

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

63RD SITTING

2.13 PM

Thursday 23 June 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 (Absent - on leave performing the functions of President)

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

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 (Absent)

The Hon. Saisnarine Kowlessar, M.P.

- Minister of Finance (AOL)

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

- Minister of Housing and Water

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

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) (AOL)

Thursday, 23 June 2005

- *The Hon. S. Rudolph Insanatly, 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 (Absent)*
- The Hon. Dr. Jennifer R.A. Westford, M.P. - *Minister of the Public Service (Absent)*
- The Hon. C. Anthony Xavier, M.P. - *Minister of Transport and Hydraulics (Absent)*
- 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 Commerce*
- The Hon. Carolyn Rodrigues, M.P. - *Minister of Amerindian Affairs*
- The Hon. Dr. Leslie S. Ramsammy - *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 - Cuyuni/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 Heeralali 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*
- Mrs Pauline R. Sukhai, M.P. - *(Region No. 1 - Barima/Waini)*
- 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)*

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

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

Mrs Sheila V.A. Holder, M.P.	
Mrs Shirley J. Melville, M.P.	- <i>(Upper Takutu/Upper Essequibo) (AOL)</i>

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

Mr Ravindra Dev, M.P.	- <i>(Absent)</i>
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OFFICERS

Mr Sherlock Isaacs, *Clerk of the National Assembly*

Mrs Lilawtie Coonjah, *Deputy Clerk of the National Assembly*

PRAYERS

The Clerk reads the Prayers

ANNOUNCEMENTS BY THE SPEAKER

(i) **Leave**

Honourable Members, leave has been granted to Hon Samuel Hinds, Hon Saisnarine Kowlessar, Hon Satyadoew Sawh and the Honourable Members Mr Ivor Allen, Mr Vincent Alexander, Miss Myrna Peterkin, Dr Carl Hanoman, Miss Lurlene Nestor and Mrs Shirley Melville all for today's sitting. The Honourable Member Mr Raphael Trotman up to 30 August 2005.

(ii) **Welcome back to Mr Carberry MP**

While we have granted leave to some members, I would like to take this opportunity to welcome back to the Chamber the Honourable Member Mr Lance Carberry, who has been on protracted leave.

PRESENTATION OF PAPERS, REPORTS, ETC.

1. By the *Minister of Parliamentary Affairs on behalf of the Minister of Culture Youth and Sport (Chairperson of the Standing Committee of the National Assembly)*:

Thursday, 23 June 2005

Fifth Report of the Standing Committee of the National Assembly to address matters relating to the Appointment of Members of Commissions.

The Speaker: Is there someone on behalf of the Honourable Minister of Finance?

2. By the *Minister of Parliamentary Affairs on behalf of the Minister of Finance*:
 - (i) Financial Paper No. 2/2005
 - (ii) Financial Paper No. 3/2005

The Speaker: You are required to name a date, Honourable Member.

Hon Reepu Daman Persaud: 7 July 2005.

3. By the Honourable *Minster of Health*:
 - (i) Framework Convention on Tobacco Control (FCTC).
 - (ii) State Paper on the Framework Convention on Tobacco Control (FCTC).
4. By the *Honourable Member Mr Winston Murray (Chairman of the Public Accounts Committee)*:

Audit Regulations 2005 (Regulations No. 2 of 2005)

Thursday, 23 June 2005

Mr Speaker, I rise on behalf of the People's National Congress/Reform to say that we fully and unequivocally support the accession by Guyana... *[Interruption]*

The Speaker: We are not there as yet; you are to present the Audit Regulations.

Mr Winston S Murray: I thought we were deferring it.

The Speaker: That will come a little later on. Just one moment... *[Pause]*

Mr Winston S Murray: It is to be circulated. At this stage, am I simply laying it?

The Speaker: You are required to present the Audit Regulations 2005.

Mr Winston S Murray: But sir, I am a little nervous presenting the Regulations without it having been laid, so that my colleagues in the National Assembly... *[Interruption]*

The Speaker: I think it was advertised in the Gazette.

Mr Winston S Murray: Yes it was, but not laid.

The Speaker: Do you want to defer it? Just one moment ... *[Pause]*

Mr Winston S Murray: Yes sir, I want to defer it.

The Speaker: Just one moment please, it will be circulated to Members of Parliament.

Mr Winston S Murray: Mr Speaker, I beg to lay the Audit Regulations 2005 - Regulations No. 4/2005.

5. By *Mrs Volda Lawrence*

Thursday, 23 June 2005

First Periodic Report of the Parliamentary Sectoral Committee
on Social Services.

INTRODUCTION OF BILLS

Presentation and First Readings

ITEM 1 - GUYANA ENERGY AGENCY (AMENDMENT) BILL - Bill No. 6/2005 published on 07-06-2005

The Speaker: Is there someone on behalf of the Prime Minister?

By the Minister of Parliamentary Affairs on behalf of the Honourable Prime Minister

ITEM 2 - CARICOM REGIONAL ORGANISATION FOR STANDARDS AND QUALITY BILL 2005 - Bill No. 7/2005 published on 13-06-2005

By the Minister of Tourism, Industry and Commerce.

ITEM 3 - VALUATION FOR RATING PURPOSES (AMENDMENT) BILL 2005 - Bill No. 8/2005 published on 13-06-2005

By the Minister of Local Government and Regional Development

Thursday, 23 June 2005

**ITEM 4 - MUNICIPAL AND DISTRICT COUNCILS
(AMENDMENT) BILL 2005 - Bill No. 9/2005
published on 20-06-2005**

*By the Minister of Local Government and Re-
gional Development.*

PUBLIC BUSINESS

MOTIONS

**ITEM 5 - FIFTH REPORT OF STANDING COMMIT-
TEE TO ADDRESS MATTERS RELATING
TO THE APPOINTMENT OF MEMBERS OF
COMMISSIONS**

BE IT RESOLVED:

*That this National Assembly adopts the Fifth
Report of the Standing Committee to address matters relat-
ing to the appointment of Members of Commissions estab-
lished under the Constitution and signifies to the President
that the following persons -*

Ms Rosemary Benjamin-Noble

Ms Dawn Edwards

Mrs Ann Pamela Forde

Mr Shadiék Ishmael

Ms Lucinda Miller

Thursday, 23 June 2005

WHEREAS a State Paper on the Framework Convention on Tobacco Control (FCTC) along with the Convention has been presented to this National Assembly;

AND WHEREAS the government is seeking the support of the Assembly to accede to the Convention.

BE IT RESOLVED:

That this National Assembly adopts the State Paper on the Framework Convention on Tobacco Control and approve of the Government's accession to the Convention.

The Minister of Health will move the Motion set out in the Order Paper.
You may proceed Honourable Member

Hon Dr Leslie S Ramsammy: Mr Speaker, I would like to move the Motion and to support the acceding to the Framework Convention on Tobacco Control (FCTC).

Mr Speaker, the consideration of the Motion before us marks a very important day for public health in Guyana. I would wish, Mr Speaker, that the Motion supporting the government of Guyana's acceding to the FCTC receives unqualified support from the National Assembly.

The FCTC came into force on 27 February 2005, countries have until 29 November to either ratify or accede. All countries ratifying or acceding would become party to the Convention and would meet for the first time to consider concrete actions to be taken during February 2006. Guyana wants to be one of the countries that will be a party to the Con-

Thursday, 23 June 2005

Ms Bujulee Moti

Ms Magda Lois Muriel Pollard CCH

Ms Vanda Radzik

Mrs Indranie Rameshwar

Mrs Kamla Devi Ross

Mr Clarindo Rudolph

Ms Doodmattie Singh

Ms Norma Shirleen Thomas

Ms Joy Walton and

Ms Brenda Williams

have been nominated in accordance with Article 212Q(2)(a) of the Constitution to be appointed Members of the Women and Gender Equality Commission.

The Speaker: Are we going ahead with the Report on the Standing Committee to address matters relating to the Appointment of the Members of the Commission?

Hon Reepu Daman Persaud: I wish to move the Motion that the Report be deferred to 7 July 2005.

The Speaker: That is so *deferred*.

ITEM 6 - CONVENTION ON TOBACCO CONTROL

Thursday, 23 June 2005

vention when the first meeting is held in February 2006. The instrument for acceding to the FCTC has been prepared and the Minister of Foreign Affairs is ready to deposit the instrument as soon as possible after Parliament would have approved this Motion.

The FCTC came into force and became international law on 27 February 2005 after the fortieth country ratified it. As of this moment seventy countries have either ratified or acceded to the FCTC. Within CARICOM only Trinidad and Tobago has completed the ratification process although most of the countries have signalled their intentions of ratifying or acceding to the FCTC before the November deadline. When Guyana completes this, it would have joined Trinidad, Canada, Honduras, Mexico, Panama, Peru, Uruguay, and Chile in the Americas to have ratified FCTC. The United States has also signalled its intention to do so.

The coming into force of the FCTC marks the historic ground-breaking moment for global public health. In 1978, Mr Speaker, the Alma Ata Declaration was a declaration of intent for the promotion of primary health and for Health For All. This was a historical moment for global public health. The Health For All commitment became a powerful public health movement.

The FCTC assumes the same kind of importance as the 1978 event, but this time it is not just a commitment, it is a legally binding treaty and like Alma Ata, the FCTC is likely to become an important public health movement.

The FCTC was adopted by the WHO in May 2003 at the 56th World Health Assembly in Geneva. Guyana was present and voted for its adoption. The adoption was unanimous; Guyana immediately announced its intention of ratifying the Convention. I requested Cabinet's permission to bring the issue to the attention of Parliament so that when we accede, it has unanimous support of Guyana's Parliament.

The FCTC is the first ever held treaty that is binding on countries that

has ratified or acceded to it. It was negotiated under the auspices of the WHO. There is a long history to the adoption and now coming into force of this international law. It could be said that the negotiations started with the adoption of resolution WHA 23.32 on Health Consequences of Smoking in 1970. When the FCTC resolution WHA 56.1 in 2003 was adopted at the 56th World Health Assembly, it was the twentieth resolution on smoking and health passed by the 192 members of the WHO. Thus the 192 countries of the WHO have long recognised the importance of concerted actions to reduce the negative impacts of smoking on health.

In spite of the recognition that tobacco has serious negative impacts on health and in spite of the recognition that concerted actions must be taken to fight against the insidious effect of tobacco use on health on smokers and those exposed to tobacco smoke, it has been a struggle for an agreement to be reached on what actions need to be taken and how rapidly such actions should occur. There has never been any doubt about the serious ill effects about tobacco. However, tobacco has been such an important part of the economy of so many countries and importantly the tobacco industry has been so powerful for so long that the tobacco lobby's influence has had a powerful and negative impact on strategies to reduce smoking. But with the coming into force of the FCTC, the world has an instrument of international law and a shared commitment to finally take concrete action to stem the tide of diseases and deaths which tobacco use has caused worldwide.

The idea for the FCTC was first introduced via World Health Assembly Resolution 48.11. An International Strategy for Tobacco Control at the 48th World Health Assembly in May 1995. At the 49th World Health Assembly, the members directed the Director General of the WHO, via Resolution WHA 49.17, to initiate the development of the FCTC. This formally launched the first ever WHO treaty-making enterprise. In 1999, Dr Gro Bruntland, the then Director General of the WHO, initiated the negotiations that lead eventually to the 2003 world's first health treaty.

In announcing the initiation of the negotiation of FCTC in 1999, Dr

Bruntland stated this way:

The world has rules for trade and disarmament, for the environment and human rights. It is about time we had a global set of binding rules devoted entirely to health. It seems only right that this public health endeavour be devoted to tobacco, which in the first half of the next century will kill more people than malaria, maternal and major childhood conditions and TB combined. The FCTC is both a process and a product. We will identify all those areas of governance that we need to activate if the world is to find a robust solution to the dangers of tobacco. It is our responsibility as the world's premier health organisation to place at the disposal of Member States the best of science and economics, because both of them are variables in health. The science is unequivocal: tobacco kills.

As I said, the FCTC represents the first public health treaty and the first coordinated global effort to reduce tobacco use, which is the world leading cause of preventable illnesses and death. The FCTC requires countries that are parties to it, to implement scientifically proven measures to reduce tobacco use and its horrendous toll in health, in lives and money. It provides the tools for countries to enact comprehensive tobacco control measures to take on the powerful tobacco industry. The FCTC outlines a comprehensive approach to tobacco control and its provisions among to a blueprint for a coordinated integrated and multi-sectoral approach to tobacco control that addresses the most important factors contributing to the epidemic.

Tobacco is a global problem and its ill-health effects have been a pandemic of long standing. There are two aspects to the negative impact of tobacco.

The first is the addictive nature. Tobacco contains nicotine. Scientific evidence clearly establishes nicotine as an addictive substance. Indeed, Mr Speaker, tobacco dependence is listed in the International Classification of Diseases (ICD).

Secondly, smoking causes fatal and disabling diseases. And Mr Speaker, this pandemic is not a trivial one. It causes the deaths of over five million persons per year. This amounts to about 13,500 deaths each day. Note, Mr Speaker, that tobacco is the only legally available consumer product that kills through normal use. If current trends continue, the number of tobacco-related deaths will rise to ten million by 2020. The greatest tragedy is that the illnesses and deaths occur among the most vulnerable as more than seventy percent of the deaths are among the peoples of the developing countries. For more than twenty-five years, it was recognised that the only way to control this pandemic was through international cooperation. It has taken us more than twenty-five years to articulate and agree on the form of the international cooperation. The instrument for international cooperation and the fight against tobacco is the FCTC. We must now implement the provisions of the FCTC.

As I said, the fact is that tobacco use is the leading cause of preventable death in the world and together with HIV/AIDS, they represent the two leading causes of preventable deaths that are still on the rise.

The links between tobacco use and exposure to tobacco smoke and diseases, deaths and disability are no longer in dispute. There is little debate surrounding the health hazards associated with the use of tobacco. There are now 100,000 articles that have appeared in pre-reviewed scientific journals on the pervasive range of health problems associated with tobacco use. Even the powerful tobacco industry now strongly admits to these linkages. The diseases associated with smoking are well documented and include cancers of the lungs and other organs, ischemic heart diseases and other circulatory diseases and respiratory diseases such as emphysema. In areas where TB is problem, smokers face a greater risk of dying from TB than none smokers.

The ill effects of tobacco are not limited to those who smoke. Exposure to second hand smoke is equally or even more dangerous. Evidence continues to mount and reports from WHO, CDC, the US Surgeon General, various national environmental agencies around the world, colleges and physicians and other groups have issued reports on the effects

of tobacco smoke on non- smokers. Scientific evidence now shows clearly that babies born to smoking mothers have lower birth weights, face greater risks of respiratory disease and are more likely to die of Sudden Infant Death Syndrome (SIDS) than babies born to non-smokers. Adult smokers face increased risk to diseases from routine exposure to tobacco smoke. In the USA, for example studies have shown that 53,000 American non-smokers die of heart diseases, because of exposure to tobacco smoke each year. Another 3000 non-smokers die of lung cancer each year in the USA.

There is a lag between the initiation of smoking and when the consequences are seen. For example, the peak when smoking occurred in 1915 to 1950 period in the USA. The peak for lung cancer in the USA began 1945 and continues to rise today. More that 33 percent of the deaths among middle aged persons are attributed to smoking in the USA. In China where smoking has risen to the same level as the USA was in 1950, more than 12 percent of the deaths of middle aged persons are attributed to smoking. A recent study has concluded that more than 100 million of the 300 million Chinese who are between 0 and 29 years old are likely to eventually die because of smoking.

Some persons would say, why pick on tobacco? Alcohol use also leads to negative health impacts and to deaths. Indeed, alcohol use causes almost 2 million deaths per year. The WHO in May addressed this issue and Guyana was one of the countries participating in the resolution to the Director General to put in place mechanisms to address the issue. In addition, people say that we should spend our time and energies on the use of illicit drugs such as cocaine and marijuana. The use of illicit drugs leads to about 200,000 deaths per year. Many countries are addressing these problems too. In many cases, the early use of tobacco serves as a gateway drug that often introduces use to other drugs.

We believe that the FCTC is a fundamental turning point in reducing tobacco use. We believe that FCTC is the rallying point for countries to begin to reverse the devastating consequences of smoking around the world.

The objective of the FCTC is to protect present and future generations from the devastating health, social, environmental and economical consequences of tobacco use. This legally binding treaty gives countries powerful tools to protect the health of their citizens from the tobacco industry's deceptions and outlandishly expensive and slick marketing. The treaty commits countries:

- To impose restrictions on all tobacco advertising, promotion and sponsorship (with an exception to countries with constitutional constraints);
- to establish new packaging and labelling of tobacco products including the placement of large graphic warnings on cigarette packs;
- to implement measures to protect non-smokers from second hand smoke such as establishing clean indoor air controls;
- to increase the price of tobacco products;
- to combat cigarette smuggling; and
- to regulate the content of tobacco products.

In many ways, the FCTC has already had a positive impact. It is contributing to significant change in public perceptions of tobacco and to the necessity of passing and enforcing strong laws to control its use. Further the FCTC has:

- given new impetus to efforts to enact or strength national legislation and action to control the harm caused by tobacco;
- helped to mobilise national, global, technical and financial support for tobacco control;
- brought new ministries such as Foreign Affairs and Finance

into tobacco control efforts.

- mobilised NGO's and other members of civil society in support stronger tobacco control; and
- raised public awareness of marketing tactics used by multinational tobacco companies.

By becoming a party to this convention Guyana stands to benefit by:

- Receiving technical and financial support from the international communities especially the Pan American Health Organisation and the World Health Organisation;
- scientific and technical cooperation, communication and the exchange of information, programmes for surveillance and cooperation in the transfer of technical, scientific, and legal expertise to support national capacity building; and
- become part of an international programme to reduce smuggling.

Mr Speaker, Guyana can take lessons from those countries that have or are becoming smoke free. There are presently eight such countries:

- Cuba;
- Bhutan;
- Ireland;
- Italy;
- New Zealand;
- Norway;
- Sweden; and

- Uganda.

Several countries have already begun taking tough measures to reduce smoking. For example,

- UK and the Northern Ireland have begun to implement policies pertaining to second hand exposure and to smoke in public places;
- The Democratic People's Republic of Korea has doubled the price of tobacco products in order to reduce consumption;
- Tanzania has banned smoking in public places; and
- Thailand is implementing aggressive anti-smuggling measures.

Worldwide 47.5 percent of men smoke and 10.3 percent of women smoke. More than 1.3 billion people worldwide smoke or use tobacco products with 84 percent of these persons coming from developing countries. Unless, there is a reversal, this number will increase to 1.6 billion by 2020. The most discouraging lesson as we look at the world situation is that overall smoking in developed countries has steadily fallen in the last two decades (from 2600 per adult in 1970 to 2000 in 1990), but at the same time increased in low and middle income countries (from 600 per adult to 1500) in the same period. Indeed, the use of tobacco products has more than doubled in the last two decades in low and middle income countries.

In Guyana, the Global Youth Tobacco survey was completed in 2000. It showed that seventeen percent of students aged 13 to 15 currently use some form of tobacco product. The survey confirmed what such surveys have found in other countries. The epidemic begins in childhood. Mr Speaker, in the Guyana survey some forty percent of those who tried smoking smoked their first cigarette before their tenth birth-

day. Nearly seventy-five percent of youths who tried to buy cigarettes in a store were able to do so without any hassle and without any fear and purchased cigarettes as any other product.

Close to eighty percent of young people expressed the desire to quit, but the addictive nature of cigarette smoking result in an equal amount who unsuccessfully tried to quit. About thirty-three percent of youths were exposed to second hand smoke in their homes and twice that amount was exposed to smoking outside their homes.

Approximately eighty percent noted that they have been exposed to media advertisements encouraging the use of cigarettes.

Guyana has now completed its second Global Youth Tobacco Survey. This was completed in 2004 and the finalisation of the report is ongoing. We expect to release the 2004 Guyana Youth Tobacco survey shortly. The preliminary results of the 2004 survey are not encouraging. In spite of greater awareness, the number of young people who use tobacco products has not reduced.

Indeed, an examination of the annual reports from the Demerara Tobacco Company has reported increases in total sales. This is an indication that per capita usage in Guyana has increased. Guyana has no tobacco growing or manufacturing industry and is a net importer of tobacco. The Demerara Tobacco Company, which stopped manufacturing tobacco products in 1997, has a near monopoly on sales with about ninety-eight percent of the market share. This company has fourteen employees and the Managing Director is based in Trinidad. The company is seventy percent owned by British American Tobacco based in the United Kingdom. We know that the industry's lobby will argue about the contribution of the various countries' economies. The fact is too that the negative health impacts cost countries about US\$200 million annually according to the WHO. Studies have shown that reduction tobacco consumption have lead to neutral or positive economic impacts in countries. In a study done by the World Bank, only two countries have shown negative economic impacts Zimbabwe and Malawi. A World Bank

Report has shown that higher taxes is the most effective way of reducing smoking, but that it also increase revenues in countries. The World Bank Report showed that the countries that raised taxes, even to very high levels, were able to accomplished reductions in the per capita consumption of cigarettes, but also to maintain or increase collected revenues from tobacco products.

Guyana has partial restrictions on tobacco advertising and on smoking in some public places. Small warnings are required to appear on tobacco packages.

Taxation one of the most effective tools to reduce tobacco use is relatively low in Guyana as a percent of the retail prices. Taxes on tobacco products amount to fifty-six percent of the total cost for tobacco products.

Mr Speaker, studies have demonstrated that smokers are more likely to quit in a social environment that discourages tobacco use. Higher prices or tax on tobacco, smoke free environments and strong warnings on cigarette packages that graphically informed smokers of the risks of smoking all discourage tobacco use. Cessation programmes targeted at smokers help, but they do not have a strong impact on their own without broader policy measures that change the social environment.

Education, awareness programmes and provision of information are powerful tools. But we need to also consider where these things happen. If children learn in school that smoking is harmful, but then leave the classroom to see cigarette ads in their neighbourhoods, on the television, they hear it on radio, see it in the newspapers, tobacco products on sale at every corner, no restriction on purchases and homes and public places where people especially their parents and older siblings and their teachers and others who smoke, the messages in the classrooms become lost. School and other health promotion programmes on smoking are effective only in an environment that reinforces the non-acceptability of tobacco use.

One of the provisions of the FCTC is of significance to Guyana and to virtually every country in the WHO. The issue of smuggling is crucial in any consideration of actions to be taken. Researchers have estimated that some thirty percent or more than 355 billion cigarettes make their way to consumers on an annual basis through smuggling. It is doubtful that any other consumer goods that are internationally traded reached this level of illicit trade. The benefit of controlling smuggling is not principally that it reduces supply, but that it helps the effective implementation of price increases that reduce demand.

Mr Speaker, the tragedy in all of this is that the tobacco industry has benefited from smuggling operation. Evidence has been provided to implicate some multinational themselves in promotion of smuggling activities. Since 1997, several court cases and official investigations around the world have charged that tobacco industry which supply smuggled cigarettes or alleged industry liability through complicity in smuggling operations. For example, the High Court in Hong Kong special administrative region of China found a former executive of British American Tobacco guilty of participating in an operation that smuggled cigarettes into China. In 1998, an affiliate of RJ Reynolds International pleaded guilty to charges to helping smugglers illegally re-route export cigarettes into Canada. Recently Canada, Colombia, Ecuador, the European Commission and ten European Union countries, Honduras and Belize have filed lawsuits against international tobacco companies for smuggling. The United Kingdom is investigating British American Tobacco for smuggling.

The FCTC offers several possibilities in dealing with smuggling:

- Required improved traceability of the goods;
- placed greater responsibility for manufacturers to ensure legal entries into countries;
- system of import and export licensing; and

- ban of duty free sales.

Mr Speaker, the contribution of tobacco to premature deaths and diseases is well documented, but little attention has been paid to the link between tobacco and poverty. Tobacco tends to be consumed by those who are poorer. In turn, it contributes to poverty by loss of income, loss of productivity, disease and death. Together tobacco and poverty forms a vicious cycle from which it is hard to escape. There are several ways in which tobacco increases poverty at the individual household and at the national level. At the individual and household level money spent on tobacco can have a very high opportunity costs. For the poor money spent on tobacco is money not spent on basic necessities, such as food, shelter, education and health care. Tobacco also contributes to poverty of individuals and families since tobacco user are at much higher risk of falling ill and dying prematurely of cancers, heart attacks, respiratory diseases, and other tobacco related diseases, thus depriving families of much-needed income and imposing additional health-care costs. Those who grow tobacco suffer as well. Many tobacco farmers, rather than growing or getting rich from the crop, often find themselves in debt to tobacco companies. Furthermore, tobacco cultivation and curing can cause serious damage to human health.

At the national level, countries suffer huge economic losses as a result of higher health care costs as well as loss productivity due to tobacco related illnesses and premature deaths. Countries that are net importers of tobacco leaves and tobacco products lose millions of dollars a year in precious foreign exchange. Tobacco cultivation also degrades the natural environment. Cigarette smuggling is also a cause for concern, because it leads to increase consumption in the average price of all cigarettes falls, having a higher impact in middle and low income countries and on the poor. Reduced government tax revenue is another consequence of smuggling. In short, tobacco's contribution to the economy (though employment and government tax revenue) is outweighed by its cost to household, to public health, to the environment and to national economies.

Mr Speaker, I think that there is a strong case for control mechanisms to be introduced for reducing tobacco use in our country and I urge the National Assembly to support the government in its efforts to accede to the FCTC. Thank you very much. *[Applause]*

The Speaker: Thank you Honourable Member

The Honourable Member Mr Winston Murray

Mr Winston S Murray: Mr Speaker, I rise to inform the National Assembly that People's National Congress/Reform unreservedly supports the Motion for Guyana to accede to the Framework Convention on Tobacco Control.

When I listened to the first half of the Minister's presentation, I thought he was lecturing the colleagues in the National Assembly who were smokers. *[Laughter]* I hope that his words would have gone somewhere today in persuading them that they should desist from this.

Sir, what I want the opportunity to point out, was that while we support accession to this Convention and we listened to the Minister's very passionate delivery of the harms of tobacco, we looked beyond the framework Convention to get an incite as to how the government was going to approach meeting those targets that are set out in the Convention.

We know that a convention unless translated to municipal law remains only an obligation at the international level. To bring down to give real local effect it is to our legislation and our national programmes that we must look. So we turn to the State Paper presented by the Minister of Health of which he spoke extremely little, in fact, very sparsely, of at all and yet I believe, it is to that document, we ought to have been looking with intensity to find out what the government proposes to do to give teeth to the clauses and articles of the Convention.

I wish to say that after looking at this document very carefully, without putting too fine a point on it, I would say at least ninety percent of it is a regurgitation of the contents of the framework convention. That to our mind is wholly inappropriate. For example, the State Paper lists an obligation to implement a national tobacco control strategy, a part of the Convention, but there is nothing in the State Paper that says to this National Assembly or to the Nation that it is the government's intention, within a year to eighteen months from today, to devise and bring to this National Assembly such a National Tobacco Control Strategy for debate and approval. We are still left to wonder having acceded to the Convention, how it is we are going to bring a practical level of implementation of the Convention to the citizens of Guyana. Having lectured them very forcefully and indeed, very rightly about all the harms, we would have looked to see for some greater degree of specificity in the State Paper. The State Paper also talks about the convention required parties to consider legislative and other action as well as cooperation on the issue of criminal and civil liability for the purpose of tobacco control.

I would have thought Sir that this State Paper laid before this National Assembly, would have pointed this National Assembly to some of the legislative measures that the government intends to bring to this National Assembly for its approval to give effect to the objectives of the Convention. It is in this regard that we have concerns - well *concerns* may be too strong a word. It is in this regard that we want to suggest a certain approach with respect to the State Paper.

First of all, I believe that procedurally, when an agency of the government brings a State Paper to the National Assembly it is brought within the framework of government's intended policy measures in the particular area. Historically, it is laid in the National Assembly with some time being permitted for this document to be adequately considered by all the relevant parties of the National Assembly and then a subsequent motion may be brought for debate and adoption of the State paper.

Here, it seems to me that we are trying to force the State Paper into the same motion and framework in which we are considering the Conven-

tion. It is my proposal on behalf of the People's National Congress/Reform this afternoon:

- that we separate these two matters,
- that in fact we limit ourselves this afternoon to a motion that will have a hundred percent support in this National Assembly,
- that Guyana should accede to the framework Convention on Tobacco Control.

We will agree on that.

- that the Minister undertakes to revisit this question of the State Paper and fleshes it out.

So we are not being objectionable here. We believe that it needs to be fleshed out so that we can identify in such a paper, which is intended to convey that idea, as to what specifically will be the measures that the government proposes to take in a national context to give affect to the framework convention.

Sir that is the proposal of the People's National Congress/Reform and if that is done, we will unhesitatingly support the accession by Guyana to the Framework Convention. However, if it is the intention of the government to continue to force these two things into this one Motion, asking us to adopt the State Paper, in all honesty, we will be in no position to do so this afternoon, because there are important aspects of national policy that are missing from this State Paper. Sir, if they insist on doing that, we shall be unable to support the adoption of the State Paper. I thank you very much, Mr Speaker. *[Applause]*

The Speaker: Thank you, Honourable Member

The Honourable Member Dr Dalglish Joseph

Dr Dalglish Joseph: Mr Speaker, I rise to also add my voice to the Motion that is before the House for ratification of Guyana's accession to the Framework Convention on Tobacco Control. Mr Speaker, I am sure that all of us are party to the numerous debates and discussions that have taken place throughout the world and even in our own Guyana as it relates to tobacco use and tobacco control. I am sure that if a decision has to be made here today, that decision should be that every member of this National Assembly support our accession to this Convention. Here in particular even the smoking members of this Assembly, I am sure that they will have no problem including my lovely friend over there to supporting this Convention. *[Laughter]* Nevertheless, it is important and for the record's sake that some of the issues relating for the call for support of this convention should be elucidated here in the National Assembly.

Many times people ask the question as to whether or not tobacco is addictive. There are many debates (even under our shops, rum shops, pubs, beer gardens), those who are concerned about cigarette smoking always have their own interpretation as to the ills and the good of tobacco smoking. I wish to share with the National Assembly, basically for the record, some of the scientific information that is out there as it relates to the use of tobacco.

Many smokers think that smoking is a matter of knowing how good it is to socialise; how good it is to share the aroma associated with tobacco. Many persons would say that they smoke tobacco and cigars because of status. *[Laughter]* Others say that they smoke the filtered cigarettes in the lobbies, et cetera, precisely because it eliminates stress. Probably many of our colleagues who have more than one portfolio will find themselves leaving the Assembly ever so often to take a five, eight or ten puffs.

Mr Speaker, smoking addiction is simply this, nicotine is a very powerful drug that acts on mood and our ability to focus. Nicotine in terms of smokers of cigarette almost always affects the thinking of those who smoke it. Smoking also affects the mood of individuals and that is why a lot of times in the numbers interviews that are made involving cigarette smokers, many of them are caught up with the fact that once you tell them to hit the habit, they are anti to any interviews or surveys that seeks to address the issue of non-use.

Some very important information for documentation are:

- once cigarette smoke enters the lungs it reaches into the blood stream; and
- once it reaches to our main centres in the brain that are responsible for mood, affection it reaches a place in your brain called the limbic system that is responsible for mood, emotion, et cetera.

So if those persons who are here did not know this, that is what nicotine does.

I listened very attentively to the Honourable Minister, when he spoke about tobacco, but the problem related to tobacco has nothing to do with the tobacco nicotine itself, but it has to do with the harmful effects of the smoking emission, once it is lighted there are numerous emissions that are associated with the development of cancers, blood cancers, et cetera. Not the nicotine per se, but the fact the once the tobacco is lighted, it emits sufficient toxic chemicals that leads to all these deleterious problems related to health. So the issue is not the nicotine per se, but rather once it is lit. Cigar is the same thing.

Mr Speaker, there has been a debate whether or not tobacco can be considered a substance abuse and there are numerous debates, but the world has accepted the WHO and the American Association of Psychiatry's definition of drugs of abuse. I will read quoting from that Association's document:

The standard definition for addiction comes from the American Psychiatry Association and the World Health Organisation, which lists nine criteria for determining addiction. These two groups prefer the term drug dependence based on their definition on research done since 1960s. These nine criteria are:

- *Taking a drug more often or in larger amounts than intended;*
- *Unsuccessful attempts to quit, persistent desire and craving;*
- *Excessive time spent in drug seeking;*
- *Feeling intoxicated or in appropriate at times or feeling withdrawal symptoms from a drug at such times;*
- *Giving up other things for it;*
- *Continued use despite knowledge of harm to one self or to others;*
- *Marked tolerance in which the amount needed to satisfy increases at the first before levelling off;*
- *Characteristics withdrawal symptoms for particular drugs; and*
- *Taking the drug to relieve or avoid withdrawal.*

Now any time the use of a drug fits into these nine categories, it is considered as a drug of addiction or a substance that can be abused. Therefore, this is the framework within which the WCTC was formed. It involves the active participation of those two entities the American Association of Psychiatry and the WHO.

My honourable colleague over there did also mention secondary smok-

ing and almost all of us who do not smoke are exposed to secondary smoking. So my colleague over there sitting next to the Honourable Gail Teixeira ... obviously if he still sits with her, he is exposed to secondary smoke.

According to the facts:

- it is estimated that approximately 35 to 40 thousand deaths from heart disease in people who are not current smokers occur annually. I repeat, persons who are not smokers they have an approximate 35 to 40 thousand deaths annually.
- About 3000 lung cancers deaths in non-smoking adults,

These are world statistics.

- other respiratory problems in non-smoking include coughing, phlegm, chest discomfort, reduced lung function, etcetera. It is estimated also that there are approximately 150 to 300 thousand lower respiratory tract infections and these are from studies done by persons in the field of lung and lung diseases on an annual basis in hospitals throughout the world.
- There is an increased number in severity of asthmatic attacks in asthmatics who are non-smokers throughout the world; it is estimated approximately 200 thousand to one million asthmatic children annually.

Finally, increased number of cases with inflammatory ear and other lung conditions in children and young adults. In actual fact, children and young adults seem to be the most severely affected from secondary cigarette smoke, which means that if we are to seriously address the issues contained in the framework paper - our State Paper - on tobacco use must be comprehensive and must mirror what we are seeking to here today. Therefore I support my humble colleague Mr Winston Murray that in

Thursday, 23 June 2005

fact the documents before us are twofold one deals with WHO framework documents which we believe, having gone through it, is a comprehensive document in itself. This document nevertheless does not prevent any signatory to it from doing and passing relevant legislation to ensure local tobacco control. It takes into consideration that every country signatory to it has their own laws and constitutional provisions which may be put to the trial and testing once certain pieces of legislation are put in place. Therefore, it is incumbent on us having acceded to this framework to start the process of putting the necessary things in place so that we can effectively bring to this National Assembly as my colleague rightly said, a State Paper that addresses the fundamental issues of tobacco control so that we could also join together to support it in all its tenets.

Mr Speaker, I believe that we have not had the benefit of sufficient interaction as it relates to this framework document, but we believe that it is comprehensive enough and it creates an opportunity and guidance so that we can have a more comprehensive and reflective State Paper tobacco control.

I nevertheless must say that it has been observed that at least one government ministry has made visible evidence, has shown visible measures to put in place tobacco control, but visible evidence is not all, compliance is required, education is required and also a commitment on this part of the National Assembly that once we have orchestrated and developed our own tobacco control policy that MPs must become advocates of that policy. MPs must, by our own actions, become advocate of smoke-free zones in Guyana.

Therefore Mr Speaker, in closing, I would like to reiterate our support for Guyana's accession to this WHO framework convention and we sincerely hope that pleadings that were made only a few minutes ago by the Honourable Member Mr Winston Murray on our behalf will be taken in the light on how they were given and we hope that common sense and logic will prevail. I thank you [*Applause*]

The Speaker: Thank you Honourable Member.

Honourable Minister of Labour, Human Services and Social Security

Hon Rev Dr Ramnauth DA Bisnauth: Mr Speaker, colleagues, I rise to support the Motion so ably moved by the Honourable Minister of Health that the National Assembly adopts the State Paper on the Framework Convention on Tobacco Control and approve the government's accession to the Convention. I wish at this point to indicate to the Honourable Member Mr Winston Murray that all we want to do this afternoon is to approve the government's accession to the Convention.

In actual fact, our accession to the Convention would place on us the obligation to put in place mechanisms to make possible the control of tobacco leaves and that obligation would have financial obligations.

Mr Speaker, I rise to support this Motion on health grounds not only just grounds. In fact, I do know of some churches that approve of alcohol consumption, but not of smoking on the fundamentalist ground that Jesus said that what corrupts a person is that which comes out of a person and not that which enters that person. Their argument is that smoke comes out whereas alcohol does not come out. Incidentally, when Bartholomew De Las Casas first discovered tobacco way back in 1552, one of the reasons why the indigenous people smoked, what we called smoking, is because it put them in the kind of mood in which they felt that they could commune with the deities and in those days it was felt that smoking had an analgesic influence on people although they did not know that word at that time. Incidentally, tobacco was the New World's first export commodity to Britain and to Europe and it was discovered by the Spanish, it was grown and taken there and all of Europe and Britain began to light up and tobacco was ironically the poor man's answer to snuff. So while the poor man used tobacco and West Indies rum, those were his substitute to snuff, really, and cognacs. Anyhow, Mr Speaker, apart from that I wish to say that accession to the Framework Conven-

tion and we note that it is on tobacco control, not on prohibition, they place certain obligations on Guyana and these are spelt out in the State Paper in paragraphs 10, 11 and partially in paragraph 12. These obligations are not onerous and they are easily outweighed by the cost benefits that are likely to accrue from the fulfilments FCTC obligations. These benefits are spelt out in paragraphs 20 and 21 of the State Paper.

The economic benefit that may accrue from the reduction of the demand for and the supply of Tobacco may not be immediately obvious, but when that benefit is made to relate to the social and health consequences of tobacco use, the argument becomes impressive in the State Paper itself.

I need not go over the statistics that were given to us in the relation to how many people die from tobacco use, but I wish to indicate that the measure to be adopted to reduce tobacco use does not affect employment except infinitesimally small way only fourteen persons in this country would be so affected.

Mr Speaker. I wish to simply repeat that if the measures are to be of benefit at all to this country, mechanisms of necessity will have to be put in place. I wish to indicate that the adoption by this Parliament of the Motion for accession places upon us obligations to put legislation in place, to put mechanisms in place, to conduct an educational programme. While this afternoon, we have not in any way spelt those out in detail, I wish to reiterate the point that I made out earlier that today what we seek really is agreement to accession. That is all we seek this afternoon. Thank you very much [*Applause*]

The Speaker: Thank you Honourable Member.

The Honourable Member Mrs Sheila Holder

Mrs Sheila VA Holder: Mr Speaker, I believe that it is my duty to also state our support to what the Honourable Minister of Health has so

Thursday, 23 June 2005

graciously agreed to amend - the resolution clause of this Motion in this National Assembly and approves of the government's accession to the Framework Convention on Tobacco Control. I therefore believe it is appropriate for me to reserve my comments specific to the State Paper for a later date.

As I am on my feet, it behoves me to acknowledge in our presence this afternoon, the students who came all the way from Soesdyke, no doubt because of this item on this Order Paper and I believe that it is an acknowledgement of their teachers of the importance of tobacco control, of the importance of conveying to students in our high schools and the young generally, the importance of not falling prey to what is generally known to be an addictive habit that is smoking. So I would like to commend the teachers for bringing the students here today and also to mention the very important aspect of this exercise, which pertains to the exemplary action of those of us in the society, who, whether we like it or not, set an example for others to remember that we have a duty to do what is necessary to advance the protocol with respect to the Convention on Control of Tobacco.

Mr Speaker, I therefore lend my support to this amended Motion and hope that the State Paper will take into consideration the other aspects I am sure that need to be taken into consideration at a later date. I thank you [*Applause*]

The Speaker: Thank you Honourable Member.

The Honourable Minister of Health

Hon Dr Leslie S Ramsammy: Mr Speaker, personally I would like to thank all members who spoke on this Motion and to thank them for their support. I want to immediately also say that our intention this afternoon was the support for acceding to the FCTC. Therefore we would have no problem in accepting the suggestions from the Honourable Member Mr Winston Murray, that this afternoon we only consider ac-

cepting a Motion that supports Guyana's acceding to the FCTC.

Just before I ask for leave to amend the Motion, I would just like to respond to some of the points for more for clarification to set the record straight. I want to assure all my colleagues in this House and the Honourable Member Mr Murray that in no way - absolutely in no way - was I trying to lecture anyone in this House. *[Laughter]* I just want to make sure that everybody knows that I am not about to lecture anybody on this, the facts speak for themselves.

Indeed, I want to get to my colleague and friend, the Honourable Member Dr Joseph that at no time was I suggesting that the only negative health impact from tobacco is due to the addictive nature of nicotine. There are different aspects and I made that quite clear that there are two different aspects to this, the addictive nature and the exposure to tobacco smoke. I just want the record to clearly state that indeed much more of the health effects come from the various chemicals that are contained in tobacco smoke.

I agree with the Honourable Member Dr Joseph that the FCTC is quite comprehensive and identifies all of the issues. The State Paper is just merely to indicate those issues and to reiterate that a commitment on the part of the Ministry of Health and on part of the government to address these issues in a comprehensive manner. A national strategic programme for reduction of smoking in our country is being put together by the Health Promotion Unit of the Ministry of Health working with various stakeholders. When that is completed, we will involve larger consultation. We will put together larger consultation mechanisms for us to move forward.

Mr Speaker, this afternoon I would like to ask your leave that the Motion in my name be amended such that the words *adopt the State Paper on the framework convention on tobacco control* and be removed so that the Motion will now read *that this National Assembly approve of the government accession to the FCTC*. Thank you very much.

Thursday, 23 June 2005

The Speaker: Thank you Honourable Member.

Honourable Member, I will put the Amendment first.

Amendment -

BE IT RESOLVED:

That this National Assembly approve of the Government's accession to the Convention.

Question put and agreed to

Amendment carried

Motion as Amended put and agreed to.

Amended Motion carried

The Speaker: Honourable Members, there are two other items on the Order Paper. I understand that at the requests of the Honourable Members Mr Winston Murray and Mrs Volda Lawrence the following Motions were being deferred.

ITEM 7 - CONFIRMATION OF THE AUDIT REGULATIONS 2005

BE IT RESOLVED:

That this National Assembly, in accordance with Section 11(4) of the Audit Act, No. 5 of 2004, confirm the Audit Regulations 2005 (Regulations No. 4 of 2005), which was made on 30 May, 2005, under Section 11(1) of the Audit Act, No. 5 of 2004, and published in the Official Gazette dated 30 May

Thursday, 23 June 2005

2005.

[Deferred]

ITEM 8 - FIRST PERIODIC REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES

BE IT RESOLVED:

That the First Periodic Report of the Parliamentary Sectoral Committee be adopted.

[Deferred]

The Speaker: Now that those two matters are being deferred, that brings us to the end of our session for today.

Honourable Minister of Parliamentary Affairs

Hon Reepu Daman Persaud: Mr Speaker, I move that the National Assembly stands adjourned to Wednesday, 29 June 2005 at 14:00h.

The Speaker: The National Assembly is adjourned accordingly. Thank you.

Adjourned Accordingly at 15:30h