment -

(i) Immediately after the word *members* insert the words *appointed by the Minister* in subsection 16 (3)(d).

Question put and agreed to.

Amendment carried.

Sub-Clause 16(4)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the amendment standing in my name for Subclause 16(4), as set out in the document presented, be considered.

Amendment -

Immediately after the words *subsection (3)* insert the words *(a), (b) and (c)* in subsection (4).

Question put and agreed to

Amendment carried.

Sub-clause 16(5)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the amendment standing in my name for Sub-Clause 16(5), as set out in the document presented, be considered.

Amendment -

Substitute the following for subsection (5) -

(5) Five members of a board shall constitute a quorum

Question put and agreed to

Amendment carried.

Clause 16, as amended, agreed to and ordered to stand part of the Bill.

Clause 17

Clause 17, as printed, agreed to and ordered to stand part of the Bill.

Clause 18

Clause 18, as printed, agreed to and ordered to stand part of the Bill.

Clause 19

Clause 19, as printed, agreed to and ordered to stand part of the Bill.

Clause 20

Clause 20, as printed, agreed to and ordered to stand part of the Bill.

Clause 21

Clause 21, as printed, agreed to and ordered to stand part of the Bill.

Clause 22

Clause 22, as printed, agreed to and ordered to stand part of the Bill.

Clause 23

Sub-Clause 23(2)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the amendment standing in my name for Clause 23 (2), as set out in the document presented, be considered.

Amendment -

Substitute the following for subsection (2)

“(2) A professional advisory committee shall consist of not more than fifteen members appointed by a board, one of whom shall be a medical doctor, one a dentist, one a nurse and one a pharmacist.”

Question put and agreed

Amendment carried.

Clause 23, as amended, agreed to and ordered to stand part of the

Bill.

Clause 24

Clause 24, as printed, agreed to and ordered to stand part of the Bill.

Clause 25

Clause 25, as printed, agreed to and ordered to stand part of the Bill.

Clause 26

Clause 26, as printed, agreed to and ordered to stand part of the Bill.

Clause 27

Clause 27, as printed, agreed to and ordered to stand part of the Bill.

Clause 28

Clause 28, as printed, agreed to and ordered to stand part of the Bill.

Clause 29

Sub-Clause 29(2)

Hon Dr Leslie S Ramsamy: Mr Chairman, I move the amendment

standing in my name for Subclause 29 (2), as set out in the document presented, be considered.

Amendment -

Substitute the following for subsection (2)

“(2) A regional health authority may not enter into an agreement with another regional health authority, a for-profit or a not-for-profit business without the prior approval of the Minister.”.

Question put and agreed to

Amendment carried.

Clause 29, as amended, agreed to and ordered to stand part of the Bill.

Clause 30

Clause 30, as printed, agreed to and ordered to stand part of the Bill.

Clause 31

Clause 31, as printed, agreed to and ordered to stand part of the Bill.

Clause 32

Clause 32, as printed, agreed to and ordered to stand part of the Bill.

Clause 33

Clause 33, as printed, agreed to and ordered to stand part of the Bill.

Clause 34

Clause 34, as printed, agreed to and ordered to stand part of the Bill.

Clause 35

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the Amendment standing in my name for Clause 35, as set out in the document presented, be considered.

Amendment -

Substitute the following for clause 35 -

“35(1) No action or other proceeding for damages or otherwise may be commenced against a member of the board of a regional health authority or its officers and employees or anyone acting under the authority of the regional health authority for anything done or not done by that person in good faith while carrying out duties or exercising powers under this Act or the regulations or any other law.

(2) Subsection (1) shall not relieve a regional health authority from liability for injuries caused by negligence by a person referred to in subsection (1), and the regional health authority shall be liable for such damage in the same manner as if subsection (1) had not been enacted

(3) Every person mentioned in subsection (1) shall be indemnified and saved harmless out of funds of the regional health authority with respect to all costs, charges and expenses that the person incurs in relation to any action or other proceeding brought or prosecuted against the person in connection with the duties of the person and with respect to all other duties, except costs, charges and expenses that are occasioned by the person's own wilful neglect or wilful default.”.

Question put and agreed to.

Amendment carried.

Clause 35, as amended, agreed to and ordered to stand part of the Bill.

Clause 36

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the amendment standing in my name for Clause 36, as set out in the document presented be considered.

Amendment -

Substitute the following for Clause 36 -

“36 Every person who violates or fails to comply with section 33(7) or (8) or section 34 commits an offence and is liable on summary conviction to a fine of five hundred thousand dollars and to imprisonment for six months.”.

Question put and agreed to.

Amendment carried

Clause 36, as amended, agreed to and ordered to stand part of the Bill.

Clause 37

Sub-Clause 37 (2) (i)

Hon Dr Leslie S Ramsammy: Mr Chairman, I move the Amendment standing in my name for Clause 37 (2) (i), as set out in the documented presented, be considered.

Amendment -

Substitute the following for subsection (2) (i)

“(i) respecting appointments to the committees referred to in sections 22, 23 and 24 and the operations of such committees;”.

Question put and agreed to.

Amendment carried

Clause 37, as amended, agreed to and ordered to stand part of the Bill.

Clause 38

Clause 38, as printed, agreed to and ordered to stand part of the Bill.

Clause 39

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Hon Dr Leslie S Ramsammy: Mr Chairman, I move the Amendment standing in my name for Clause 39, as set out in the document presented, be considered.

Amendment -

Before the word *continue* insert the word *shall* in subsection (3)

Question put and agreed.

Amendment carried

Clause 39, as amended, agreed to and ordered to stand part of the Bill.

Clause 40

Clause 40, as printed, agreed to and ordered to stand part of the Bill.

Clause 1 (Recommitted)

Hon Dr Leslie S Ramsammy: Mr Speaker, I crave your indulgence and recommit Clause 1 and move the following Amendment:

Deletion of the number *2004* and insertion of the number *2005*

The Chairman: That is a typographical error and will be corrected by the staff. Please remind the Clerk to do it.

Correction approved.

Clause 1, as corrected, agreed to and ordered to stand part of the Bill.

Assembly resumed

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

NEW CURTAINS IN THE CHAMBER

The Speaker: Honourable Member, that brings us to the end of our business for today. Before I invite the Honourable Minister to move the adjournment, I do not know that because there is no comment that no one noticed the new curtains in our Chamber. I know Honourable Member Dr Westford noticed them, because she was here when they were being inspected by me. The curtains are not yet completed, there is additional work to be done on them and I hope by the time we meet on the next occasion they would look even better than they look now.

PHAGWAH AND EASTER GREETINGS

The Honourable Minister of Parliamentary Affairs

Hon Reepu Daman Persaud: Mr Speaker, this is a rich weekend. We are celebrating Phagwah and Easter. I want to convey on behalf of

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the government, to yourself and to all Members of the National Assembly, best wishes for Phagwah and for Easter. These two festivals coincide, they reflect the unity and the harmony which prevail in Guyana and the fact that there is great religious tolerance in a plural society and a plural country, I am sure that all the Members will enjoy the fun, the tranquillity and happiness that both of these festivals bring and both are national in character. Mr Speaker, my very best wishes to you and to all Members of this Assembly. *[Applause]*

Mr Winston S Murray: Mr Speaker, may I on behalf of the People's National Congress/Reform also take this opportunity to wish you and your family and all the Members of this Honourable House and their respective families a peaceful and joyous Phagwah and also an enjoyable Easter. I hope we will use this period for reflection and ways on which we can together take our country forward as we work in this National Assembly. Thank you very much. *[Applause]*

The Speaker: Thank you very much and I would like to thank you for your kind remarks about me and on behalf of Members of the House to accept those remarks. On my own behalf and on behalf of all Members of the House, I would like to extend to the two distinguished gentlemen best wishes for the season and to all the Guyanese people. Ladies and gentlemen my apologies and I would strongly urge that Members take full opportunity to engage in the festivities, but in great moderation. Thank you very much.

Hon Reepu Daman Persaud: I move that the Assembly stands adjourned to Thursday, 31 March 2005 at 14:00h.

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The Speaker: The Assembly is so adjourned.

Adjourned Accordingly at 19:10H