

Official Report

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2015-2017) OF THE ELEVENTH PARLIAMENT OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER, PUBLIC BUILDINGS, BRICKDAM, GEORGETOWN

68TH Sitting

Thursday, 27TH July, 2017

The Assembly convened at 2.08 p.m.

Prayers

[Mr. Speaker in the Chair]

ANNOUNCEMENTS BY THE SPEAKER

Leave Granted to Members

Mr. Speaker: Hon. Members, leave has been granted to the Hon. Member, Ms. Fredericks-Pearson, up to 20th August, 2017 and the Hon. Member, Mr. Adrian Anamayah, up to 12th August, 2017.

PRESENTATION OF PAPERS AND REPORTS

The following Papers and Reports were laid:

- (i) Fifth and Sixth Annual Reports of the Women and Gender Equality Commission for the period June, 2015 to April, 2017, which was circulated at the 67th Sitting of the National Assembly. [*Speaker of the National Assembly*]
- (ii) Audited Financial Statements of the Guyana Energy Agency for the year ended 31st December, 2015. [*Minister of Public Infrastructure*]
- (iii) Financial Paper No. 2/2017 – Supplementary Estimates (Current and Capital) totalling \$2,514,679,330 for the period 2017-01-01 to 2017-12-31.

- (iv) Dollar Credit Line Agreement dated 19th July, 2017 between the Government of the Cooperative Republic of Guyana and the Export-Import Bank of India for US\$17,500,000.00 for the purpose of financing the Up-gradation of three (3) hospitals namely: West Demerara Regional Hospital, Bartica Regional Hospital and Suddie Regional Hospital in Guyana.
- (v) Agreement for the Encouragement and Protection of Investment signed on 14th July, 2017 in Vienna, Austria between the Government of the Cooperative Republic of Guyana and the OPEC Fund for International Development (OFID) for the purpose of setting in train a framework for the start of Private Sector operations in Guyana.
- (vi) Audited Financial Statements of the Guyana Oil Company Limited for the year ended 31st December, 2015.

[Minister of Finance]

- (vii) Annual Report of the Guyana Gold Board for the year 2016.
- (viii) Audited Financial Statements of the Guyana Gold Board for the year ended 31st December, 2016.

[Minister of Natural Resources]

REPORTS FROM COMMITTEES

The following Report was laid:

Report of the Public Accounts Committee on the Public Accounts of Guyana for the years 2012, 2013 and 2014. *[Ms. Teixeira]*

ORAL QUESTIONS WITHOUT NOTICE

Mr. Speaker: Hon. Members, by way of letters, there are two oral questions, one question standing in the name of the Hon. Member, Mr. Croal, and the other in the name of the Hon. Member, Mr. Seeraj.

I would invite the Hon. Member, Mr. Seeraj, to present his question.

Restoration of Electricity in Region 2

Mr. Seeraj: Thank you, Comrade Speaker. Could the Hon. Minister of Public Infrastructure, Mr. Patterson, inform this House as to what measures have been taken to restore electricity to the residents of Region 2, who have been punishing for over five weeks without electricity and or frequent and long power outages?

Secondly, could the Hon. Minister say how soon would the residents get a return of stable and reliable electricity supply?

Minister of Public Infrastructure [Mr. Patterson]: Thank you, Mr. Speaker. Before I answer, I would like to welcome the work-study students to the National Assembly. I hope that they enjoy the afternoon with us.

Mr. Speaker, I thank the Member for his question. I was surprised that the question came from this Member. I thought that it would have been from a Member who resides closer to Essequibo. The question is a bit dated.

There are four generator sets in Anna Regina and they are all over 20 years old, particularly the one by Wartsila which gives us 1.8 megawatts. This set developed a flaw and a fault a few weeks ago but it was brought back on line two weeks ago. That is why I expected someone from the Essequibo Coast to have posed the question, rather than someone who lives on the coast – Georgetown - because that person would have realised that power was restored two weeks ago. As at 2.00 p.m. today, I checked to ensure that I would not be misleading this House. The entire Essequibo Coast is powered. I know that now. That was 17 minutes ago.

On the question of when the residents should expect a return of stable and reliable electricity supply, the entire Essequibo Coast is powered.

On the question of what would be done, it is in public records that we have procured three new generator sets for Anna Regina. We would be having a new power station there. They are 1.8 megawatts each man sets from Germany. They would be arriving in Guyana in October. The switch gear and all other associated equipment that are needed to power up and bring them online are *en route* Guyana and, hence, Anna Regina, Essequibo stations. As soon as they arrive, we would install them. By Christmas, it is anticipated that there would be new sets in Essequibo.

There would be some scheduled outages and that is to convert. You know Essequibo has two voltage systems. There are 50 cycles on one side and the Hon. Member, Mr. Damon, knows that there are 60 cycles.

The intention always was to have one particular voltage by the time the new set is there. We would be doing some conversion between now and the installation of the new sets.

I am glad that the Hon. Member has brought the question. The entire Coast is powered and new sets are on the way. We do intend, by Christmas of this year, to have them there. I would remind the Hon. Member that the sets are 20-year old sets that we are trying to move out.

Mr. Seeraj: A supplementary question: Charity was without power - uninterrupted disruption - for 24 hours from 5th to 13th July, 2017. As we speak, the northern side of Region 2 is still experiencing power outages. The southern side is a bit more reliable, but, on the northern side, there are still long hours of power outages. I want the Minister to know that.

I travel all over this country so I do not see any difficulty the Minister would have had with me asking a question of my constituency.

I thank the Minister for his answers in relation to three generator sets that would be provided. Could I ask the Minister when is the Government intended to acquire generator sets? When was this intention advertised? Was it tendered? When was it tendered? Were those tenders evaluated? Who were the persons who supplied expressions of interest in supplying these pieces of equipment? When was that done and who were the members of the evaluation team?

Mr. Patterson: Thank you very much. In the first part of Mr. Seeraj's statement, he said, "5th to 13th July, 2017". Today is 27th July, 2017. I said that, two weeks ago, the entire area was installed.

It was mentioned in my 2016 Budget speech. The Hon. Member could check the *Hansard*. The acquisition of generator sets is not only for Anna Regina on the Essequibo Coast. The tenders were public. I cannot say who the evaluators were. **[Ms. Teixeira: Was it tendered?]**

It was tendered. I do not have at hand the names of the evaluators but, if you need them, you could get them.

Mr. Damon: One more question, Sir, pertaining to the blackouts in Region 2...

Mr. Speaker: Hon. Member, there are two supplementary questions permitted. You are using the second one. Please proceed.

2.23 p.m.

Mr. Damon: Mr. Speaker, could the Hon. Minister say why we were made to suffer so much? A lot of people lost their valuables that were in their refrigerator, freezers, *et cetera*. Who will pay for those things? Will there be compensation?

Mr. Speaker: Hon. Member, you are going a little off the question. The question is to do with the blackouts, not compensation for the blackouts. You must content yourself with the principal question that was asked. A supplementary to that question is permitted; anything else will be out of order.

Mr. Damon: Why I am saying this, Sir, is because, according to information, this could have been avoided. Is it true that these plants were sabotaged?

Mr. Patterson: Sir, well, I know that, on this side of the House, we are not saboteurs. We know nothing of such, but maybe that Member knows something about sabotage and those things like that.

I know that the Minister of Agriculture complained about sabotage in the sugar industry at some point. Sir, as I started off, the sets are over 20 years old. The lifespan of a generator set, Hon. Member, is generally pegged at 21 years old. These sets are over 25 years old. So I took them over two years after the best sell by date. But it is my responsibility, and, as far as I am aware, there was no sabotage. If the Member is aware of any sabotage, I would ask him to report it to the Minister of Public Security, forthwith.

The reason that they were down, as I said, in the period that the Member mentioned, the Wartsila set had a blown gasket which we sourced from the local Power Producer and Distribution Incorporated (PPDI), and, when that was installed, a new set of bearings had to be put in. And those are all problems due to the age of the equipment. I am glad to say that, as of 2.00 p.m.

today, all power is fully restored and, if the Member has any issues, he can probably contact me directly.

As I am on my feet, I would like to apologise for the outages which were because of circumstances outside of our control. Thank you.

Mr. Speaker: I thank the Hon. Minister for his statement. The next question stands on the name of the Hon. Mr. Colin Croal. You have the floor.

May to July Floods

Mr. Croal: Thank you, Mr. Speaker.

Firstly, could the Hon. Minister of Communities, the Hon. Mr. Ronald Bulkan, inform this House as to whether the Government will compensate those who have suffered losses during the May to July floods, which affected all 10 Administrative Regions and which led to the loss of property, livestock and crops?

Secondly, in particular, what compensation, if any, has been given to the residents in Regions 8, and 9, whose houses were washed away or severely damaged and who also lost crops and livestock?

Thirdly, what forms of assistance, if any, are being given to the farmers in the most affected areas, who lost livestock and crops, to replace these losses in order to allow them, in a short as possible time, to return to their livelihood?

Finally, how soon will the Government be addressing damaged public infrastructure such as schools, health centres, roads, bridges and dams in these regions?

Minister of Communities [Mr. Bulkan]: Thank you, Mr. Speaker.

I would like to thank the Hon. Member for the questions which he has posed and for the concern evinced to the residents and citizens who have been affected by this phenomenon.

First, I would like to join my Colleague in welcoming the work-study students who are present here in the House this afternoon.

I noted that the question is in four parts. The first speaks to compensation in all of our regions, and that is countrywide. The second also refers to compensation but confined to Regions 8 and 9, and particularly to the loss of crops and livestock. The third component of the question deals with assistance, as opposed to compensation, that is being given and that will be given to farmers who have been affected as a result of the problem and who would have lost livestock and crops. And, fourthly, how soon will an assessment be done to address the damaged public infrastructure.

First, I would like to say that the Government's intervention and support in the face of what can be considered as an act of God, if you will, which are the floods that began in early May, has been immediate. There are two phases to the support: first is the relief and second is the recovery. By way of relief, I think that it is well-known to Members of this honourable House that the Civil Defence Commission (CDC) was immediately mobilised once the problem was evident. And in conjunction with our Regional Democratic Councils (RDCs), which have been the lead agencies that would have done the assessment and made a determination as to what forms of support and relief are needed, there was immediate mobilisation.

Members may recall seeing photographs of the Minister of State, who led the intervention at the command centre that was established in Orinduik, and where supplies were flown in to the Region into that command base that was established in Orinduik, and where distribution was done to villages in the North Pakaraimas from Kanapang, Itabac, Kaibarupai, Waipa, Sand Hills, Kamana, and many other communities, down to Chieung Mouth. Similar actions and interventions were done by the RDC based in Bartica that sent out similar relief supplies and emergency supplies in the Middle Mazaruni.

I think that Hon. Members are also aware that the Leader of the House, the Prime Minister, led a team which included other Ministers, including myself, who went into the administrative centre for the Upper Takatu, Upper Essequibo Region at Lethem, where supplies were distributed.

Continuing with the immediate relief efforts, the Regional Disaster Committees in the regions were mobilised. There were two emergency shelters that were set up in Lethem to be able to house and to provide meals and foodstuff to a little in excess of 40 households that were in those emergency shelters during the period when their homes were flooded.

In addition to those immediate humanitarian efforts on the part of the Central Government, and had time permitted, I would have been able to provide the Hon. Members with a more detailed list of all of the work on the interventions that were led by the CDC... But they were extensive in those regions.

As far as the recovery phase is concerned, which is the stage two, the phenomenon is not quite over. There are certain parts of the country that are still subjected to high rainfall. The RDCs, particularly in the hinterland regions, are still compiling and doing their assessment reports, where they are receiving reports from the outlining areas and villages as to the extent of the number of households and farmers whose crops would have been damaged, as well as destroyed, the acreage and the impact that it would have. Those reports are still being received by the Regional Disaster Committees to allow for a more detailed assessment to be done once the source of the problem would have been over.

The question of compensation is not one that is not normally provided by the State in situations such as this. What will be contemplated and what would be provided will be assistance.

[**Ms. Campbell-Sukhai:** What is being contemplated?] If you listen, Madam, you will learn.

[*Mr. Speaker hit the gavel.*]

As far as the specific forms of assistance that the question seeks to ask, the Ministry of Agriculture will provide planting material and feedstuff to farmers who have suffered in these areas. Compensation, I repeat, is not normally provided, but, following a determination as to the extent of the damages, the State is prepared to have a look at it. But we are not currently in possession of those figures.

As it relates to the flooding, particularly in Regions 8 and 9, which the second question specifically asks, I would like to say that the origin of the areas that have been severely flooded in those two regions have to do with a situation outside of our borders, and it actually has its origin in rainfall in the Andes that has led to a backup of water in the Amazon, as well as the Rio Negro, and the Rio Bronco. [**Ms. Teixeira:** In the Andes?] Yes, Hon. Member.

[*Mr. Speaker hit the gavel.*]

The source is all the way in the Andes and it has led to a consequential rise in the water levels in both the Ireng and Takatu Rivers, and this has led to flooding in many of the communities.

In recognition and in acknowledgement of the international dimension of this phenomenon, the Inter-American Development Bank (IDB) has expressed an interest in this situation and it is believed, perhaps with a view to providing probable assistance... The Governments of Guyana and Brazil are currently in engagement, looking at the full dimensions of this particular problem that has an impact in Region 9 and, to some extent, in Region 8. As I said, the IDB has already expressed an interest in the situation with a view to providing possible assistance.

As far as the fourth component of the question, how soon will an assessment be done to the damaged infrastructure, again...

Ms. Teixeira: Mr. Speaker, on a Point of Order, the question is not on climate change. It is about compensation...

Mr. Speaker: Ms. Teixeira, I have not given you the floor and you are speaking. Well, go ahead.

[**Ms. Teixeira:** If the Minister wishes to speak about climate change, he can talk about *[inaudible]*. *[Interruption]*]

Hon. Members, I will say two things: a question has been asked and an Hon. Member is answering the question. If the answer does not suit the person listening... [**Ms. Teixeira:**

[inaudible]]. Hon. Ms. Teixeira, you are getting out of order. If you will not contain yourself, I will have to ask you to leave this Chamber. I will not permit this.

2.38 p.m.

If a Member is asked a question and the answer is provided and that answer is not adequate, there is room for two supplementary questions. There is no room for interruptions and speeches in the course of the answer to that question.

Mr. Bulkan: Mr. Speaker, I was saying that emergency intervention and emergency support have been provided by the Central Government *via* the Civil Defence Commission, as well as *via* the Regional Democratic Councils that have been fully engaged in an assessment of residents

and citizens who have been affected by this problem. That release and assistance has been immediate. It has been in Regions 7, 8 and 9 particularly.

As far as the recovery phase is concerned, a fuller assessment is still being done and the full determination as to the damages both in relation to the houses as well as livestock and/or farms is not fully known. However, when that information is available, the Central Government will be better equipped to make a determination as to what further forms of assistance could be provided. As I said, the Ministry of Agriculture has already indicated its willingness to provide planting materials as well as feed stuff to farmers who have been affected.

Mr. Speaker, I thank the Hon. Member for the question and those would be my answers.

Mr. Speaker: I thank the Hon. Minister for his answer.

Hon. Member Mr. Croal, do you have a supplementary question?

Mr. Croal: Yes, Mr. Speaker. We have listened and I have not gotten anywhere close to the answer to what we are asking. We would have heard...

Mr. Speaker: Mr. Croal, you have a supplementary question. Please proceed.

Mr. Croal: Mr. Speaker, the Hon. Minister referred to reports that are being compiled by the respective regions and I am happy that the Hon. Minister spoke about visiting the regions. If I recall the last picture by the Hon. Minister and the Hon. Prime Minister, they were visiting Region 9 in floods but yet they were in the dry land wearing...because they could not have worn their long boots. The question, among the many questions, is: what timeline are we speaking about in relation to the compilation of the reports by the regions? We are referring to persons who are already affected. So, by the time they are done compiling the reports and Cabinet and the relevant persons review, what happens to the people in the meanwhile? That is on the personal side. On the second side...

Mr. Speaker: Hon. Member, what is your question? You have two questions you could use as supplementary.

Mr. Croal: Okay. I will rephrase the one question into two. Could the Hon. Minister indicate when the regions will complete their compilation of the reports on the assessment of the various regions for both the livestock as well as the persons who were affected in terms of their housing?

Mr. Bulkan: I would repeat. The support that was provided by the Central Government in the face of this disaster was immediate. Relief was supplied *via* the RDC in our hinterland regions. There was the emergency intervention both at the level coordinated by the CDC, which could be quantified and supplied later to the Hon. Member – the full details of that intervention. There were also emergency activities that were conducted by the RDC and, in particular, the Regional Disaster Committees in those regions. Support was provided to persons who were affected. That was on a humanitarian basis and it was immediate.

As far as the recovery phase was concerned, when the full extent of this disaster was known...the problem is still ongoing. Some areas are still subjected to the heavy rainfall, which is still continuing. At that stage, as I said, even though the issue of compensation is not one that is normally provided by the Central Government in the face of a natural disaster such as this, there will be continued willingness to provide assistance to persons who were affected.

Mr. Croal: Before I go to the second question, could I just repeat the first, whereby the question was asked by when the compilation of the reports would be done? We are told that it is being done. All we are asking is, when will it be completed so that we could have an assessment?

I will go to the second question, if you would allow me, Mr. Speaker. I am moving away from the Hinterland; let us go to the Coastland, Black Bush Polder. The second follow-up question: could the Hon. Minister indicate whether any assessment was done for the flooding with respect to the farmers within the Black Bush Polder and, secondly, what form of compensation is planned specifically for the persons within the Black Bush Polder, who would have lost crops and livestock, *et cetera*?

Mr. Bulkan: Mr. Speaker, the answer would not be similar and the question that is being asked is what compensation would be offered. As I said before, compensation is not normally offered in situations such as this. The Government is not taking a closed position as we speak. When the full extent of the problem is over and a full determination could be made as to the full extent of the damages, the Government could then be in a position to make a determination, if the

assistance that it is committed to providing could go beyond the systems and could provide any compensation by way of long-term damages.

INTRODUCTION OF BILLS

The following Bills were introduced and read the first time:

1. CONSTITUTIONAL REFORM CONSULTATIVE COMMISSION BILL 2017 – Bill No. 9/2017

A Bill intituled:

“An Act to establish a Constitutional Reform Consultative Commission to assist the Parliamentary Standing Committee for Constitutional Reform in its work by conducting public consultations with and receiving submissions from the people of Guyana for the Committee, to provide for its membership, its terms of reference and for other connected purposes.” [*First Vice-President and Prime Minister*]

Bill referred to the Parliamentary Standing Committee for Constitutional Reform.

2. BROADCASTING (AMENDMENT) BILL 2017 – Bill No. 10/2017

A Bill intituled:

“An Act to amend the Broadcasting Act 2011.” [*First Vice-President and Prime Minister*]

PUBLIC BUSINESS

GOVERNMENT’S BUSINESS

BILLS – SECOND READINGS

TOBACCO CONTROL BILL 2017 – Bill No. 5/2017

A Bill intituled:

“An Act to provide for the adoption and implementation of tobacco control policies in accordance with the World Health Organisation Framework Convention on Tobacco

Control which aims to protect present and future generations from the devastating harms of tobacco use and exposure to tobacco smoke; to prevent tobacco use by minors; to protect workers and the public from exposure to tobacco smoke; to prevent exposure of the public, especially minors, to tobacco advertising, promotion and sponsorship; to enhance public awareness of the hazards of tobacco use and exposure to tobacco smoke; to ensure that every person is provided with effective health warnings about the harms of tobacco use and exposure to tobacco smoke; to regulate the tobacco industry, its products and sales; to protect public health policies from the commercial and other vested interests of the tobacco industry; and to provide for other related matters.” [*Minister of Public Health*]

Minister of Public Health [Ms. Lawrence]: Mr. Speaker, I rise to move that the Tobacco Control Bill 2017 - Bill No. 5/2017 – published on 2017-05-16, be read a second time.

Mr. Speaker, esteem Members of this honourable House, let me preface my presentation by stating that the health and wellbeing of our nation is our key priority. This goal is chronicled at number 3 of the 17 Sustainable Development Goals (SDGs), which Governments of the region, including ours, have endorsed and have made a commitment to their achievement by 2030.

The Ministry of Public Health, as the governing body for the nation’s health, is mandated to ensure the realisation of Goal 3. Therefore, it is stating that the tobacco control legislation must be considered and passed today, since failure to do so will mean accommodating the tobacco epidemic which constitutes a deterrent to our achievement of Goal 3, which has set a target of reducing, by one-third by 2030, premature mortality for non-communicable diseases.

Mr. Speaker, you could well appreciate the importance of today’s reading of the Bill and so I would like to begin my presentation to this honourable House by giving an overview of the tobacco epidemic. Allow me, Mr. Speaker, to indicate to this House that this Bill has five components, namely, one, protection from exposure to second-hand smoke; two, ban on tobacco advertising, promotion and sponsorship; three, packaging and labelling; four, prevention of youth initiation to tobacco; and, five, protection of tobacco control polices from tobacco industry interference.

The tobacco epidemic is one of the greatest public health threats of the 21st century. According to the World Health Organization (WHO) statistics, there are more than 1 billion smokers in the world. Eighty per cent of them are now living in the low-income and middle-income countries, where the burden of tobacco related illness and death is heaviest. Tobacco, we are told, kills more than 7 million people each year, with 6 million of those deaths being the result of direct tobacco consumption while just about 1 million deaths are as a result of non-smokers being exposed to second-hand smoke.

2.53 p.m.

There are more than 4,000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer. There is no safe level of exposure to second-hand tobacco smoke.

Hon. Members of the House, tobacco consumption and exposure to tobacco smoke are not only a leading cause of death, disease and disability, but also of impoverishment. Tobacco users who become sick, disabled or die prematurely deprive their families of income, deplete the country of its labour force and increase the cost of public health care, hindering generally economic development. Sadly, it is the poor who are disproportionately affected by the tobacco epidemic and its ravishing effects place socio-economic burdens on these families for generations.

Tobacco is perhaps the most unique legally sold product, given that it is guaranteed to kill up to half of its users when they use it exactly as intended by the manufacturer. We, in this House, simply cannot stand by and allow this epidemic to escalate here in our beloved country.

The public health issues arising from the tobacco epidemic are wide-ranging and devastating. Smoking and exposure to second-hand smoke cause serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, exposure to tobacco smoke causes sudden death and low birth weight and premature birth in pregnant women. Further, it causes the placenta to detach from the uterine wall and results in the baby becoming addicted to nicotine. Tobacco by-products have even been found in the cervical mucus of women who smoke. For a woman with a high-risk of human papilloma virus (HPV) infection, smoking increases the risk of developing a cervical cancer. Smokers keep HPV infections longer and are less likely to clear them when compared to women who have never smoked. This is particularly

troubling because women and girls in low and middle-income countries are rapidly becoming the biggest at-risk group for the tobacco epidemic. The tobacco industry views them as an “untapped market sourcer” and the smoking rates for girls and women are rising globally.

The most disturbing fact about the tobacco epidemic is that it is, and has always been, completely preventable. Every one of the 7 million lives lost each year is a tragedy that is entirely avoidable. The tobacco epidemic can be prevented with the implementation of effective legislation, policies and programmes. Members of the House, I would like to apprise you of the deception in which the tobacco industry has historically engaged.

In the fifties, published research began to show the statistical link between smoking and lung cancer. In private, the tobacco industry itself had conducted research which revealed that there were carcinogens in tobacco smoke. In 1957 internal British American Tobacco (BAT) company memorandum, using the code word "ZEPHYR" - I repeat using the code word ZEPHYR - for lung cancer, showed that research undertaken at BAT's laboratories found that, and I quote from article No. 18 of 1957:

“As a result of several statistical surveys, the idea has arisen that there is a causal relationship between ZEPHYR and tobacco smoking, particularly cigarette smoking. Various hypotheses have been propounded, one of which is that ‘tobacco smoke contains a substance or substances which may cause ZEPHYR’.”

British American Tobacco Company, the second largest tobacco company in the world, which rakes in a global revenue of more than US\$63 billion annually, is the parent company of Demerara Tobacco Company (DEMTOCO) here in Guyana. The industry's approach was to conceal this evidence and to create doubt and controversy about the health risks of tobacco consumption. In an attempt to lull smokers into a sense of security, the tobacco industry introduced filters on cigarettes. The public relations strategies did not stop there. It gave the impression that one brand posed less danger to health than another, and so there are low tar, ultra-light, mild and natural. Today, the tobacco industry is again trying to lull us all into a false sense of security with e-cigarettes. E-cigarettes are the new lie that the industry has presented to us and it is my view, in the face of new threats, that we must take urgent and resolute action.

A pivotal moment in public health came in 1964 when the United States (US) Surgeon General issued its first warning that smoking causes lung cancer. By the 1970s and through the 80s, the tobacco industry was entirely conflicted about the public relations approach due to the overwhelming evidence of the detrimental health effects of tobacco consumption. Another secret BAT's document, in 1980, stated, and it is document number 45:

“On balance, it is the opinion of this department that we should now move to position B, namely, that we acknowledge ‘the probability that smoking is harmful to a small percentage of heavy smokers’... By giving a little we may gain a lot. By giving nothing we stand to lose everything.”

Following that, in 1982, the US Surgeon General was loudly declaring that:

“Cigarette smoking is the chief, single, avoidable cause of death in our society, and the most important public health issue of our time.”

All these developments were the precursor to the 2000s, when the World Health Organization (WHO) determined that the tobacco epidemic was too pervasive to ignore and it would take a concerted global effort and collaboration to fight not only the tobacco epidemic but the disease vector, the wealthy, the powerful and the giant tobacco industry. This led to the promulgation of the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC). Mr. Speaker and Members of this honourable House, I must draw your attention that Guyana acceded to the WHO FCTC in September, 2005. The then Minister of Foreign Affairs, S.R. Insanally signed the instrument of accession, unequivocally accepting that tobacco use and exposure to tobacco smoke cause death, disease and disability, and that there is no safe level of exposure to tobacco smoke and agreeing to implement tobacco control measures using the WHO FCTC as a minimum standard.

At about the same time, tobacco control also gained the focused attention of the Caribbean Community (CARICOM). In the Declaration of Port of Spain 2007, member states committed to immediately pursuing WHO FCTC compliant legislation. Since then, Trinidad and Tobago, Suriname, Jamaica and associate member state Cayman Islands have all passed tobacco control laws. In the meantime Guyana lapsed. Guyana has no tobacco control legislation and has fallen way behind in the implementation of its obligations under the WHO FCTC, its commitments

made under the Port of Spain declaration, and its constitutional commitment to safeguard the health of its people.

I want to emphatically state that Guyana failed to honour its obligations. It failed to protect the health of our nation. Guyana should have had legislation and or policies in effect by December 2008 to satisfy article II of the WHO FCTC which is to adopt and implement effective measures to prohibit misleading tobacco packaging, labelling and to ensure that tobacco product packages carry large, clear, rotating health warnings and messages that cover 50% or more of the package. Additionally, Guyana has exceeded the timeline which is December 2010 for the implementation of article 13 of the WHO FCTC, that is, to undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. While we procrastinated, the WHO Global Youth Tobacco Survey, which tracks tobacco use among youth in countries across the world, reveals that the prevalence rate of youth tobacco consumption in Guyana was at 20.9% in 2010, only better than Dominica which was at 25.3% in 2009 and Jamaica which was 28.7% in 2010, among all CARICOM member states. The slippage was taking place to the detriment of our nation.

I alluded at the beginning of this presentation to the Sustainable Development Goals (SDGs) and I want to emphasise that target 3 (a) within Sustainable Development Goal 3 “Good Health and Well Being” requires the “strengthening of the implementation of the WHO Framework Convention on Tobacco Control in all countries”, if we intend to meet our targets under SDG 3.

Mr. Speaker, please allow me to elaborate on the process including the consultations that have led to the development of the Tobacco Control Bill before the House today. In 2011, the Ministry of Public Health under the leadership of then Minister of Health, Dr. Leslie Ramsammy, first prepared a draft Tobacco Control Bill, which for years went through numerous consultations in Georgetown, Berbice, Anna Regina and Lethem. Consultations were held both with identified groups of key stakeholders, including those in the business community, labour unions, transportation services, consumer affairs, sports organisations and the general public, quite different from what we heard on the radio this morning. There was overwhelming support for the draft Bill, including calls for more stringent measures to protect children from tobacco and harsher penalties.

3.08 p.m.

It should be noted, because of the obligations under the WHO FCTC, the Ministry of Public Health was then and now prohibited from engaging directly with any tobacco company in the drafting of this legislation. I am happy to put it on the record in this honourable House, because there are other things that are being peddled out there, but I would just like our people to know that we are confirming to the obligations under the WHO FCTC, article 5.3 which dictates that in setting and implementing its public health policies with respect to tobacco control, parties shall act to protect those policies from commercial and other vested interests of the tobacco industry. However, the Demerara Tobacco Company was able, through bodies representing business interests, to identify its points of contention. Its arguments are not innovative. There are the same arguments that tobacco companies all over the world have been using unsuccessfully to oppose public health legislation. Arguments about the Government losing revenue and an increase in illicit trade, if tobacco control laws are passed, and calls for designated smoking areas.

I wish to counter the arguments put forward by the tobacco industry. Sir, the designated smoking areas in restaurants and bars defeat the interest of public health because there is no protection for the workers who have to serve patrons in those areas, nor is there any recognition that smoke travels through vents and open doors, possible to non-smoking areas. In addition, we should pay attention to emerging research on the danger of third-hand smoke. I must underscore that the paramount concern of Parliament, morally and constitutionally, is ensuring the health and well-being of the people of our country.

The intent of the draft Tobacco Control Bill is not to punish smokers. I repeat the intent of this Bill is not to punish smokers. We recognise that smoking is an addiction and we intend to strengthen cessation programmes to provide the kind of support that smokers need to quit. The Tobaccos Control Bill does not propose to ban smoking, as we heard again on the radio this morning. Rather one of the main aims of the Tobacco Control Bill is to protect persons from exposure to second-hand smoke by regulating where smoking is permitted, in indoor public places and specified outdoor places. However, the public should know that there is no legal right to smoke recognised by international or national laws. On the other hand, each of us has a right to highest attainable the standard of health which is entrenched in our Constitution and in every international human rights instrument to which Guyana is a party, instruments such as the

Convention on the Rights of the Child and the Convention on the Economics, Social and Cultural Rights, just to name a few.

We, the Government of Guyana, are responsible, as far as possible, for ensuring the conditions that enable people to fully realise their human rights. Governments have a mandate, a mandate to protect the health and well-being of their populations. In this regard, the Ministry of Public Health and the Government as a whole have a constitutional, rights based and moral responsibility to take measures to ensure the health of its citizens, and this includes protecting our people from the scourge of the tobacco epidemic. Accordingly, the passage of the Tobacco Control Bill 2017 will allow for the implementation of evidenced-based measures to fight the tobacco epidemic.

In relation to article 146 (1) and (2), “Protection of freedom of expression” of the Constitution of the Cooperative Republic of Guyana, and in relation to all stated freedoms, freedom of conscience, freedom of assembly, freedom of movement, the Constitution provides that -

“nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention...”

...of these freedoms, that I have mentioned...

“...to the extent that the law in question makes provision –

(a) that is reasonably required in the interest of defence, public safety, public order, public mortality or public health;”

Sir, the tobacco industry tries to convince governments and businesses that economic harm will result from any serious attempt to regulate smoking in public places. I say, on the contrary, that smoking bans benefit public health with no negative economic impact. Sad to say, Guyana is not a trailblazer in the region in pursuing tobacco control legislation. Our principal sister countries mentioned before, Trinidad and Tobago, Barbados, Jamaica and the Cayman Island, are countries that rely heavily on tourism and entertainment, yet, they have chosen to put the health and well-being of their people above unsubstantiated claims of economic fallout by the tobacco industry.

One year after the passage of the tobacco control legislation in Barbados, the Minister of Health Donville Inniss stated, “Bar and restaurant owners have not reported any fall off in business, and that there has not been any reduction in employment attributed to the smoking legislation, indicating that its implementation was indeed the right move”. He said that just a few years ago, in November 2011.

Sir, what I do know is that the tobacco epidemic affects the economy by placing significant burden on the public health care system to treat the chronic diseases it causes, and we will hear more of that from my colleagues.

The passage of tobacco control legislation will not only improve the health and well-being of all Guyanese, but it will significantly reduce the large sums of money expended by the Government of Guyana on the treatment of non-communicable diseases (NCDs), many of which are caused by the use of tobacco products and exposure to tobacco smoke. One also cannot ignore the socio-economic burden placed on families for generations where they lose a breadwinner to the tobacco epidemic. These are the costs which the Government cannot and will not ignore. These are the costs which are preventable with the implementation of effective legislation, policies and programmes to control the tobacco epidemic.

It is also important to note that the Tobacco Control Bill does not purport to ban the sale of tobacco products. May I repeat that, that the Tobacco Control Bill does not purport to ban the sale of tobacco products, except in health and education facilities, in government buildings and in facilities for sports and recreation. Nothing is different from the laws that have been passed in our sister CARICOM countries. The man or woman selling tobacco products in the market or on the street is not going to be displaced, and truth be told, there is not likely to be an immediate or even near-future fall off in tobacco sales among addicted adult smokers. Of course, in the long term, as the next generation sees less tobacco users and tobacco products become less popular, tobacco retailers may have to diversify their products.

I would like to mention a recent landmark case by Uruguay’s victory over Phillip Morris International before the World Bank’s arbitral body. Uruguay won a landmark case against Phillip Morris International, the largest tobacco company in the world, in 2016. Phillip Morris took Uruguay to World Bank’s International Centre for Settlement of Investment Disputes,

claiming compensation for sales loss as a result of Uruguay's strict tobacco control laws and for trademark infringement because of the requirement for graphic health warnings on tobacco products' packages. The court found that Uruguay, as a sovereign state, has the power to make laws for the protection of the health of its people, and any trademark holder must be subject to the state's regulatory power.

According to its health Ministry's figures, the number of Uruguayans who smoke had fallen to 22% of the population by 2014, from some 35% in 2005. The number of young smokers fell to 8% in 2014, from 23% in 2006, when Uruguay became the first country in the region to ban smoking in enclosed public spaces. We want to take Guyana there or further.

We must remember, as so amply summarised by Dr. E. Silva, Head of the WHO FCTC Secretariat, that there is a "fundamental and irreconcilable conflict of interest between tobacco industry and public health policy." Whatever we present to you in this Bill, whatever strategies we present to you for tobacco control, are evidence-based measures meant to fight the tobacco, meant to save lives and prevent illness and disability among our people. It is meant to ensure we have a healthy labour force that productivity is at its highest, that no family has to lose a loved one or a breadwinner to an entirely preventable illness. I say to this House today let us choose life for our people.

It is our responsibility as the Government and representatives with a vision of a "good life" for its citizens to make sure that the next generation has no interest in tobacco. We can no longer allow ourselves to be duped by the spurious arguments of the tobacco industry. The measures, which the tobacco industry will propose, will only serve to promote and enhance sales of their deadly products. We must all express our advocacy for the tobacco control legislation.

3.23 p.m.

Dr. Leslie Ramsammy, again I mention his name, Minister of Health in the former People's Progressive Party/Civic (PPP/C) Government, lobbied strongly for the passage of the tobacco legislation and this is what he had to say, "The failure to pass the tobacco law continues to haunt me as a lost opportunity and a failure when I was Health Minister." I am quite certain, Sir, that not one of us in this honourable House would want to be haunted by the fact that we did not give our consent to pass this Tobacco Control Bill here today.

As a responsible parliamentarian and all of us in here, serving the people of this great country, we all have to give the health and well-being of our people of this nation paramountcy. Esteemed Members of this House today, right now, we have a chance here to collectively do something amazing, something we can be proud of, which is in the interest and well-being of our nation. We must choose our people over the tobacco industry today. It would be a serious contradiction, if we profess to be proponents of human rights and promoters of public health and at the same time want to secure a continued demand for tobacco products. I want to state categorically that we cannot have it both ways. We cannot deliberately jeopardise the lives of our citizens by failing to adapt to the measures to counter the tobacco epidemic. That would be tantamount to throwing our people to the wolves. We must act sensibly, cohesively and collaboratively. A side must be chosen and a line must be drawn distinctly. The way forward is the passage of the tobacco control legislation, 2017.

As I conclude, I wish to assure this honourable House that the Tobacco Control Bill intentionally does not touch on the issue of increased taxation on tobacco products, which is one of the best measures to combat the tobacco epidemic. The Government, however, intends to deal with increased taxation of tobacco products outside of this Bill through the requisite Ministry, the Ministry of Finance.

Contrary to claims by the tobacco industry, the Tobacco Control Bill 2017 does not purpose to prevent persons who have worked in the tobacco industry from obtaining Government's employment. That is a flat out lie. Today on national television we heard that the tobacco company representative repeatedly saying that this Bill, being placed in the National Assembly today for a debate, is going to bar people from having jobs in Government agencies. The Tobacco Control Bill rather purposes that where someone seeking a tobacco controlled related Government job - let me repeat, it purposes that where someone seeking a tobacco controlled related Government job - has a conflict of interest, such as having recently worked with the tobacco industry or being a shareholder in a tobacco company, that person must disclose - I repeat that person must disclose - this conflict of interest and that person cannot be employed in the tobacco control for obvious reason, but that person can be employed in any other section of Government. Conflict of interest, we know, is a relevant consideration for any job of any nature. This is meant to counter possible tobacco industry interference. These attendance issues will

subsequently be addressed, but what is of paramount importance, at this juncture, is that we, yes all of us in this House, as custodians of the health and well-being of our nation, must reaffirm our resolve to combat the tobacco epidemic.

We have such an opportunity as a collective body to overwhelmingly give our support to the passage of the Tobacco Control Bill and to fulfil the requirement of the target under the SDG, number 3 of reducing by one-third, by 2030, premature mortality from non-communicable diseases through prevention and treatment.

I call on my colleagues to take a stand a stand and make this Bill a priority so that we can give life a chance in this country.

Thank you. [*Applause*]

Mr. Rohee: I listened very attentively to the Hon. Minister of Public Health. In addition to having listened to what she had to say, I must say that, as thousands of other Guyanese, I follow with great interest, the debate in the public as well as presentations that were made at certain public fora by representatives from the Ministry of Public Health. Speaking more precisely to the contribution, we just heard from the Hon. Minister, she had been both exhausting and exhaustive. I am speaking for myself. I believe that this would also relate to what my colleagues would probably say too, that we are not impressed.

This Bill is fought with a host of controversial matters, controversies that rest within the customs and the mores of our society's traditions. It also evokes tremendous amounts of controversies in respect to the question as to whether it is pro-business, is it anti-business, whether it is pro-health and also above all the whole question of impinging on personal freedoms and human rights. These are some of the, what I would describe, the controversial elements that are in this Bill. Unless we address these concerns and do not seek to brush them under the carpet or to deal with them *en passant*, then it behoves us on this side of the House to address them in a bold and forthright manner.

One of the greatest difficulties I have had over the years at many international fora, addressing issues such as this, is the attempt to reconcile standards that are appropriate, standards that are relevant to industrialised countries, highly developed countries with countries such as ours. You

cannot reconcile, you cannot measure with the same bar, standards that are appropriate and relevant to highly industrialised states, even Scandinavian countries, with a country such as Guyana that is still grappling with certain fundamental developmental issues. You cannot do that. To translate those standards to which we are being dealt with this afternoon, in the Guyana context, I believe that it is tantamount to exerting or placing unnecessary burdens, given the local conditions.

This Tobacco Control Bill seeks to impose certain standards that are applicable in a society that has not, or that Guyana is still aspiring to reach.

I have listened to reference to a whole host of statistics, and not only statistics, but concepts. These statistics and concepts, speaking more specifically to the concepts, would seem to me, are not buttressed, and are not supported by statistics generated by agencies and departments in our country. There is absolutely no statistics to back up what we are talking about in relation to the threat to smoking in this country. If they are, please let us have it, but one cannot speak in abstraction when seeking to convince us that smoking is bad and tobacco is bad because it does, “a”, “b”, “c” and “d”, but there are no statistics to support it. This is one, I believe, of the major weaknesses in the presentation of this Bill and in the presentation made also by the Hon. Minister. We are told, for example, that tobacco is the leading cause of death. That may very well be so, in terms of the WHO’s data, and the question would also be the sources from which these data were generated. In the Guyana’s context, do we have specificities in respect to data and smoking affecting minors? Do we have specificities in respect to data, in respect to smoking in certain locations? I would want to believe that if this data is available, then it should be presented in the honourable House, so that we can be convinced more on the bases, on facts than fictions.

3. 38 p.m.

Mr. Speaker, it is true that the genesis of this Bill was with the previous Administration, the People’s Progressive Party/Civic (PPP/C). The draft Bill did pass through the internal procedures that were set up by our Administration and part of that procedure was for it to come to Cabinet, to be presented by the Minister, deliberated at Cabinet and then passed unto the Attorney General’s Chambers. This is precisely the passage with which this Bill proceeded, but it ended at

the Ministry of Justice and the Attorney General's Chambers. It did not go further than there. So it is not absolutely correct to say that this Bill originated with the previous Minister of Public Health and by extension the Government of the People's Progressive Party/Civic. The Bill was parked, for want of a better word, at the AG's Chambers, and there was a reason for that. In fact, there is another Bill that is coming to this House just now that we are going to talk about and which had experienced a similar fate. There was a reason why this Bill was parked at the Attorney General's Chambers and was never presented to the House. This was intentionally done because we had recognised that in this Bill, there were a host of issues which the Government of that day could not accept.

The Bill that is before us, and I refer more specifically to the section "Interpretation", which addresses the question of certain officers who would be vested with authority to address breaches of the law *vis-a-vis* this Bill, when it eventually becomes an Act. For example, it speaks to an authorised officer, meaning a Police Officer, a Customs Officer, any inspector or an officer employed by the Ministry with responsibility for public health. These specific persons are going to be vested with the authority to arrest people who are found in breach of the law at public places. For example, we are told that smoking and the selling of cigarettes will be prohibited at certain public places, for example, the Guyana National Stadium when there is a big show going on with thousands of people listening to a rock band that has come from overseas. Alcohol is being sold or brought in illegally into the compound, there is cigarette smoking and even *ganja* smoking where one can smell it. These Officers are expected to be walking around, checking on who is smoking and arresting persons in a situation such as that. You are asking for trouble. In the same way, for example, when the Police would enter a public place and claim that the band should stop playing at a particular hour and pandemonium breaks out with bottles and bricks being thrown all over the place.

Could one imagine a situation where there are the Police or these prescribed Officers patrolling these venues trying to identify persons who are in breach of the law in relation to this Bill and this Act? Already, law enforcement officers are under tremendous pressure and they are being given additional powers or responsibilities to go and hunt down smokers who are at a public place listening and participating in a social event. What is even more serious is that persons, who are mentioned here, are going to be given the powers of the Police to make arrests. This is an

extremely dangerous situation that we are seeking to encourage here. Persons who have been identified by the Ministry of Public Health are going to be given the Police's powers of arrest and to take persons down to a Police station who are in breach of the legislation.

There is another section of this Bill that I believe is of great importance and that is the question of what is determined to be a 'seller'. The Hon. Minister and some of her representatives at public fora had sought to allay fears that the man on the corner of Regent and Wellington Streets, with his tray of cigarettes, is not likely to be affected and that even if he opens a pack of cigarettes and sells one, that is an offence. He cannot be seen selling one or two cigarettes from a pack. I know of persons who cannot afford a packet of cigarettes, they can only afford one cigarette and they would go and purchase that one cigarette. This is now being deemed as an offence by virtue of the passage of this Bill. A philosophy that was once found in the People's National Congress (PNC) of the *small man being the real man* has been turned on its head.

In a situation which we have today, where the economy is on the downturn and we have heard this being said at several fora that the economy is on the downturn, people are complaining that money is not in circulation. They are taking an Act of this nature, in a perilous economic situation, where people are struggling to make a living and deeming persons as criminals because they are in violation of this piece of legislation, which, most likely, will be passed in this House due to the inbuilt majority that we have here.

I would like to pose the question: Why in a situation of the nature that we have today in Guyana - economic downturn, high unemployment, under employment and high levels of poverty - we are seeking, at this time, to bring a Bill of this type to impose greater hardships on people who are struggling to eke out a living. There is always, what I would describe as a cynical twist by persons who advocate that, what is behind this Bill, are the health issues that we are concerned about. There is an inextricable link between health and economic issues. Economic and health issues are inextricably bounded and cannot be separated. The sale of the tobacco/cigarette is an economic venture embarked upon by a small man to make a living - the person who is under tremendous stress and who does not want to smoke *ganja* and some of these harder drugs, but prefers a cigarette to get some relief from it. I am saying that the individual is of the view that he gets relief from it. He/she makes that decision and that is their own personal decision. So once that person makes a personal decision that a cigarette gives them some relief, in the same way a

person makes a personal decision that “I prefer to go to ‘x’ institution and not ‘y’ institution” then that is their personal decision. It is a constitutional right of that individual. If a person decides that he wants to go to this cinema and he wants to see this movie, then that is his/her right.

The State must be careful in becoming too intrusive in the personal lives of individual citizens. For example, this Bill speaks to persons smoking in their homes, which is also captured. For example, a family of three - the husband, wife and child in a home, what this Bill is stating is that neither of the parents ought to be smoking because of this child. But this is totally unacceptable. It is because my home is my personal kingdom and if my wife... I have a wife and she does not smoke, but I am just talking hypothetically. If my wife decides to smoke and goes into the kitchen or on the balcony and have a cigarette, am I to understand that that is a travesty, as expressed in this Bill? This is totally unacceptable. The State is becoming extremely intrusive in this respect and this is totally unacceptable. It is as if one is saying that I am lying on the same bed with my wife and child, we cannot engage in certain activities as long as the child is there.

3.53 p.m.

This is the extremity in which I am trying to demonstrate the extent to which this Bill is proceeding, and that is totally unacceptable. It is only acceptable for those who are engaged. There are a number of certain, what is called, sales requirements. These sales requirements speak to the sale of cigarettes to minors; the seller will have to verify the age of a minor that turns up at Regent and Wellington Streets and asks for a pack of cigarettes. The seller will have to say “Can you produce a birth certificate or an identification card?” *[Interruption]*

Mr. Speaker hit the gavel.

This is Guyana. Are we making Guyana another North Korea? Are we becoming another North Korea with several Kim Il Sungs? Is that what we are doing? Are we making the entire country a prison instead of one prison? Well, let us see how you are going to deal with that.

This Bill even goes so far as to deal with the selling of cigarettes over the phone and on social media, all of which can be intercepted by our good friends ensconced at the Castellani House compound. The Bill states that. It allows for the intercept of communication of persons vending

cigarettes, on their cell phones and *via* social media. All one needs is a Court Order to intercept the communication to determine who is selling to who and how much they are selling to each other.

The Guyana Revenue Authority (GRA), as a revenue mobilising authority, has also been brought into the picture. I want to refer to a section of the Bill which states the following:

“The Minister shall maintain the reports...”

These are reports that she will be building...Sorry, it is not ‘she’ Mr. Speaker, it is ‘the Minister’, whoever the Minister is, considering that the Cabinet reshuffles because no Minister has a security of tenure, they do not have any transport on their portfolio, *et cetera*. They are all fellow travellers. I hope that they understand that. The Minister, whoever the Minister is, shall be building up his/her own intelligence apparatus and setting up his/her own intelligence machinery. This is according to the Bill. This is what the Bill states:

“The Minister shall maintain the reports for a period of at least five years and shall make information from the reports readily available to the public while taking reasonable steps to prevent disclosure of any information that may be misleading or promotes the tobacco business or its products, or that may disclose trade secrets of a business.”

My concern is the question of the confidentiality of the information contained in these reports. I believe that this is an extremely serious matter with which we ought to be very concerned about in this House. Any information collected through an intelligence apparatus set up by the Ministry of Public Health and is being stored for five years, and the Ministry of Public Health being the sole entity that is in possession of this information, I believe, is a matter that we need to pay very close attention to.

The Bill lists a number of public and work places where smoking is prohibited; it mentions 10 of them. I will not list all of them because they are all listed and people can read them, but, among the 10 are hotels and other places of lodging; restaurants; bars; pubs; cafés and other eating or drinking establishments; gaming machines venues and casinos; entertainment facilities, including clubs, cinemas, well we do not have cinemas now; concert halls; theatre games; arcades; pool and bingo halls; publicly owned facilities rented out for events; *et cetera*.

I believe that the persons who are going to be given the authority to police these venues and locations are going to be faced with an extremely arduous task. This is because, already, there is a problem with enough capacity and enough resources. To do this, it would seem to me, based on our experience in Government, that it is not only the question of the passage of the legislation it is also how much resources are going to be made available for enforcement. How much time is the law enforcement agency going to make available to deal with this additional responsibility.

The establishment of a secretariat, as we have been tasked with the responsibility of administering or assisting to administer, because I would assume that it is the Minister who will have the authority to administer the Act, and because the Ministry of Public Health also has problems with human resource capacity, it was seen that the idea of setting up a secretariat to assist the Minister to administer or to have oversight of this Act, when it is implemented, will of course have some costs, if not tremendous costs.

I would like to conclude by saying the following: The great difficulty that I have and which I believe many of my colleagues also have, is regarding the question of universality of standards that are more relevant to the industrialised and highly developed countries versus countries such as ours. I believe that the compatibility factor is what will pose enormous problems. If this Bill is going to be passed, bear in mind that there are obligations that come with the passage of such a Bill and, subsequently, its enactment. The obligations are more relevant to countries that have the capacity, both institutional and human resources, to do so. *You are biting off more than you can chew.*

The second major problem that we have with this Bill is the intrusive nature of the Bill, in relation to what I would describe as *family matters*. I think that sounds familiar to someone who I recently wrote about in respect to *Family Matters* and Mr. Steve Urkel. The intrusive nature of this Bill ought not to be underestimated.

Thirdly is the inexplicable link between economics and health, they cannot be separated. I believe, quite justifiably so, that taking bread out of the mouth of an ordinary man, at a street corner, who has spent his life vending cigarettes, you will now be depriving him of a living.

Mr. Chairman: Hon. Member, you have been speaking for 36 minutes.

Mr. Rohee: I am winding down now Sir. In addition to that, the personal and individual rights of an individual are being taken away from that person, thus placing him in a context where the entire country becomes hostage. The entire country becomes hostage to a law that is, in many respects, alien to our traditions and customs and even to our given economic circumstances in Guyana.

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

Mr. Chairman: I thank the Hon. Member for his statements.

Sitting suspended at 4.07 p.m.

Sitting resumed at 5.14 p.m.

5.14 p.m.

Minister of Social Cohesion [Dr. Norton]: If it pleases you Mr. Speaker, I rise to lend my support to the long awaited Tobacco Control Bill No.5/2017. This Bill is necessary for the fulfilment of Guyana's constitutional obligations to safeguard the health of its people. Article 154A, Schedule 4, of the *Constitution of the Cooperative Republic of Guyana* states clearly that each person has the right to the highest attainable standard of health and the right to life. Besides this, it is also catered for in every international human rights instrument to which Guyana has ratified. To add to those mentioned by the Hon. Minister Lawrence, I would like to include the Convention on the Rights of the Child and the International Covenant on Civil and Political Rights.

In addition to the Government of Guyana's human rights and constitutional obligations to the people of this nation, Guyana acceded to, as was stated by the Hon. Minister, the World Health Organisation (WHO) Framework on Convention of Tobacco Control (FCTC) on 15th September, 2005. The 180 parties to the WHO Convention recognised that scientific evidence has unequivocally establish that exposure to tobacco smoke causes death, disease and disability and that there is no safe level of exposure to tobacco smoke.

The objective of this Convention is the protection of the right to health. To this end, it establishes comprehensive measures aimed at reducing the prevalence of tobacco consumption and exposure

to second-hand smoke. Tobacco is the one risk factor which is common to the four main groups of non-communicable diseases (NCDs). We must bear in mind that non-communicable diseases cause more deaths than all other diseases combined and that the use of tobacco and exposure to tobacco smoke, combined, are the single greatest preventative causes of NCDs.

Without immediate decisive and effective combative approach, the world will lose one billion lives this century to tobacco epidemic alone, since it is responsible for one in ten deaths globally. It is good to note, also, that a large percentage of the death toll is non-smokers, both adults and children who are exposed to second-hand smoke.

As a physician by profession, I would like to highlight one of the main health effects of tobacco consumption and exposure to tobacco smoke. That is Type 2 Diabetes. As is explained by the United States of America Centre for Disease Control, smoking causes Type 2 Diabetes. In fact, smokers are 30% to 40% more likely to develop Type 2 Diabetes than non-smokers. People with diabetes who smoke are more likely to have trouble with insulin dosing, which is what is used to control diabetes. In short, smokers with diabetes have higher risks for serious complications, including heart and kidney diseases and peripheral neuropathy.

As an Ophthalmologist, I want to bring the effect of diabetic retinopathy, which is an eye disease that causes irreversible blindness. While the last speaker was calling for statistics to, probably, impress, I do not need to present statistics for you to comprehend how diabetes is ravishing the Guyanese nation. We all in this National Assembly know someone who is afflicted by diabetes. It is no joke to lose a limb or to go blind, when it can be prevented.

This Bill consists of many parts and my Colleagues, on this side of the House, will deal with separate areas of the Bill. I would like to deal with the Bill from the international point of view. This is because we should not reinvent the wheel when we could learn from the mistakes of other nations. The other part that has to deal with Guyana would be dealt with by my Colleagues on this side of the House. One of the main purposes of the tobacco control legislation is to protect children, adults, workers and patrons from the effects of second-hand smoking. To this end, and in keeping with the WHO Framework Convention on Tobacco Control, this Bill promotes 100% smoke-free environments in all parts of indoor public places, indoor work places, on all means of public transport and in specified outdoor places. For this reason, the Tobacco Control Bill seeks

to prohibit all forms of tobacco advertising, promotion and sponsorship, since the tobacco epidemic is not spread by infection but by promotion and advertisement. Restriction or a ban on only some forms of tobacco control has only a limited effect. In the absence of a complete ban, tobacco companies will shift their vast resources to promote means not captured in the laws. As such, a complete ban will help to significantly lower youth initiation to smoking because there will be no more portrayal of smoking as being cool or the desirable practice.

This Tobacco Control Bill also proposes to empower the Minister of Public Health to provide health warnings and images of tobacco product packages on 60% of the tobacco products' packaging. A large percentage of countries in the world require a minimum of 50% of any tobacco product packaged to bear health warnings and images, including our regional and continental neighbours. Trinidad and Tobago, for instance, require 50%; Suriname 50%; Brazil 50%; Jamaica, like we are promoting, require 60%; Venezuela 65%; and Uruguay has a whopping 80% on its packaging.

The following are some of the provisions which are captured in the Tobacco Control Bill 2017. In summary, it prohibits the sale of tobacco products to and by minors, which may include various measures, such as, banning the sale of tobacco products directly at points of sale, restricting accessibility of vending machines, prohibiting the manufacture and sale of toys or candy in the form of tobacco products and prohibiting free distribution of tobacco products and banning the sale of single cigarettes. This Bill, in the same prohibitions on smoking, ban on advertising, promotion and sponsorship and sales requirements, applies in equal measures to the traditional products, as well as to that of e-cigarettes.

Mention was made of e-cigarettes because, at the initial stage of this Bill in its formation, emphasis might not have been placed on e-cigarettes. In this Bill, the Minister of Public Health reserves the power to make regulations for packaging and the labelling of e-cigarettes. This is so because research on the health defects of e-cigarettes and the prevalence of its use is now emerging.

A WHO Commission Review has found second-hand aerosol is a new air contamination source for particulate matter, which includes fine and ultrafine particles, including some heavy metals and nicotine. It is good to note that most of these products become dangerous after combustion –

that is after they are burned. The level of some metals such as nickel and chromium are higher in second-hand smoke aerosol than in second-hand smoke. At present, the magnitude of health risk from these higher levels is empirically unknown. At minimum, however, it is reasonable to assume that these increased levels pose some increased risks and can be specifically deleterious to bystanders with respiratory precondition.

The tobacco industry has touted unsubstantiated claims that e-cigarettes are effective as a smoking cessation aid. In Florida, USA, and Poland there have been rapid increases in the current use of e-cigarettes over the last three years with a prevalence of 6.9% and 13% in these jurisdictions. We must remember that e-cigarettes may serve as a gateway to initiate youths' use of traditional tobacco products. It must be pointed out that Barbados has banned the smoking of e-cigarettes in indoor public places this year and the ban on smoking in public places in Jamaica was extended to e-cigarettes plus, a licence is needed to import them.

Guyana has certainly fallen way behind, as was stated by the Hon. Minister, in the implementation of its obligation and commitments under the WHO Framework Convention on Tobacco Control. We have also lapsed in our commitments which were made under our own Port-of-Spain Declaration, which states that:

“Uniting to Stop The Epidemic of Chronic Non-communicable Diseases (CNCDs)”

This was signed onto by all Heads of Government of the Caribbean Community (CARICOM) Governments at a meeting at Crown Plaza, Port-of-Spain, Trinidad and Tobago since 15th September, 2007 on the occasion of a Special Regional Summit on NCDs. It was stated among the clauses that the Heads of Government of the CARICOM Member States recalled the Nassau Declaration of 2001 that “The health of the region is the wealth of the region”. This underscores the importance of health development and was impelled by a determination to reduce the suffering and burdens which are caused by NCDs on the citizens of our region, which is the one region of all of the Americas that is most affected. Among other things, our Governments in the CARICOM gave their commitments to immediately pursue a legislative agenda for passage of the legal provisions relating to the FCTC. It urges its immediate ratification in all States which have not already done so and support the immediate enactment of the legislation to limit or eliminate smoking in public places, also the advertising and promotion of tobacco products to

children and we insist on effective warning labels and the introduction of such fiscal measures as they will reduce accessibility of tobacco.

In spite of all of this, it is only now, and full credit to this Coalition Government, that after 10 years, this legislation is before this honourable House. I call on the Members of the Opposition to fully support this ever so important Bill that will have a significant and positive impact on the health and well-being of the entire Guyanese nation and will bring us on par with our other Caribbean neighbours.

5.29 p.m.

I agree, as with so many legislation, that there is always adjustment, there is all and revision. It is not written in stone and there might be reservations of certain aspects. I call on upon the Members of the Opposition, again, to support the Members of this House in making this Bill a reality, regardless of your reservations.

As I said before, Guyana is not doing well when compared to other Caribbean neighbours with respect to tobacco control legislation. Many Pan American Health Organization (PAHO) member states have enacted smoke-free legislation that call for, at least, all these indoors public places, workplaces and public transportation to be smoke-free and a ban on sale of tobacco products to minors. As I said before, I would look at the international aspect, but I will stick to the Caribbean.

Trinidad and Tobago passed its Tobacco Control Act in 2009 which, among other things, imposes a comprehensive ban on tobacco advertising, promotion and sponsorship and prohibits commercial display of tobacco products.

In 2010, Barbados passed its Health Services Regulations, Prohibition of Tobacco Smoking in Public Places, which includes an outdoor ban on smoking at any historic or other site of archaeological or national significance.

Suriname followed suit in 2013 with very strong legislation which, in addition to measures to protect people from second-hand smoke, completely bans all tobacco advertising, promotion and sponsorship, banning the distribution and sale of anything resembling tobacco products and banning the sale of single sticks – packs of at least 20 are required.

In 2013, also, Jamaica passed the Public Health Regulations, Tobacco Control, banning smoking in indoors public places and specified outdoor places, including bus stops and sports stadiums, and five metres therefrom. As Barbados, Jamaica has also banned smoking at any historic or other site of archaeological or national significance.

Trinidad and Tobago, Jamaica and Suriname have all banned the sale of tobacco products in health facilities, educational facilities, government buildings and facilities for sports, athletics or recreation. It is time that Guyana follows suit.

In neighbouring Brazil, which became a party to the WHO FCTC in 2006, smoking is prohibited in enclosed public places and workplaces with more than one worker. Tobacco advertising and promotion is prohibited. Pictorial health warnings are required to cover 100% of the backside and 100% of one side of the packages of tobacco products. An additional text warning must cover 30% of the lower part of the front side of the packages. Misleading packaging and labelling, including terms such as “light” and “low tar”, are prohibited.

The Hon. Minister mentioned the significant victory on tobacco control by the Government of Uruguay at the World Bank’s International Centre for Settlement of Investment Dispute. That case was the first time a tobacco group had taken on a country in an international court. For that victory, the President of Uruguay, Mr. Tabaré Vázquez, an oncologist by profession, who made the fight against tobacco one of his flagship policies, a policy that this coalition Government is doing well to follow, stated that “it is not acceptable to prioritise commercial considerations over the fundamental right to health and life.”

In response to Uruguay’s victory, former New York City Mayor, the philanthropist and best described as “the tobacco control warrior”, Mr. Michael Bloomberg stated that the victory by Uruguay over Mr. Phillip Morris showed that no country should ever be intimidated by the threat of a tobacco company’s lawsuit and that case will help embolden more nations to take actions that will save lives. This is the path that this Government has now undertaken.

Another landmark victory for tobacco control took place in May of this year when Australia won its “plain packaging case” against the tobacco industry before the World Trade Organization (WTO). It is a fact that Australia has some of the most strict and progressive tobacco packaging and labelling laws in the world. In Australia, there is a complete ban on logos and distinctive-

coloured cigarette packaging in favour of drab olive packets with brand names printed in small standardised fonts. This is called plain packaging because the packages of tobacco products in Australia are plain and unattractive.

It is just to share a bit more on the victory. Four WTO member states, Honduras, Dominican Republic, Indonesia and, with some among of concern, Cuba, the complaining countries, argued that Australia's laws on plain packaging breached the WTO's Agreement on Technical Barriers to Trade and the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and that they are more restrictive than necessary and infringe upon trademark rights. The WTO ruled in favour of Australia. This WTO victory for Australia dealt, therefore, a massive blow to the tobacco industry because now the floodgates have all been opened for other countries to roll out similar laws and more fearlessly ramp up tobacco control measures.

Canada and the United States of America (USA) are not to be left behind. A ban on smoking inside 1.5 metres of any public building came into force since 1993 and was recently extended to six metres in the state of California. Smoking is also banned in restaurants, bars, enclosed workplaces and on beaches throughout the state. Since March, 2003 in New York, smoking has been banned in bars, clubs and restaurants. There must be a reason for doing so. We cannot sit here and say because Guyana is underdeveloped the cost of our lives seems to be less than that of those people in developed countries. It is unacceptable for us to say that we will have to wait until we have the effect before we implement this legislation.

There are other success stories in all of Europe. In the United Kingdom smoking is banned in nearly all enclosed public spaces including bars, restaurants and workplaces. [Mr. Ali: This is Guyana.] We are mentioning these different countries to let the public know that Guyana is taking into consideration all the different measures that have been implemented in other countries that are enjoying the benefits of these measures. We are not going to be left behind.

This change is not only in the western world and the Americas but also in the continents of Asia and Africa. In India specifically, a ban on smoking in public places came into force in October, 2008 and law breakers were fined 200 rupees for violating. I agree that persons might have their qualms about the fines that are in this Bill, but it is a Bill that, as we present it today, we are in

the process of making some amendments to, and those can be dealt with. I say this because once again I appeal to the Members of the Opposition to join us in supporting this Bill.

The Seventh Conference of the Parties (COP 7) to the WHO FCTC was held in Greater Noida, India, 7-12 November, 2016. The feature address was made by the President of Sri Lanka, His Excellency Mr. Sirisena, who talked about the journey to 80% health warnings on tobacco products packaging in Sri Lanka. He shared his own experience with the tobacco industry's interference when he was Minister of Health, including the tobacco industry in Sri Lanka using the court, as in the case of Uruguay and Australia, to try to block larger health warnings and also using the mass media to distort scientific and other facts in an effort to sway policymakers away from tobacco control.

The Hon. Minister mentioned that, of all the days, today was the day that the tobacco industry chose to go on a radio programme to convince the masses that this Bill should not be supported. We are hearing advertisements about the rights of the citizens today.

There were other key addresses at that COP 7 meeting, including one by the Minister of Health and Family Welfare of India who boasted about the landmark tobacco control in India with the implementation, as of April, 2016, of 85% health warning on packages of tobacco products. He made a most noteworthy statement in favour of health promotion and prevention of NCDs.

“We cannot tackle NCDs only by making more hospitals, more cancer institutes and producing more doctors and allied health professionals. We need to prevent the risk factors, tobacco being the biggest of them, since today's risk factors are tomorrow's diseases.”

This Bill speaks directly to that statement.

The issue of the tobacco industry's interference was described as the most important barrier in the implementation of this convention, that is especially so here in Guyana. We must be made aware that the local tobacco company, which is a subsidiary of the second largest tobacco company in the world, BAT, held its own current consultation in 2012 while the Ministry of Health held public consultations on Guyana's draft Tobacco Bill.

Just to bring to your attention, Mr. Speaker, I must empathise what was expressed by a former Minister of Health, Dr. Leslie Ramsammy, when he said that the failure to pass the tobacco law continues to haunt him and that it was a lost opportunity and a failure of his. What he went on to say was that in 2005 the motion was unanimously approved in the House, and whilst he was removed from the Ministry, the then Minister, Dr. Ramsaran, had to conduct a new set of consultations and by the time he was ready to bring the Bill to the National Assembly, the Parliament was prorogued in 2014. I say this only to find out if it was really parked in the Attorney General's Chambers or if it was in the hands of the Minister of Health at that time, as was said by someone before. The former Minister will have an opportunity to clarify that for the House, lest it might be misleading.

In recent times the tobacco industry has sent letters to every Member of Parliament making spurious claims to counter public health arguments in favour of tobacco control and asking every Member not to support draconian tobacco control laws. That was so because the word draconian was used by many Members of Parliament in describing articles that are in this Bill.

5.44 p.m.

Request for meetings with other Government officials were made and may have even had successful meetings with Members of Parliament with the aim of convincing them to pursue the defeat of the Tobacco Control Bill.

My big question is: what does the company mean when it says that tobacco control measures in the Bill are draconian? Is the company actually saying that the Bill would protect people from second-hand smoke too much; that the law would inform people about the health effects of smoking too much; that the law would prevent youth access to tobacco smoke too much? To agree that the provisions of the Bill are draconian is to agree that we should water down and not ramp up tobacco control measures; that we should only put one foot through the door when taking measures to protect the health of our population.

While the tobacco industry is not likely to suffer an immediate fall-off in sales, of course, it is our hope that less people would smoke eventually and that the next generation is tobacco free. We make no bones about that. Ask a smoker if he or she wishes for his or her child to grow up being a smoker. The answer would be a resounding no.

As a Parliamentarian and as a custodian of the future of our young people at this crucial juncture in history when asked the same question, do you want our nation's children to become smokers, would your answer be "yes"?

We agree that these evidence-based measures in the Bill are the measures that we must take to save our lives and save the next generation. We do not need the statistics before we do that. I can assure you that we have statistics. We have the STEPwise approach to Surveillance (STEPS) survey that was headed by one of our own specialists in the Ministry of Public Health who has been there for the longest while.

Mr. Speaker: Hon. Member, you have been speaking for 31 minutes. You have three minutes more.

Dr. Norton: I am wrapping up. These statistics could be presented by our tobacco focal point officer. We had a tobacco focal point officer in the past Government. The STEP survey would show that we have 15.6% prevalence in Guyana, with females being 3.3%. That is second to Jamaica which has 19.2%.

We also have the Global Youth Tobacco Survey which was done in 2010. It states clearly that, in 2000, there was 27.3%; in 2004, it was 25.6%; in 2015, it was 31%. This clearly shows that this is on the increase. If it makes any difference, we could provide it for you. Those officers who participated are still in the system at this point in time.

We agree that these evidence-based measures in the Bill are the measures that we must take to save the lives of people and the next generation. We cannot pander to the tobacco industry. We cannot allow the purely commercial interests to override our temper our public health measures which must morally, ethically and constitutionally be paramount.

When asked if we want to raise a generation of smokers, our answer must equivocally be "no". Thank you very much. [*Applause*]

Dr. Anthony: The World Health Organization states that tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 deaths are the result of non-smokers being exposed to second-hand smoke. These, of course, are deadly statistics.

As was said before, and when you browse the internet, this is one of the things that come up quite easily, tobacco is the only legal product that, when used as directed by the manufacturer, can kill more than half of its consumers.

If current trends continue by 2020, globally, tobacco could kill about 8.4 million people per year. In the Latin America and the Caribbean region, it is expected to kill 450,000 persons per year.

In Guyana, statistics on tobacco morbidity and mortality is almost non-existent. However, the WHO Report on the Global Tobacco Epidemic 2015 quoted statistics that are really outdated but perhaps the best that we have.

Among those statistics, they were quoting two studies; one is the Global School Based Student Health Survey which was done in 2010. That shows that, in young men, the prevalence of smoking was 19.7% and, for females, it was 8.7%. In the Americas, the average of smoking was 14.95%.

According to the Guyana Demographic and Health Survey in 2009, for adults ages 15 years to 49 years, the prevalence among males was 29.4% and females was 3.2%. Again, when one looks at the Americas, the average was 17.1%.

When one looks at our demographics, the young males are smoking quite a lot, above the average of the Americas, and the Americas' average is quite high. Also, while female smoking in Guyana is relatively low, it is still unsatisfactory. We should get it lower.

While this information is outdated, it is still relevant as it gives an indication about the prevalence of smoking in Guyana.

The impact of tobacco on health dates back to perhaps since people started using tobacco products. In the early years, the harmful consequences were not properly documented. In 1964, the United States (US) Surgeon General had a groundbreaking report. In that Report, it was said that there was a close linkage between smoking and chronic obstructive pulmonary disease (COPD). It was also documented in that Report the linkage between smoking and lung cancer. Since then, every subsequent US Surgeon General's Report has documented various linkages between tobacco and various diseases.

For example, coronary heart disease was in the Report that was done 1979; aortic aneurysm was done in 1983; atherosclerotic peripheral vascular disease was done in 1983; stroke – the Report has documented a linkage between smoking and stroke since 1983.

When you look at cancer, there were laryngeal cancer, known of since 1980; nasal and oral pharynx cancer, known of since 1982; oesophageal cancer, known of since 1982; kidney, leukaemia, pancreas, ureter, bladder, stomach, liver and cervix cancer have all been properly documented in the Surgeon General's Report.

More recently, in 2014, the US Surgeon General also made a linkage between smoking and tuberculosis (TB). This means that tuberculosis patients who smoke are more vulnerable. We just heard from the previous speaker about the linkage between smoking and diabetes. There is also a linkage between rheumatoid arthritis and smoking. In the 2014 Report, there is a linkage between smoking and erectile dysfunction. The Hon. Minister Norton just spoke about age related macular degeneration. This was also documented in the 2014 Report.

In pregnant women, one of the things that were noted in the 2014 Report was that women who smoke tend to have more ectopic pregnancies. This was also documented. What about the effects on the unborn child? It was also documented that you could have congenital defects such as orofacial clefts in mothers who smoke and who are exposed to second-hand smoking.

These are some of the medical conditions and this is not an exhaustive list, but I think it is sufficient to paint the picture of the dangers of smoking.

We are not in opposition to the provisions in the Bill that deal with promoting good health.

While these individual choices of people could have catastrophic consequences on persons' health, it could also have significant impact on national budgets. For example, it is estimated that tobacco related diseases, directly cost health systems in the Americas about \$33 billion per year, which is equivalent to 0.5% of the gross domestic product (GDP) of the Region or 7% of annual health expenditures.

There are also indirect costs such as lower productivity by people who smoke, work place absenteeism and increase spending on social security because it has been documented among people who smoke that there is a higher level of disabilities. We know of many cases where

people could lose their property because a fire was started by smokers.

There is no doubt that the tobacco epidemic is a major global public health concern as it is a national problem. The Bill is intended to create the national framework in keeping with our international obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) which Guyana signed in 2005. But, most importantly, it is about protecting the health of our population.

The current Bill is a stepping-stone in achieving this noble objective. The Bill has, in my estimation, many positive attributes and I support them. It also has, in my mind, some unnecessarily harsh penalties and impractical measures which would be very difficult to support.

When one looks at the Bill and compares it with the Framework Convention on Tobacco Control, there are some glaring omissions which could result in a very lopsided public health response. I would not dwell on the positive attributes of the Bill. Instead, I would like to focus on some of the measures, penalties and omissions.

The Bill before us is intitled:

“An Act to provide for the adoption and implementation of tobacco control policies in accordance with the World Health Organisation Framework Convention on Tobacco Control which aims to protect present and future generations from the devastating harms of tobacco use.”

Under the FCTC, these articles are intended to act synergistically, reinforcing each other to have a bigger impact. For example, when one looks at the Framework Convention Framework Convention on Tobacco Control, there is a section that deals with Demand Reduction.

5.59 p.m.

In that section, the articles that cover that are between Articles 6 to 14. And then there is another section that deals with supply reduction, that is making the product available, how you reduce the supply, and that is dealt with by Articles 15 to 17. There is a provision that deals with the liability, and that is dealt with in Article 19. And, of course, mechanisms for scientific and technical co-operation are dealt with by Articles 20 and 22.

What do we have in this Bill? The FCTC recommends nine measures to reduce demand and these are: price and taxation measures to reduce the demand of tobacco – Article 6; non-price measures – Article 7; protection from exposure to tobacco smoke – Article 8; regulation of the contents of tobacco products – Article 9; regulation of tobacco products and disclosures – Article 10; and packaging and labelling of tobacco products – Article 11; education, communication, training and public awareness – Article 12; tobacco advertising promotion and sponsorship – Article 13; demand reduction measures concerning tobacco dependence and cessation – Article 14. But when one compares the Framework Convention on Tobacco Control with the Bill before us, one will see that Articles 6, 7, 10, 12 and 14 have all been omitted from the Bill and Article 9 is only partially reflected in the Bill. So, maybe, the Government needs to start explaining why there is such a big difference in what the Framework Convention on Tobacco Control is saying and what we have in the current Bill.

Minister Lawrence spoke about the taxes. And one of the things she said was that it has been removed from the Bill – that was in the Framework Convention on Tobacco Control, Article 6. So, it is not in here, and she said that taxation would probably be dealt with by the Ministry of Finance. Now, some of the people who have advocated taxes can see definite benefits to why taxes are needed. And then, of course, there are people who are against that because people who are against it would say that it is unfair, regressive and so forth. The people who are for taxation have seen that this can be a good way of making the product less affordable and preventing people from having access to the product.

Some of the countries that Dr. Norton mentioned, especially in the region, have implemented taxation. And in a lot of cases, like in the case of Jamaica, Panama or Costa Rica, when they implemented taxation, it was done under this Bill and those taxes were earmarked so that the taxes collected on tobacco products were then used back to help in programmes such as Oncology programmes and to help people to recover; to fund some of the cessation programmes and things like that. If, as is being proposed now, taxes are not covered here, but intention is to increase those taxes, and it is going to be done under the Ministry of Finance, what is going to happen when those moneys are collected? Where would they be going? That is something, perhaps, again, the Government can help and explain to us.

Article 9 in the Framework Convention on Tobacco Control really speaks to the content of tobacco products. And this is a very important article because it helps the regulator to actually regulate the chemical cocktail that is found in tobacco products. What do we have in our Bill? The Bill here, at Clause 39 (1) states that it does not seek to regulate the content, but falls short as it only provides for testing and measuring the contents and emission of tobacco products. It is not about regulating the content.

One of the things manufacturers of tobacco worldwide do is to manipulate the bioavailability of nicotine. They engineer the particle size in the cigarettes so that they can optimise delivery of the product to the person. Countries are now beginning to regulate some of the additives that are put into cigarettes. For example, they usually would use ammonia, which is something that is used to accelerate the delivery of nicotine. Some countries have now started to regulate whether or not cigarettes can have ammonia inside. There are other additives like methanol because, when methanol is added, it is a flavouring that soothes when one smokes. The irritation caused by nicotine is actually a soothing and becomes more bearable to the smoker. Sugars are also added and some of these sugars are used for flavourings and, when the sugar is combusted, it would also cause a reduction in pain. So, there are many other additives that are put into cigarettes. But what we have done was take out the power to be able to regulate this.

Apart from the content, one of the things modern legislations have also been doing is to look at the appearance of cigarette – the design and a whole host of other things. And to prevent fires, in Europe, there is a design for cigarettes that prevents what they call ignition propensity, meaning that if you have a cigarette idly, it outs by itself. Now, all these things have been regulated and there are examples of it, but we have taken it out or have not put it in, although the FCTC speaks about it. So, measuring and testing alone would not make cigarettes less dangerous, so we will probably need to consider how it is we deal with that.

Article 9 helps the regulatory agency to reduce the attractiveness of cigarettes, the addictiveness and the toxicity. By reducing attractiveness, smoking initiation can be reduced and, by reducing addictiveness, one can reduce the amount of smokers. By reducing toxicity, the health consequences can be reduced on the smoker. But, again, that provision in the FCTC is not in the Bill that is before us.

Article 12 in the FCTC speaks to communication, training and public awareness, and I think every public health specialist knows that this is a very important component of any public health programme. Yet, it has been completely omitted from the Bill. How do you propose to educate the public? How are we going to talk to them about the health risks of tobacco consumption, the health risks associated with tobacco smoke, whether it is mainstream or second hand? As the Minister rightfully said, there is also third-hand smoke.

How are we going to educate the public on the benefits of cessation and tobacco consumption, the benefits of a tobacco free lifestyle, if we do not put this, as is required by the FCTC, in our Bill?

Training: When we talk about training of health professionals, social workers and others to help them to empower their clients to prevent smoking or, if they are smoking, to help them to quit smoking, we need to train. But that provision has been removed from the Bill.

The FCTC, at Article 14, advocates for a cessation programme. Helping smokers to quit requires a national effort. And in other countries that have done cessation programmes, one of the things that they have embraced is something called the five 'As'. When one goes to the physician, the physician would 'ask', 'advise', 'assess', 'assist' and 'arrange'. While most physicians know that they can ask somebody if he or she smokes or not, and then, if he or she may want advice, they can then offer advice. But the other three, where do you refer them? What support network would be there to assist these persons? There is nothing. We need to focus on this so that, when you refer people, there is that enabling network that can help them to quit. And we are lacking in this regard. The FCTC provides for the building of a strong cessation programme. Unfortunately, we have not put that in place.

What is the benefit of cessation? In countries that have implemented the cessation programmes, we see former smokers living longer than people who continue to smoke. Smoking cessation also decreases the risk of lung and other cancers, heart attack, stroke, and chronic lung disease. In the case of stroke, the stroke risk is reduced to that of a person who had never smoked after five to 10 years when one stops smoking. Cancers of the mouth, throat, and oesophagus: the risk is almost half after five years after quitting. Coronary heart disease risk is cut by half one year after quitting and is nearly the same as someone who never smoked after 15 years of quitting. Lung

cancer: the risk drops by as much as 10 years after quitting. And bladder cancer is also half after quitting. So, despite all of these benefits, this Bill does not provide for us to develop that national cessation programme that is necessary.

Generally, these programmes have two parts. There is a behaviour intervention component that would help with behavioural counselling, getting people ready to quit, helping them with relapse prevention, helping them when they are going through withdrawal. And then, of course, there is the pharmacological intervention and that is done using nicotine replacement therapy. A lot of people who want to quit cannot afford nicotine replacement therapy. Or if one goes to first or second line drugs, that is not available. Many people cannot afford Zyban or Chantix. These are all drugs that can help someone who is in that process.

What we need to do is, if we are building a cessation programme, to have these drugs available to that programme, and they must become part of our essential formulary and be provided free of cost to help people to quit smoking because we will get a lot of benefits when they stop smoking. So, this is something that we need to do. But, again, a cessation programme is not there.

Without data, it is difficult to do any sort of planning, and, as I pointed out earlier in the presentation, the data that is available goes back to 2009. And maybe with the STEPS survey that was recently done, and we have not seen that data as yet, we will get more up-to-date information.

Article 20 of the FCTC speaks to research, surveillance and exchange of information and, of course, in this Bill, we could have provided for that, legislate for that, but, of course, this Bill does not have that component inside.

The World Health Organization is asking us, it wants us to, to establish a national system of epidemiological surveillance of tobacco consumption and other related social and economic health indicators, but this Bill does not provide for that.

6.14 p.m.

Many of the provisions that are being adopted from the Framework Convention on Tobacco Control and included in this Bill are not without issue. We omitted some and those that we

adopted, when we finally put them in the Bill, there are some issues with them. For example, Article 5 2. (a) states:

“establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control...”

In clause 4 of this Bill, it establishes a National Tobacco Control Council, which is an advisory body to the Minister, without the resources or independence to function as a national coordinating mechanism. As if this were not enough, the Government has taken upon itself to have an inbuilt majority of seven persons out of the 10 Members on the National Tobacco Control Council. Of the three persons that could possibly come from civil society, in clause 7 (3), those three persons would be selected by the Minister to represent the various sections of civil society.

In clause 7 (2), the Chief Medical Officer is the automatic chairman of this National Tobacco Control Council and another member of the Ministry of Public Health, a designated official, would be its secretary. There is an inbuilt majority and a chairman and a secretary are now going to be chosen. What are we doing here? If one wants success in any public health programme, the first thing that one would need to do is try to broaden that collation. This would allow for many voices from different strata of society to support that individual. Here is a committee that is so narrow that we are leaving out the people who could support this public health measure to make it a success.

The composition of this Council should be changed to reflect a more broad-based participation, especially that of civil society. Instead of having someone designated as the chairman, what you should have is an election for that chairman. This is going to be in keeping with good democratic practices, which the Government likes to talk about. Let us not just talk; let us practice it. Here is an opportunity for us to do that.

In modern policy practices, one tends to separate steering functions from rowing functions, that is, one separates policymaking from policy implementation. Such a division ensures better accountability, improved delivery and prevents conflicts of interest.

The Minister, in this Bill, as reflected in Part IV, clause 11 (1), is responsible for the general administration of the Act.

At clause 11 (2) (a), the Minister is responsible for the development and implementation of a national strategy and, at clause 11 (2) (b), for monitoring, compliance and enforcement.

Instead of vesting these wide-ranging powers in the Minister, what we need to do is to take some of them and put them in the relevant agencies that are tasked with implementation so that those institutions could be held responsible. We need to untangle these potential conflicts of interest with these wide, ministerial powers that are currently in this Bill.

This programme of trying to reduce smoking in Guyana, with all its health benefits, is too important for this Minister alone to have oversight. If we really want to do something that is national, then it cannot be the Minister alone. That oversight must also include this Parliament. We must have regular reports coming from the Ministry to this Parliament, at least once per year so that we could understand the epidemiological status of smoking in our country and, perhaps, other necessary indicators to show whether or not tobacco prevention and control measures are effective in this country.

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

Dr. Anthony: Thank you, Mr. Speaker. When we look at clause 12, it also seems extremely vague. It mandates that all Government authorities shall collaborate as necessary to enforce this Act. It does not specify which agency would be involved, what would be their roles, what mechanisms would be put in place to avoid inter agency inertia or duplication of efforts. These ambiguities will make this legislation very difficult to administer. Again and again, I am hopeful that we could fix these deficiencies.

Public health legislation should be framed in a more progressive way, allowing people to easily adopt more helpful behaviour. There should be more emphasis to get people to do the right thing, to create that enabling environment and to ensure that there is a supportive network to ensure that treatment is available to persons who want to cease smoking. Unfortunately, many of these good public health measures are missing from this legislation. Instead, what seem to dominate the Bill before us are various fines and penalties. Of the 46 clauses in the Bill, about 11 of these are

about fines and penalties. The lowest for a first offender caught smoking in a public space is \$10,000.

Second, if someone is being caught again, it will be \$20,000 at any subsequent time. The highest that someone could be fined, maybe there are other provisions...but there is also a \$9 million penalty and 12 months in prison. I am sure that these measures would be very difficult to ensure that people comply with them. Perhaps, we should rethink some of these penalties, more so that there is not that much space in many of our prisons now, if people cannot pay the penalty.

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

Minister within the Ministry of Public Health [Dr. Cummings]: If it so pleases you, Mr. Speaker, today, I rise to register my absolute compressive and total support for the passage of the Tobacco Control Bill, Bill No. 5 of 2017. The passage of this Bill is long overdue. We are not faced with a menu of choices today. Instead, we are given an avenue to make a good choice, couched in this game-shifting legislation. With non-communicable diseases (NCDs) accounting for over 70% of the national public health sector's budget, Guyana can ill afford to delay this critical piece of legislation that is designed to rigorously regulate and control a key risk factor for NCDs. This key risk factor of which I speak is tobacco use.

The literature has long highlighted the severely harmful effects of tobacco use on human beings. To combat the known detrimental effects of tobacco use, the world has made significant strides towards crafting and implementing stringent tobacco legislation aimed at reducing the impact and prevalence of this most dangerous risk factor for NCDs.

The World Health Organisation has established the Framework Convention on Tobacco Control since 2005. The FCTC outlines a series of cost-effective, high-impact measures to assist countries in the implementation of the Convention's key demand reduction provisions. Sadly, Guyana has been very recalcitrant in the establishment of any form of tobacco legislation. Indeed, in 2005, some work began in earnest with unqualified support sought and gained from the noble Assembly for the design of tobacco legislation. Here we are 12 years later, debating the passage of this Tobacco Control Bill 2017. We should feel very uncomfortable that such an important Bill has been neglected for this extended period. This is our moment to change history and to make this historical moment the platform for a brighter and healthier future.

Guyana can no longer afford to drag its feet in establishing and stringently enforcing tobacco legislation aimed at reducing the deleterious effects of tobacco use on our population. This APNU/AFC Government is determined to move past the rhetoric surrounding tobacco legislation and have this Tobacco Control Bill 2017 unanimously supported by all of you, our honourable, rational Members of this National Assembly and, ultimately, made into law.

This Tobacco Control Bill 2017 is a lifesaving Bill. As a vital piece of legislation, the Bill will most certainly preserve and save lives of many of our Guyanese brothers and sisters.

By 2030, NCDs will account for 75% of deaths globally and NCDs are not predominantly diseases of the affluent world, but, rather, 80% of NCDs occur in low and middle income countries like Guyana.

Tobacco use is the single greatest preventable cause of NCDs. One of the astonishing things about tobacco is the number and variety of fatal and disabling diseases and conditions it causes. Tobacco causes at least 16 different types of cancers. It is most closely associated with lung cancer, the world's leading cause of cancer deaths. Lung cancer accounts for one in five cancer deaths. Tobacco use is known to cause several cancers of the throat and oral cavity, as well as cancer in diverse sites such as bladder, kidney, stomach and uterine cervix. Smokeless tobacco causes oral and other cancers, hypertension and heart disease. Cardiovascular disease is the leading cause of death in the world. Smoking increases the risk of heart disease and stroke by two to four times. Smoking causes chronic lung diseases that could be severely disabling or fatal, increasing the risk of death 12 times. Smoking is an independent risk factor for diabetes and it has been estimated that 12% of diabetes incidents in the United States is attributable to smoking.

6.29 p.m.

Diabetics who smoke have an increased risk of death and of complication associated with diabetes such as amputations and problems with vision.

Smoking in pregnancy is associated with a number of conditions that are hazardous to the health of both mother and child, including ectopic pregnancy, miscarriage, preterm delivery, low birth rate and sudden infant death syndrome (SIDS). Women who smoke during pregnancy have an

increased risk of developing gestational diabetes and increase the risk of their child developing diabetes later in life.

Tobacco use is the number one risk factor common to the main groups of NCDs. There are a few misguided wits to pretend otherwise. Accelerated implementation of FCTC is an essential way to tackle NCDs, save lives and save more lives. Therefore I reiterate Guyana can no longer delay the passage of this Tobacco Control Bill 2017 unless we are prepared to admit intent which creates pain and suffering too burdensome for our public health system to bear. We must stay vigilant to avoid all the unwelcomed responsibilities that not passing this Bill will hoard upon us.

A perusal of the Tobacco Control Bill 2017 will highlight a piece of legislation that is comprehensively laid out in its 12 sections. Each section meticulously outlines the steps needed to be taken to satisfy each of the headings under which they fall. Starting with the establishment of the National Tobacco Control Council, followed by administration, inspection and enforcement, protection from exposure to second-hand smoke, to advertising promotion and sponsorship, packaging and labelling, sales requirements, regulation reporting of the tobacco industry and protection of tobacco control policies from the commercial and all the vested interest of the tobacco industry. Every section of this Bill sequentially and logically lays out the mechanisms for control of tobacco use in Guyana.

I am extremely pleased to see that the Tobacco Control Bill 2017 is in line with the WHO FCTC measures for reduction of tobacco use. As a global player, Guyana proposed Bill is aligned with international best practices. Some of the policies actions within WHO FCTC for member states, such as Guyana to adopt, allow for the following to occur:

(i) Legislate for 100% tobacco smoke free environments in all indoor workplaces, public transport, indoor public spaces and as appropriate other public places consistent with article 8, which is protection from exposure to tobacco of WHO FCTC.

(ii) Warn people about the danger of tobacco use, including through hard hitting evidence base, mass media campaigns and large clear visible and legible health warning consistent with article, article 11, packages and labelling of tobacco products, and article 12 which speaks to education, communication, training and public awareness of the WHO FCTC and;

(iii) Implement comprehensive bans on tobacco advertising, promotion and sponsorship consistent with article 13 which speaks to tobacco advertising promotion and sponsorship of the WHO FCTC.

All those measures and more can be found boldly outlined in Guyana's Tobacco Control Bill 2017. The measures address ways which Guyana can legal control tobacco use. We must establish international regulations as it relates to tobacco use.

The Opposition, in one of its rear and delightful but enlightening moments, decided to begin work of the crafting on this Bill. However, the lack of political will in relation to this Bill has caused it to be placed on an unlit back-burner. We must wash off the slime of national betrayal. This is not a time for political grandstanding, but for mutual understanding and shared values.

Recently a clarion call was made by none other than the former Minister of Public Health Dr. Leslie Ramsammy for the Tobacco Control Bill 2017 to receive the unqualified support from the entire Assembly. I believe the former Minister was speaking directly to his colleagues in the Opposition in his plea for support of this Bill. We, as a Government, are committed to seeing this Tobacco Control Bill 2017 pass into law. Individually and collectively we have a commitment to our people. We have responsibility to ensure that measures are put in place to keep them safe and healthy. It is time that we enact legislation that will control the factors that contribute to the scourge of non-communicable diseases that plague Guyanese. We can use our all-embracing intelligence and goodwill for our country not to be exhausted by our efforts, but to be awakened by our commitment to pass this legislation. There are numerous benefits, if we act decisively.

(i) We can seek cost effective means of lowering smoking by introducing interventions to help smokers desist from smoking;

(ii) We can increase efforts to limit youth smoking since so many young people naively think that they can experiment with tobacco without becoming addicts, and;

(iii) The right to regulate tobacco products in Guyana through a variety of payment interventions can help us finance tobacco smoking cessation for adults and create youth prevention interventions.

Ultimately, this honourable Assembly owes it to this generation, the next generation after this, and still the next generation to come, to approve and pass this Bill. I have faith and I have a stubborn optimism that we can do the right thing today. Hon. Members, I call on you all to let your conscious be your guide as you offer your support to this most crucial piece of legislation. Each of us in the august body must commit to the passage of this Bill. As a Government, we must be cognisant of all its measures that we put in place to safeguard the health of our citizen. A healthy people translate into productive prosperous country. It is our responsibility to provide the kind of environment that will ensure healthy citizenry.

As I conclude, I reiterate, let us protect the future of our children. The projection of our child is responsibility of every right thinking adult. Therefore let us preserve the lives of our citizens by putting strict measures in place through the passage of this Tobacco Control Bill 2017, so as to remove one of the most common and prevented risk of NCDs in Guyana. As a Government and as a people, to do any less would be unconscionable. For heaven sake, let us help the help the hand that needs assistance and right the wrong that needs resistance.

I would like to once again register my unreserved support for the passage of this Bill 2017. Thank you I rest my case. [*Applause*]

Mr. Hamilton: Let me from the outset start off by saying that in my brief sojourn at the Ministry of Public Health I was asked to pay attention to legislation. One of the legislation that I had to deal with was the tobacco control legislation. From the outset, let me commend the Minister for bringing the legislation. Secondly, commend the officers who worked over the period to put this legislation together. Some of them are in the National Assembly this evening and also our international partners, which we should not discount their contribution, PAHO, WHO FCTC Secretariat and the Bloomberg group that, as I understand, it funded the drafting of this legislation that we are debating this evening.

During that period, to understand this subject, I did a lot of reading on this subject. I have boxes at home with studies, data, reports on tobacco consumption, use, and all of that. What I have learnt over the period is that in every jurisdiction when there is the tobacco legislation presented there are always three sets of persons in the community - those who support the legislation, those who have reservation about the legislation and those who oppose the legislation. The person who

oppose the legislation always start off by telling you that I do not have a difficulty with the legislation but. There are persons who have reservation, some of the reservations are reservation that should be noted which my colleague Dr. Anthony raised some of the issues. I hope my good friend Ms. Lawrence was paying attention. I have before me an amendment. Already she has sought to recognise that the fine was over the top. I see a proposed amendment here to correct the issues to deal with the fines. For the persons who are supporters of the legislation, enacting the legislation, our work is not finished. The work starts after the legislation is enacted. Therefore for us, who support the tobacco control legislation, we have to be able to confront the challenges that we will face to police this legislation and to ensure it was implemented.

My good friend Dr. Cummings just indicated that Guyana faltered, and rightfully so I would expect that, but I just want to pay attention to some jurisdiction. I would say this, in our case, that I think we would be enacting legislation with less push back in Guyana. All of the other countries had an uphill task to enact this legislation because of the influence of the tobacco industry.

In the case of Jamaica, as mentioned by two of the Ministers, the Minister Ferguson, in Jamaica, recognised he did not have enough support in his Government. He circumvented in bringing a new legislation and he utilised the public health regulation that he had control over to make amendments to include, because enough support was not in the National Assembly, even from his colleagues in the Government.

6.44 p.m.

Suriname in 2013, again, the influence of the tobacco industry had great a protest from the casino and hospitality industries which brought out all of their staff, misinform them that they would have been losing your jobs, and all kind of things. Jamaica took eight years before it was able to enact this legislation likewise Suriname.

One of the countries in our area here, in the America, which is a model country for the FCTC legislation and enactment of the articles, is Colombia. This is a summary of the travails before it passed its legislation. I just read the third paragraph.

“Getting passed the influence of the tobacco industry, for years the advocates fighting for tobacco control in Colombia were thwarted by the pervasive influence of the tobacco industry. Over the past 15 years, some 20 tobacco control Bills have been introduced into our legislation, recounted Jaime Calderon, President of the Colombia of Cardiology. He said that one Bill after another was defeated, as each year over 20,000 Colombian continue to die from tobacco related illnesses, including heart diseases.”

He went on to say this:

“Colombia had many problems that are more visible and immediate crying internal conflict displacement, drugs, poverty...”

He continued:

“It was hard for the media, politicians or citizens to focus on problems whose impact, while enormous, is less visible.”

Colombia’s Minister of Health, in 2013, sought to simplify this matter to galvanise the public. Colombia is a tobacco producing country. He left aside all the statistics and all the scientific argumentation. He indicated to the Colombia that, simply, whatever amount money we are making from tobacco products we have to spend 20 times of that in public health, so it was penny wise and pound foolish argument and that is what galvanised it. They understood the simplest of language, and 15 years, the influence. I am saying that in our case we do not have the type of push back that these countries have had to deal with.

I did not know, when I was asked to deal with this matter some years ago, that there was so much emotion involved in this matter. I am now learning. Whatever argumentation we have, I would dare say that at the end of the day the argumentation must come down on the side of health and health care. Whatever argumentation we have, it must come down on that side, health and health care. I know that there are a lot of argumentations that people have regarding the tobacco control legislation, but at the end of the day the most important element is the health and the well-being of our people.

Just a couple weeks ago, a person speaking at a forum at the Marriott Hotel, dealing with ExxonMobil, made a comment that goes like this, that, in his view, ExxonMobil was like a

sexual predator. I would dare say, as we look at the legislation, that the tobacco industry is like a sexual predator because over the period I never knew there were so many persons who were lobbyists for the tobacco industry in this country who have been seeking intervention from even at the time at the... The persons, who have vested and peculiar interests in the tobacco industry, do not want a tobacco legislation even though they would always start a conversation with you that they do not have a difficulty with a tobacco legislation.

I just want to read, and this is from the tobacco industry itself, to make the point about the predator behaviour of the tobacco industry. It is an internal document since 1981. This is a report done by the World Health Organization in 2008, *WHO Report on the Global Tobacco Epidemic 2008, The Empower Package*, where it looked at all the issues and it summarised them. Phillip Morris, since 1981, contented, and this is from an internal memorandum, focusing on teenagers to become smokers:

“Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens”.

This is a predator. When I hear anyone arguing on behalf of the tobacco industry, apparently persons are unaware that the tobacco industry role is just to make money and nothing else. The public health issues, which come out of its making money, are unimportant to it. There is a focus on youth to be captured in the web of the tobacco industry.

There is another document, in 1990, and it is British America Tobacco internal document and this is what it is stating:

“Within the total market there are areas of strong growth particularly in Asia and Africa. It is an exciting prospect”

What is considered Third World is now the place where the tobacco industry is focusing its attention to enlarge its customer base. That is why countries, such as ours, have to pay attention.

Again, a final statement I would read. This is from Phillip Morris, an internal document of 1990.

“While sport is by far the best avenue to attract, sample and influence our core target smokers, it is not the only way. International movies and videos also have a tremendous appeal to our young adult customers in Asia”.

We are up against an industry that would be glad if no country enacts tobacco control legislation because its concern is to make profit.

I would say this that the jury is already out on tobacco use and the verdict is in, that tobacco kills. That is the verdict. I mean, so there is no discourse or argument or debate on the health issues that the scientific information is out there. It is already out there. What I think the reservation in some case, and I would support that, is how we make this transformation less painful. I think that is the issue - how do we? It is because there are persons who are involved in the tobacco industry. That how they earn; that is their livelihoods. How do we make this transformation less painful for persons? There is no argument against the science. There is no argument of the dead and destruction of tobacco and tobacco products which it is causing. My colleague Dr. Anthony outlined that. I would not get into that, but it is for us to make a determination. We have this legislation before us. There are some issues that were raised that I think are relevant to the discourse and it is for the Government at the level of the Ministry who has brought the legislation to see how, perhaps, the other questions, which were raised by Dr. Anthony, could be included via amendments. As I said, there are already some amendments, but most of these that I looked deal specifically with fines that were to be...

The other issue is I recalled in 2015 when we were discussing this Tobacco Control Bill, recommendation was made at the Ministry of Public Health whereby it might be useful to engage our sister CARICOM countries which had enacted their legislation in 2013, and that was done. The Jamaican Public Health officers came to Guyana and engaged the Ministry of Public Health. One of the matters they raised, and they advised, and we should pay attention to, is where we talked about the authorised offices because the Jamaican indicated to us that it was useless to put police officers as one of the authorised officer because the police service position was that we have enough on our hands and they did not at all... and Jamaica subsequently amended it. What it did was to empower Environmental Health Officers and to widen the pool of Environmental Health Officers who are the persons authorised specifically to deal with breaches of the legislation. Of course, Customs, as an officer, its role to deal with issues that would spring out

once the taxes of the illicit trade are raised, but specifically shepherding the legislation Jamaica amended and allowed for environmental officers. All it did was to expand their scope of operation. They already had them, but they were expanded. They were already dealing with public health matters.

There was a visit that was done to Suriname to find out how it was doing. If you recalled, I mentioned that the management of casino and hotel had indicated that people would lose their jobs by the hundreds, and whatever. The report was that it was just a fault alarm, because in 2015 instead of less people working in the casinos, there were more people working in the casinos.

6.59 p.m.

An important observation that the officers reported that the parliamentarians in the Suriname's National Assembly were leading by example, Hon. Member Mr. Ramjattan. As I understand it, when you entered the Jamaican National Assembly, somewhere in the yard there is a smoking tent where all the ash trays are lined off. Mr. Isaacs, maybe you can consider that. It is useless for us to support the legislation, pass it, and we, at the National Assembly, continue to breach the legislation. As I understand it, the parliamentarians in Suriname decided that they would have ill-
led by example and they have a smoking area far removed from us non-smokers. When you enter the National Assembly, as I said, that is the first you would see. **[Mr. Ramjattan: ...the**

pasture.] You love the pasture. The pasture comes with a hole, as you know, a tunnel.

The consideration is that the National Assembly would have to lead by example on the matter. I have many of my colleagues and friends here who are smokers. We have to consider very urgently the example that we have, set aside a smoking tent somewhere, a smoking area for the smokers, as the people in Jamaica did.

The consideration, I would hope the Minister considers, because I suspect you might have to...If you do not amend, you might have to come back with the amendment sometime. You would find out that the Guyana Police Force, Hon. Member and Minister Mr. Ramjattan, right now, and forever, would not have time to pay attention to that matter. A consideration is whether we would want to empower across the stretch. In the regions there is already Environmental Health Officers and Environmental Health Assistants who are already dealing with public health

matters. It would just be another responsibility added to them. That is an easier way to police this and perhaps also widen the pool.

Mr. Speaker, is the tobacco control legislation, as you travel up and down the country.... Even today I joined a taxi and the driver started off, he said, "I hear this afternoon you all are going to ban smoking." We have to make it pellucidly clear that the legislation has nothing to do with banning smoking. The legislation has nothing to do with stopping the importation of cigarettes and tobacco products into Guyana. I was speaking to my... [Ms. Ally: You told the taxi driver that.] Yes....good friend the Hon. Minister Winston Da Costa Jordan, and I was saying to him that complementary to the legislation, in most, if not all the jurisdiction that have been successful in dealing with this matter, and helping to reducing, is taxation on tobacco products. That is a complementary; that has helped. I would just read from that same WHO report, page 12, which states:

“Raise taxes on Tobacco

Raising taxes and therefore prices is the most effective way to reduce tobacco use and especially to discourage young people from using tobacco. It also helps convince tobacco users to quit. Only four countries representing 2% of the world’s population have tax rates greater than 75% of the retailed price and although more than four out of five high income countries tax tobacco... 51% - 75%...”

The data also are suggesting that complementary to the legislation is the issue... There is an argument that says if taxes are raises, there would be contraband products, smuggling of tobacco products. When you read the information suggested, you would have seen that there is a reduction in tobacco consumption in countries that raise taxes to complement the legislation. The tobacco control legislation, I would say is necessary. The tobacco control legislation is useful. Let me say this, that this document, which that is here, I participated in constructing it. It would be hypocritical of me to chastise the document. As I said, the tobacco control legislation is necessary. The tobacco control legislation is important to the health and well-being of the people of this country.

My colleague, Dr. Anthony, has already raised some of the issues and therefore I would not go over them. I started off by saying that there are three types of persons, those who support, those

who have reservations and those who oppose. I am placing myself in the first category.
[Applause]

Mr. Speaker: Hon. Members, it is five minutes after seven o'clock. We will take the suspension now and we will return at twenty-five minutes to eight o'clock. I would simply say to Members before we rise that there are seven speakers remaining on this item.

Sitting suspended at 7.08 p.m.

Sitting resumed at 7.48 p.m.

Mr. Speaker: Hon. Members, I just want to remind you of my observation, before we rose for the suspension, that there are seven speakers remaining on the item.

Mr. Figueira: I stand to give my unwavering support to my colleagues on this side of the House, in relation to this very important legislation. Before I delve into my presentation, Mr. Speaker, kindly permit me to respond specifically to the Hon. Member Mr. Clement Rohee's account on the issue of buying a cigarette or cigar as a constitutional one which borders on human rights. I beg to bring enlightenment to the Hon. Member of article 147 (4)(a) which addresses the freedom of individuals but reposes in the Government and inherent responsibility to protect the public's safety and health of the nation. This, I hope, addresses the Hon. Members aspersion on this aspect of the Tobacco Control Bill. I would also like to commend the Hon. Member of the Opposition Mr. Joseph Hamilton, in not only expressing the wisdom, but also the testicular fortitude in supporting the Government's Bill as we debate it here today.

I am grateful for the opportunity to be on the right side of history, as this Bill would positively influence the health of the nation. At 51 years, Guyana needs to be thinking about its health. This Bill, Your Honour, seeks to, by a great extent stop, a silent killer in our society that most of us have seen in action every day. It comes disguised as a social status, sophistication, glamour and relaxation, but it has been destroying individuals and families for far too long. It has been masked. It has been hidden by manufacturers, very persuasive advertisements, lobbyist and interest groups in a vain attempt to delude persons to believe that is about the protection and upholding of people's rights.

Is it a person's right to knowingly kill him or herself? Is it a right to put the life of others at risk? If someone's right infringes upon another person's right, then it can be argued that the original right needs to be limited. This Bill seeks to address some of those issues that have damning effects on individuals who have the right to work, socialise and congregate in an environment that is safe and healthy to one's well-being.

Mr. Speaker, at this point kindly permit me to ask all Hon. Members of this august body to join me in congratulating the Hon. Minister of Health, and this Government, for yet again taking a bold step in putting the health of the nation first, with this Bill that we are debating here this evening. The greatest asset, the greatest resource of a country, is the health of its people. If health fails teaching, knowledge, life, itself, all comes to nought. Health is indispensable. Having nothing to do with tobacco would be a wise place to start. Why? You may ask, Mr. Speaker, and the answer is simple as the Hon. Member Mr. Hamilton would have stated, "tobacco kills."

Tobacco, in any form, smoking cigarettes, cigars and hooker or whether chewing tobacco, all forms of tobacco, contains nicotine and tar. This addictive drug is rated by medical experts as worse than heroin and cocaine in producing dependency. In a new study in the *Lancet*, one of the world most respected journals, found that in 2015, 11.5% of global deaths, approximately 6.4 million people were attributed to smoking worldwide, of which 52.2% took place in only four countries, namely China, India, Russia and the United States of America. The study used over 2818 pieces of research identified through several sources. It posited that despite decades of tobacco control policies, population growth has seen an increased number of smokers.

7.54 p.m.

There are more Chinese smokers than our entire population and the citizens of the United States (US) combined. Sir, globally, there is an estimated 5.5 trillion cigarettes produced each year and 15 billion are sold daily, which is 10 million per minute per year, one billion and three hundred million people, which is one-third of the world's adult population, smoke cigarettes.

According to the US Surgeon General 2002-2006, Dr Richard Carmona said:

"Tobacco is the only product, if use as directed, it will kill you."

Globally, cigarettes kill more than half of its users, on average one person every six seconds dies. That is nearly 6 million people who die from direct smoking and 600,000 of non-smokers who are exposed to second-hand smoke, also known as passive smoking, die each year. By 2030, the annual deaths could rise to 8 million people. Smoking is a risk factor for six of the eight leading causes of death in the world. Sir, 100 million deaths were caused by tobacco in the 20th Century and if the current trend continues, it could result in one billion in the 21st Century. If allowed unabated, tobacco will cause more deaths worldwide than Human Immunodeficiency Virus/Acquired Immune Deficiency (HIV/AIDS), tuberculosis, maternal mortality, motor vehicle accidents, and suicides and homicides combined. This product is undisputed as the worst man-made epidemic of the 21st Century.

Death not caused by a virus or bacteria, but as the tobacco industry calls, a 'lifestyle choice'. I would venture to say that, it is not a lifestyle, but it is a choice between life and death. Tobacco companies are the only companies in the world that legally sells a product that kills up to half of its customers, when used as advised by the manufacturers. Additionally, it not only harms the user, but anyone else in its proximity.

I am happy for this debate because it offers additional facts about this product and serves as reminder to my friends and fellow Colleagues, who are in close proximity as I speak and the wider population, of this deadly product, as it is consumed daily.

Cigarettes, besides nicotine and tar contain over 4000 chemicals - 4000 Mr. Speaker. Two hundred and fifty (250) are known to be harmful and more than 50 are known to cause cancer. Some of those chemicals include hydrogen cyanide, carbon monoxide and ammonia, arsenic, benzene, ethylene oxide and vinyl chloride, to name a few. Smoking harms nearly every organ in the body and diminishes a person's overall health. Smoking is the undisputed leading cause of cancer and deaths. It causes cancer of the lungs, mouth, throat, kidney, bladder, pancreas, stomach and cervix, to name a few. It also causes heart disease, stroke, Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, asthma, hip fractures, cataract, pneumonia and other air way infections.

With all that I have said thus far in my presentation, one listening, who has not had the opportunity to read the Bill, would be incline to believe that this Bill proposes a ban on smoking,

but this is not so. This Bill intends only to regulate the use of tobacco products, just as many other products in Guyana, as the Hon. Minister has articulated in her erudite presentation.

This Bill has several sections, of which I would give some attention to section 8, which speaks to sales requirements. This section stipulates how tobacco products should be displayed and handled, while specifying that minors should be insulated from the sale and handling of tobacco products, as in Ecuador. I support this ideal for the nation's children. Legislating benchmarks for the promotion and display of tobacco products is an imperative, since advertisement is often like propaganda, which the Opposition knows so well, once continually repeated, its intended message gets conveyed.

Dr. H Brundtland, former World Health Organization Director-General said:

“Tobacco addiction is a communicated disease, communicated through advertising, promotion and sponsorship. It is against this backdrop that today's efforts at regularising this industry must be placed in context.”

Tobacco promotions are often packaged for the unwitting Members of the public, depicting tobacco use as a form of liberation or independence for the intended user, especially the youth. I have never seen an advertisement (ad) for cigarettes that alerts the second-hand user. While it is true that an argument can be made about the emissions from motor vehicles, that has to be viewed in the context of Government's policy to import less aged vehicles, as well as the incentive regime available for the ‘green economy’.

The BBC Health Correspondent, Mr. Nick Triggle, in his 1st July, 2017, article to mark a decade since England had banned public smoking, opined that of all the things that occurred as a result of the ban, raising awareness about the dangers of second hand smoke was the most significant achievement, as it motivated users to protect those they smoked around. Notwithstanding the aforementioned, the percentage of smokers declined, as well as the attitude towards smoking has changed in England.

There is the economics of tobacco and thus, the industry must be properly regulated not only by limiting advertisements and promotions, but by ensuring that the industry provides policymakers with accurate and timely data on activities in the sector that affects the national good. A case in

point is how smuggled tobacco products affect taxpayers and tax policies aimed at reducing tobacco consumption. When one weighs the increased cost to health care and the impact on human resource, the former far outweighs employment created and/or revenues garnered. Research has also found, World Health Organization Report on Global Tobacco Endemic 2008, that self-regulation has failed since companies ask governments to reduce taxes to impact smuggling, but these same companies never reduce production. The point is that, the tobacco companies lobby to be taxed less so they can sell more, thus inflating an already bad situation.

March 2017, *Action on Smoking and Health UK* article, *The Economics of Tobacco*, highlighted that there is a strong link between smoking and socio-economic groups in England. Smoking is reported as the single largest cause of inequalities in death rates in England between the rich and poor smokers.

Mr. Speaker, section 10 of the Bill addresses Government's role in protecting *big interest* from influencing the hands of policymakers, to the detriment of the nations' health. The tobacco companies' main objective is to sell cigarettes, regardless of the cost borne by the smokers on the economy. This fact is a call to action as is demonstrated today by this Government. I saw a past Minister of Health, publicly applauding Government's action to bring this Bill, and I am tempted to say that I found his utterances commendable. I am happy that our Minister of Public Health is utilising the opportunity, once squandered by several former Ministers of Health of previous administrations, by transforming words into action to preserve the lives of our greatest asset as a nation, the health of our people with this Bill.

The tobacco industry is big business and its aim is to remain in business. In 2005, Phillip Morris, the world's largest cigarette company generated \$4.6 billion in profits. What is noted and I believe must be stated, is that there has been a deliberate shift in the promotion of this very addictive and life treating product to developing countries like ours. This is due to the fact that 940 million of the 1.15 billion smokers live in low and middle income countries. Additionally, 80,000–100,000 children worldwide start smoking every day. In a report on a Campaign for Tobacco Free Kids, it showed that cigarettes' retail value was worth over \$700 billion in sales to kids in 2015. It is clear Mr. Speaker that the tobacco companies do not discriminate when it comes to the sale of its product to adults or kids, what is paramount is making a profit from sales.

Section 10 of this Bill plays a key role in defining parameters with the aim of insulating the Executive and related officials in Government from the influence of players in the sector. But, we need to be continually vigilant about the ability of the industry to change tactic, as we have seen in other parts of Latin America, where they courted and co-opted the media by hosting a number of tobacco health related seminars to lift their social cooperate profiles, while simultaneously making use of important air time. These are some of the unique mediums used to deflect the real issues related to this deadly product.

To illustrate the point, the Centre for Disease Control and Prevention 24/7 Report, in the Article: *Economic Trends in Tobacco* reported that cigarette companies in the USA, in 2014, spent \$9 billion marketing cigarettes and smokeless tobacco at a cost of \$1million per hour. However, what is important to note is that \$6.8 billion of the \$9 billion was spent on price discounts to retailers and wholesalers, whereby reducing the cost of cigarettes to consumers. Thus, against the aforementioned facts, the US has a \$300 billion tobacco related Health Care Bill annually.

Guyana needs to take action in the tobacco industry. Hence, section 11 of the Bill seeks to complement the foundation laid in the proceeding sections of the Bill by listing penalties to act as deterrents to possible errant players in the sector. Even as we seem to have found common ground on this Bill, we are cognisant of the views of the society, especially on the issues of health. Consequently, section 12 inherently arms the Minister with the requisite tool to make regulations when and where necessary to correct any perceived anomalies in the Bill going forward.

In concluding, kindly permit me to reference a study conducted in India by the Indian Council of Medical research, where it showed that the tobacco epidemic had more developmental problems for the country as a whole, where many productive people are killed or became disabled in their midlife.

8.09 p.m.

In fact, the research has shown that three conditions like heart attacks, lung disease and lung cancer cause more economic harm because of their health care costs, than the revenues earned by tobacco.

Clearly, we have many cases where tobacco use affects individuals as well as the nation alike. This is one of the most preventable causes of death that the modern world has seen. Surely, Mr. Speaker, wisdom demands that this killer of our times be restricted and eventually eliminated from our society.

It is with this note that I, without any reservation, give my whole-hearted support to the passage of this Bill.

Thank you. [*Applause*]

Minister of Public Telecommunications [Ms. Hughes]: Mr. Speaker, I rise in support of the Tobacco Control Bill of 2017. I would particularly like to speak in support of Part VI of the provisions that deals with advertising, promotion, sponsorship and packaging. Globally, the tobacco industry spends billions of dollars each year on advertising. We see advertisements associating cigarette smoking with athletic prowess, sexual attractiveness, adult sophistication and independence. Let me remind you of that infamous campaign that specifically targeted women; a cigarette called Virginia Slims, with that alluring tagline, “You have come a long way baby”. It is recognised in the power of billion dollar companies, to develop sophisticated campaigns that reach us anywhere that we turn, on radio, on television, on billboards and in bars that the World Health Organisation Framework Convention on Tobacco Control, in article 11, requires parties to adopt and implement specific measures to prohibit misleading tobacco advertising and labelling. It goes on further, in article 13, “to require a comprehensive ban of all tobacco advertising, promotion and sponsorship, (TAPS), as a mechanism to begin to deal with this scourge.

The 2000 WHO International Conference on Global Tobacco Control Law, in reporting on tobacco advertising and promotions, cites that there is an overwhelming majority of independent peer review studies that show that tobacco advertising not only leads to an increase in consumption, but that young people, who are the source of replacement smokers, are heavily influence by this advertising. The Pan American Health Organisation (PAHO) Regional Tobacco Control Report of 2013, reports that widespread tobacco advertising, promotion and sponsorship, normalises tobacco, depicting it as just another consumer product and making it difficult for people to understand the risk of using it. Most importantly, in 2011, PAHO released the Tobacco

Control Report for Guyana, and yes I want to say to the Hon. Member, Mr. Rohee, that there are specific reports and statistics that bring information on Guyana. This report highlights that the tobacco industry has operated for years with the expressed intention of subverting the role of governments and the World Health Organisation in implementing public health policies. Their goal really is to maintain the social acceptability of smoking and to prevent adoption of effective tobacco control mechanisms.

We all know the economic costs of use, so I do not want to go too much into that. However, I do want to look at the WHO Framework Convention on Tobacco Control. The WHO FCTC was implemented as a response to the tobacco epidemic. Guyana acceded to this treaty on 15th September, 2005, legally binding Guyana to its provisions. This Tobacco Control Bill, therefore, is most welcomed and it is in full conformity with the WHO FCTC's framework for action.

I want to refer, at this point, to one of the main criticisms to the Bill that we have received today, which came from the Hon. Member, Dr. Frank Anthony. Dr. Anthony mentioned several parts or segments of the WHO framework, which he thought was excluded and not included in the current legislation that we are proposing today. I want to refer to the same WHO FCTC to highlight that in article 4, which talks about the guiding principles, also remember that we mentioned that Guyana is already a signatory to this convention, which explicitly states, and I quote:

“Effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons from exposure to tobacco smoke.”

Therefore, I want to say that the FCTC calls for tobacco control measures with legislation only being one of the possibilities or options. The Ministry of Public Health is still obligated to come up with strategies and programmes in relation to tobacco control, and I am confident that they will. Article 14 of the same WHO FCTC requires parties to take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependency. There again, it means that this is required in the FCTC and, therefore, does not have to be included in the legislation. Then the point on the liability, article 19 requires parties to consider, and I quote:

“...consider taking legislative action or promoting their existing laws, where necessary”

Article 22 of the FCTC talks about technical co-operation and requires the strengthening of capacity to fill the obligations. There is no need, therefore, for all of these elements to be, again, included in the legislation.

For decades, the tobacco industry has deluded us with their advertising. They paid movie producers to have famous actors smoking on the big screen, making it appear alluring to viewers; large advertising banners with attractive men and women placed on store fronts and buses. The pain of one suffering and dying of lung cancer is never advertised. With this Bill, Guyana strikes at the heart of the problem. Section 19 of the Bill bans all advertising, promotion and sponsorship of tobacco products. Section 19 (2) prohibits any person from initiating any kind of tobacco advertising. Section 19 (4) requires persons in management and control of publications, whether analogue or digital, because it is looking at the current new types of transmission of media and information, to remove and disable access to prohibited content.

I know some criticisms have been made about the size and the hefty fines. The penalty for contravening this section, and here I am speaking about section 19 (7), is indeed a hefty fine, one of \$9 million and imprisonment for 12 months. Although some may feel that this is excessive, the Bill recognises that it is mostly the wealthy tobacco multi-nationals who would be paying for that fine.

Further, in relation to packaging, it is our duty, I feel, to warn the Guyanese public about the dangers of tobacco. There is no tiny warning on a package that means that somebody might not be able to see it. We will ensure that the box will have a minimum display of 60% cent of the top portion of each display area on any tobacco product, on both sides and we think that this is an important message. Research shows that large graphic warning labels cause smokers to smoke fewer cigarettes and to smoke less in front of pregnant women and children. The warning labels on tobacco packs are also the most cost effective way of advertising about the dangers of tobacco smoking and tobacco use. It provides a health message directly to the tobacco users and also non-users who see the pack. This intervention can be implemented at absolutely no cost to the Government as the tobacco industry actually pays the cost of implementation.

Most importantly, section 23 (1) stipulates that all cigarettes must be sold in an intact packaging, containing not less than 20 sticks. This is a very important aspect and it is based on the premise

that single stick sales make it easier for children to buy tobacco products and prevent access to the health warnings on the packages.

I would like to refer to some of the comments that I heard the Hon. Member, Mr. Rohee, made. He talked about the small man being a real man and struggling to make a living. I want to say that it is because of these specific provisions that we are emphasising that we want the range of individuals, including the small man, to be able to be living and to be alive.

I want to also say that when we talk about students and children in our society, I overheard a member on the other side talking about tobacco use and cigarette smoking being a part of our culture. This is the time for us to recognise that part of our culture is sending a small child to the shop to buy a cigarette or two. Therefore, there is a very specific reason as to why we have put the security of ensuring that you have to purchase an entire pack of cigarettes.

When it comes to information and research as to what is taking place in Guyana, I, very briefly, want to look at the Global School-Based Student Health Survey (GSHS). On the Guyana Fact Sheet 2004, there is actually data of a survey that included a sample of 1212 students. It is very interesting to note that one of the questions was:

“How many students are aware or can report persons smoking in their presence, on one or more days, in the past seven days that the survey was taken?”

It is interesting to know, that of that sample, 67.6% of the boys and 61.8 % of the girls were able to refer to the fact that they had the personal encounter of a young person smoking or was in the vicinity of other young people smoking. Do not let us be fooled into thinking that young people are not smoking. Instead of us looking and acknowledging that this is part of our culture, I want to suggest that it is time we constrain our culture, in that area.

I want to very quickly say that, on a personal note, my father was the man on those cigarettes advertisements that we see on television. He was tall, dark, and handsome and had beautiful hands, but always with a cigarette in those long fingers. In exactly two weeks, my family will reflect on his passing to lung cancer at the young age of 72, a man with so much more to offer Guyana and any other part of the world that he may have chosen to be. Three horrifying months after my father's passing, my mother passed away, to lung cancer again, a different strain, this

time we felt to second hand smoke. For us that was totally bizarre, but it is interesting to note that my mother worked with the Guyana Airways Corporation and was responsible for the cabin services and the training of all of the cabin attendants on the international flights. Yes, those were the days when you went to the back of the airplane to have a smoke.

8.24 p.m.

Members of this honourable House and Mr. Speaker, time, research and scientific developments teach us that we have a responsibility to do things better. I know that criticisms have been made also about the suggestion that we are taking away the sanctity of a home environment and now legislating against it. I want to remind folks that the definition of a workplace also will include a home. A home can be used for commercial childcare or educational purposes and can have employees for any other purpose and, therefore, has to be captured within the definition of a workplace. Here, we are required to ensure that the definition of the workplace that we speak of fits in with the WHO Framework Convention on Tobacco Control.

Having said all of that, I have the strongest belief that this Bill should be passed in this most honourable House.

Thank you. [*Applause*]

Ms. Burton-Persaud: Mr. Speaker, I rise to make my contribution to this debate on the Tobacco Control Bill, Bill No. 5/2017. Let me say from the commencement that, in light of all of the views that have been placed before us in this honourable House and in the interest of time, my presentation would be short and sweet.

Tobacco smoking has been practiced since 4000bc in the Americas, when it was used in shamanistic rituals and has continued over the centuries. It is said that this practice is the number one cause of death by cancer, an observation that surfaced in the 1920's. Its adverse health effect was first noted in 1929 in Germany, in 1954 by British doctors and in 1964 by the United States Surgeon General. This being said, it is important that, as leaders, we seek to protect and enhance the health of our nation. However, whenever we seek to do so, it must be with minimal pain and discomfort to those who will be affected. It is, therefore, mandatory that we ensure that the necessary mechanisms are in place to make the transition easy and encouraging.

The Bill before us seeks to address aspects of the dangers of tobacco smoking but, in anxiety to do so some of the most important components have been exempted. Hence, it is equally important that we seek to ensure these inclusions if we are to make strides in our advocacy to implement good health practices. Indeed, the Bill, in its current state, does not speak to the any support system such as access to medical, counselling and rehabilitation facilities that will provide assistance and care for chronic smokers or those who find it difficult to withdraw from this habit. Indeed, in a hurried attempt to save lives, as we are stating, we can very well lose some lives.

Tobacco control laws and policies usually aim to prevent persons, especially children and youths, from starting to engage in tobacco smoking and to help smokers to quit. The control programmes usually aim to reduce disease, disability and death related to the tobacco use, a comprehensive programme which include education, clinical, regulatory, economic and social strategies. However, if we examine this Bill, we will see that these critical elements are missing. Most important is the use of withdrawal and clinical support and rehabilitation, absence of alternative to tobacco use and vending, education, awareness, advocacy and sensitisation. Excessive fines and penalties will not do it, Mr. Speaker. We need to ask, as we examine this Bill, whether cigars, hookah smoking and other herbs such as marijuana would be included in this law. The use of cigars and cigarettes are practised by some cultures. It must be noted that most smokers want to quit but find it difficult to do so without the necessary support due to the exempt addictiveness of nicotine. The key components to assist tobacco users to quit include internet support, telephone quit lines, behavioural support and medications delivered by specialists. These have proven to be very effective.

In reality, there are the adverse effects of sudden withdrawal to the human body and mind. Nicotine withdrawal is very real and even though it can last for one month, the mental fight can last much longer. This Bill, as it stands, will harbour adverse effects on production based on agitation from persons suffering from withdrawal; health as it relates to nausea and migraine, withdrawal syndromes; and socioeconomic factors.

Mr Speaker, this Bill takes away one's democratic right to choose. Its mandatory tone does not allow the smoker time and space to become a non-smoker. It does not provide any space, public or private, to encourage adaptation during a transition period. By the administration and

enforcement policies drafted herein, this Bill can be seen not as a Tobacco Control Bill but more of a tobacco-ban Bill.

Sixty-one countries in the World have tobacco legislation and these range from smoke-free legislation covering public indoor spaces with specific exemptions to partial-smoke-free restrictions. Out of this amount, seven countries offer quitting programmes. We also have to look at the need for alternative jobs. We would have heard of cases where persons vend cigarettes. We need to ensure that alternatives are given to those persons who will no longer sell cigarettes but that they can now become advocates to help persons to quit smoking by selling nicotine patches and gums. As we seek to encourage our citizens to embrace and adopt healthy lifestyles, let us do so with compassion, concern, care and clarity.

It is good for us to look at healthy lifestyles and the health of our nation, but we must ensure that when we do so those who will be affected will be given the encouragement to adapt and to take part in a healthy lifestyle.

Thank you, Mr Speaker. [*Applause*]

Minister within the Ministry of Public Infrastructure [Ms. Ferguson]: Mr. Speaker, I rise this evening to give full support to the Tobacco Control Bill, Bill No. 5/2017 which is being debated here this evening.

This Bill has several parts and, in my opinion, it is seeking to bring control on the usage of tobacco in Guyana. In the interest of time, I will focus my attention on Part VIII of the Bill which addresses “Sales Requirements”.

The Tobacco Control Bill 2017 is a modern Bill. It protects and preserves the health of our people in Guyana through the adaptation and implementation of tobacco control policies in accordance with the World Health Organization Framework Convention on Tobacco Control. Its aim is to protect present and future generations from the devastating harms of tobacco use and exposure to tobacco smoke, to prevent the use of tobacco by minors and to prevent exposure of the public, especially the minors.

One would agree that, in order for us to accomplish this, the tobacco industry must be regulated, its products and sales. To this end, Part VIII of the Bill is adequately and expressly addressing

this under “Sales Requirement”. This part of the Bill, from clauses 27 to 37, specifically deals with minors and prohibition.

According to the US Centre for Disease Control:

“Youth who use multiple tobacco products are at higher risk for developing nicotine dependence and might be more likely to continue using tobacco into adulthood”.

This information should be of concern to us as a nation with a small population. We must do everything we can to protect our young people since they are at risk with tobacco use and they are the future of our country.

Mr. Speaker and Hon. Members, we need to ask this question: Why we must control access to tobacco? The simple answers are as follow: We must control tobacco because it is glamorised by the media especially in movies, in advertisements that depict the use of tobacco as a “cool thing”; it is something that young people see as an acceptable behaviour because their parents, families, relatives and friends smoke. Young people are fed misinformation that smoking helps to cope with stress. For these reasons, we must control accessibility, availability and the price of tobacco products.

The World Health Organization, on its website under the caption “Tobacco-free initiative”, has produced some critical information on smoking and its effects on young people. For this presentation I will be quoting from this particular document.

According to the World Health Organization:

“Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Cigarette smokers have a lower level of lung function than those persons who have never smoked. Smoking reduces the rate of lung growth.”

Noteworthy, the vast majority of people initiate tobacco use during the period of adolescence to young adulthood. Therefore, if we can prevent this during this critical period, these persons are

never likely to become smokers facing a possible lifetime of addiction, disease, disability and that of death. Additionally, the World Health Organization found that smoking hurts young people's physical fitness in terms of both performance and endurance, even among young people who are trained competitively. On average, someone who smokes one or more packs of cigarettes each day, live seven years less than someone who never smoked.

8.39 p.m.

The resting heart rate of young adult smokers is two to three beats per minute, faster than non-smokers.

Smoking at an early age increases the risk of lung cancer. The presenters before would have given the necessary information on that. For most smoking related cancers, the risk rises as individuals continue to smoke. Information from the WHO also shows that teens who smoke are three times more likely than non-smokers to use alcohol, eight times more likely to use marijuana and 20 times more likely to use cocaine. These are indeed frightening facts which further show that smoking is associated with a number of risky behaviours such as fighting and engaging in unprotected sex.

I see this Tobacco Bill as a Bill which will help our young people preserve and protect their health and save the next generation of our beautiful nation. It will be unwise of us to know the harmful side effects of tobacco and do nothing to control its use and access among young people and minors. I believe that the average teenagers and minors in our country are dreamers. They dream of receiving a good education, working at a satisfying job, getting married, starting a family, getting a house and a car and enjoying a good and healthy life. This A Partnership for National Unity/Alliance For Change Government intends to help them with these dreams and to deliver the good life. We know, however, that our young people can only be successful in accomplishing their dreams if they develop good habits and smoking is not one of them. Smoking simply robs our young people of their dreams, their health and their future.

The Tobacco Control Bill is a Bill that we, as legislators, are merely legislating to preserve dreams, prevent health issues and give our young people a chance to enjoy long and healthy lives. Therefore, restricting its access, its use and supply to young people will assist the young people in making the right choices.

The preamble of the WHO Framework Convention on Tobacco Control presents a very frightening situation on the use of tobacco, especially among young people.

“Seriously concerned about the increase in the worldwide consumption and production of cigarettes and other tobacco products, particularly in developing countries, as well as about the burden this places on families, on the poor, and by extension on national health systems.

Deeply concerned about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages.

Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender specific tobacco control strategies.”

In this modern day in which we live, tobacco comes in many shapes and forms and in many brands and alluring packages. However, no matter what form or shape it takes, tobacco use is a killer that claims more than seven million lives every year. Let us put the lives and health of our children above profits and money and give the next generation a fair and fighting change to develop Guyana.

Finally, as I close, when the WHO uses language such as “seriously concerned”, “deeply concerned” and “alarmed”, it is invoking within us the urgency with which states must make decisive decisions.

Allow me to paraphrase from the good book, from Mark 8:36, ‘for what shall it profit a man if he shall gain the whole world and lose his soul?’

Mr. Speaker, allow me to re-phrase that statement: ‘What does it profit a man to gain the whole world but lose his lungs?’ Tobacco legal reform such as this Bill could protect the lungs and preserve the world as well. It is a win-win law.

I implore my Colleagues in this noble Assembly to give full support to this Bill as I am so doing this evening. Let us save this and the next generation.

Thank you. *[Applause]*

Dr. Ramsaran: Mr. Speaker, I welcome this opportunity to take part in this very important discussion. As a matter of fact, it is a discussion about public health and about development because, as is recognised, tobacco smoking and the use of tobacco products is closely linked with the NCDs. As is known, those are also developmental issues because of the impact they have on the economy, the workforce and so on.

I would like to say, from the very beginning, that we find many aspects of this Bill attractive, but, at the same time, we have certain apprehensions, certain reservations, which come from the discussions with our constituents. Because we want a good product, if not a perfect product which will go way into the future, we think we should address some of the reservations. As was intimated by the former Minister of Health, the People's Progressive Party/Civic had already done considerable actions on this. He, in a flippant manner, wondered where it was lodged. Was it with the Ministry of Legal Affairs or the Ministry of Public Health? That is immaterial. The fact is that a lot of work was done and, besides that, many other things were done towards addressing tobacco issues and the NCDs. I want to be very historic. A lot of data has been given that I will not repeat. There is so much that we all recognise about the science of tobacco and tobacco smoking - the illnesses, complications and hardships it causes.

I will like to reflect on the fact that there was a report around mid-June, 2017 which stated that Guyana was moving to tackle NCDs – a presidential commission. Allow me a few seconds to go back to that time. On 13th June, 2014, a *Guyana Chronicle* headline stated “Guyana Moving to tackle NCDs – Presidential Commission launched”. The opening paragraph stated:

“Delivering the formal address at the launch of the Presidential Commission on Non Communicable diseases (NCDs) on Friday at the Guyana International Convention Centre, Liliendal, President Donald Ramotar called for more prominence of this category of diseases as compared to the communicable diseases that often grab international headlines.”

That article ended with this paragraph:

“The Presidential Commission on NCDs will see the participation from a wide cross section of stakeholders seeking to promote healthy lifestyles and reducing preventable diseases. The secretariat will be housed at the Ministry of Health and meet quarterly as it devises strategies to lower NCDs across Guyana. The focus will be to address issues of alcohol abuse, lack of physical activity, unhealthy diets and tobacco usage.”

The Ministry of Health, under my watch, was very much on the ball. In other words, we should be asking ourselves this question: what happened to the Presidential Commission on NCDs? Had that good initiative been continued? Incidentally, that initiative was supported by PAHO. The Director of PAHO, Dr. Carissa Etienne, came to that occasion and helped us launch that Commission. If we had been able to build on that, probably today’s discussion would have been less acrimonious. I want to recognise immediately that the fight against tobacco use and its scourge was recognised even at the launch by President Ramotar, who was very well assisted by Dr. Etienne.

Having recognised that, we need to say that there are certain things in the Bill as presented that we recognise and take ownership of. But there are certain things that we need to look into like the workplace, for example. When we had a look at the Bill first, maybe that is why it was still with the Attorney General. How do we tweak workplaces and how are our constituents interpreting it? The Hon. Catherine Hughes gave a good example of how homes are sometimes converted in our conditions to places or spaces which can be defined as workplaces. One example she gave was the day care centre. How do those working in those conditions at the same time abide with the bounds of this legislation? What we would advise is that those are areas of concern that we think still need tweaking. That would then not be a dwelling place, but a workplace which would have to be certified by the agency that certifies day care centres. That certification would make the place a workplace and there would be need for certain confirmations to the law. These are the grey areas that we need to work into. I think across the aisle we see eye to eye on certain things. That is one example.

On the very first page of the Bill, page 10, workplace is defined as:

“Any place used by one or more persons during employment or work, whether done for compensation or as a volunteer, and includes all attached or associated spaces commonly used during the course of the work of or incidentally, as well as work vehicles.”

That is taking up the resources of all Guyanese who would be indulging in using their resources or homes for certain things. I welcome the example given by the Hon. Member; that is a good one to explore. How would a person use his or her home for certain economic activity but not fall foul of the law? With the example of the day care centre, you might have to implore the agencies that have to certify it as a workplace to offer those services.

While recognising that a vigorous campaign has to be mounted against the evils of tobacco and its consumption and that there are very strong and organised vested interests, at the same time, we need to recognise that some things can be done and that some things in this Bill are a bit weak. For example, we recognise that education and changing behaviour from those which are suspect, like the use of alcohol and tobacco products, to better, healthier lifestyles implies changing the behaviour of those who are most vulnerable. We have already understood from the data presented here by Dr. Frank Anthony and others that, if a person does not start to smoke by the time he or she is 18 years old, it is most likely that the person would not smoke at all. In other words, the target population is adolescents and young people.

We find that education programmes are part and parcel of the success story. What I found over the past few days while I was trying to do some research and gather material was that, under my watch and under the watch of previous Ministers under the PPP/C Administration, tonnes of education material were produced. However, with the hype over the past few months coming up to the tabling of this Bill for discussion, I would have expected that the two Ministers of Public Health, Dr. Norton at that time and now Ms. Lawrence, would have ensured that, as an expression of seriousness, those materials were available.

8.54 p.m.

I would tell you of some difficulties I had in getting a copy of this document. I visited five Health Centres in Georgetown.

You would recall, Mr. Speaker, a few weeks ago, when we were supposed to have this discussion, that this debate was postponed. This is probably where international agencies should take note too. It is obvious that the Ministry of Public Health needs some help. When it was first initiated, I went and I was able to obtain one copy and this was in a drawer. This was produced way back during our years. I am not trying to embarrass you. I am just trying to point out some of the things that need to be done. As was said here, certain things in the Bill are weak, like the education aspect of it.

Some persons referred to draconic measures but I would like to refer to measures that are winning the hearts and minds of people, as this is the way to go. We do not see that in the Bill. There is reference to the Ministry of Education. That is why I opened my presentation by referring to the Presidential Commission. The Presidential Commission included a wide cross-section, including the Private Sector, the NGOs and the Ministry of Education. I would like to see that Commission reactivated and I would like to see... We do not hear about it but I am hearing whispers that it exists and that should have been resonated in this discussion, especially since PAHO/WHO had endorsed that approach. The leadership of the Region came here and endorsed it. As a matter of fact, there was another good step that was taken in that regard. As you know, management scientists tell us that, if you have a strategy, to make it successful, you must have a structure. Our strategy was the NCD fight which was the fight against tobacco. We started to put certain structures in place.

This is where we need to remind you of the creation and endorsement by such agencies, as I just mentioned, of the Wellness Warriors. Those are young people who are in the age group that are vulnerable and who the Ministry of Public Health needs to partner with, whether they are employed, still in the school system and whether they are drop-outs, and to look back at that example which was launched again on that same date when we launched the NCD Presidential Commission to recruit or promote the Wellness Warriors and similar organisations of young people who would be able to be the agents of change. They could say, 'Aja or Ajee, do not smoke that cigarette because 'x' or 'y' could happen to you.' They would be able to present it in a culturally acceptable way. I think that we have missed that opportunity and I have an inclined suspicion that certain international agencies still endorse that approach. However, that, incidentally, was in 2014 when it was launched and not 23 years ago. I think that we should

revisit that idea of how you should recruit the energies on our side while the other people are trying to recruit them on that side with their advertisements of *Virginia Slims* and others.

The Wellness Warriors is a good term to learn which fights for wellness. People have to be trained, as you would know. Somebody referred to the gentleman as general. The generals would know that if you have an army of wellness warriors, you have to train them first to defeat the diseases. I think that that is an aspect that we need to look at – how we could bring that out. That advice was given sometime back. It was endorsed internationally. As a matter of fact, at the said forum, the representative from Suriname accepted that that was a good model and said that they would be taking it back for experiment in Suriname.

Let us explore that - how we could recruit an army of young people in the fight against tobacco and the scourge and especially against those vested interests that promote it.

I am hearing a croaking noise somewhere. It is coming from...

[*Mr. Speaker hit the gavel.*]

Sorry, Mr. Speaker. This discussion today opens, for me, another exciting thought. If we are to succeed - and I know that we would succeed - in crafting the legislation correctly, it also opens the approach to other industries. What about those early diabetics, obese and over-fed? I am speaking about the food industry. I have to be careful that I do not take on too many adversaries at the same time. The tobacco industry is advertising; the food industry is advertising, 'eat the fatty foods like the chips'. Then you get fat and you get diabetes by the time you are 14 years old.

This opens an exciting discussion for this House on how we fight against other vested interests who know to use advertisements and, more so, know how to point to your children to get their mother and father to buy that big heap of food or, more dangerously, the large, sugary, non-alcoholic beverages. This is all linked to this Bill. I am just using this as an example where we could expand.

In closing, I am calling on this... [Ms. Ally: Good, thank you.] I would not close then. In furtherance, I would say that we need to get this right immediately. I have noted, as Dr. Anthony pointed out, nowhere in the discussion have we seen where the victim, that is, the

person who is smoking and wants to break out of these chains, will have the offer of help to quit. We want to say that tobacco cessation programmes, including nicotine replacement therapy and counselling, are not readily available and there are no indications on how we would integrate them here. However, opportunities exist for the procurement of the anti-nicotine patches. I am saying that there are certain weaknesses that are key and critical. That particular point, that is, offer and help to quit comes in the Mission to Provide Opportunities With Empowering Results (MPOWER) package of the Framework Convention on Tobacco Control. The MPOWER package includes about five or six points. One of them calls on the authorities or suggests that you have to be able to offer help to quit. For any vice that you are trying to pull someone from, you must offer them the opportunity to quit by crafting tobacco cessation programmes, including nicotine replacement therapy which is referred to as patches. They are not available and are quite costly. How do we work that out together?

The Minister of Public Health, Ms. Lawrence, was specific in avoiding the issue of taxation in this specific discussion. It is known and this is one of the points that came out of the MPOWER package from the FCTC. It is the sixth point. It states that, if you raise tax on tobacco to 75% of the retail price, a 70% increase in the price would prevent 25% of tobacco deaths.

Taxation is a progressive tax. This Government is famous for taxing people. Recently, there was a lot of VAT on a lot more items. We are told that, in the next budget, the Minister of Finance is bringing more taxes. This is a tax that I would support and this is a tax that should probably be looked at.

If you were to introduce a 70% increase in the price, you would prevent 25% of tobacco deaths. This is what international data showed. Let us think about this. No more VAT on those products that we have to eat. Let us think here on a progressive tax. The moneys from that tax could be put into a pool which is called the sin tax – a tax that is placed on alcohol and tobacco. Those moneys could be used to do some of the things that we spoke about - expand the Wellness Warriors; get your products done so that, when I go to every health centre, the Doctor or the Nurse does not have to go under the cupboard to find one of these documents. I have promised the Doctor to return it because it is her only copy. I promised her two to three weeks ago when we first started this discussion but it was postponed. I would honourably deliver this to her on

Monday. It is the only copy in one of the major Health Centres in the city. Madam Minister, you need to work and get these things done.

In Guyana, the tax on most of our brands is around 25% to 27%. These are things that we are speaking about that are low hanging fruit, things that could be done now that would not infringe on people's ability to work.

Mr. Rohee brought to the fore - and he was probably being provocative - the dilemma of small sellers. Of course, we are against tobacco consumption. Therefore, we should frown upon those who sell it but, in the meantime, to encourage the process and not to encourage the creation of alternative channels of plying their trade, we need to have a national adaptation programme to wean them from this.

As Mr. Rohee pointed out - and I suppose many of you support this point - poor people sell various products to make a living. How does one encourage them to stop doing what is now accepted as not being correct without putting them on the breadline? Those are challenges that are not addressed in this legislation.

I would like to recognise that it is a timely gesture that we are having this discussion. As I understand it, in my mind, the discussion is not complete because I still have reservations and, on this side of the House, we still have reservations. It is not too late even from the floor to tweak to get some changes and to incorporate some of those ideas that I have just put and, more so, some of the ideas that have been put forward by Dr. Anthony to make this not only a good Bill, but a perfect Bill because this is a serious issue. It is an issue which targets our young people. That means you are creating a problem for the way into the future. The People's Progressive Party recognises the health challenges and the health issues presented by tobacco and by tobacco use. We are willing to join you in that.

In the meantime, I would abstain until I see some of those points that I raised addressed. Thank you, Mr. Speaker. [*Applause*]

Mr. Persaud: Mr. Speaker, I rise to support the passing of Bill No. 5 of 2017 – Tobacco Control Bill.

I have listened to presentations by both sides of the House and it is my humble submission that several conclusions could be drawn.

Tobacco is the number one preventable cause of death; tobacco has a negative effect on those who are exposed to second-hand smoke; young people – minors and those would be people or children under 18 years of age - should not be exposed to tobacco smoke. Knowing this reminds me of a saying, *knowledge without application is worse than worthless*. If we know and we do not use what we know, then what is the point of knowing? Knowing the ills of tobacco, as was given by both sides of the House, it is my firm belief that this Bill would be passed unanimously in this House and it should.

I am supposed to be speaking on interpretation and penalties. Before I do that, I wish to address very briefly some of the concerns that were raised. One was that people who are selling cigarettes in the streets sell to those who cannot afford to buy a pack of cigarettes. Regulations now would dictate that one sells cigarettes in packs of 20.

If one cannot afford to buy a pack of cigarette, one would only buy one or two cigarettes because one wants to put bread on the table, I would suggest that those persons should take that \$100 and buy a loaf of bread and put it on the table instead of buying two cigarettes. That is a simple version of “not putting bread on the table”. Some cannot afford a whole pack of cigarettes so they have to buy one or two cigarettes.

There are also concerns that we are infringing on people’s right to live how they want to live in their homes. That reminds me of another saying, *one man’s meat is another man’s poison*. One would enjoy smoking if one is a smoker.

9.09 p.m.

If one is sitting next to his or her three-year old child in the house – that is your house – and the child comes up and daddy hugs the child and gives the child a face full of nicotine from the tobacco that daddy is smoking, while daddy is enjoying that, it is clear and daddy may have mentioned that a child exposed to second-hand smoke... As a matter of fact, anyone exposed to second-hand smoke would suffer certain illnesses. And so, we are putting our child in danger. And we come back and say that we love our little baby. That is not really infringing on your right

to live in your own home; it is control of the torture that one is executing on his or her own child. And then we were asked, “Are we becoming North Korea?” No. Please, we are not. Kim Jong-un lives in North Korea. He is a dictator. He is the supreme ruler. We have a very fatherly, a very quiet spoken person who we call the President, and we enjoy democracy; we can never be North Korea.

I would like to quickly look at penalties and to shortcut everything that I have here in the essence of time, Trinidad imposes a fine of TTD\$10,000 for a violation, smoking in a non-smoking area. Guyana has a fine of \$10,000 for first time offenders. So, if we are looking at penalties and we think that penalties are too high, we need to look at Trinidad and see where that penalty goes for the same offence.

I wish to refer this honourable House to a case that I just recently read – case of Litvick and Bella Shomkin. It is a case from Israel and the Court of Appeal in Israel. The gist of it is that an individual was charged and convicted. The Court of Appeal said that they were smoking in a bar and the fine was – they have it in Greek money – but let us just say that if the fine was \$10,000, the Court of Appeal multiplied the fine by the number of persons who were in the bar. It is because it did not affect just one person. If it were one person, one fine would be paid. So many persons were affected and that person on appeal got the shock of his life.

Penalties are there. We are not the only country imposing penalty and it may seem as though the penalty is a bit exorbitant, but, if one cannot afford the penalty... Again, it reminds me of a man who said, “A Rolls-Royce does nine miles per gallon. How could you afford the gas? The fellow said to him, “If you can afford the Rolls-Royce, you have to afford the gas.” If one can afford to smoke, he or she can look to find money to pay the fine.

And we now come to interpretation. I will not do or touch on anything except public place, and that would be something of concern. But, again, in a matter of a week or so, we will be enjoying the Caribbean Premiere League (CPL) at the Guyana National Stadium. If I go there and I am sitting next to my good Friend - and he is looking at me here – the Hon. Minister, Mr. Patterson – and we know that he smokes... It is not an offence as yet to smoke at the Guyana National Stadium. But, Sir, if he sits next to me, I would be exposed to second-hand smoke. I may not be able to walk out of the Stadium. These are things that must be stopped. And that is what this law

is intended to do. It is not to ban smoking or to ban tobacco products; it is simply to regulate our use of tobacco products and smoking. It does not necessarily mean you that you have to be huffing and puffing. If one has a cigarette that is lit and it is in his or her hand, and one happens to be in one of these restricted areas, that constitutes smoking in a restricted area. And so, that, again, would lead persons to a fine.

I wish to suggest, at this stage, that the offence itself is not something that one would be guilty of automatically. If someone is picked up – and we will go on the policing part of it – by one of these, and we will call them inspectors for now... If someone is seen smoking, the matter is reported and the police may charge you and not these inspectors who are covered under clause 13. They are not the ones to do that. They are simply there to see what is happening and then they will give evidence against you. But one has the right to counsel, the right to plead not guilty and the right to defend the claim that is laid against him or her. Whether or not he or she was smoking would be determined at a trial or after the trial, and then he or she would worry about the fine.

The Bill that is about to become law that we are hoping will have the full support of the House is not as draconian as some may be thinking. I heard the other day someone saying, “Oh God! We cannot smoke on the road.” That is not what a public place is. It has to be enclosed. It has to be where the public or people meet. It is a gathering of people in a public place, and it has to be like in the Stadium or if Everest Cricket Club has a function and it is enclosed and you are there. These are some of the places. But, again, the onus is on the proprietors. Whether the place is being leased, you are a lessee or whether you are the owner of the place, you have to have signs posted or you would be guilty of an offence. If the signs are posted, I may complain that I cannot read so I did not know what that red thing was about. Again, there is a requirement in this particular Bill that is going to be law that signs must be conspicuous. And, again, we are looking at the cigarette packs, and I have one. This is a bit too small because it covers not even a quarter of the package itself – less than 25%. So, the signs, once they are conspicuous and properly posted in the areas where they cannot be missed, people have no excuses for breaching.

I wish to submit, in conclusion, that this Bill is one that we should all support because, whether we are Members of the Opposition or Government, we are here for one particular reason, which

is to provide for the citizens of the country what is for their benefit. And, in this case, restricting the use of tobacco is definitely for the benefit of the entire Guyanese population.

Thank you very much. [*Applause*]

Ms. Lawrence (replying): Thank you, Mr. Speaker.

Before I respond to some of the concerns raised and some of the very lax statements that were made in this House this evening, let me take this opportunity to first thank God that this Bill is here today for the protection of the people of Guyana.

I would like to thank all those who spoke to this Bill, today, for the fact that many of them did read the Bill, while some did not, for the suggestions that came forward and also for the many issues that were raised concerning the protection of our people but, more so, to have been able to sit in this Parliament as we come to a conclusion in another week or so and to listen to Colleagues from both sides of the House, giving positive comments to various aspects of the Bill. And I think we all need to applaud ourselves in this House.

Let me turn my attention to just a few things. To the Hon. Ms. Gillian Burton Persaud, who is not here, she was asking whether this Bill was going to take into consideration marijuana, *et cetera*, let me just point to her that this Bill speaks to the control of tobacco and tobacco only.

To the Hon. Dr. Anthony, while I know many of my Colleagues on this side responded to the Hon. Member, I would just like to point him to page 4 of this Bill. He made mention of a lot of things that were not in the Bill but were in the WHO FCTC as though he wanted us to take that Convention and put it into the Bill. But the Bill states that it is an Act to provide for the adoption and implementation of tobacco control policies in accordance with the WHO FCTC which aims to protect present and future generations from the devastating harms of tobacco use, *et cetera*. It is mentioned right here in the Bill.

To the Hon. Member, Mr. Hamilton, I am very happy to hear that you were instrumental in putting this Bill together. You made a very good case that what took place in Jamaica with the Minister who was faced with the police who said that they were overtaxed and so on and mentioned us using environmental officers. And I just want to point you again to the same page 4, which states:

“In this Act –

“authorised officer” means a police officer, customs officer, any inspector or officer employed with the Ministry with responsibility for public health, the Guyana National Bureau of Standards, the Occupational Safety and Health Authority or the Environmental Protection Agency...”

And it goes on to list a few. The environment protection officers are listed in here and there is a wide range that we can capture from to help us to ensure that we police this Bill when it becomes a piece of legislation.

I also want to mention and, in particular, I want to set the record straight from what the Hon. Member, Mr. Frank Anthony, said in this House, that the Minister was going to choose people from civil society. That does not happen in this Government and you would note from many of the other Bills that came before this House.

On page 11, clause 7 (3), it states:

“The Minister shall select the remaining persons to be appointed to the Council from among nominees from civil society...”

So the Minister is not taking these people from civil society. Civil society organisations would be sending their nominees to the Ministry. You spoke about the Minister being overburdened and so on, having the secretariat in her office and so on. That is not true because clause 9 on page 12 states very clearly:

“The secretariat of the Council shall be at the headquarters of the Ministry in Georgetown.”

So, I would like to point that out to you. We heard a lot of things also about how we are going to protect those persons who are users, who are addicted, the sellers, *et cetera*, how we are going to make provisions for them and that it was not in this Bill. I do not believe that we see all of those things in other Bills, and so I am not sure why you are looking for them in this Bill. But let me just point you to clause 11 on page 12:

“(2) Without prejudice to the generality of subsection (1), the Minister shall ensure–

(a) the development and implementation of a national strategy for tobacco control in collaboration with the Council...”

I am hoping that, after we have listened to the Members on the other side, when they are called upon to be a part of the drafting and the developing of this national plan, we will have a nominee and that they will not remain silent and not submit a name of someone.

9.24 p.m.

I hope they will be on board and they will be able to put what they have said here into action. I have heard from the former Minister, Mr. Ramsaran. He made some very good points this evening, though he missed some of the things in the Bill. I would like to say to Mr. Ramsaran that I would not have mentioned the NCD Commission because we came and met a dead Commission. If he was reading the *Guyana Chronicle* newspaper and other newspapers, he would have seen that we have re-established that Commission, there was a meeting already and the President will launch that Commission very soon. It will be chaired by His Excellency the President.

We are not *throwing away the baby and the bath water*. We want to build on those things that are good and those things that could take this nation forward.

All in all, Mr. Speaker, I want to once again reiterate my thankfulness to all the persons who spoke.

I will now ask that this Bill be adopted by the House and that the amendments put forward... You would note that we are very open and progressive. We have made amendments in several areas, quite contrary to what is taking place in our neighbouring countries. I would propose that, as we go through the Bill clause by clause, we give consideration to the amendments and that we have full support on this Bill.

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

Mr. Speaker: I thank the Hon. Member for her statement. Hon. Member, is this the case that you are requesting the House to let the Bill be read a second time?

Ms. Lawrence: Yes, Mr. Speaker; thank you.

Mr. Speaker: Hon. Members, we would now proceed to the second reading of this Bill. Before we proceed on it, might I add that we have had over four and a half hours of debate on this Bill. We have had 14 interventions on this Bill. We move to the other stage, which is to complete the second reading of this Bill.

Question put and carried.

Bill read a second time.

Assembly in Committee.

Mr. Chairman: Hon. Members, the Bill has a number of amendments proposed. There are 46 clauses and two schedules. What I propose to do is to deal with those clauses for which amendments have been proposed, while taking the other clauses *en bloc*. If Members agree with that procedure, that is how I would proceed.

However, before I do that, let me read so that we could ensure that we all have the same documents. I will read the clauses proposed for amendments: clauses 17, 19, 24, 25, 37, 39, 44 and 45. Those are the amendments proposed.

Clauses 1 to 16

Clauses 1 to 16, as printed, agreed to and ordered to stand part of the Bill.

Clause 17

Mr. Chairman: The amendment is that, in clause 17 (3), which could be found on page 16 of the Bill, substitution for the words “four” and “six” with the words ‘two’ and ‘three’ respectively. Clause 17 (3) states:

“Any person who contravenes the provisions of this section commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars and imprisonment for three months.”

It is proposed that the fine be ‘four hundred thousand dollars’ and imprisonment for ‘six’ months.

Clause 17, as amended, 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

Mr. Chairman: There is an amendment proposed to clause 19 (11). This could be found on page 19 of the Bill. The proposed amendment is the substitution for the words “any person”, which is at the beginning of sub-clause (11), of the words ‘a natural person’.

The second part of the amendment proposed is the substitution for the words “nine million dollars” and “imprisonment for twelve months” by the words ‘two hundred thousand dollars’ and ‘imprisonment for three months and, in the case of a body corporate, to a fine of nine million dollars’.

Hon. Members, we would have to take those two proposals together because (c) contemplates the deletion of the words “a fine of one hundred thousand dollars”. If you follow me, the words “ a fine of one hundred thousand dollars”, if I propose to look at (c) of the proposed amendment first, to be deleted from the paragraph.

We now go to (b) which states:

“Substitution of the words nine million dollars and imprisonment for twelve months with the words two hundred thousand dollars and imprisonment for two months and, in the case of a body corporate, to a fine of nine million dollars.”

The paragraph will read:

‘A natural person who contravenes this section commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars and imprisonment for three months and, in the case of a body corporate, to a fine of nine million dollars.’

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

Clauses 20 to 23

Clause 20 to 23, as printed, agreed to and ordered to stand part of the Bill.

9.39 p.m.

Clause 24

Mr. Chairman: An amendment is proposed to clause 24 (2). The amendment reads “clause 24 (2) as amended by inserting immediately after the word “of” the words “tobacco products”.” So that on page 22 to 23 you would see the words “labelling of” and the words “tobacco products” are proposed to be inserted there.

It should now read “The Minister will have the authority to prescribe by regulation the requirement for the packaging and labelling of tobacco products, electronic delivery system and component...”

Amendment put and agreed to.

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

Clause 25

Mr. Chairman: Clause 25 (3) is amended by –

- (a) the substitution for the words “Any person” of the words “A natural person”; and
- (b) the substitution for the words “nine million dollars and imprisonment for 12 months” by the words “two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of nine million dollars”.

Clause 25 (3) will now read “Any natural person who contravenes any provision of this section commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of nine million dollars”.

Amendment put and agreed to.

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

Clauses 26 to 36

Clauses 26-36 agreed to and ordered to stand part of the Bill.

Clause 37

Mr. Chairman: An amendment is proposed to clause 37 (1) which is on page 26 -

- (a) the substitution for the words for “Any person” of the words “A natural person”; and
- (b) the substitution of words “four hundred thousand dollars and imprisonment for six months” by the words “two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of two million dollars”.

Clause 37 (1) reads “A natural person” who contravenes any provision of sections 27, 28, 29, 30, 31, 32, 33, 34 and 35 commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of two million dollars”.

Amendment put and agreed to.

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

Clause 38

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

Clause 39

Mr. Chairman: Clause 39 (1) is amended by inserting immediately after the words “for” the word regulating’, I think it is at the first line of clause 39 (1), “The Minister may make regulations for...” and the word “regulating” is inserted immediately after the word “for”.

“The Minister may make regulations for testing and measuring the contents and emissions of any tobacco product, electronic delivery system, or component, and for reporting to the Minister in this regard.”

Amendment put and agreed to.

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

Clauses 40 to 43

Clauses 40-43 agreed to and ordered to stand part of the Bill.

Clause 44

Mr. Chairman: Clause 44 (6), that clause is proposed to be amended by the substitution of the words “four hundred thousand dollars” of the words “two hundred thousand dollars”.

Clause 44 (6), as amended, reads “Any person who fails to disclose a conflict of interesting under this section commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars, and appropriate disciplinary action or contract termination in the case of a contractor, in addition to any other penalty that may apply.”

Amendment put and agreed to.

Clause 44, as amended, agreed to and ordered to stand part of the Bill.

Clause 45

Mr. Chairman: Clause 45 as amended by –

(a) the substitution of the words “Any person” of the words “A natural person”; and

9.54 p.m.

(b) substitution for the words “nine million dollars and imprisonment for 12 months” of the words “two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of four million dollars.”

Clause 45 now reads “A natural person who contravenes any provisions of this act for which there is no penalty prescribed, commits an offence and is liable on summary conviction to a fine of two hundred thousand dollars and imprisonment for three months and in the case of a body corporate to a fine of four million dollars.”

Amendment put and agreed to.

Clause 45, as amended, agreed to and ordered to stand part of the Bill.

Clause 46

Clause 46 agreed to and ordered to stand part of the Bill.

Schedules 1 and 2

Schedules 1 and 2 as printed, agreed to and ordered to stand part of the Bill.

Bill considered and approved with amendments.

Assembly resumed.

Ms. Lawrence: In my closing, I did not give thanks to the supporting team that worked in previous administration and continues to work with this administration, that is the attorney-at-law who worked on this Bill, Ms. Kesaundra Alves, PAHO/WHO, especially PAHO/WHO representative Dr. Adu-Krow, and the United Nations family for the support that they have given to Guyana for the passage of this Bill.

SUSPENSION OF STANDING ORDER NO. 10(1)

Mr. Speaker: Hon. Minister, I wonder whether I could ask you to resume your seat while I invite the Prime Minister to move an extension beyond ten o'clock.

Frist Vice-President and Prime Minister [Mr. Nagamootoo]: Mr. Speaker, I begged to move that this House continues its sitting until the conclusion of the business that would end with the next matter before the House, the Motor Vehicle Insurance (Third Party Risks) (Amendment) Bill. I think I was persuaded that it has some urgency.

Question put, and agreed to.

Standing Orders suspended.

Question put.

Mr. Nagamootoo: Division.

Assembly divided: Noes 1, did not vote 23, Ayes 32, as follows:

Noes

Mr. G. Persaud

Did not vote

Mr. Bharrat

Ms. Veerasammy

Mr. Gill

Mr. Dharamlall

Mr. Charlie

Mr. Damon

Mr. Chand

Mr. Neendkumar

Mr. Mustapha

Ms. Selman

Dr. Westford

Dr. Ramsaran

Mr. Croal

Mr. Hamilton

Ms. Chandarpal

Dr. V. Persaud

Mr. Seeraj

Bishop Edghill

Mr. Lumumba

Ms. Campbell-Sukhai

Dr. Anthony

Ms. Teixeira

Mr. Rohee

Ayes

Mr. Rutherford

Mr. Rajkumar

Mr. C Persaud

Mr. Figueira

Mr. Carrington

Mr. Allen

Mr. Adams

Ms. Bancroft

Ms. Wade

Ms. Patterson

Ms. Henry

Ms. Broomes

Dr. Cummings

Mr. Sharma

Ms. Garrido-Lowe

Ms. Ferguson

Ms. Hastings-Williams

Mr. Holder

Mr. Gaskin

Ms. Hughes

Mr. Patterson

Ms. Lawrence

Mr. Trotman

Mr. Jordan

Dr. Norton

Mr. Bulkan

Lt. Col. (Ret'd) Harmon

Ms. Ally

Mr. Williams

Mr. Ramjattan

Mr. Greenidge

Mr. Nagamootoo

10.09 p.m.

Amendment carried.

Bill report with amendments, read the third time and passed as amended.

**MOTOR VEGHICLES INSURANCE (THIRD PARTY RISKS) (AMENDMENT) Bill
2017 - No.7/2017**

A BILL intituled:

“AN ACT to amend the Motor Vehicles Insurance (Third Party Risks) Act. [*Vice-President and Minister of Public Security*]

Mr. Speaker: We will resume our consideration of matters with looking at the Motor Vehicles Insurance (Third Party Risks) (Amendment) Bill. Before I do so, it has just been brought to my attention that one of the Members would have left a phone in the inner lobby. Hon. Members, we will now proceed with the second reading of The Motor Vehicles Insurance (Third Party Risks) (Amendment) Bill No.7 of 2017, published on the 5th of July 2017, Hon. Minister of Public Security.

Vice-President and Minister of Public Security [Mr. Ramjattan]: Mr. Speaker, I rise to move the Motor Vehicles Insurance (Third Party Risks) (Amendment) Bill, 2017. This is a rather short Bill that seeks to amend the Principal Act, Chapter 51:03, so as to remedy a defect. We have in Guyana the mandatory requirement that we must have Third Party Risks Insurance for all vehicles that travel the roads in Guyana. In the context of advances and progress being made very rapidly through trans-national commerce, trade, entertainment and travel from countries, which are the borders of Guyana, especially Suriname and Brazil, and with a road network that communicates with those countries, or through a ferry service, we do have to ensure that whenever vehicles are coming from those two foreign countries or our vehicles going across to those countries that they have these requirements, of having motor vehicular third party risks insurance put in place. The explanatory note of the Motor Vehicles Insurance (Third Party Risks) (Amendment) Bill No. 7 of 2017, just two sections, makes it quite clear that the reason why we are here, is to ensure that there be the issuance of third party insurance coverage for motor vehicles coming into Guyana from a foreign country in accordance with - this is important - the international agreement that we would have entered into with these countries.

We have, in relation to Brazil, entered in the year 2003 an international agreement which indicates that we had to have a legal instrument that regularises the transport of passengers and goods by road between the two countries. It also states that we have to set the basic principles of

reciprocity and integrating and complementing legitimate interest in these areas of activities. An important article of that International Road Transport Agreement states:

“entry and exit to vehicles out of the contracting parties transporting passengers or goods through the approved border points are authorised on the basis of reciprocity, pursuant to the laws and regulations existing in each country and subject to the conditions established in this agreement and its annexes.”

One of the other articles of that agreement states, article 15:

“...the carriers shall be obligated to ensure the transportation risks in respect of third parties and of the crew. Each contracting party shall adopt internal legislative measures that permit the issuance of internationally valid insurance policy certificates. The insurance with the firms of any of the parties could be contracted in the country in which the vehicle is temporarily domiciled or in the country of origin of the vehicle in accordance with the principle of reciprocity.”

In keeping with the agreement we have entered into - this was signed by Ms. Rodrigues-Birkett - we have to make provision in our legislative arrangements and in our country, Guyana, so that we can take care of this international obligation we have. It is important then that we do so.

Before I go on, let me also state that we have an agreement with Suriname, that is called Cross Border Protocol, whereas the one from Brazil is called an International Road Transport Agreement, but it is almost in identical terms. In that agreement paragraph (2), Article (ii), of that treaty with Suriname states:

“The Cooperative Republic of Guyana and the Republic of Suriname agree to forthwith make such arrangements, issue such orders as follows -

Drivers who lawfully enter the Cooperative Republic of Guyana or the Republic of Suriname with a motor vehicle by way of the ferry service shall be permitted to drive in the contracting countries. They must have as a requirement certificate of insurance or cover note issued by a reputable registered insurance company covering liability for third party risks”

We have these two agreements which indicate that we have to meet the requirements of third party insurance for vehicles travelling to and fro. What has happened is that the countries... I know of this with Brazil, it has already in its legislation, passed its local laws to take care of its vehicles when they come into Guyana. It is incumbent now on us in Guyana to pass that law, making it mandatory that we do have third party insurance for those vehicles that would come into this country which is in accordance with international law but not yet with the municipal law, which would be incorporated therein into our municipal law. That is what we are doing here. To do that, it would require, in the interpretation section, putting in a clause to meet what is the meaning of an international agreement.

That is what clause 2 of this Bill does.

“An international agreement means any bilateral or multilateral agreement, treaty or any similar arrangement between Guyana and a foreign state or states as the case may be.”

Before we can municipalise our requirement here, we have to do that by putting in a section under interpretation and also amend section 3 of the Principal Act, by doing, what is called, an insertion, 3A, which gives the Minister power to order an international agreement, by order that the terms of the international agreement, be in accordance with some Schedule. This is what it states:

“Notwithstanding anything to the contrary, in this Act, the Minister may by order in pursuance of any International Agreement provide for the issuance of insurance coverage for third party risks in accordance with that International Agreement to cover liability caused by, or arising out of the use of motor vehicle in respect of two things:

- (i) The death or bodily injury of any person; or
- (ii) The damage to the property of any person.”

That is basically the simple explanation as to why we have... As exist, we have a defect or a deficit in relation to what goes on in today's world, with the road at Takatu and people crossing with vehicles registered in Guyana and also vehicles registered in Brazil coming across. These vehicles registered in Brazil, when they do come across, if they do not have that insurance coverage and they make an accident in Guyana, they can get away with it because there is no

obligation under them unless it is put into the municipal law for them to take out third party insurance. That could be to the detriment of those who they injured or those whose property they would have damaged.

Basically that is the simple explanation as to why we need this Bill. It would have to be followed up by a consequential regulation or an Order that is required to effectuate the international agreement that we have with Brazil and the international agreement we have with Suriname. That will be done, but it could only be done, that is, the Schedule which is going to incorporate that Order, which will be the international agreement, when we set the platform for the parent Act to accommodate that by putting in the words “International Agreement” in the interpretation section and state that the Minister can, under section 3A, make the Order in pursuance of that international agreement.

That is basically what the Motor Vehicles Insurance (Third Party Risks) (Amendment) Bill, No.7 of 2017 is all about. I would not say anything much more, except to say that I am certain that the Opposition is going to support it. [*Applause*]

10. 24 p.m.

Mr. Rohee: Mr. Speaker, the certainty with which the Minister alluded to the support from the Opposition, in respect to this very short Bill that is before us, comes with a price. Obviously, having regard to the context in which this Bill is before the House, I would want to qualify support for the Bill by stating that it should not be understood to be a lifeline that we sharing out to the Minister, having regard to the difficulties that we are facing right now.

This amendment to the Principal Act, treating with the Third Party Risk Insurance *vis-a-vis* the international agreements, inter-governmental, which the two countries that are bilateral in nature, existing between Guyana and Brazil and Guyana and Suriname, have been long in gestation, it has been long overdue. It is because, as was pointed out, these agreements were signed some time ago. The bureaucratic nature of the Brazilian Parliament, which I think many of us might be acquainted with, is what basically held up the process. For us here, I recall the main contention that we had at that time, with respect to the International Road Transport Agreement, was that the Brazilian side wanted to limit the jurisdiction for vehicles traversing their national territory in the North Eastern states in Brazil, exclusively, and not the entire jurisdiction of Brazil. Whereas,

we wanted an agreement that would cover the national jurisdiction/territory in both countries, and it took a while before Brazil virtually agreed that the coverage, not insurance, but in terms of the territory where vehicles would traverse, would be based on what I would describe as geographical reciprocity.

Having gotten over that hurdle, whereas the Brazilian side had settled their internal legislative matters, in respect of the International Reciprocal Trade Association (IRTA), and Suriname had also settled what was required of them, it then was left to Guyana to put its house in order. That is precisely what this Bill is aimed at doing.

It is true that, given the nature of the way the world is moving today, one will find a host of foreign vehicles entering our jurisdiction and not necessarily from the two neighbouring countries, but from even beyond. Since this Bill is limited mainly to agreements that have been signed between the two countries in that regard, Brazil and Suriname, it behoves the need to amend the principal legislation to insert, as is mentioned here, the definition of 'International Agreement' after the word 'Government', as defined in the Act.

I think that this Bill, actually in essence, gives greater value to Guyanese lives, should it come to be harmed by way of death or bodily injury or damage to property of any person. This is because the limits of the Third Party Insurance Risks, in the Inter-Governmental agreements, are much higher than the national limits here in Guyana. I think at some point in time there will be need for us to look, although they are not related. I am not making the case that they are related, because they are two different issues. There will be a time when we will have to examine the possibility of increasing the national limit or coverage for Third Party. But that has implications also from a financial point of view and, particularly, for public transportation. I think that we need to proceed with that in a much more guarded way. But I think the Guyanese who would be travelling on transportation based on this agreement and what we are setting here tonight, stand to benefit enormously, compared to what we have in our local laws, in terms of Third Party Insurance coverage.

Therefore, it is in the context that we would like to have progressive harmonious relations with our neighbouring countries, facilitating transport on the two sides, protecting Guyanese nationals

as well as Brazilian and Surinamese nationals that it is incumbent upon us to pass and to support this legislation.

I think what is going to be important also is education. We may need to educate the Guyanese people who would be travelling to Brazil on what is required of them, what kind of benefits there are. After the Minister would have signed orders for vehicles to traverse our country, we would expect that Brazil would do the same, in terms of educating persons with vehicles travelling the various jurisdictions.

So we support this Bill, whole-heartedly, and we believe that it will contribute further to the strengthening of the bilateral relations between the countries with which we have inter-governmental agreements, and it would also provide greater security for insurance security and coverage for Guyanese who will be benefitting from the passage of this legislation.

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

Mr. Ramjattan: I have nothing to reply. Thanks very much for the support Hon. Member, Mr. Rohee.

Question put and carried.

Bill read a second time.

Assembly in Committee.

Clause 1

Mr. Chairman: I make reference to the short title which speaks of an amendment to Chp 51:03 of the Principal Act.

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

Clause 2

Mr. Chairman: Section 2 of the Principal Act is amended by the insertion immediately after the definition of “Government” in the Principal Act of the following definition,

“‘International Agreement’ means any bilateral or multilateral agreement or treaty or any similar arrangement between Guyana and a foreign State or States, as the case may be;”

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

Clause 3

Mr. Chairman: The Principal Act, as amended by the insertion, immediately after section 3 that is of the Principal Act. It is amended by the following section to be termed section 3A.

“Notwithstanding anything to the contrary in this Act, the Minister may by order in pursuance of any International Agreement, provide for issuance of insurance coverage for third party risks in accordance with that International Agreement to cover liability caused by or arising out of the use of a motor vehicle in respect of –

(a) death or bodily injury of any person; or

(b) damage to the property of any person.”

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

Assembly resumed.

Bill reported, without amendments, read the third time and passed as printed.

ADJOURNEMENT

Mr. Speaker: Hon. Members, that concludes our consideration of Bill No.7 of 2017 and, unless I have an indication to the contrary, the Prime Minister’s extension lasts until the completion of the reading of this amendment. Hon. Member, Mr. Lumumba, you have the floor.

Mr. Lumumba: I assert that this is the appropriate moment. On behalf of the Opposition, in particular...

10.39 p.m.

Mr. Speaker: Hon. Member, I do not know. Are you speaking on the Bill? Because the Bill is...

Mr. Lumumba: I thought that we had finished that, Sir.

Mr. Speaker: Yes, we have finished that. So, you wish to make an intervention, please proceed.

Mr. Lumumba: I was bringing greetings on behalf of emancipation. [Mr. Patterson: Go on then, you are emancipated.] Okay, thank you Sir. On behalf of the Opposition, in particular, the Guyanese, African-Guyanese and all Guyanese, and all people who have been oppressed, I bring greetings to those individuals. I also want to say that we are here today, after years of progress, and we can see that progress by the fact that we have an Afro-Guyanese Speaker, an Afro-Guyanese President and we have had past Afro-Guyanese Presidents. We can see the growth and development of our people, and of all people. We have joined the world today and are working together as all races to make sure that this country becomes more united and that progress is for all of us, not just for one group, race or ethnicity.

I want to congratulate this Parliament, which has, so far, been trying its best to work as one. We have a lot more work to do and we, on this side of the House, are prepared to put our best foot forward, once you also put your best foot forward? We anticipate that in the future, we can look forward to a great and united Guyana. We want to thank the Parliament and the people of Guyana and we anticipate that we will continue to work together and that there will be no violence, but that there would be peace and prosperity for all.

Thank You. [Applause]

Mr. Nagamootoo: Mr. Speaker, I would like to move the adjournment of this House to 3rd August, 2017. Since 1st August, 2017 is a national holiday commemorating Emancipation Day, I would like to take this opportunity on behalf of the Government of Guyana, Members of this National Assembly, all of my Colleagues and the people of our country, to wish our brothers and sisters, Guyanese of African descent, warm greetings on the occasion of Emancipation Day, this year. Emancipation Day coincides with another significant occasion, the 100th year of the Abolition of Indentureship in Guyana. As our National Anthem states:

“Both bondsmen and [slaves] laid their bones on our shore”

Our *Constitution* exhorts to remember the indomitable will of our fore parents, who, over 179 years, have brought us, through their effort, work and determination, to where we are today, a free and united country. I want to wish all on this occasion, particularly the Guyanese of African

descent, our best wishes on Emancipation Day and that we continue to recall not only their sacrifices, but also their extraordinary contribution towards laying the foundation for a modern economy and towards the development of our country. In saying these words, I would like to move the adjournment of this House until Thursday, 3rd August at 2.00 p.m.

Thank you. [*Applause*]

Mr. Speaker: I thank the Hon. Prime Minister for his wishes, my fellow Guyanese, and to say to Members that we will meet again, God willing, on Thursday 3rd August, 2017.

Thank You.

Sitting adjourned accordingly at 10.43 p.m.