

Official Report

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2015-2018) 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

86TH Sitting

Thursday, 15TH March, 2018

Assembly convened at 2.21 p.m.

Prayers

[Mr. Speaker in the Chair]

ANNOUNCEMENTS BY THE SPEAKER

Leave granted to Members

Mr. Speaker: Hon. Members, leave from today's Sitting has been granted to Hon. Ms. Africo Selman and Hon. Mr. Komal Chand.

Visit by students and teachers from Valmiki Vidyalaya High School

Hon. Members, we have with us, today, visitors from the Valmiki Vidyalaya High School; 25 students and two teachers are here to observe our proceedings today. I bid you welcome, teachers and students. I hope that you will profit from being with us today. [*Applause*]

Prize-giving Ceremony

I must tell you, too, Hon. Members, that, on Tuesday, there was, in the Members of Parliament (MPs) Lounge, a prize-giving to students who distinguished themselves in their presentations at last year's Commonwealth Day observances under the theme: 'A *Peace-Building*

Commonwealth'. Art depicting that theme was presented by students. They were judged and the occasion on Tuesday was the prize-giving to the students. We thought that it would be well done during Commonwealth week. Pieces of those arts are displayed in the MPs' Lounge and Members are invited to look at them during the recess. Thank you.

Death of Dr. Mohamed Shahabuddeen

Members, you are all aware of the death of Dr. Mohamed Shahabuddeen who died on the 17th February, 2018, in Toronto, Canada after a brief period of illness. He was 87 years old, having been born on the 7th October, 1931 at Vreed-en-Hoop, West Coast Demerara.

Dr. Shahabuddeen came from the People's National Congress (PNC). He joined the Attorney General's Chambers in 1959. In 1962, he was appointed Solicitor General, a post he held with distinction. Elections were held on Monday, 16th July, 1973 under the system of proportional representation. The Third Parliament of Guyana commenced when the National Assembly first met on the 26th July, 1973. Dr. Shahabuddeen was appointed Attorney General from 24th July, 1973 to 12th February, 1978. He became a legislator under the Pensions (President, Parliamentary and Special Offices) Act Chapter 27:03 on the 13th February, 1978, while it was on the 13th February, 1978 that Dr. Shahabuddeen first made and subscribed the Oath of Office as a Member of the National Assembly. He was designated Attorney General and Minister of Justice on the 13th February, 1978 to the 31st December, 1980.

On the 25th October, 1980, the Third Parliament was dissolved. Elections were held on Monday, 15th December, 1980 under the system of proportional representation. The Fourth Parliament of Guyana commenced when the National Assembly first met on 30th January, 1981. Dr. Shahabuddeen was again elected as a Member of the National Assembly with effect from 1st January, 1981 and was designated Attorney General and Senior Minister of Justice. On 31st October, 1985, the Fourth Parliament was dissolved.

Elections were again held on Monday, 9th September, 1985. The Fifth Parliament commenced when the National Assembly first met on 3rd February, 1986. Dr. Shahabuddeen was again elected a Member of the National Assembly of the Fifth Parliament and was designated Vice-President, First Deputy Prime Minister and Attorney General with effect from 13th December,

1985 to 5th February, 1988. Dr. Shahabuddeen resigned from the National Assembly on the 6th February, 1988 in the capacity as stated above.

Hon. Members, let us stand and observe one minute of silence as a mark of respect for the late Dr. Mohamed Shahabuddeen.

Assembly observed one-minute silence for the late Dr. Mohamed Shahabuddeen.

PRESENTATION OF PAPERS AND REPORTS

The following Reports were laid:

1. Annual Report for the Guyana Oil Company Limited for the year 2016.
2. Annual Report for the Guyana National Shipping Corporation for the year 2016.
[Minister within the Ministry of Finance]
3. Annual Reports of the Guyana Police Force for the years 2014 and 2015. *[Minister of Public Security]*

REPORTS FROM COMMITTEES

1. (i) Seventh Report of the Committee on Appointments in relation to the Appointment of the Members of the Indigenous Peoples' Commission.

(ii) Eight Report of the Committee on Appointments in relation to the Appointment of the Members of the Public Service Commission.

[Minister of Social Cohesion]
2. (i) Sixth Special Report of the Parliamentary Sectoral Committee on Social Services visit to the Linden Hospital Complex in Region No. 10 on April 11, 2017.

(ii) Seventh Special Report of the Parliamentary Sectoral Committee on Social Services visit to Region No. 2 – Pomeroon/Supenaam, from May 17 – 19, 2017.

(iii) Seventh Periodic Report of the Parliamentary Committee on Social Services for the period September 10, 2015 to February 16, 2018.

[Mr. Adams – Chairman, Committee on Social Services]

INTRODUCTION OF BILLS

Presentation and First Reading

JUVENILE JUSTICE BILL 2018 – Bill No.2 /2018

The following Bill was introduced and read for the first time:

A Bill intituled:

“AN ACT to amend and consolidate the law in relation to criminal justice for juveniles; to make provision for proceedings with respect to juvenile offenders; to provide for the establishment of facilities for the custody, education and rehabilitation of juvenile offenders, and to repeal the Juveniles Offenders Act and the Training Schools Act.”

[*Minister of Public Security*]

PUBLIC BUSINESS

GOVERNMENT’S BUSINESS

MOTIONS

SYMPATHY ON THE DEATH OF MR. MOHAMED IDRIS DEEN, FORMER MEMBER OF PARLIAMENT

BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Mr. Mohamed Idris Deen, on 13th November, 2017, and pays tribute to his dedicated service to the Parliament of Guyana as a Member of Parliament from 24th December, 1985 to 28th October, 1997, and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of its sympathy be conveyed to his sorrowing widow, children and relatives. [*Minister of Citizenship*]

2.36 p.m.

Minister of Citizenship [Mr. Felix]: Thank you very much, Mr. Speaker. Hon. Members, we are all informed of the death of Mr. Mohamed Idris Deen, a former Member of Parliament, who died in Toronto, Canada, after a brief illness, on the 13th November, 2017. He was 86 years old having born on 9th March, 1931.

Mr. Deen came from the People's National Congress (PNC). He was known to be a business man who owned a sawmill in Crabwood Creek. During his life time he lived in Corriverton, where he developed a reputation as being a very amiable personality and a generous businessman who was easy to get along with.

Following the Elections which were held on 9th December, 1985, the Fifth Parliament commenced when the National Assembly met on the 3rd February, 1986. Mr. Deen became a Member of the National Assembly on the 24th December, 1985 and worked throughout the life of the Fifth Parliament. A life which was extended from time to time from 3rd February, 1986 to 10th June, 1987, when the Parliament was dissolved on 29th August.

Elections were again held on 5th October, 1992. The Sixth Parliament commenced when the National Assembly met on the 17th December, 1992. During the latter part of the Sixth Parliament, Mr. Deen became a Member of the National Assembly on 3rd March, 1994, following the resignation of Mr. Sase Narin on 8th February, 1994.

On the 29th October, 1997, the Sixth Parliament was dissolved and Mr. Deen ceased to be a legislator on 28th October, 1997. During his sojourn in this honourable House, he made contributions to the Budget Debates of 1986, 1995 and 1997. He also made presentations on the Forest Bill No. 21 of 1997, the Pregnancy Bill of 1995 and the Constitution Debate of 1991.

As I said earlier, he passed from this life in November, 2017. May his soul rest in eternal peace and rise in everlasting glory. Thank you. [*Applause*]

Mr. Lumumba: Hon Members of the National Assembly. Today I stand to give my sympathy to the family, friends and colleagues of Mr. Mohamed Idris Deen.

The Idris Deen I knew was quiet, courteous and a very shrewd businessman from Upper Corentyne who specialised in the sawmill industry.

Mr. Deen had two stints in Parliament which began in February, 1986, and concluded after an interim break on 28th October, 1997. His presence in Parliament was not identified with turmoil, disrespect or confusion. I remember that he always seemed to focus on housing but the harsh economic times of his period did not facilitate his desire to develop his property on the East Coast.

Sometimes, events like these cause me to wonder as to why we cannot say good things about each other while we are alive and when there is life in us. It is indeed sad that it appears that only death allows us the opportunity to be gracious to us in this Parliament. Therefore, I hope that Mr. Deen's death and the death of others will be identified here today and set the tone for nice and gracious things to be said to each other and about each other.

Hon. Members, please let us stand and observe one minute of silence as a mark of respect for the Late Mr. Mohamed Idris Deen. [*Interruption*]

Mr. Speaker, am I being rude?

Mr. Speaker: What I believe that you will do is, having paid your respect to the memory of a fallen Member of this House you would then thank the Speaker for giving you the opportunity to do so.

Mr. Lumumba: Mr. Speaker, you remind me of my old headmaster. If you should so grant, thank you for the opportunity. [*Applause*]

Mr. Speaker: I thank the Hon. Member. Hon. Members, I invite you to rise and observe one minute silence.

Hon. Members stood to observe one minute of silence.

Question put and agreed to.

Motion carried.

SYMPATHY ON THE DEATH OF MS SANDRA MICHELLE ADAMS, FORMER MEMBER OF PARLIAMENT

BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Ms. Sandra Michelle Adams, on 2nd January, 2018, and pays tribute to her dedicated service to the Parliament of Guyana as a Member of Parliament from 15th July, 1998 to 2nd May, 2006, and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of its sympathy be conveyed to her sorrowing widower, children and relatives. [*Minister of Social Protection and Government Chief Whip*]

Minister of State [Ret'd Col. Lt. Harmon]: Mr. Speaker, the motion will be moved by the Hon. Minister Simona Charles-Broomes.

Minister within the Ministry of Natural Resources [Ms. Charles-Broomes]: Mr. Speaker and Colleagues of the National Assembly, I rise to move this sympathy motion for Ms. Sandra Michelle Adams standing in the name of the Hon. Minister Anna Ally.

Ms. Sandra Adams is an icon in Guyana. She has been an outstanding daughter since her youthful days. I boast a long, steady and excellent relationship with her, 'I' meaning, the Hon. Anna Ally.

Her performance at the level of her dynamic party, the People's National Congress, has been beyond excellence. Ms. Sandra Adams worked from the Community level to the level of the National Assembly. At the level of the region, Ms. Adams served as a Regional Democratic Council (RDC) Councillor until the time of her demise.

Ms. Adams became a Parliamentarian for Region 10, Upper Demerara Berbice, on 15th July, 1998. She served in this capacity until 2nd May, 2006. During her tenure as a Member of Parliament (MP), she made sterling contributions in budget speeches, the Factory Hours and Holiday (Amendment) Bill and other matters related to Region 10.

Sandra's life can be considered as an hectic and successful one. She was a live wire for Linden and to a large extent Region 10. Young people programme - she was there; sports - she was there; political work - she was there; campaigning - she was there; RDC works - she was there; confrontations - she was there; and reconciliations- she was there.

This was a woman who was very proactive in all respects. We have lost a great one. Ms. Adams will be missed immensely. May her soul rest in peace. Thank you.

Mr. Speaker: Perhaps, the Hon. Minister might wish to give some attention to the motion which stands in the name of the Hon. Minister of Social Protection.

2.51 p.m.

Ms. Charles-Broomes: "Be it further resolved that the National Assembly... that the expression of the sympathy..." Sorry Mr. Speaker, I am not clear on what is here.

Mr. Speaker: Hon. Member, I believe that the motion begins, "Be it resolved".

Ms. Charles-Broomes: Sorry Mr. Speaker.

"BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Ms. Sandra Michelle Adams, on 2nd January, 2018, and pays tribute to her dedicated service to the Parliament of Guyana as a Member of Parliament from 15th July, 1998 to 2nd May, 2006, and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of its sympathy be conveyed to her sorrowing widower, children and relatives."

Mr. Speaker: Hon. Neendkumar, you are listed as a speaker in this matter.

Mr. Neendkumar: Thank you very much Mr. Speaker. I rise to speak on the motion before the House that was moved by the Hon. Minister of Social Protection and Government's Chief Whip,

and was so moved properly by Minister Ms. Charles-Broomes. It is on the death of former Member of Parliament, Ms. Sandra Michelle Adams. I rise in support of this motion.

I have known Ms. Adams since 1985. At that time, I was among the main point persons given responsibility for the advancing of the work of the Peoples Progressive Party/Civic (PPP/C), in Region 10. In those days, there were only two taxis plying the Soesdyke/Linden Highway, a blue Mazda driven by *Riley* and a red Ford driven by *John*. However, the popular Tata Bus was the main means of transportation, to and from the region at that time. Even the Senior Chemical Engineer, Mr. Samuel Hind's car was not working at that time.

In those days, commuters would use the small boats to cross the river from Wismar to Mc Kenzie and the fee to cross was only five cents. In those days, we stood at the boat landings and farmers, workers and housewives bought our *Mirror* newspapers. I recall that every Saturday Ms. Sandra Adams was one of my customers who purchased a *Mirror* newspaper. Sometimes, Ms. Adams took a drop with us while crossing from the Wismar shore to Mc Kenzie. Ms. Adams was a senior member of the People's National Congress Reform and a dedicated activist. Her role in some political interventions, on behalf of the PNC/R, suggested a person who sought a balanced approach to resolve conflict and also one who showed a human element in advancing her fight.

I recall in 1990, when the people of this country did not accept the fraudulent voters list, as an accepted mediator, the Carter Centre came into full action as the National and Regional Elections were postponed for two years. During that period, all our political activists were busy working in the field doing house to house registration, like we are doing presently. The 5th October, 1992, is a significant day in our country's history since it was announced that the PPP/C had won the elections. Leading up to the announcement, I recall being in Region 10, when political tugs took over the Elections Office in Linden and Ms. Adams told me, "Boy leave this place." She was a protectionist on many fronts.

It was the *Dawn of the New Era*, from then progress nationwide started. Indeed there are many changes. There were many people in Region No. 10 who never thought that they would be seeing so much progress and development in their communities. The dust roads at Burnham Drive, an archaic avenue, were replaced with spanking new asphalt roads. A massive housing drive

commenced and the expansion of Wisroc and Amelia Wards became unparalleled. Further down, the new state-of-the art Linden Foundation Secondary School and the new Linden Hospital Complex were completed, along with other expansive landmark projects.

The then PNC/R Government had threatened to close down the Linden Mining Enterprise (LINMINE), but our PPP/C Government, with vision and responsibility for the people of this country, did not close the bauxite industry. When the Omai Gold Mines decided to walk away from LINMINE, the caring and responsible President, Mr. Bharrat Jagdeo decided to pay workers and allowed them to get training at the first ever call centre in Guyana. The first thing, that the A Partnership for National Unity/ Alliance For Change (APNU/AFC) did when they took Office in 2015, was to close down the call centre in Linden. I spoke to Ms. Adams, she said, "Boy Neil, this is bad." Later, we spoke about the disappearance of the computers and equipment. Ms. Adams and I grieved for the young people who were chased out of the call centre.

Ms. Adams was an Executive Member of the PNC/R and was also a Member of the National Assembly. Her family, particularly her sister, the Hon. Minister Valarie Patterson-Yearwood worked very closely with the special development project that was founded by President Jagdeo. The Linden Economic Advancement Programme (LEAP) Project was also a genuine source of helping people in Region 10 to make a better living, and while Ms. Valarie Patterson played a key role in that project, Ms. Adams also benefitted from it.

I am a responsible person, and in recognition of her contributions and sad passing, I would only speak about the good things that I am aware of, the positives known to be embracing about this mother, daughter, sister and grandmother.

It would be remiss of me if I did not mention that the last time I sat in a room with Ms. Adams, it was for a meeting with Mr. Lowenfield, in his office at the Guyana Elections Commission (GECOM). At that meeting she represented Ms. Ally as the APNU representative. She recalled that in 1992 the two of us worked in Region 10, and she was quick to make reference of how we horse traded to select Elections Day workers for GECOM. It was an objective position and the same stands to represent some of the balancing values that she stood for. The PPP/C Government recognise Region 10 for its geo-strategical position as a gateway to Brazil and its central location

in the heart of Guyana bordering six other regions. It spans over three mighty rivers and contributes to the national economy, particularly in bauxite mining.

President Jagdeo was very instrumental in accessing a massive European loan of €12.5 million to facilitate development in Region 10. Seven hundred and one (701) loans amounting \$732 million which was given under the Linden Economic Advancement Fund (LEAF) Project to entrepreneurs in Region 10 and 3095 jobs were created. That funding was indeed a genuine source to help the people of Region 10. I must say that Ms. Patterson had played a very positive role in that project. Ms. Adams was indeed a person who was not a bully. She was very objective and worked for the good of the people in Region 10. May God bless her soul and I so support the motion. [*Applause*]

Mr. Speaker: I thank the Hon. Member. I would, as the Speaker, simply remind Members that we are paying tribute to the memory of someone. I am sure that opportunities would exist if we wish to do other things. Sometimes, in doing what we do with the greatest of zeal, we can demean the memory of the person to whom we are paying tribute. Thank you.

Question put, and agreed to.

Motion carried.

**SYMPATHY ON THE DEATH OF DR. MOHAMED SHAHABUDEEN, FORMER
FIRST VICE-PRESIDENT, FIRST DEPUTY PRIME MINISTER AND ATTORNEY
GENERAL AND MINISTER OF JUSTICE**

BE IT RESOLVED:

That this National Assembly place on record our profound grief at the great loss suffered by the people of Guyana on the death of Dr. Mohamed Shahabuddeen, on 17th February, 2018, and pays tribute to his dedicated service to the Parliament of Guyana where he served as Attorney General and Minister of Justice from 24th July, 1973 to 31st October, 1985, First Vice-President, First Deputy Prime Minister and Attorney General from 9th December, 1985 to 5th February, 1988 and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of our heartfelt condolences and sympathy be conveyed to his sorrowing widow, children and relatives. [*Attorney General and Minister of Legal Affairs*]

Attorney General and Minister of Legal Affairs [Mr. Williams]: If it pleases you Mr. Speaker, I rise to move the motion which reads:

“BE IT RESOLVED:

That this National Assembly place on record our profound grief at the great loss suffered by the people of Guyana on the death of Dr. Mohamed Shahabuddeen, on 17th February, 2018, and pays tribute to his dedicated service to the Parliament of Guyana where he served as Attorney General and Minister of Justice from 24th July, 1973 to 31st October, 1985, First Vice-President, First Deputy Prime Minister and Attorney General from 9th December, 1985 to 5th February, 1988 and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of our heartfelt condolences and sympathy be conveyed to his sorrowing widow, children and relatives.”

On the 17th February, 2018 the world lost an eminent jurist and Guyana lost a son. Justice Shahabuddeen was in a class all by himself. He was a judge of the International Court of Justice (ICJ) and the International Criminal Court (ICC), Deputy Prime Minister and Vice-President, Attorney General, Diplomat and public servant. He was a recipient of the Order of Excellence (OE), Order of Roraima (OR) and Cacique Crown of Honour (CCH). He was also the holder of a Bachelor of Laws (LLB), Master of Laws (LLM), Doctor of Philosophy (Ph.D.) and a Bachelor of Science in Economics (BSE).

Justice Shahabuddeen was a legal luminary who dedicated himself wholeheartedly to studying the law. In 1953, he graduated from the University of London with a LLB degree and was called to the Bar in Middle Temple London in February, 1954. In 1958, he earned his LLM, in 1970 his Ph.D. and in 1986 the title of Doctor of Law (J.D). He was elevated to the dignity of Queen’s Counsel (QC) in March, 1966 and Senior Counsel (SC) in 1970. Upon his return from England, he entered private practice, but in 1959 he was called for public service. In the same year, he

became a Magistrate but his tenure was short lived as he was invited by the then Attorney General Sir Shridath Ramphal to join the Attorney General's Chamber as Crown Counsel (CC) in 1959. Three years later, he was appointed Solicitor General (SG), a post which he held from 1962 to 1973.

When Sir Shridath Ramphal left the post of AG, Justice Shahabuddeen was his legal successor and was elevated to the position. He served in that capacity from 1973 to 1987. During that period, he was also active in politics and held many governmental portfolios. He served as the Minister of Legal Affairs from 1978 to 1987, acting Minister of Foreign Affairs from 1978 to 1987 and in 1983, he was appointed the first Deputy Prime Minister and Vice-President of Guyana. The year 1983, was also the year that Justice Shahabuddeen entered negotiations with Mr. Diego Cordovez to determine a peaceful settlement of the Guyana/Venezuela border issue. His election to the ICJ in 1987, the first from the Commonwealth Caribbean to bestow with this honour, was a beginning of an illustrious international judicial career. He would serve in this position for nine years, from 1997 to 2009. He was a Judge and a two times Vice-President of the Yugoslavia Tribunal, He was also a Judge from the Appeals Chamber of the International Criminal Tribunal for Rwanda from 1991 to 2005.

In addition, he was an arbitrator in the International Criminal Court in Hague and in the Centre for International Commercial Arbitration in Cairo, Egypt. In January 2009, he was chosen as a Judge of the ICC. At the ICJ, Justice Shahabuddeen participated in all cases and gave individual judicial opinions in over 20 matters.

3.06 p.m.

Those matters included the United Nations (UN) Headquarters Agreement; the ICJ Report 1988; Border and Trans Border Actions; Land, Island and Maritime Frontier Dispute; Application for permission to intervene; ICJ Report 1990; Legality of the use by a state of nuclear weapons in armed conflict; Oil platforms - Islamic Republic of Iran versus the United States of America, *et cetera*.

Justice Mohamed Shahabuddeen's contribution to jurisprudence is undeniable. He also authored several books, including *the Legal System of Guyana; Constitutional Development in Guyana 1621 to 1978, the Nationalisation of Guyana's Bauxite; From Plantocracy to Nationalisation*

and Precedent in the World Court. He also wrote many published papers including the *Role of Lawyers in Developing Guyana, Towards Industrial Justice in Guyana, Law Reform in Guyana, the International Court of Justice (ICJ) - An end to underemployment, the International Court of Justice (ICJ) The Road to Universality, the International Court of Justice (ICJ) - The View from the West Indies and the International Criminal Process and the Global Community.* He was also an editor of the *Law Reports of British Guiana* and the *Law Reports of Guyana.*

Mr. Speaker, this great jurist was also a Member of several international organisations, including the Guyana Bar Association, the Commonwealth Association of Legislative Counsel, the Institute of International Law, the African Society of International and Comparative Law, the Indian Society of International Law and the Board of Journals of International Criminal Justice. Indeed, Dr. Shahabuddeen was the laws' athlete.

No one can deny that Justice Shahabuddeen has left an indelible mark on the sands of time. He has left a lasting legacy for future generations to emulate. His life is a testament that one can come from humble beginnings and, through hard work and dedication, rise to position of influence.

Guyana has truly lost one of its most brilliant minds – a beautiful mind and we are forever indebted to him, for his contributions to the jurisprudence of Guyana and the world. May his soul, rest in peace. I thank you. [Applause]

Mr. Nandlall: I wish to begin with the words of Dr. Shahabuddeen. He said this quite recently:

“I shall not pretend that my life has been a triumph. I cannot even lay claim to the loser's glory in coming through bloodied but unbowed. The case is that I have been blessed with luck in my career and satisfaction in work. I hope that I have not spoiled my good fortune. If I have, I ask forgiveness from the Lord; if I have not, I give him praise.”

Indeed the life of Dr. Mohamed Shahabuddeen has been nothing less than extraordinary. As a son of indentured labourers, his life was no clear-cut path to greatness. He was born in 1931 in abject poverty, which was prevalent at the time, at Plantation Vreed-en-Hoop, West Coast Demerara. He spent most of his young life growing up on the Essequibo Coast. For most of his life he was literally a student, not only of the law, but of related disciplines. In fact, his student

days did not end until 1986, by which time he had acquired five university degrees, including two doctorates. These included a Bachelor of Law, Masters of Law, Doctor of Philosophy, Bachelor of Science in Economics and a Doctor's of Law Degree, all without being enrolled as a full time student at any university.

In my view, though he wore many caps in his life, I believe that he was more of an academic than anything else. His academia overwhelmed every endeavour in which he persevered. Naturally, the private practice of law in the Magistrate's Court along the Essequibo Coast was soon found to be most unfulfilling. A brief stint on the bench as a Magistrate on the Essequibo Coast again was not challenging to a person of such academic pedigree.

In a conversation which I had with Sir Shridath Ramphal, he told me that while he was the Attorney General he had visited the Essequibo Coast where he met Dr. Shahabuddeen for the first time. At that time he was a sitting Magistrate. He said that they had lunch and based upon the discussion, he quickly realised that Dr. Shahabuddeen was being wasted in the Magistrate's Court in Essequibo. Right there he offered him the position of Crown Counsel. We were not yet an independent nation. Dr. Shahabuddeen accepted.

By 1962, he rose to the rank of Solicitor General in the Attorney General's Chambers. In that office, he served until 1973 when he was appointed Attorney General. He served as Attorney General until 1987. No one has ever held that office for a longer period than Dr. Shahabuddeen in independent Guyana. In 1966 he was appointed Queen's Counsel, and in 1970 he was appointed Senior Counsel.

It was during this period, perhaps more than any other in Guyana's independent history that the Rule of Law, the Constitution and the constitutional rights of the citizenry were under siege. It was this period that birthed the Doctrine of Party Paramountcy, the 1980 Constitution, rigged elections and widespread violations of human and political rights and freedom. It was during this period that appeals to the Privy Council were abolished and the ruling flag was flown in the compound of our Apex Court. As Legal Advisor to the Government of the day and their defender in the courts against these rampant constitutional violations and disregard for the Rule of Law, this would be a nightmare for any Attorney General. I believe Sir Shridath recognised this and gracefully stepped aside for Dr. Shahabuddeen.

From the most critical perspective, I am compelled to concede that Dr. Shahabuddeen rose to the occasion, and I dare say acquitted himself with distinction against these monumental challenges. His academic groundings came to fore and were converted into legal forensic brilliance in his submissions and presentations in the courts. As a practitioner myself, I have read many of them and I am always overwhelmed by their dazzling brilliance. Some are still in hand written and typewritten forms at the Attorney General's Chambers. When I was there, I had the privilege to carefully read and hopefully digest them. It was an amazing learning experience for me.

In the days when there was no internet Dr. Shahabuddeen introduced into our local jurisprudence the rich and profound juridical writings and postulations adumbrated in judgements from the Supreme Court of India and judgements from the courts of newly independent African states. A review of the local law reports of that period were disclosed that, as Solicitor General and then Attorney General, Dr. Shahabuddeen appeared and presented detailed legal submissions in writing. At that time in the profession, written submissions were an exception and not the norm as it is today. Perhaps Dr. Shahabuddeen can be credited with starting that movement.

In almost every reported case in which he appeared he was the recipient of high commendations from the bench. To be able to proffer forensic legal arguments supported by a legion of judicial and legal authorities from around the world to defend some of the most flagrant legal and constitutional transgressions committed at the time by the State and the Government was an exemplification of the pure genius of the man. And defend them he did with unparalleled scholarship. No one can dispute that he was the architect of the 1980 Constitution. No one can dispute that in crafting that document he carried out his instructions most faithfully and exhibited a level of legal artistry that would outdo most of whom were specifically trained in the science of legal drafting, in which he was not, coincidentally.

In the end, he delivered to his boss a document that may have exceeded his boss' expectations. From the prospective of an authoritarian, the 1980 Constitution remains a masterpiece, again another exhibition of Dr. Shahabuddeen's brilliance. Indeed he received great acclaim for that Constitution. However, I would be in remiss if I do not share the other view because that document remains, perhaps, the most controversial document every authored in our independent history.

Speaking from another prospective, Dr. Cheddi Jagan once remarked:

“All of the gold coins found after the Jonestown tragedy would not have been enough to pay Shahab for his dubious legal legislative masterpiece.”

Dr. Shahabuddeen’s election to the International Court of Justice in 1987 made him the first from the Commonwealth-Caribbean to be accorded this signal honour. Indeed, it was a fitting recognition of his personal stature as a legal luminary *par excellence*. It was also a manifestation of the high esteem in which he was held in the international community. He served as a Judge on the ICJ from 1988 to 1997. During that period he was an International Arbitrator, as well as a Legal Consultant to a number of international legal organisations. It was during that period of his life that he got the international stage to exhibit his academic and legal progress. This he did with great distinction. He has rendered more written opinions in 23 matters than any other Judge in the history of the ICJ. He wrote opinions on every major legal dispute that came before the Court during his tenure. He was never intimidated by the majority’s opinion. He demonstrated his intellectual depth and independence of thought by disseminating several dissenting opinions. His opinions at the ICJ were so revered that they have been consolidated under the rubric *Precedent in the World Court*. It was rated in a Dutch Law Review by Judge Pieter Hendrik Kooijmans of the ICJ as one of the most striking writings of the last millennium on international law.

Dr. Shahabuddeen also served as a Judge of the International Criminal Tribunal for the former Yugoslavia during 1997 to 2005. He also served as a Judge of the International Criminal Tribunal for Rwanda during 1997 to 2005. On those tribunals he delivered a total of 81 individual opinions, again more than any other Judge sitting on those tribunals. He was also appointed to the Permanent Court of Arbitration as an Arbitrator in 1998. As expected, from a person of Dr. Shahabuddeen’s intellectual and academic proclivities he is the author of dozens of academic articles and papers published in international magazines and legal journals across the globe.

3.21 p.m.

He delivered lectures at dozens of universities across Europe, North America and elsewhere but his major academic works remain in four books which he authored, *The Legal System of Guyana*, the Constitutional Development in Guyana 1621 – 1978, which coincidentally was his Doctor of

Philosophy (PhD) thesis, *Nationalisation of Guyana Bauxite* and *From Plantocracy to Nationalisation*.

Dr. Shahabuddeen was also a member of several international organisations, too numerous to mention. He was the recipient of three national awards, namely the Cacique's Crown of Honour, the Order of Roraima and the Order of Excellency. He also served as the First Deputy Prime Minister and Vice-President of the Guyana. He died at age 86.

I last met him in 2013 when he visited the Attorney General's Chambers where I had the honour of presenting him with a complete set of the volumes of the laws of Guyana.

May his soul rest in peace and to his family, I extend sincere condolences.

Thank you. [*Applause*]

Vice-President and Minister of Foreign Affairs [Mr. Greenidge]: It is a privilege for me to be able this afternoon to add my sentiments to those who have been expressed already by my colleagues on both sides of these benches.

Dr. Mohamed Shahabuddeen was a Guyanese jurist as well as an international arbitrator, and as it has been indicated just recently, he was also the recipient of three national awards. The occasion of the announcement of his death, Dr. Mohamed Shahabuddeen was described by Mr. Shridath Ramphal in the following terms. I borrow these because I cannot hope to surpass the language of either Dr. Shahabuddeen or indeed Mr. Shridath Ramphal. I quote:

“With the passing on Saturday of Dr. Mohamed Shahabuddeen the world has lost one of its most eminent jurist, and, Guyana, a son of unmatched legal brilliance. He shone without seeking to, and was prolific in his works seemingly without effort.”

Dr. Shahabuddeen, who was born, has indicated, of humble background in 7th October, 1931, was the son of Mr. Sheikh Abdul and Ms. Jamillah Hamid. While much is being said of his achievements and of his genius, ‘Shahab’, as he was fondly called, had indeed achieved so much that I do not think I would attempt to recite them today. Suffice it for me to say that as regards former legal education his was indeed an unorthodox education as others have also pointed out. It was also true that he was fond of saying that he attended no university to read for either his

undergraduate or master's degrees. However, by the time he as a young man, and this was as stated by Mr. Shridath, in an obituary, was introduced by Sir John Carter, to Dr. Mohamed Shahabuddeen, Dr. Shahabuddeen had already obtained Bachelor of Law (LLB) and Master of Law (LLM) and was a magistrate at Suddie Magistrate Court. I shall say no more about what that says about the quality of the bench at that time. It is also a testimony to his commitment and capacity to self-start and his self-motivation.

By the time he left us he was the recipient not only of a PhD, but also an honorary Doctor of Laws from the University of the West Indies, together with a host of other professional accolades. Say for the eight years that he spent in private practice, he spent the rest of that time in the public sector in Guyana and subsequently in the international arena. He first succeeded to Sir Shridath Ramphal Solicitor General, as again pointed out earlier. He subsequently became the First Deputy Prime Minister and Vice-President in 1986 and also service on a phalanx of bodies, most prominent of which was being a judge on the International Court of Justice at Hague from 1988 to 1997.

I would say when I first met him in 1975, when I was called upon to speak to the Cabinet on some matters pertaining to problem of planning and development, I noticed in those very early days that he was a very quiet person, very pensive, very reflective and often would be seemed to think about things before he approached one. I noticed that, in those early days, the Prime Minister had given him leave to exist from the Cabinet meetings early in order to complete the work on his books on sugar and the nationalisation of bauxite. I think such was the faith that the Prime Minister had in him at the time that he felt it was important to give him that room to work on those pieces. He had seen, of course, he work closely with him, his capacity in writing and Mr. Burnham, himself, felt that giving Dr. Shahabuddeen that room to write without having to meet deadlines set by Cabinet, itself, would have allowed him to flower and also contribute to the imagine and the standing of the Cabinet, itself, that its members could produce quality writing.

I subsequently met him in the meetings pertaining to the nationalisation of Jessels Holdings and Bookers which nationalisation teams were led by Mr. Gavin Kennard, but I did not really get to know very much about Dr. Shahabuddeen work, at all, in any meaningful way, until after 1978 and then subsequently post 1982 when the economic issues that the Ministry of Finance and

Planning had to tackle required legal support of various types. In those encounters, two things struck me about him. In addition to him being extremely approachable, friendly and supportive, of course, he was serious for the most part, a very serious man, but he did have a sense of humour and could, when he was driven to, be almost perhaps merciless in his ability to make fun, but he did it with a sort of an understatement that actually made it appear less perhaps abrasive than it might otherwise have been.

In speaking to colleagues, and certainly as younger colleague in those Cabinets, he had a habit of approaching you almost as though it was a part of a conspiracy, conspiratorially as it were, and he would have often asked for your opinion and you would have thought apparently he did not really know, so he was asking. In fact, what struck me was that often there were two reasons for him asking. One, perhaps to test out whether in fact you knew what you were talking about and, two, perhaps to get a feel for whether you had approached a particular issue from an unusual angle or you had additional or helpful insights. He would have often suggested “Well, you know I am not an economist, I do not know anything about this or the other.” He would have said that to you or indeed in the Cabinet. In fact, when the time came for him to pronounce on the matter, it was clear that you were adding nothing at all to his understanding of the material. He was somebody who you would have worked with professionally, very comfortably without any difficulties whatsoever. In all the years, he was, in all of that, and for all of the achievements that the others have outlined, a very modest man.

He was, of course, on his ground, an unexceptional author. I mean to hear him read an opinion whether it was given, in the place I most often saw him, probably at the CARICOM Heads of Government or at a venue dealing with one of the issues that we worked together on, it was really something. In the CARICOM Heads of Government meetings, I may say, everyone which was attended by President Forbes Burnham he participated. He was invited and he accompanied President Burnham and subsequently President Hoyte to all the CARICOM Heads of Government meetings, such was the weight put to his opinion. In the course of those, his attendance at those meetings and addressing the meetings, whether it was on Grenada or a United States (US) policy, or so forth, one could not help being, at times, almost spellbound by the way he used language, his mastery of English. I say this, in the context of the Cabinets, at that time and persons around the Cabinets consisting of some of the sharpest legal minds in this country

and that would have included, Fred Wills, Mr. Burnham and Mr. Hoyte themselves and others. At these CARICOM Heads of Government meetings, it was not unusual to hear one of the members, even of the legal fraternity on the CARICOM side would have said to you, “Is ‘Shahab’ here today or is he on this trip?” I really enjoy hearing him speak.” Often that is what they would have said to you when they would have met with you. Dr Shahabuddeen himself seemed not to be aware of the warmth with which his colleagues regarded his oratory or his work.

In looking at the contribution that Dr. Shahbauddeen made to Guyana, whether it is to his jurisprudence or to other dimensions, I would like to flag the following. It is perhaps a bit ironic that he died within a few days of the Secretary General of the United Nations handing down his decision in a mandate given to him under article (iv) of the Geneva Agreement. The function that the Secretary General was required to undertake was to choose from a menu in the light of the inability of the two Governments, Guyana and Venezuela, to find a peaceful path forward in dealing with the controversy caused by Venezuela’s claim that the 1899 Paris Award was null and void and it is within a few days of that decision, which I think was on the 20th of January, that Dr. Shahabuddeen died. It is ironic, I would say, because it is only relatively recently that I realised, thanks to Mr. Shridath Ramphal, that one of the earliest tasks that Dr. Shahabuddeen was involved in was to join Sir Donald Jackson, under the oversight of Mr. Shridath Ramphal, in the discussions that took place by the way of the joint commission pertaining to the Venezuelan claim, that joint commission which worked from 1962 to 1966. Mr. Jackson and Dr. Shahabuddeen were the two persons who worked most closely to ensure that that agreement was fulfilled as regards the establishment of the joint commission and its exploration of the claim of Venezuela and that exercise, of course, concluded in the Geneva Agreement enabled Guyana to have its independence.

3.36 p.m.

The Mixed Boundary Commission which they worked on, as well as the agreement, enabled us to move forward and to get to a point from which, in fact, we have not been able to move, until the letter from the Secretary General of January, 2018. Some fifty-something years ago we had not be able to go to any place. The protection of our position over these years laid in the work that they did in the joint commission and we certainly have to thank him for this.

Yes, it is true as a lawyer, I am not surprised that other lawyers will draw attention to the work that he did on the 1980 Constitution. I believe he also had worked on the earlier one. He was also involved in a number of other things.

In the 1980s and in the early 1990s, Guyana concluded on a number of pioneering agreements that enabled us as a country to move from the impasse that we had entered into, as a result of the economic crisis, the economic imbalances, that had bedevilled the economy, and it was because of Dr. Mohamed Shahabuddeen and his legal team. That was the second feature of the way he worked. You could have approached him with a problem or he would have been at Cabinet and he would have heard of that problem proposal. For example, if there was a matter to be taken up with the International Monetary Fund (IMF) or, for instance, when we fell on our arrears with the IMF and the World Bank, which was a very serious problem, and which had implications for our relations and our standing in the international financial community, he would have asked afterwards for us talk about it. You would have explained to him and he would have listened and said okay 'a' or 'b', but at some point he would have asked you for a brief. You would have sent him the brief but normally you did not have to harass him for that brief. He would send it back to you or he would have Ms. Claudette Singh, or one of the others who worked very closely with him on these matters, sent it back to you with a massive number of questions, all of which you thought, was very obvious and you would not have understood why he would have asked. When you sat with him to go through those questions, what appeared to you, as an economist, to be quite obvious, would have turned out to be far from obvious because he had 50 different ways of looking at the same issue.

The joy of working with him was that he never actually sought to challenge you, in terms of trying to dismiss what you were saying professionally. He would have simply asked you questions that would foresee you to think and recognise where the shortcomings were in the case that you were trying to fashion lay, and that made it quite a joy to work with him because you were always learning. Of course, others have spoken about his assets. His capacity for words was quite magnificent, and as I said, it often left his Caribbean colleagues, even those in the legal fraternity, in awe. That was one side of him and one of his great strengths, and that is saying a lot when you consider the other Members, not only of the legal fraternity, who, what I think, they used to call some years ago, wordsmiths. He was a giant in that regard.

The second aspect is that as a lawyer, one of the great joys of working with exceptional lawyers is that they undertake what are complicated things. Sometimes you start explaining something and have difficulty explaining it yourself in a manner that you think would expose it to a non-lawyer, but he would have come back with it recast in order to explain how that case could be led. It was put back to use so simply that you were astonished. The same thing used to happen with the legal briefs. You would have asked yourself how on earth was it that I could not have seen it in such simple terms in the first instance.

The other dimension that Dr. Shahabuddeen brought to the work, and this was mentioned in a way, is that his grasp of the Constitution was exceptional. It is not that I know much about Constitutions. I have been told in this House that only lawyers know about Constitutions. Of course, I came to a Constitution, not from the law, but from the fact that it actually came from philosophy and elsewhere long before there was that category of persons called lawyers. What I want to say is that my own mentor in economics felt that you could not call yourself a professional in the field of economics unless you have understood the canvas, and how all the different elements, whether it is theory or practise, related to each other. I think the beauty of working with Dr. Shahabuddeen was that he had that understanding of the Constitution. If you had touched on any one piece and said why this could not have been or why it was that way or if there was a proposal for a change, it did not take him long to be able to sketch out that map or universe for you. You could have seen how that bit fitted into the understanding of the universe as it were, and that was really a great asset. It made easier.

I would like to say one more thing. He worked in a time when Ministers were expected to work all sorts of hours. It was not surprising for you to be called at two o' clock in the morning or at midnight, and six o' clock in the morning to explain something, to bring a document, to come and join a committee which somehow seemed to have been generated in the hours of wolf, as one writer would have said. I would say that his specific and greatest, not to put down his contributions as articulated by others, asset was a capacity for work, his intensive reading and, as I said, his grasp of the Constitution. To say that his strength at work was his greatest asset is not to put him down, but to recognise that genius itself has often resulted in many of his colleagues, particularly in the legal fraternity, seeking to substitute quickness of wit for hard work. The reference made on both sides by the distinguished luminaries from the east and the west about

this, it was as a result of his very hard work. He was somebody who was capable of sitting down and reading extensively, that was clear from speaking to him, and also undertaking studious research.

The elegance of his writing, and all of that, is one side. That capacity, I think, was why you would have found that although others would have claimed to be as gifted as Dr. Shahabuddeen, none of them were. Reference was made just now, even, to the International Court of Justice where others in the court did not produce as wide a variety of work and as great a depth of quality of work as Dr. Shahabuddeen did. I would not underrate the capacity to work and I would say to you that that is one of the greatest distinctions he has brought. It has enabled us to be able to have the benefit of his thoughts.

The Hon. Member Mr. Basil Williams has done us the honour of listing most of his work by way of publications. I would say that the list of publications that have been set out for our information reflect what he had bequeathed to us. We were able to go back and look at how he thought, how he addressed and tackled the challenges and the issues. I think that is a major contribution to our understanding of how he approached things and how he thought, and we could very well benefit from that.

Let me take the liberty in saying a couple of things as regards to those works. I know that from the legal fraternity, his greatest pieces of work are regarded by those specifically on *The Legal System of Guyana*, which is the first one he wrote, and the *Constitutional Development in Guyana* and, internationally, *Legal Precedent in the World Court*. The memorial lectures done for the University of Cambridge in 1996 were regarded as an exceptional piece of work, even in international forum.

There were some other dimensions we should look at. As Dr. Shahabuddeen came towards the end of his term in Guyana, he became something of a politician. I will come back to that in a second. Three of the pieces that he wrote, and that I was especially struck by them, were towards industrial justice in Guyana which were written very early in 1974. I was really interested to see the contribution of a lawyer to that side at a time when we were in some turmoil. At a time, such as now, where we are celebrating a number of things pertaining to both slavery and indentureship, it is worthwhile reminding you that an interesting and important piece written by

our colleague, Dr. Mohamed Shahabuddeen, is a booklet called *Slavery and Historiographical Rectification*. That was for the proceedings of the international round table that was to commemorate the 150th Anniversary of the Abolition of Slavery in the Anglophone Caribbean. It is a very important and useful field piece.

I will also draw your attention to one that was neglected for some reason, maybe politically. It is something of a deviation from his other work, and that is a book on *the Conquest of Grenada: Sovereignty in the Periphery*, the title itself is a bit of a revolution in its time. *The Conquest of Grenada: Sovereignty in the Periphery*, which was written in 1973, was a challenge to the region itself including its reading, its understanding and its approach towards intervention by the centre into the periphery that we are a part of. It is a very important piece written very differently from the others, and more politically driven than the others.

In the latter days, Dr. Shahabuddeen became, I think, a lot more of a politician. In his capacity within the People's National Congress (PNC) he would have often chaired our General Council and in that role he performed with a distinctive style which was taking the trouble to address each speaker. Among the things I noticed in that time was that he also started to contribute to the call or the drive for balance within the party, often exercising concern about ensuring that Muslims' agenda and issues were addressed, and addressed properly. Whilst he was at Hague doing all the exceptional things that colleagues have mentioned, I was able to visit him three times. He invited me to go and see him. The important thing was that he did not seem to have changed at all in his modesty or otherwise. He was very pleased, I think very proud, to show me around to his colleagues, introduced me to them, talk to them and we were able on two of those occasions to sit and he continued. Even though by then, it was ten years, or so, after he had left Guyana, he showed an interest in Guyana and asked about what was going on and about this person and that person, the politics and he also exhibited a concern for the problems that seemed to be still causing us concerns here.

An interesting dimension was at some point he said to me was that when you look at what was happening in the rest of world, when I look at Rwanda and elsewhere, the problems that we seemed to be preoccupied with at home, whether they be ethnic problems or community problems, they seem to be almost trivial. Of course, compared to what he had seen in Rwanda

and in the former Yugoslavia, he was quite right and that caused me, on leaving him, to reflect long and carefully.

3.51 p.m.

Here was one of our brightest, greatest minds, who had worked on so many legal challenges, seeing our own issues as not insoluble, but perhaps over inflated by ourselves as people.

Mr. Speaker, those are the sentiments and experiences I would like to share with you in relation to our former colleague and to say to you that I certainly, and I am sure those who shared space with him in this House during his time here, would have been much richer for that experience. I have had the privilege of interfacing with Dr. Shahabuddeen and his family, especially his first wife Sairah, and would like to join you in extending my condolences, as with yours, to his family and his three children. I am joining you in hoping that his soul could rest in peace.

I thank you very much. [*Applause*]

Question put, and agreed to.

Motion carried.

Mr. Speaker: Hon. Members, we are now approaching the four o' clock hour. I would suggest that we take the suspension now to allow us to attend to a dedication of the Commonwealth tree, which will take place at the suspension. All Members are invited. It will take place in the compound of the Public Buildings.

Sitting suspended at 3.53 p.m.

Sitting resumed at 5.13 p.m.

SYMPATHY ON THE DEATH OF MRS. PHILOMENA AMEENA RAYMAN, FORMER PARLIAMENTARY SECRETARY AND MEMBER OF PARLIAMENT

BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Mrs. Philomena Ameena Rayman, on 16th August, 2017, and pays tribute to her dedicated service to the Parliament of

Guyana as an ordinary Member of Parliament from 26th July, 1973 to 25th October, 1980, Parliamentary Secretary in the Office of the Prime Minister from 1st January, 1981 to 31st December, 1981, and ordinary Member of Parliament from 1st January, 1982 to 28th August, 1992 and to the people of Guyana;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of its sympathy be conveyed to her sorrowing widower, children and relatives. [*Ms. Wade*]

Ms. Wade: Mr. Speaker and Hon. Members of the National Assembly, I rise to move the sympathy motion standing in my name.

“BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Mrs. Philomena Ameena Rayman, on 16th August, 2017, and pays tribute to her dedicated service to the Parliament of Guyana as an ordinary Member of Parliament from 26th July, 1973 to the 25th October, 1980, Parliamentary Secretary in the Office of the Prime Minister from 1st January, 1981 to the 31st December, 1981, and ordinary Member of Parliament from 1st January, 1982 to 28th August, 1992 and to the people of Guyana...”

It is a privilege to be given the opportunity to do so. Mrs. Rayman, a former Member of Parliament and Parliamentary Secretary, died peacefully on the 16th August, 2017 at the West Demerara Hospital at age 79, having born on the 6th March, 1938. Mrs. Rayman was a proud Member of the People’s National Congress Reform (PNCR), a party she loved and served during her years on planet Earth. It was because of her love and dedication for people, love and dedication for her region and most extensively to the country, Mrs. Rayman was given the opportunity to serve at the highest decision making forum, that of the Parliament. Following the elections which were held on the 16th July, 1973, under the system of proportional representation, the Third Parliament of Guyana commenced when the National Assembly first met on the 26th July, 1973. Mrs. Rayman first became an ordinary Member of the National Assembly on that date. The Third Parliament was dissolved on the 25th October, 1980.

Once again, because of Mrs. Rayman's dedication, elections were held on the 15th December, 1980 under the system of proportional representation. The Fourth Parliament commenced when the National Assembly first met on the 30th January, 1981 and Mrs. Rayman was appointed as a Parliamentary Secretary in the Office of the Prime Minister from the 1st January, 1981 until December, 1981.

Mrs. Rayman again became an ordinary Member of the National Assembly from the 1st January, 1982 until the Fourth Parliament was dissolved in the 31st October, 1985. Elections were once held on the 9th December, 1985. The Fifth Parliament commenced when the National Assembly first met on the 3rd February, 1986. During the latter part of the Fifth Parliament, Mrs. Rayman returned as a Member of the National Assembly from the 13th December, 1989 and worked continuously until the Fifth Parliament, whose life was extended from time to time, from the 3rd February, 1986 to the 10th June, 1992, was dissolved on the 29th August, 1992.

Mrs. Rayman ceased to be a Member of the National Assembly on the 28th August, 1992, when the new Government took office. Today, we thank God for her service rendered to people of Guyana, those of Region 3, the county of her birth and particularly the Parliament of Guyana.

I express my heartfelt condolences to her sorrowing children, relatives and friends on her passing which we lost greatly and may her your soul rest in peace and rise in glory.

I now beg that the motion standing in my name. [*Applause*]

Mr. G. Persaud: I rise on behalf of the People's Progressive Party/Civic (PPP/C) to speak to this motion that was moved by the Hon. Member Jennifer Wade. The PPP/C joins with this National Assembly in extending our sympathy to the families, relatives and friends of the late Philomena Ameena Rayman.

I first met this Member of Parliament in 1985 on the day that was described as 'poll day' for general and regional elections. I was then doing poll duties at the Glenwood Primary School in the Demerara River. Having met that individual for the first time, representing the PNCR as a candidate to the poll, that encounter, although brief, registered in my memory for what took place then.

I subsequently met Mrs. Rayman, again, in 1988 when I was appointed the Education Supervisor to the Department of Education, Region 3. At that meeting, which was far more pleasant, Mrs. Rayman sought to enquire on what was happening with regard to education in the region and also to offer some advice and guidance with regard to how some of the challenges could have been better dealt with. From that meeting, we would have over time been in contact with each other, looking at education and also some matters in relation to the estate of the Raymans.

Having been appointed Permanent Secretary in the Ministry of Local Government and Regional Development, our interaction intensified, because by that time, Mrs. Rayman was very actively involved in dealing with issues and matters relating to the Raymans' estate and that would have caused her to be in contact with me quite often. During those periods of interaction, a number of qualities surfaced. One, Mrs. Rayman was always extremely courteous. While she displayed a high degree of patience, she was very persistent. If you made a commitment that you would get back to her within a day, or what have you, and somehow or the other that slipped, she was very kind in reminding you. Mrs. Rayman persisted and she had lots of interest in details, because quite often in interacting with her, when one would have required information, she would have given readily copies of that information.

Mrs. Rayman, from my brief interaction over those periods, have caused me to recognise and reinforce this concept that politicians, who we are, could and should work with each other in every way possible. I found that in Mrs. Rayman. I also found that she was not economical in offering advice and guidance or sharing her perspective as to how things could have been handled. For those bit, I am very thankful.

I agree with the sentiments expressed by the Hon. Member Jennifer Wade that she served and served in the best manner she could have.

On behalf of all of us in the PPP/C party, we express once again our sympathy to the families, relatives and friends and to the party which Mrs. Rayman supported. [*Applause*]

May her soul rest in peace.

Thank you. [*Applause*]

Question put, and agreed to.

Motion carried.

5.25 p.m.

SYMPATHY ON THE DEATH OF MR. SIMON HILTON Ng-See-QUAN, FORMER MEMBER OF PARLIAMENT

BE IT RESOLVED:

That this National Assembly records its deep regret on the death of Mr. Simon Hilton Ng-See-Quan, on 21st October, 2017, and pays tribute to his dedicated service to the Parliament of Guyana as a Member of Parliament from 24th November, 1992 to 28th October, 1997;

BE IT FURTHER RESOLVED:

That the National Assembly directs that an expression of its sympathy be conveyed to his sorrowing widow, children and relatives. [*Minister of Foreign Affairs*]

Mr. Greenidge: This Parliament has had the benefit and privilege of many characters and Mr. Simon Hilton Ng-See-Quan was a colourful character during his tenure here and his wider life. Although he was only here for one term, I am sure those who had the opportunity to interact with him would remember. He was a personal friend who hailed from Tuschen, the son of Benjamin Ng-See-Quan and Gwen Fung-a-Faat or Gwen Ng-See-Quan. He came from a background in business. I believe the father's business was in the area of so many and he himself, after going abroad, getting married, and undertaking business in Canada, returned to Guyana to be involved in the sawmilling business. They had, I believe, the largest greenheart concession in this part of the country. He resided at Vergenoegen and the properties were of course by Supenaam. His success in business, I think, was based on the experiences abroad; his own exposure to business over the years, knowledge of forestry, and his then wife's expertise as a professional accountant.

In addition to having a background as a businessman, he had been, in his youth, a talented young cricketer and played for Cosmos in particular as a bats man with Dr. Bud lee and **Mr. Albert Troy** is one of the groups of the Chinese Guyanese who distinguish themselves in cricket.

He took an interest in politics during the latter part of his life, largely as a result of inspiration from Hugh Desmond Hoyte whom he met and who, as part of his outreach beyond the normal

political circles, pulled in members of civil society in 1992 and sought far and wide to widen the basis of the party, Mr. Hilton Ng-See-Quan was one of those. He was an active member of the party, especially at the local level.

He served for one term until October, 1997 and contributed to budget debates during that time. But, as often happens in life and in politics, he seemed to have lost faith in the process, I think primarily because of challenges in his business, problems of getting grants and so forth.

Later, tragedies struck the family when his son first of all lost his life along Vlissengen Road riding a motor cycle. He had just taken an interest in motor cycle racing. Subsequently, sometime later, a robbery which seemed to have gone sour cost his wife her life early one morning at Vergenoegen. He never seemed to have fully recovered from those tragedies and, having sold his properties in Essequibo, he retired to Republic Park, which was the last place I saw him.

Mr. Ng-See-Quan was a man who loved life and, like his father who participated in many Regattas at Bartica and made his name there, Mr. Ng-See-Quan also had an interest and claimed similar competence in that arena and many people would perhaps better know him for his love of sports cars. He had a Lotus Elite, which, of course, is not as good as the Porsche.

In the words of family teach who, in speaking of party time, speak of sports as a line. I think Mr. Ng-See-Quan knew how to live life. He loved a good party and he knew how to enjoy life. He had many friends and many business associates. Of course, with health challenges and financial challenges, I think some distance was generated between himself and many of his friends, including me because I have not seen him in quite some time before Mr. Speaker announced here, his death. I was rather shocked to hear that. I had to turn to the Prime Minister who also thought that you had made a mistake.

Mr. Ng-See-Quan had a life that he would regard as having being fully lived. He leaves behind a wife who is with us this afternoon, Sharon; his daughters Sasha and Michelle, who is not with us today. I would like to assure them that our thoughts are with them, notwithstanding his departure, and we join them in the hope that his soul will rest in peace. I thank you very much. *[Applause]*

Mr. Ali: Speaking about Mr. Ng-See-Quan does not require notes to be written by myself or, as the Hon. Prime Minister (ag) would have done, more off the cuff analysis of the life of Mr. Ng-

See-Quan. This is so because, on the West Demerara, he was basically a household name. This had a long history in the business he operated. Mr. Benjamin, who was his father, was perhaps a pioneer in the sawmilling industry. This family has been engaged in this business maybe before independence and the business was passed down to his father, then to Mr. Ng-See-Quan and his siblings. He later, with his love for Guyana and his belief in Guyana, would have bought out the interests from his other siblings. The Quan's Sawmill, as it was popular known on the West Demerara, being the sole asset of Mr. Ng-See-Quan and his family.

If you are to describe him... I knew him personally; he was a very good friend of my late uncle. We would go by him in the evening. I had the joy of overlooking them enjoying life's bounties and I learnt a lot from the conversations. In the conversations, a few things always stood out. He was pro development. He believed strongly in community and he had a strong appetite for infrastructure and transformation of the West Demerara. For a matter of a fact, in many conversations he had, he felt that more emphasis should be placed on West Demerara because the West Demerara had the greatest potential to create economic wealth in the country.

As the Hon. Prime Minister (ag) said, he would have spent some time in the National Assembly, between 1992 and 1997. After spending time in those days in the Opposition bench, he later found himself politically on the platform of the People's Progressive Party and on the list of the People's Progressive Party. I say this because he did so from purely a developmental prospective. His interest, as the Hon. Prime Minister (ag) said, was less political. He was more very pro-development. He was very committed to the welfare and wellbeing, and the transformation of Guyana.

I recall him speaking at Stewartville at the rally and him outlining why he took the step to go on the People's Progressive Party's platform at that time. All of his emphasis and justification was based on the social, economic, political and infrastructural transformation that was taking place at that time.

As the Hon. Prime Minister (ag) said, this is a man that had many challenges later in life. I think he can be an inspiration in how we deal with some of these challenges too. On 13th June, 2002, something happened that affected him seriously; something happened that all of us in this

National Assembly and Guyana should work to ensure never happens to any family in this country.

Mr. Ng-See-Quan, on that night, lost his wife at the hands of brutal, barbaric, animals - criminals. He was also in love with dogs. He had a lot of dogs. For a matter of a fact, you dare not enter that yard. The favourite, Flujo, was the dog that stuck there with his wife and died that night also with his wife. At that time, Mr. Ng-See-Quan said that he was so affected because you could not separate the two. He described it as one being for the other. A journalist asked him, in those tragic moments, six months after, how does he look at life now? Would he migrate to join his siblings overseas? He said, "I like Guyana. I do not have nowhere to go. I am a die hard. I love Guyana." Those were his words and I think we should all give him a round of applause in this National Assembly for those words because those are the words of a patriot, a believer, someone who understands how much nationalistic thinking is.

If we are to take one example from his life, this afternoon, it would be to implement his words, his direct speech, in our lives. I think that, as we continue the journey of building a better Guyana, we must and we should never forget the mark that such Guyanese, such patriots would have left in this country and in our lives.

5.40 p.m.

With these words, to the family, rest assured that this name, the Ng-See-Quan name, will not die. The memories will not die. His contributions will not die and, in the records of the Parliament, for generations to come, his name will be remembered, as we are paying homage and tribute to him this evening.

With those few words, thank you very much, Mr. Speaker. [*Applause*]

Mr. Speaker: I thank the Hon. Member for his statement. I will now put the motion.

Question put, and agreed to.

Motion carried.

COMMITTEES BUSINESS

MOTIONS

ADOPTION OF THE SIXTH REPORT OF THE STANDING COMMITTEE ON APPOINTMENTS TO ADDRESS MATTERS RELATING TO THE APPOINTMENT OF MEMBERS TO THE ANTI-MONEY LAUNDERING AND COUNTERING THE FINANCING OF TERRORISM AUTHORITY

WHEREAS in keeping with the Anti-Money Laundering and Countering the Financing of Terrorism (Amendment) Act No.1 of 2015, Section 7A (1); “the National Assembly shall”;

by a simple majority; and

- a) on the recommendation of the Parliamentary Committee on Appointments, after the Committee has consulted such bodies as the Committee may deem necessary to consult, appoint a body comprising ten members to be known as the Anti-Money Laundering and Countering the Financing of Terrorism Authority”.*

AND WHEREAS the Committee agreed and consulted with the following list of Non-Governmental Organisations (NGOs) to submit nominees for appointment to the Anti-Money Laundering & Countering the Financing of Terrorism Authority (AML&CFT):

Guyana Private Sector Commission

Guyana Association of Bankers

Institute of Chartered Accountants Guyana

Transparency Institute of Guyana Inc.

Bar Association of Guyana

Insurance Institute of Guyana

Guyana Association of Women Lawyers, and

Guyana Securities Council

AND WHEREAS the Committee conducted due diligence and sought declaration from the nominees on being a “Politically Exposed Person”;

AND WHEREAS the Committee on Appointments recommends the following persons to be appointed Members to the Anti-Money Laundering & Countering the Financing of Terrorism (AML&CFT) Authority in accordance with the Anti-Money Laundering & Countering the Financing of Terrorism Authority (Amendment) Act 2015:

- | | | |
|---|---|------------------------------|
| Guyana Private Sector Commission | - | Mr. Nicholas Deygoo |
| | - | Captain Gerald Gouveia |
| Guyana Association of Bankers | - | Mr. Wayne Eucaulton Fordyce |
| Institute of Chartered Accountants Guyana | - | Mr. Hank Manohar |
| Transparency Institute of Guyana Incorporated | - | Mr. Thomas Bissessar Singh |
| | - | Mr. Frederick Collins |
| Bar Association of Guyana | - | Mr. Mohamed Alli |
| | - | Mr. Christopher Ram |
| Insurance Institute of Guyana | - | Ms. Melissa Jessica DeSantos |
| Guyana Association of Women Lawyers | - | Ms. Sadie Amin |

BE IT RESOLVED:

That this National Assembly adopts the Sixth Report of the Standing Committee on Appointments to address matters relating to the appointment of Members to the Anti-Money Laundering & Countering the Financing of Terrorism Authority; and

BE IT FURTHER RESOLVED:

That this National Assembly signifies to the Clerk of the National Assembly that Mr. Nicholas Deygoo, Captain Gerald R. Gouveia, Mr. Wayne Eucaulton Fordyce, Mr. Hance Manohar, Mr. Frederick Collins, Mr. Thomas Bissessar Singh, Mr. Mohamed Alli, Mr. Christopher Ram, Ms.

Melissa Jessica DeSantos; and Ms. Sadie Amin be appointed in accordance with the Anti-Money Laundering and Countering the Financing of Terrorism Act No. 1 of 2015, Section 7A (6).
[Minister of Social Cohesion]

Minister of Social Cohesion [Dr. Norton]: Mr. Speaker, I have been informed that there is some action with regard to this motion and I beg to defer.

Mr. Speaker: Hon. Member, it would be helpful to the House if we understood what it is you beg to defer? There is some action in relation to what? Please, let us know, as best as you can.

Dr. Norton: I beg to defer the presentation of the motion.

Mr. Speaker: I see. Thank you.

Ms. Teixeira: Thank you very much, Mr. Speaker. I wish to respond to the Hon. Minister and Chairman of the Committee on Appointments in relation to his request to defer the motion on the Report. We are in total disagreement on this side of the House for any further deferral. This matter has been before the House and tabled since the 10th July, 2017. The Government passed the Anti-Money Laundering and Countering Financing of Terrorism (Amendment) Act 2015 which provided for the Authority. The Committee, in accordance with the law, carried out the consultations and put forward 10 names of fit and proper men and women to sit on that Authority in accordance with the 2015 Act. We find that it is highly irregular on the part of the Chairman to come to this House and ask for a deferral without enlightening the Members of this House as to the reason of a deferral after 10 months of it sitting here.

We, as Members of the Committee, are privy to that 9th February, 2018 meeting of the Committee which decided to ask the Minister of Legal Affairs for an opinion because it appeared that certain Members of the Committee on the Government's side did not want to further proceed on this. The Minister of Legal Affairs wrote back a letter to the Committee advising it that it should not proceed as the Caribbean Financial Action Task Force (CFATF) did not support the Authority. Therefore, the matter should be held.

The Hon. Minister, who is Chairman of the Committee, should explain to this House the reason for the deferral. A matter is in law right now. If the Government has problems with the law and wishes to change it, then it has to come with an amendment to the law. I am looking at my

Colleague across the room, Minister Greenidge, the famous period of 2014 in this House, of the famous weekend of 8th, 9th, 10th, 19th, 21st and 22nd of February, where we all were sequestered, it seemed, in the Parliamentary Sectoral Committee, trying to find a solution, including efforts at the level of the President with the Leader of the Opposition, the Alliance For Change (AFC) and A Partnership for National Unity (APNU).

I went through my files last night. It is good to be a paper hoarder. This is one volume of four volumes in my filing cabinet of the Parliamentary Sectoral Committee on the Anti-Money Laundering and Countering the Financing of Terrorism (Amendment) Act 2013. It was no other than the Hon. Mr. Greenidge and Mr. Sharma, in support, who brought the amendments, including the creation of the Authority to be appointed by a Parliamentary Committee of this House. The law was amended. In fact, the law was held up on two occasions in the last Parliament and then we ended up before the Financial Action Task Force (FATF) where we were grey listed. I have the Hon. Attorney General's statement of the 21st November, 2016, saying that they had made progress and that we are now taken off the grey list, and we are now back on the CFATF review.

I have to be suspicious of why this is being deferred at this point. Is it that the 10 names that the Committee, along with civil society, worked hard to bring to this House are no longer considered fit and proper? The Hon. Minister of Legal Affairs stated in his letter that CFATF was recommending that the Act needed to be amended.

Last night, and, actually, this morning, at 4.00 a.m., on the CFATF website, all the reports of Guyana, up to the 11th Report, are posted. I went through reports 9, 10 and 11 which would have been the 2016 period. There is not one reference in over 100 pages in four reports making any reference that CFATF is recommending that the Authority does not comply with FATF.

After the intervention, going back into this file brought many memories, and I am afraid that they are not good memories. I found all of the letters sent to the Committee and shared with the Committee from the various Prime Ministers of the region and the Organization of American States (OAS) Secretary General sending letters twice, including the Assessor, Mr. Hernandez. Also, including the letter where we wrote to the CFATF with the amendments of the 9th February, which included the proposal of the Anti-Money Laundering Authority, and asked

CFATF for its opinion on these recommendations. CFATF wrote that its concern was with the wording then, which was that the Authority was controlling the Financial Intelligence Unit (FIU) Director. Subsequent to that...

Mr. Williams: Mr. Speaker, might I rise on a point of order?

Ms. Teixeira: No. You cannot; I am speaking.

Mr. Speaker: Hon. Member, do you rise on a point of order?

Mr. Williams: Yes, please.

Mr. Speaker: Ms. Teixeira, you will give way. Thank you.

Mr. Williams: Respectfully, Mr. Speaker, might I enquire on what basis...*[Interruption]*...

Standing Order 40 (b), for clarification, on what point is the Hon. Member, Ms. Teixeira, and on what basis is the Hon. Member, Ms. Teixeira, speaking on this issue? The mover of the motion has asked to defer the motion. We have been regaled for the last several minutes. I do not know, but is the Hon. Member objecting to the deferral? **[Ms. Teixeira: Yes.]** If so, on what grounds? I have the reasons why this motion is being asked to be deferred. An erroneous document was just referred to for us to rely on. It was some 11th Report or something like that. I would like to clarify the issue with a 2018 Report.

Mr. Speaker: I thank the Hon. Member.

Hon. Members, we have before us a motion which is a report from a Committee. The mover of the motion has indicated that he would wish it deferred. I understand that an objection has been raised by an Hon. Member and so we have a situation in which we have to deal with the question. I suspect that what the Hon. Ms. Teixeira was telling the House, and if I may be a little prescient and say what the Hon. Attorney General might have been attempting to tell the House, will, I believe, not deal with the issue of deferral or non-deferral.

What I wonder is whether it is not the kind of thing where either we accept or proceed, or settle the difference in some other way because we should not be in a position where we have to be unable to find some understanding or some reasonable ground on which both sides could meet. If

there is such a possibility, then I wonder whether we should not take advantage of it. If there is not, then the ultimate will still be the ultimate, and that is we prove it by a vote. I do not think that is what we should be doing on the work of a Committee. I would like to hear from the mover of the motion and from Ms. Teixeira whether she perceives that there is room for a conversation in the light of the deferral proposed by the mover of the motion. If you perceive that that is so, then I believe that it will be good time to allow that to happen and, if it is not going to be so, then... Ms. Teixeira...

Ms. Teixeira: Thank you very much, Mr. Speaker. With due respect, it is unfortunate that the Chairman of the Committee has not enlightened this House as to what were the reasons that the Committee wanted this matter deferred. He has brought a deferral motion and I am debating a deferral motion and we are opposed to this: first, on the grounds that this report was here since July, 2017; secondly, on the grounds on which it appears that the Minister wrote the Committee that CFATF wants to make this change in the 2015 Act, which cannot be found on any CFATF document that is posted on its website; thirdly, this House was subjected in the 2014 period, having lost this Bill, twice, for it to be grey flagged at the FATF. One of the issues was the fight of the Opposition for the Authority. That was one of several issues. In fact, one Member of one of the Opposition parties said that if the Public Procurement Commission (PPC) was not approved, nothing would happen with this Act.

Fourthly, we have gone through in the Committee, a process that is above board that has named people, gone to civil society, which was intention of the mover of those amendments – Mr. Greenidge – in the last Committee, of having 10 people of integrity, *et cetera*. It is in this Committee that we went to the Private Sector Commission and it put forward two honourable men – Mr. Nicholas Deygoo and Capt. Gerry Gouveia.

5.55 p.m.

We went to the Guyana Association of Bankers, Mr. Wayne Fordyce; Institute of Chartered Accountant, Mr. Hans Manohar; Transparency Institute...

Mr. Speaker: Hon. Ms. Teixeira...

Ms. Teixeira: Yes, Mr. Speaker. I am coming to the very last lick. I just want to read it before I put my motion.

Mr. Speaker: The question I had asked you is whether you see a possibility.

Ms. Teixeira: Sir, there is a possibility and the possibility is this: I now, under Standing Order 104 (9), as a Member of the Committee, move that the report of the Committee be adopted today, now, and put to a vote.

Mr. Ali: Mr. Speaker, I rise to second the motion of the Hon. Member, Gail Teixeira.

Mr. Speaker: Thank you. Hon. Member, I will simply remind you, in the first instance, that there was before the House, the Motion by the proposer, the presenter of the report, to defer the reception of the report. That has not been tested and it was not tested because, simply, I asked a question of you and your answer was to put it to a vote, so we must dispose, first of all, of that before we get to yours. In the present moment, there is no second one or first one. One flowed from the other. Let us not get there.

Hon. Member Minister Williams, you have the floor.

Mr. Williams: Sir, I would like to contribute on the deferral motion. The Hon Member, on the other side, spoke to the deferral motion.

Mr. Speaker, if it pleases you, the Anti-Money Laundering and Countering Financing of Terrorism (AMLCFT) and now proliferation financing is the regime that is here with us to stay. It is ongoing and it changes with each round. Rules are made and rules are changed. The whole idea...*[Interruption]*

[Mr. Speaker hit the gavel.]

...is to have confirmation with the recommendations of the FATF and CFATF. The Authority, when we were in Opposition, that was introduced under the original legislation...*[Interruption]*

[Mr. Speaker hit the gavel.]

Mr. Speaker: Hon Members, we have to do this the right way. Interruptions would not help.

Mr. Williams: Thank you, Mr. Speaker.

Mr. Speaker: Hon. Member, I understand that you are speaking on the...

Mr. Williams: Deferral Motion.

Mr. Speaker: The deferral motion. Thank you.

Mr. Williams: Sir, as a result, there was an Authority established over the Financial Intelligence Unit (FIU), pursuant to recommendation 2 and that Authority, in addition to making the proposal for 12 positions identified by the Parliamentary Committee to be appointed by Parliament, added an additional *ex officio* component, which would have made it 25 persons in this Authority. What was this Authority over? The Authority was over, simply, the FIU. Over the FIU, under the last Government, the AMLCFT regime was the FIU. It was the only country in the 25-nation CFATF that had one element of a national coordinating committee as the committee.

It is clear that for the Members on the other side to insist, after all this time, that this committee is an appropriate committee just shows the paucity of the understanding of the AMLCFT regime.

What we have realised was that, at the CFATF meetings, only one representation we had out of Guyana and that was a person from the FIU, whereas the other countries had several members of several committees that constituted the national authority. The National Authority, in terms of recommendation 2 of the FATF recommendations, requires a widespread, broad-based community. As a result, we had to constitute a national coordination committee in keeping with the FATF recommendation and they include not only the FIU who had a fisherman and the Americans reported that the fisherman was always going to fish and not attend the conference. We now have the FIU. We now have the Special Organised Crime Unit (SOCU) that a lot of people are afraid of. We have the Director of Public Prosecutions (DPP), and we have the Bank of Guyana (BOG). Sir, can you imagine that the BOG was left out under the last regime? The central bank is 80% of the AMLCFT.

The situation is that we are in the fourth round, having existed the third round that we inherited when we found ourselves in the black hole and we took ourselves out of the hole. We took Guyana out of the hole. Therefore, when we wrote...

Mr. Speaker: Hon. Attorney General...

[Mr. Speaker hit the gavel.]

May I enquire? I understood that you rose to speak in support...

Mr. Williams: I am coming to this now. Sir, I was giving you the background. With the expertise that we have now garnered on this side of the House, we recognise that it is not a good thing to go into a hole, a black hole especially. We decided that, with the establishment of a National Committee, the CFATF has written to us indicating that the National Authority, which is only over the FIU, has no relevance and is inconsistent and is not coincident with recommendation 2 of FATF...

[Mr. Speaker hit the gavel.]

...especially the memorandum from the CFATF as dated 3rd January, 2018. It is from then the executive director, Mr. Calvin... *[interruption]* Mr. Speaker, am I going to have your protection or do I take matters into my own hands?

[Mr. Speaker hit the gavel.]

Mr. Speaker: Hon. Attorney General, I would ask you to indicate whether you are in favour of the deferral or against it.

Mr. Williams: Sir, I am giving the reason for supporting the deferral.

Mr. Speaker: I think that Hon. Members appeared to have heard as much as they wish to hear in relation to that at this time.

Mr. Williams: I am giving you the CFATF communication on the authority. The authority is illegal. It does not coincide with the recommendation. If we were to keep this recommendation, we could end up in the black hole. I am reading this for the record. The CFATF had said that the authority that we had established cannot stand and, therefore, the secretariat is very clear and it says "In essence, the secretariat agrees with the position"... *[Interruption]* Sir, I ask for your protection to complete this sentence. Mr. Speaker, it is just two lines. In essence, the secretariat agrees with the position that the authority, as created by the legislation, is too narrow in scope

and applied solely to the FIU. That is it. Therefore, that is the reason the Hon. Member has asked to defer so that the Hon. Member would perhaps invite me to communicate with his committee at the next meeting so that they would have an understanding as to why he is deferring this matter now. That is because the authority, as presently constituted, is not coincident with the recommendation 2 to the FATF 40 recommendations.

6.10 p.m.

Mr. Speaker: I thank the Hon. Attorney General for his statement. I take it to mean that you support the deferral. We will have a division on this. Hon. Members, just to be clear, we have before us a motion to defer the reception of the Sixth Report of the Standing Committee on Appointments to address matters relating to the appointment of members to the Anti-Money Laundering and Countering the Financing of Terrorism Authority. There is a division on it, those in favour and those who are against. Ms. Isaacs.

Assembly divided, Noes 28, Ayes 29, as follows:

Noes

Mr. Bharrat

Ms. Veerasammy

Mr. Gill

Mr. Anamayah

Mr. Dharamlall

Mr. Charlie

Mr. Damon

Dr. Mahadeo

Mr. Neendkumar

Ms. Pearson-Fredericks

Mr. G. Persaud

Mr. Mustapha

Dr. Westford

Dr. Ramsaran

Ms. Burton- Persaud

Mr. Croal

Mr. Hamilton

Dr. Persaud

Mr. Seeraj

Bishop Edghill

Mr. Lumumba

Ms. Campbell-Sukhai

Dr. Anthony

Ms. Manickchand

Mr. Nandlall

Mr. Ali

Ms. Teixeira

Mr. Jagdeo

Ayes

Mr. Rutherford

Mr. Rajkumar

Mr. C. Persaud

Mr. Figueira

Mr. Carrington

Mr. Allen

Mr. Adams

Ms. Bancroft

Ms. Wade

Ms. Henry

Ms. Charles-Broomes

Dr. Cummings

Mr. Sharma

Ms. Garrido-Lowe

Ms. Ferguson

Ms. Hastings-Williams

Mr. Holder

Mr. Gaskin

Ms. Hughes

Mr. Patterson

Ms. Lawrence

Mr. Jordan

Mr. Trotman

Dr. Norton

Mr. Bulkan

Dr. Roopnaraine

Lt. Col. (Ret'd) Harmon

Mr. Williams

Mr. Ramjattan

Motion deferred.

ADOPTION OF THE REPORT OF THE PUBLIC ACCOUNTS COMMITTEE ON ITS EXAMINATION OF THE PUBLIC ACCOUNTS OF GUYANA FOR THE YEARS 2012, 2013 AND 2014

BE IT RESOLVED:

That the Report of the Public Accounts Committee on its examination of the Public Accounts of Guyana for the years 2012, 2013 and 2014, respectively, be adopted and refer the Report to the Government for consideration. *[Mr. Ali, Chairman of the Public Accounts Committee]*

Mr. Ali: It gives me great privilege to present to the National Assembly, the report of the Public Accounts Committee (PAC) on its Examination of the Public Accounts of Guyana for the years 2012, 2013 and 2014.

On the 23rd November, 2015, the Committee began its work to look at the Reports from 2012, 2013 and 2014. During that time, we would have had in excess of 14 meetings, but those could not give you a clear understanding of the work done by the Committee. Sometimes, the Committee would be here for 14 to 16 hours, working on the Auditor General's (AG'S) Report. I think that the recommendations are all explanatory. I want to thank all Members of the PAC for the work that they would have done, and their time and effort. I also want to say to us in the National Assembly that we have a duty and a responsibility to ensure that the recommendations of the PAC are implemented and that agencies take the corrective actions, as recommended in

the AG's Report on the Public Accounts. With these words, I would like to put the report before the House.

Mr. Speaker: Before the Hon. Member takes a seat he may wish to move the motion.

Mr. Ali: I move the motion that:

“BE IT RESOLVED:

That the Report of the Public Accounts Committee on its examination of the Public Accounts of Guyana for the years 2012, 2013 and 2014, respectively, be adopted and refer the Report to the Government for consideration.”

Question put.

Mr. Speaker: There are a number of speakers on this motion. The Hon. Jermaine Figueira.

Mr. Figueira: Thank you Mr. Speaker. If it pleases you, I rise to enjoin my support for the work of the PAC, through its report laid before the House, on the Public Accounts of Guyana for the years 2012, 2013 and 2014. From the outset, let me congratulate all Members of the PAC, staff of the Parliament Office and advisers who worked assiduously to ensure that the Committee fulfilled its mandate.

I am mindful of the need for the ongoing ritual of financial oversights, where we examine reports for the Auditor General on legal accounting lapses, as it relates to the use of public funds, and seek clarifications from Accounting Officers on same. While this continues to be important, the time is opportune for complementary concerted efforts to be made to address the quality of human resource and the structure in which they are deployed to head various Ministries and departments, as recommended at paragraphs (a) and (e) of the General Proposed Recommendations, on page 19 of the report.

To lead a Ministry or Department is serious business, hence we must aspire to groom professional public servants, and as far as possible do away with the culture of contracted accounting officers. The recommendations in the 2010 and 2011 PAC Reports speak directly to this issue.

Additionally, there is a need to review sections 48, 49 and 85 of the Fiscal Management and Accountability Act (FMAA), with the aim of broadening the descriptions and amplifying the penalties, to give greater clarity when interpreting the Act. This will enhance the deterrent properties in the Act intended to dissuade prospective perpetrators of accounting malpractices. I am happy to learn that, after years of dormancy, the Miscellaneous and Losses Board has been reconstituted and is active, thus, conforming to the recommendation at (d), on page 19 of the report. In the same light, I have no doubt that the Hon Minister of Finance will inform this House *via* the Treasury Memorandum, of the many positive interventions that would have been made in relation to concerns raised in the Auditor General's Report of the PAC.

I believe that the PAC is given due recognition for the role it plays in financial oversight. However, it will be remiss of me not to recognise the new found vigour of the Audit Office of Guyana in the conduct of its work. This is something that we, on the Government's side, have been asking for while we were on the Opposition's side. As in Guyanese vernacular, "Better late than never", as long as the Guyanese people are the winners.

Thank you very much. [*Applause*]

Bishop Edghill: I rise to lend support that this report be adopted and referred to the Government for its consideration. Like the Hon. Member Mr. Figueira indicated, very shortly, within the stipulated time, we would have the Treasury Memorandum. The Government would be indicating what steps it would be taking to act upon the recommendations in the report. My comments on this report would be very brief since it is a report that should have been here before. Just to indicate, I believe there is quite a lot of interest in our nation as it relates to accountability from our Accounting Officers to the National Assembly and cooperation with the Auditor General as it relates to his work. I would hope that, in the environment that we are currently in, the only thing that we will see happening are improvements in our financial systems; we will have more responsible and responsive Accounting Officers towards the queries that are made; and a level of comfort in our country that public funds are being expended wisely and accounted for properly.

With these few remarks Sir, I would like to support the report and refer it to the Government for its consideration. Thank you very much. [*Applause*]

Mr. Speaker: I thank the Hon. Member for his statement. The next speaker is the Hon. Mr. Jaipaul Sharma. Minister, you have the floor.

Lt. Col. (Ret'd) Harmon: Mr. Speaker, the Government would not have further speakers on this matter.

Mr. Speaker: Thank you, Mr. Ali, do you wish to speak again?

Mr. Ali: No. I am going to say thank you to all the Members and also the staff of the Parliament Office, the media and all those who would have supported the work of the PAC. I want to urge Members of the National Assembly to read the Report of the Public Accounts Committee. It has some very instructive recommendations on the way forward. Thank you very much.

Question put and agreed to.

Motion carried.

6.25 p.m.

ADOPTION OF THE THIRD SPECIAL REPORT OF THE PARLIAMENTARY SECTORAL COMMITTEE ON SOCIAL SERVICES ON THE VISIT TO THE NEW AMSTERDAM HOSPITAL

BE IT RESOLVED:

That the National Assembly adopts the Third Special Report of the Parliamentary Sectoral Committee on Social Services visit to the New Amsterdam Hospital in Region No. 6, on Thursday, 2nd March, 2017. [*Dr. Persaud, Chairperson of the Parliamentary Sectoral Committee on Social Services*]

Dr. Persaud: I rise to move the motion to adopt the Third Special Report of the Parliamentary Sectoral Committee on Social Services on the visit to the New Amsterdam Hospital.

I am very happy that these reports are here in the National Assembly after a year. I still feel, even though after a year, that the recommendations are still much relevant as much of what we unearthed at the New Amsterdam Hospital still obtains today.

I would like to thank the Members of the Parliamentary Sectoral Committee on Social Services Committee and, also, the members of staff of the Parliament Office and the media for being a

part of this process, where we were able to scrutinise and have oversight on various aspects of the delivery of health care at the New Amsterdam Hospital. When we did the scrutiny at the New Amsterdam Hospital, we unearthed many inadequacies and deficiencies. I believe, like all of Guyana, that health care is important to the welfare of Guyanese.

We really need to get a handle on things that continue to cripple the health sector, such as the severe shortage of medication that still persists even today at the New Amsterdam Hospital; the many vacancies that still exist because of several reasons - I hope everyone would read the report, including poor advertisements or no advertisement of these positions and not enough incentives for staff to want to take certain jobs, especially at the laboratory. One serious issue that was discovered at the New Amsterdam Hospital was that the biochemistry machine was not working. This is critical when there are emergencies which involve cardiac care. The New Amsterdam Hospital is responsible for providing this service to all the hospitals in Region 6 and sometimes in Region 5. The absence of this very crucial piece of equipment means that the delivery of health care was affected in a very serious way for the region for much of last year.

In this report, another issue that we observed was that 400 elective surgeries were unable to be done at the New Amsterdam Hospital because the theatre was not in good working condition and there was a shortage of anaesthetic drugs which prevented patients from having surgeries which were needed. What was nice about the hospital was that the staff was very enthusiastic – the doctors, the nurses, hospital attendants and all of the staff. I must take my hat off to them because they continue to work in conditions, under severe stress, to provide care to patients when they sincerely lacked the ability to deliver because there are such shortages. Equipment are not there, medication are not there, the facilities are in a mess, but the staff continued to work. Many of the doctors told us, and you will see this reflected in the report, that they had to bring their own instruments because the hospital did not have them to ensure that these things continued in the hospital.

When we think of the health care personnel the condition of the doctors who serve the New Amsterdam Hospital - I should highlight it because they asked that we do this, where they are housed is a small room with many doctors. There is one bed in the Nurse's Quarters. There are two beds in the Doctor's Quarters, where male and female doctors have to reside. I hope that these issues would be looked at and that the doctors would have the amenities to help them to

provide the kind of care, which all of Guyana is looking forward to. It is a facility that caters for a number of people. It caters for 125,000 patients in Berbice. There is a complement of staff of 74 doctors and 117 nurses, and still there is a problem at the New Amsterdam Hospital for the provision of care.

As we sit here in the National Assembly I hope that the recommendations in these reports do not remain recommendations in the reports and the reports are left there, but that they could be acted on. Both sides of the House sit in the Parliamentary Sectoral Committee on Social Services and were all able to see first-hand what is happening at the New Amsterdam Hospital. We need to ensure that the recommendations that have been forward are taken on board.

I would also like to highlight something that is bothering me a lot. We sit on these Committees and we ask for information from the various institutions, for example, the New Amsterdam Hospital, and we are not able to get the information. It was because there seem to be reluctance to provide the Committee with the information so that the Committee could follow-up with what is happening and to also support these reports that come to the National Assembly. When you peruse these reports, you would see that a number of pieces of information were requested. To date, these pieces of information have not been received from the New Amsterdam Hospital. I do not think that that is the way we want to proceed in the Parliament. If we are serious about providing good quality health-care, then we definitely need to have all the bits of information to allow this to happen. I think we have a good track record. As Members of the Committee, we want to see that health care improves in the country as a common goal. These reports must be looked at in that light. That is why it is important for the work of the Committee to not to remain just a report. There are several recommendations and I think that the critical ones involve getting a handle on the shortage of drugs or medication, which still continues to paralyse the health sector.

I feel, also, that when we operate as a Sector Committee it is important to recognise our purpose of oversight and scrutiny. As such, we should never be prevented from seeing everything that happens in any institution that we visit. If we are to act in the interest of the people, everything must be opened to our scrutiny. Whether the chairperson of the Committee is from the Opposition or from the Government, the purpose of the Committee is oversight.

I would also like to make the point that the New Amsterdam Hospital could not give an account, in a sense, that there is \$300 million not utilised to procure drugs by the region in the previous year 2016. We visited the hospital in early 2017 and there was an audit to elucidate the facts surrounding that \$300 million. The findings of that audit were not made public and were not used to guide on the way forward. If we are interested in moving forward in a very impactful and insightful way we need to use these mechanisms of monitoring and evaluating to guide us forward. I hope that the other Members, when they get up to speak, will also move with this common goal of calling for medications to be readily available at the New Amsterdam Hospital, vacancies to be met, incentives to be given to the staff and for conditions, generally, to be improved for staff so that they could deliver quality health care.

Last, but not least, we need training of staff so that they could deliver the next level of health care; and the training of staff to be placed on-site so that they could actually fix equipment. We heard that equipment would be down for three to six months. This would be known and nothing would be done to fix this equipment.

Mr. Speaker, these are some of the findings of this report and I would like to continue to say:

“BE IT RESOLVED:

That the National Assembly adopts the Third Special Report of the Parliamentary Sectoral Committee on Social Services visit to the New Amsterdam Hospital in Region No. 6 on Thursday, 2nd March, 2017,”

Thank you. [*Applause*]

Mr. Adams: Just like my Colleague, the Hon. Dr. Persaud, we on this side of the House want to ensure that better health care is provided for all Guyanese. Since our visit to the New Amsterdam Hospital, lots of things have been happening. I want to assure the Hon. Member that there have been renovations to the Doctors’ Quarters... [*Interruption*] All of the air conditioning units are functioning. The BT2000 machine has been repaired and the hospital has acquired a new BT1500 machine. The High Dependency Unit (HDU) is 95% completed. The completion date of the laboratory is set. The area for the Computed Tomography (CT) Scan machine is under construction. At this moment, contractors are preparing to have that area leaded.

In the report, it was reported that there were no working telephones. All the telephones at the hospitals are now in working order. *[Interruption]* The region is scheduled to collect its supply of medication from the Materials Management Unit (MMU) bond on Monday... **[An Hon. Member:** Only. All the time it was there ...] ...it is another set. This is not since we visited.

The operating theatres are now in working condition – all are working. When the new maternity wing is completed it would have its own theatre. That would bring the number of theatres to four that would be working at the New Amsterdam Hospital. The X-Radiation (X-Ray) Unit is in working condition. The Ministry of Public Health is trying its utmost to ensure that there is better health care delivery, not only to the New Amsterdam Hospital, but to all health care facilities in Guyana.

In the not too distant future, a new medical laboratory would be fully operational and, very shortly, a new Microbe Machine would be installed at the New Amsterdam Hospital. From then to now, we have moved forward and we will continue to move. Thank you. *[Applause]*

Dr. Mahadeo: After hearing all the good things, I would say that the visit by our Committee was good and it needs to happen more often. I am glad that we visited. I would say that it was the Committee that I am a Member of; and it is a Committee where we had some sharp discussions, but we agreed on the way forward.

I would still like to say, however, I endorsed what my Colleague Dr. Persaud said. I would like to say that we still have not received the documents. Thirteen specific requests were made, all of which are listed in the report of the Chief Executive Officer (CEO) of the New Amsterdam Hospital and we have not received any as yet. After all of what my Hon. Colleague said, these requests have still not been fulfilled.

Sometime ago, on Sunday, 10th December, 2017, the Department of Public Information (DPI), there was a quotation that during the course of debate in the National Assembly, Minister Lawrence pointed out that:

“Opposition Member of Parliament Dr. Mahadeo made several allegations against the management of health services in Region 6.”

Minister Lawrence said that:

“During those debates in Region 6, MP Dr. Vishwa Mahadeo and former Minister Dr. Frank Anthony alleged that all phases of the surgical theatres at the New Amsterdam Hospital were not functioning resulting in numerous transfers to the Georgetown Public Hospital Corporation (GPHC).”

If I may be permitted to read from this report, the following were the concerns raised by Dr. Algu:

“The air conditioning unit in the department is not working. Drug shortages - Suxamethonium, vecuronium, oxytocin iodine, to name a few. The supply of gauze was not appropriate. Approximately 400 Elective surgeries are on hold. During the latter part of 2016 no surgeries were done due to infrastructural issues. Up to 2017 up to the time we visited which was March, 2017 only two surgeries were done.”

6.40 p.m.

So neither Dr. Anthony nor I were misleading anyone.

I would also like to ask that we revisit to see for ourselves that all the things are in place. This is because my information is that, up to today the Cluster of Differentiation 4 (CD4) machine is not working. The CD4 machine should be in the laboratory. There are still shortages of some medications for the theatre and chronic diseases. I do not want to bash anybody, but I am saying that if we do not recognise that there is a problem... Before that, during budget speeches I had made, I was basically called that I am not telling the truth and that I was manufacturing things, but when we visited, this is what we found.

I would like to say that, to ensure that, yes, it is happening because the operating theatre beds, for example, were not maintained. They were rusting and that is in the report. One of the doors is not working. Well the Hon. Member has said that it is fixed. Bleach was not available. The X-Ray was not working and there were shortages of monitors. I am glad to hear that these things have been fixed. I would like to say that we visited, I live there, Region 6 is my region, and I have been constantly receiving complaints of drugs shortages and of going to the hospital and not getting tests done. I am saying that we need to revisit. I am saying that public officials, when

they are asked by a Parliamentary Committee to submit reports, if they are not going to submit the reports, then some actions need to be taken. They are not bigger than the Parliament. More than one letter has been written and they have been ignored as far as I am concerned because we did not get any response.

I would like to endorse this report and I would like to thank the Committee for doing a great job, at least we have gotten some action and there needs to be follow-ups. T

Thank you. [*Applause*]

Minister within the Ministry of Public Health [Dr. Cummings]: If it pleases you Mr. Speaker, I must say that, on our assumption of office in 2015, we recognised the deplorable state of the health system in Guyana and the health sector. It was really beyond our imagination to contemplate the level of destruction that was done.

Nevertheless, I was happy to be a part of this exercise to visit the New Amsterdam Hospital in Region 6 on 2nd March, 2017. Basically, the purpose was have looked at the operation and efficiency of the hospital, to observe the facilities available, to ensure the quality of efficient services being rendered to their patients, to see where the gaps were, to look at constraints and challenges faced by staff, and, of course, to make recommendations on the way forward in the health care delivery to the public.

As was alluded to earlier, the New Amsterdam Hospital, which we call Level Four of our five tiers of our regional hospitals, is the second largest hospital in Guyana. Comprising, at this time of the visit, there were 74 doctors and 117 nurses and serving a population of 125,000. But what we also found was that there had been increased number of Surinamese seeking medical attention and so that has put some burden on our health care system, not that we do not want to attend to them, but it is something to be noted.

Some of the challenges mentioned have been the defective air conditioning system in the Operating Theatre. Actually, what was unearthed was that the air conditioning system was working, but, perhaps, if there is a blackout, we call it tripping of the system, as soon as that circuit breaker is fixed, the air conditioning seems to have been working.

In addition to that, it has been touted here that there is some paucity of drugs shortage. Of course, you know the Ministry of Communities would have gotten the Ministry of Public Health's money for health and so it is being re-warranted back to the Ministry of Public Health so that we could benefit from economy of scale in our purchases.

In addition to that, at the region, in the regional system because health is decentralised, there is some money from the regional services that could be used to buy small quantity of drugs. From my understanding, and even at present, \$20 million in drugs have been purchased by the New Amsterdam Hospital.

Poor maintenance of equipment - of the truth, there is a problem in the health sector of biomedical technicians. It is something that we are considering in terms of further capacity building, in terms of our biomedical. To some extent we are trying when we would have purchase equipment to ensure that we have a built-in mechanism, where the manufacturer could come and offer some kind of capacity building and assist with on-the-ground training of our local technicians here.

At present, recommendations that were made have already been into effect. What has happened now, our laboratory is in working condition. We are offering biochemistry testing. Just recently, it has been recertified, so we have a full-fledged lab there at this point in time. Right now, there is the construction of a 50 bed maternity wing there and we expect to have neonatal unit, as well as a labour room, which would be finish in a few months' times. Also, as was mention earlier, the CT scan, right now, we are leading the walls to accommodate our installation of the CT scan machine at the New Amsterdam Hospital.

It cannot be overemphasised that patients should seek or strive to seek health care in the nearest areas. We have seen persons are flocking the New Amsterdam Hospital in great proportions. Of course, it is our duty to help to build the trust of those patients, so that they could attend to the nearest health centre facilities. So yes, while the New Amsterdam Hospital is there to accommodate and to help out those who are in need, our focus is a paradigm shift, moving from secondary care to the renewal of primary health care. We want to still strive to encourage our patients with health promotions; try to do screening; and try to avoid the complications of our

chronic diseases. We want to renew our primary health care, as I mentioned before, and so patients should seek the nearest health centre.

Having said that at the New Amsterdam Hospital we have Resident Doctors; the Georgetown Public Hospital Corporation - our Level Five hospital is our referral hospital, where we produce different forms of residency, first year residency students and so forth. We are happy to announce that at the New Amsterdam Hospital there is Residency Doctor there, so we do not have to have our factures being sent to the Georgetown Public Hospital Corporation.

All in all, we are very happy that there is improvement at the New Amsterdam Hospital. Under the stewardship of this Government, we will continue to move forward in that direction. Thank you. *[Applause]*

Dr. Persaud (replying): I would like to thank all the Members of the Committee for their contributions. I would like to remind the Minister that went in 2017 and that was the situation as it obtained in 2017. I would also like to say that, definitely our visits highlighted many of the problems. I am happy that the visits that we did in 2017, after those problems would have persisted for a number of months, those problems, some of them, have been corrected. I think what needs to happen is a follow-up, so that the outstanding issues could, also, be corrected because definitely these visits are working. I am very happy to hear that.

I would also like to say that the autoclave at the New Amsterdam Hospital is still not working, so sterility is a problem and this is important for surgeries and equipment. If that could be looked at also with the same alacrity that was expended on the other issues, it would be a very wonderful thing.

In addition to that, there needs to be consultation between the administration and the health personnel. This is because when the facilities are built, one of the things we notice was that things were placed that were not in accordance with hospital regulations. In that, the theatre was far from the High Dependency Unit and that kind of thing, preventing the smooth flow. There should be interface with administers and the health personnel, so that, when facilities are provided, these facilities could be done in a manner that is recognised across the world and conforming to regulations because this is not happening. Buildings are built, departments are set up and there are not in conformity with these regulations. *[Interruption]*

[Mr. Speaker hit the gavel]

However, I think that there are few more reports and many things will be dealt with. I am happy that the New Amsterdam Hospital, which caters to all these people in Berbice has been looked at and things are happening there. I still am asking that the information which we sought, mention was made of Surinamese, we also ask for that information. What percentage of the patient population constitutes the Surinamese? How many Surinamese are increasing that patient population? We cannot run things on anecdotal information. We need solid information. The Committee should be provided with this information. My Colleague listed the 13 things that were asked for and to date we have not receive one, just a slew of excuses.

However, I must, again, thank the Members of the Committee, the Parliamentary staff and the media for also going to the visit to the New Amsterdam Hospital. Thank you.

Question put and agreed to.

Motion carried.

Mr. Chairman: Hon. Members, I see that we are approaching the 7 o'clock hour when a brief suspension is due. If Hon. Members are in agreement, we could continue with our considerations of matters.

Lt. Col. (Ret'd) Harmon: Mr. Chairman, it is the proposal of the Government side that we proceed until the matters that are listed on the Order Paper are dealt with.

Mr. Chairman: Thank you. I have the support of all Members, we will proceed. Thank you.

**ADOPTION OF THE FOURTH SPECIAL REPORT OF THE PARLIAMENTARY
SECTORAL COMMITTEE ON SOCIAL SERVICES ON THE VISIT TO THE
DIAMOND DIAGNOSTIC CENTRE**

BE IT RESOLVED:

That the National Assembly adopts the Fourth Special Report of the Parliamentary Sectoral Committee on Social Services visit to the Diamond Diagnostic Centre, East Bank Demerara, on

Thursday, 6th April, 2017. [Dr. Persaud, Chairperson of the Parliamentary Sectoral Committee on Social Services]

Dr. Persaud: I rise to move the motion to adopt the Fourth Special Report of the Parliamentary Sectoral Committee on Social Services on the visit to the Diamond Diagnostic Centre.

“BE IT RESOLVED:

That the National Assembly adopts the Fourth Special Report of the Parliamentary Sectoral Committee on Social Services visit to the Diamond Diagnostic Centre, East Bank Demerara, on Thursday, 6th April, 2017.”

Once again, I would like to thank the entire Committee for being a part of this exercise and for ensuring that the report got to Parliament and that today we could discuss it. I believe that, sometimes, these reports are not seen as important and they are not necessarily given the attention they need. The impact of the recommendations, if they are acted on, would benefit people who depend on our health care system, in this instance, in a very major way.

When we visited the Diamond Diagnostic Centre, there were a slew of inefficiencies, insufficiencies and inadequacies that we found. One key thing that struck me, which I am sure that you would see in the report when you peruse it, was that there was gross mismanagement at that hospital. The doctors were very vociferous that we bring this to the attention of the Members of Parliament, even though the person in charge, a Medical Superintendent, tried to tell them that they should not say much to us, but they did say to us, and several important inadequacies were highlighted.

6.55 p.m.

Again, we saw shortages of medication that crippled the provision of effective health care delivery at the Diamond Diagnostic Centre. Note I say Diamond Diagnostic Centre, it is not a hospital *per se*, but it serves a large percentage of the population on the East Bank of Demerara, and as such, it should be equipped with basic things to meet the needs of people, if they come in emergency situations or if they come for basic primary care. What we found was that most of the patients were shuttled to the Georgetown Public Hospital Corporation.

In this National Assembly, Hon. Members will be amazed to hear that the Diamond Diagnostic Centre had a complement of very qualified staff, populating almost every department but they were stymied by poor management and gross shortages. I thought that was a travesty. In fact, the specialists at the hospital were unable to function because they did not have the tools at their disposal to function. It was interesting to see that there were 15 general doctors and 11 consultants at the Diamond Diagnostic Centre, including Ophthalmologists and that the Ophthalmology Department could not perform as it needed to because it missed one bulb for a long time, among other things. So people were not able to get care at this centre because parts of an equipment were not provided.

I think when we go on these visits it brings to mind that maybe those who should be visiting the institutions should do so more frequently, where they have the authority to institute changes and improvement, and could see the kind of things which are happening. At least our Parliamentary Sectoral Committee is visiting, is highlighting, and we did a number of visits in the last year. I think we must not see this as something that we should defend but we should look at it as something that should be acted on. The recommendations must be acted on so that the hospital, not only benefits, but the people who the hospital serve should also benefit.

The x-ray machine was not functioning; the sterilisation machine was not functioning; the lab equipment was not functioning and components of the ophthalmology device was not there. The Intensive Care Unit (ICU) was not in operation also and there were severe shortages of medication, especially, those for non-communicable diseases, including the very vital insulin that diabetics depend on, captopril used for hypertension. The doctors complained that they were functioning in extremely dangerous conditions because there were no sterile gloves. In one instance, a doctor was pricked while he was dealing with a patient who had the human immunodeficiency syndrome (HIV) and the hospital did not have anything to test or to treat or to deal with HIV infection. The doctor had to go elsewhere. It is in the report, honourable colleagues. You will see this in the report.

The Committee also noticed that space was limited. There were several recommendations made with regard to the space and the conditions at the facility. There was deterioration. The emergency room, which is important...When a patient goes to the emergency room lighting is important in order to see the condition of the patient before the patient is treated. The lighting

was very bad. The dressing room was in a deplorable state. Again, in the Internal Medicine Department, the air-conditioning unit was not working. All of these things would have been reported and all of these things would have been mentioned to the administrator, but nothing was done before our visit. I am hoping that I will hear, as we heard for New Amsterdam Hospital, that things happened, because if things are happening out of the visit then we would have definitely succeeded as a Committee.

One of the reasons the media was always invited is because I feel it should not be just a compilation of a report but there needs to be sight of what is actually happening, and not anything that people conceive as fabricated by the Committee. The media had a first-hand sight of what was going on.

The Surgery Unit functioned without sterilisation equipment and an oven was used. The defibrillator machine was out of order and there was one ventilator in that institution. This was 2017. We made several recommendations including provision of needed equipment such as an x-ray machine, monitors, ten of them, and electrocardiogram (ECG) machines, all of these necessary for patients who would have gone to the hospital in emergent situations.

The lab department was a tiny cubicle without much ventilation. It was hard to even fit ourselves in that room, but those who had to work in that department complained that simple things were not available. The department was without Lysol and it had to use a refrigerator in which foetuses were stored with other items over the weekend. It is all in the report. The reason I am taking the time to go through this report is that I know sometimes these reports are just put aside and no one reads them.

The pharmacy is operating with only 15% of the supplies that were requested and once again we requested a number of pieces of information. Those bits of information to date have not been received. We have made numerous calls, we have written, and we are still awaiting the information that we requested.

The other major concern of the staff, aside from everything that I would have raised, was security. They are very often confronted by unruly patients or other persons and they are very fearful for their personal security and they are requesting that security be provided. These are the doctors and nurses who provide care at the hospital. I think this should be looked at. Also, we

should definitely be hearing, and I am hoping from the speakers after me, that the medications that are so much needed at the Diamond Diagnostic Centre are there and are being provided to the patients, because the lack of all of these things continue to cripple that hospital.

I thank you Mr. Speaker and I look forward to hearing that things have moved.

Mr. Adams: Mr. Speaker, just like New Amsterdam Hospital, since this Committee visited...

Mr. Speaker: Hon. Member, you said New Amsterdam Hospital, but I think we are at Diamond Diagnostic Centre now.

Mr. Adams: Similarly to the New Amsterdam Hospital situation, since this Committee visited, we recognise also that the nation's wealth is the nation's health. We heard of all the negatives at the Diamond Diagnostic Centre but it did not happen overnight. We met them there and we are going to fix them. We know that there are shortcomings.

Last week a team from the Minister's office visited the Diamond Diagnostic Centre and the Pharmacist reported that she was out of all sorts of medication. The Director of Pharmacy decided to go into the bond. She had the medications right there. **[Mr. Damon:** Name them.]

I am no doctor. They wrote their Combined Requisition and Issued Vouchers (CRIVs) to the Materials, Management Unit (MMU). When we went to MMU it had drugs waiting for Diamond Diagnostic Centre to collect. It is not that we have no medication, but I want to inform this House that since the Committee visited, since we visited, a biochemistry machine has since been procured and awaiting the technical assistance from Meditron Incorporated to have it to be installed and to train staff. The Budget 2018 has catered for the purchase of an x-ray machine. Ongoing work is still in progress at the ICU department, the roof of the maternity ward is near completion and the hospital will now boast a maternity ward for the first time. Diamond Diagnostic Centre will have a maternity ward for the first time under the A Partnership for National Unity/Alliance For Change (APNU/AFC) Government. These works are soon to be completed.

An ECG machine has been procured for this facility. The expansion of the laundry room has been completed and it is now operational. A new Medical Superintendent has been posted to Diamond Diagnostic Centre and we are seeing progress. There is now an injection room and to

my honourable friend Dr. Vindhya Persaud, there are HIV testing kits and treatment for the same in stock. A room has since been identified also for HIV testing. Specialist doctors are at the hospital who evaluate patients and those who cannot be treated at Diamond Diagnostic Centre are transferred to the GPHC, and it has always been like that. This institution is scheduled to be fully operational before the middle of the year.

The Committee visited, it made recommendations and we are acting on those recommendations and we can assure you that we are going to make the Guyana health care system the best.

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

Dr. Anthony: First of all, I want to commend the Committee for the visit to the Diamond Diagnostic Centre. I think it was a timely visit and from the report one can see that the institution is plagued with a number of problems. I am happy that the Hon. Member Mr. John Adams has reported to us that the institution, when the Committee visited, did not have a Chief Executive Officer (CEO) and that someone is now appointed, and hopefully the management problems of the institution would be rectified. Unfortunately, much of what was there in 2017 still persists up to today.

The shortages that we have spoken about and the assurances given to us by the Hon. Member that the medications are somewhere in some bond and somebody has not picked them up, well that is a problem for the institution. Since we have hired a CEO, or somebody to function in that capacity, that is part of that person's function. That person should be able to go get the medications, bring them and stock the institution so that the patients there can get their medication. Right now, as we speak, there are things such as hydrocortisone injection that people cannot get when they go to the institution; novalgin injections a patient cannot get, and it is what the doctors have to administer and it is not available in the wards; salbutamol which is used for asthmatic patients, they cannot get it because there is none available. When children visit the institution, a simple thing, which is quite cheap, such as suspension paracetamol, a patient cannot get at that institution and I can go on. There is a long list here that I have.

Obviously we can come here and we can talk the nice talk, but at the end of the day patients are being affected, people's health are being affected and what we would like to see from the sector

is better management of the sector. I do not think it is a problem of resources. I think adequate resources have been provided. What we have is mismanagement and we have to fix that.

Let of look at medical supplies. In the report you would have seen that a number of medical supplies were not available in 2017 when the Committee visited. Today if you go there, the problems are still there.

7.10 p.m.

Right now there are bandages at the institution; there is no hand soap to wash hands. No soap is available for the doctors; hand sanitizers they do not have, and that is up to today. If you have to get a catheter inserted, they do not have urine collection bags for those patients. Something is definitely wrong with how we are administering this institution.

When we look at the infrastructure, in 2017, and what has happened up to today, when the Committee visited, they identified in the report that a number of the air-conditioning units are not working. Today the same thing obtains. When you look at plumbing of the institution, the plumbing is not working and some of the doctors and nurses are complaining that when it rains, there is a possibility of people getting shock because water could get into those points. They are asking that thing be rectified. **[Ms. Charles-Broomes: Who they?]** The people who are working at the institutions and the patients who use the institution.

We just heard a glorious report about the maternity ward, and I will ask my friend that he should actually pay a visit to see what is going on there. The gynaecology ward is not working; nobody could use it. The delivery section of the obstetrics ward, nobody could use it because it is not working. The ICU, which was in 2017 not working, is still not working. If this is not enough mismanagement, the stationary that the doctors have to use to write up for laboratory, and all kind of different things, that too they do not have. Some of them have to walk with paper from home to be able to write those things. Something is definitely wrong with how we are administering this institution and, therefore, what we need is better management. We have good technical staff there; we have a number of doctors there, we have a number of nurses there and yet that scarce resource cannot be put to treat the patients that need the treatment, because they lack some of the most basic things.

There are a few laboratory things that you could get at that centre, but guess what, they will take a sample, send it to Georgetown Public Hospital Corporation and it takes two weeks for you to get back those results at that institution. Tell me, how a doctor is going to treat patients in the institution when they cannot get basic laboratory test? The only way you could now help the patient, you have to send them privately to be able to get those tests done.

More than that, I am very happy to hear that it is now getting an ECG for the institution. Right now, there is no functioning ECG available to the institution. I can go on and on. Something is wrong and I really urge that this Parliamentary Sectoral Committee continues these visits, because at least it is going there, seeing what is going on, reporting the things and we are very hopeful that the administration would be able to see these things, take them on board, budget to them and fix the problem, because ultimately the health of the people of this country is what is at stake.

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

Dr. Mahadeo: I would like to endorse what my colleagues Dr. Persaud and Dr. Anthony have said. I would like to start my presentation by saying thanks to the staff of Parliament Office who faithfully organised our visits and they were there with us on the visits and they would have heard and then subsequently compiled the reports. We were not easy to deal with sometimes and I would like to say thanks to them, in particular those who have been with us on all the visits.

I heard the Hon. Member Mr. Adam said that the Pharmacist at Diamond Diagnostic Centre...I know when we visited there was a Pharmacy Assistant and I hope that - she had indicated that she would like to become a Pharmacist - there is a Pharmacist there now. I also would like to say that what Mr. Adams said and what Dr. Anthony said are two different things all together, different end of the spectrum. There is only one way that we will know what the real situations with drugs and medical supplies are and that is if we could have the CRIVS in our hands. The CRIVS, at that time, we could have them in our hands, because health is not something to play politics about. If the people are not getting the drugs, they are no getting them, they will be sick and they will cause the country more, because they are not going to produce, they are not going to be able to work properly and the economy is going to suffer. We are talking about better health care for everyone, not just to say that there are medical supplies there when there are not. I

am asking again that the CRIVS and the other documents that we asked to be made available, be made available to us, so we will see that the medications went there and there is another problem somewhere. As my colleague said, the bottom line is the person who is in charge has to deal with it. If the medication is there and somebody is not picking it up, then somebody has to deal with it.

One of the interesting things...My colleagues who visited, Dr. Persaud, Mr. Charlie and Ms. Chandarpal, here... Let me read, the Members of the delegation were Dr. Vindhya Persaud – Chairperson, Mr. Alister Charlie – Member, Dr. Vishwa Mahadeo – Member, Ms. Indranie Chandarpal – Member and the members of staff - Ms. Warren, Ms. Robertson, Ms. Singh, Ms. Isaacs, Ms. Chung and Mr. December.

One of the things that struck me when we visited, we met at the administrator, the person who was in charge, and when she finished telling us about how things were there, how everything was nice, functioning, I told my colleague, Mr. Charlie, “it is good, we will have a very short visit.” Then we spoke with the staff and it was at totally different story, like you heard my colleagues Dr. Anthony and Dr. Persaud said it was a totally different story. Something else struck me, later on, I understood that one of the doctors who was very vocal about the issues there, in particular the issues in the Outpatient Department, about not having HIV kit, further, not having anyone with the training to do a counselling and testing, was subsequently transferred immediately after our visit. That cannot happen. I am saying that when we visit, staff should feel free to tell us things as they are without fear of victimisation.

Shortages of drugs, as far as I know, as my colleague said, continues. There are always issues in health systems, but, we have to deal with them. Periodic shortages we could understand, but not continuous shortages. As my colleague said, this House votes for millions of dollars where that is concerned. That institution has a lot of specialist and the people in that area should be the beneficiaries. If they do not have things to work with, then they cannot deliver the level of care that they could deliver.

I am glad that the Hon. Member said that the facility is being expanded, because initially that was a diagnostic centre and now it is being converted into full blown hospital, kudos. We have

to equip it properly, maintain it properly and provide the necessary disposables for the staff to be able to deliver care.

Having HIV kits there, it is good. I am glad. Having rooms for counselling and testing is good. I also hope that someone is trained, because not anybody, not even a laboratory technologist without training, should be doing HIV testing and counselling.

Another thing that struck me was that the Laboratory Department stated that there were no standard operating procedural manuals in the laboratory. I think that is a travesty for it to do tests properly and reach the standards that we would like it to reach. It needs to have these manuals and the staff need to be trained with them.

The other thing that struck me there - I do hope that this has been corrected; I did not hear the Hon. Member say so - the staff complained bitterly about being attached physically and verbally by people coming to the institution, not the patients but those who accompanied or claimed that they accompanied the patients. They claimed that they feel their lives are threatened and they had asked for the police. I do hope that that has been also corrected.

I would like to ask that this report be adopted. I would like to again propose that we visit again to see how much has been done and to take necessary actions.

Thank you Mr. Speaker. [*Applause*]

Dr. Cummings: I rise to make my contribution to this report on the review. Once again, I will like to say that on our A Partnership for National Unity (APNU) Government assuming office, we recognised that the Diamond Diagnostic Centre was a structure or it had a structure in place with new administrations. It was left by the doctors themselves unsupervised to more or less work that institution or to assist in that institution. Since we have come in power we have now put an administrator, there is a Medical Superintendent and there is also a Regional Health Officer who is overlooking the exercise there.

Mention was made of bad work, the air-conditioning units are not working, but, Mr. Speaker, I want to let you know that our coming to power, when we would have visited there initially, the electrical wiring was in a deplorable state. It seems to our amazement the work that was done

before, in that hospital, was of substandard work and so we have the herculean task to fix that hospital, of which we will.

Mention was also made of the Ophthalmology Department not able to fulfil its mandate of looking at patients in eye care. Prior to our taking up office, persons with eye disability would have normally travelled to Cuba. Our predecessor or Minister of Health prior stopped that arrangement and said that we are going to procure our own instrument, and so forth. To our amazement, nothing of the sort was done. The Ophthalmologist would have come on now and to realise that there were no blades, and so forth. Now we have inherited a memorandum of understanding (MOU) which has not been signed since, between when we came in there was no official MOU with the Cuban Government. It is work in progress as we continue to rework the MOU between our bilateral partners. Since that time we have been trying our best to procure the relevant materials so that the Ophthalmology Department especially at Diamond Diagnostic Centre could function effectively.

I would have thought that prior to our coming in 2015, several visits would have been made before, and with recommendations. To my amazement, it seems that the previous Government did not adhere to those recommendations or else we would not have been in this situation we are in. Nevertheless, we are further thinking we have our Health Vision 2020 and so we are going to press on and do the best we could so that we could bring the “good life” to the people of Guyana.

7.25 p.m.

Mention was made of shortage of drugs, I am checking the veracity of that statement, because, as was mentioned by my previous colleagues, there is a bond with drugs. In addition to that, unlike the other hospitals in the country, the Diamond Drug Bond, that we procure most of our materials and medical supplies, is in close proximity to Diamond Diagnostic Centre. If any hospital would have been short of drugs, certainly it was not the Diamond Diagnostic Centre, because of its in close proximity, in terms of going across and get drugs, and so forth. I am really appalled. Even if there was not a bond on the site, it is in close proximity to make sure that it has drugs. I am checking the veracity of that.

The picture has been painted so gloomy that the hospital is in such a bad state, that there are not any gloves, and so on, but we all know about nosocomial infections. We would have thought that

there would have been some increase of the nosocomial infections at the Diamond Diagnostic Centre, but that is not so, because there is no evidence to suggest that there is an increase in nosocomial infections.

Mention was made of no hydrocortisone injections and whatever injections, but the Hon. Member over there would know that injections are the last reserves, that is not the first. Of course, we want to talk about orals and the other treatment. Injections are the last resort. There are other methods of treatment. We do not want to give patient unnecessary injections when they can use salbutamol, nasal spray or something like that.

Mention was also made of the HIV, persons being stuck, and so forth. I would like to let this august body know that most persons who would have trained before there would have been a site located. Persons who are assigned to that site would have been trained and the Hon. Member would know that. You must be trained to administer HIV drugs. It is not any and every doctor can do that. It is a special doctor who is trained in that area to be that. There are protocols and there are standard treatment guidelines, but whether patients and doctors are adhering to those, that is another worries. We would try to encourage them to adhere to the protocols and treatment guidelines.

In terms of human resources, of course, there is a common thread, we know that there is a paucity of human resources and what has been mentioned is that there is no Public Service Commission (PSC), but as we would say there is a poor reasoning, because person can be employed temporary until the PSC comes into being. That is not an excuse for not having a 24-hour service and there y should be temporary appointments, so that we could continue that system throughout the 24 hours with adequate staff.

What is good about this report is that I notice there is only one maternal death, despite the gloomy situation, for 2016. Of course, we do not want that at all, but there was just one maternal death here, which we are happy for and we hope that it would minimise to zero, but that is that.

At the present time, we have begun to look at the recommendations and presently, as was mentioned by my colleague, that the maternity section has been widened, so that inpatients can be there and, right now, under review, in another two weeks, there should be the completed

new maternity section there and also the ICU. We are on the way to give persons the “good life”.

We are happy that we are keeping with our vision, we are staying resolutely on course. I just want the populace to know that this Government has their interest at heart and we know that the health of the nation is the wealth of the nation. [*Applause*]

Dr. Persaud (replying): I would like to remind the Hon. Member who spoke before me that this was in 2017. Also I would like to say that I wish you would have come with us on the visit, because you would have seen all of these things that we found right there, right then and it was recorded right there in the report. We have not come here to make things up. These are part of the report.

I would also like to say injectable is not the last resort. An injectable is the first resort in some instances. Salbutamol is used commonly by asthmatics and when an asthmatic goes into crisis in the Emergency Room (ER), hydrocortisone is absolutely necessary. It is important to have all of these things.

The Hon. Minister spoke about one death, but if paragraph 27 in the report was looked at, most of the maternity cases were transferred to Georgetown Public Hospital Corporation, because the department was not functioning even though there was a Gynaecologist there. While, as the Member, I am happy there are no deaths most of these cases are going to Georgetown Public Hospital Corporation.

I would also like to state that the report clearly states that there is a shortage of drugs at this centre, since only 15% of the supplies would have been received. We are asking for the CRIVs. I am hoping when we go back to our Committee meeting these CRIVs will be provided to validate what has been said; that medications were there. We did not only visit and speak to the staff. We also looked at where the medications were stored and the shelves were empty. It is not only my word, it is not only the reporting here, but there are also pictures, there are also videos, and people can also look at them. I think the important thing is that patients who come to this hospital know the truth. Again, these reports should not be looked at in a defensive light. I think if the Ministers visit these institutions more often they would have clear insight as to what is happening there.

I feel that the Parliamentary Sectoral Committee is doing work which is supposed to be done, that is the oversight and scrutiny, and it is our objective to ensure that solid recommendations are made to this House. These recommendations must be seen in the light that the people of Guyana, the patients who depend on health care delivery, are benefiting. It is not merely to say that you have this and you do not have it, then the patients out there know very well that they cannot get panadol or they cannot get salbutamol. I would like to think that it is taken in the right spirit and it is used to guide what happens in the health care system, because health is not something that should be played around with and it is a very serious thing.

In fact, one of the doctors, who was transferred and he was very upset, said, "I am sorry that I spoke to you because I was sent away from the hospital for speaking." He said, "My patients are pensioners and I had to tell these people to go to private facilities to purchase their medication." We cannot deny that these things are happening. It is not only happening at Diamond Diagnostic Centre, but it was across the board and it was one year ago. The fact is that it was one year ago and not much has been done. To be defensive is not the right spirit going forward. What I would like to hear is that these are things happening, we would work to fix it and do it in a genuine spirit, in which this report was intended to be.

I hope that these reports will every time in this House, be looked at in the same way, tonight as we are doing and not be seen as things to be shelved, to be dealt with in a short period of time and dismissed, because I think they can guide the Government, people in authority in all of these institutions of how to better manage. In fact, when we compared all of the hospitals, this one had the worst score on our scoring sheet. There was definitely gross mismanagement at all levels.

I think if the staff are given adequate, accountable and competent management they will be able to perform well. I want to say how happy we were as a Committee to hear that the staff are all passionate about their jobs and that they all try to do the best that they could with what little they had. I must say that is very commendable. Once again, I would like thank the Members of the Committee, the Members of Parliament, the parliamentary staff and the media who accompanied us on this visit.

Question put, and agreed to.

Report adopted.

**ADOPTION OF THE FIFTH SPECIAL REPORT OF THE PARLIAMENTARY
SECTORAL COMMITTEE ON SOCIAL SERVICES ON THE VISIT TO THE
GEORGETOWN PUBLIC HOSPITAL CORPORATION (GPHC)**

BE IT RESOLVED:

That the National Assembly adopts the Fifth Special Report of the Parliamentary Sectoral Committee on Social Services visit to the Georgetown Public Hospital Corporation (GPHC), on Wednesday, 3rd May, 2017. [*Dr. Persaud, Chairperson of the Parliamentary Sectoral Committee on Social Services*]

Dr. Persaud: Mr. Speaker, you could see that our Committee was very busy in the last year. I want to again thank my colleagues in this Committee for making sure that they gave the time so that all of this could have occurred in that one year. I was told recently that this is a new thing because that much was never done before. Whatever it was, I am glad that we were able to do it, and that we were able to highlight all of the things that we highlighted in these reports.

I rise to move a motion to:

“Adopt the fifth special report of the Parliamentary Sectoral Committee on Social Services on the visit to the Georgetown Public Hospital Corporation (GPHC).

BE IT RESOLVED:

That the National Assembly adopts the Fifth Special Report of the Parliamentary Sectoral Committee on Social Services visit to the Georgetown Public Hospital Corporation (GPHC).”

I must also thank the staff of the Parliament Office for being very patient with us as we went through all of these institutions. They recorded them with diligence so that we can have a report today to discuss. The Georgetown Public Hospital Corporation visit had highs and lows and, again, I must commend the staff for delivering in spite of the inadequacies and the shortages they had to grapple with.

One of the things that stuck out in my mind at the Georgetown Public Hospital Corporation, and it was publicised, was the breach of convention, the breach of everything that the Parliamentary

Sectoral Committee on Social Services stands for, when in trying to access a part of the hospital, I was prevented from doing so. However, I knew that these Committees must have unfettered access to all parts of the institution, and as such I did go into the area that I was being prevented from going into, and I had a look at that area. I hope that the Members of Parliament would read this report. One of the reasons I think that I was trying to be prevented from seeing there was that, in this case, the bond truly did not have much in it.

We visited many areas in the hospital, including the Accident and Emergency Department. I am sure every one of us who visited, or in my case I would have worked in that hospital, or who would have taken patients to the hospital, would know that it is a very difficult thing when you go to the Accident and Emergency Department. There is a long wait time, while there are beds, there are more patients than beds. There are also shortages in the hospital with regard to beds on the wards. Patients are kept in the Accident and Emergency Department until those beds on the wards are free. Sometimes they are left there for two to three days or longer because there are no beds in the wards. It definitely not only makes patients uncomfortable, but it prevents the adequate and proper care of these patients.

The Accident and Emergency Department... what came out of there? There has been progress in about six, seven or eight years, with the beginning of the Emergency programme where doctors are trained to delivery health care in emergency medicine. They are now peopling the Accident and Emergency Department. There is a severe shortage of nurses and the doctors mentioned this, because it hampered with the effective delivery of health care. The doctors were also utilising all their strength, their skills, and their patience to deal with the many patients who go to the Accident and Emergency Department. The challenges there included overcrowding, shortage of staff, shortages of medication, poor maintenance of equipment and inadequate space. It is because of all of these problems, things such as elective surgery - this is the main hospital in the country - could not have happened because of the problem of overcrowding.

7.40 p.m.

The doctor in charge of the Accident and Emergency Department said that there should be some move towards employing more nurses at the Georgetown Public Hospital Corporation, having

more nurses in the health care system so that the Hospital could be properly equipped with human resource to effectively deliver at all levels.

Mr. Speaker, he also mentioned that many machines and equipment were vital to the running of the Accident and Emergency (A&E) Department, including things like electrocardiogram (ECG). There was unavailability of a portable x-ray machine and this affected the efficiency of patient care. The portable x-ray machine is vital, especially if patients are unstable or they are not able to move in the way that an ambulant patient can (literally walk in and sit.) So, a portable x-ray machine is needed in those instances.

The A&E Department still continues to be plagued by long lines with people crowding the department, and having to wait long for treatment, and this was what we found there. It was a quiet day, that day, but, usually, it is a place where there is a long wait time.

The doctors also said that, because of the shortage of staff, they had to work long hours, and seeing patients in these long hours, when they would have been burnt out, would affect the way in which they minister to patients. That is something that should be looked at across the board and not only at the Georgetown Public Hospital Corporation (GPHC). In terms of the shifts that staff have to carry and the adequacy of staff to monitor and deal with these shifts, so that they are not burnt out and the burden is not only on one set of staff.

The A&E Department needed 30 doctors and nine nurses to effectively deliver treatment and care. Like in the other hospitals, there was a call for in-house training for repair of equipment that was necessary to have the Hospital function. When people go to the A&E Department, they go for all sorts of reasons, and we noticed that there was a lack of special rooms like a paediatric section, an isolation room for tuberculosis (TB) patients and a decontamination room; and that was one of the recommendations of this Committee. We also recommended all that the staff asked for, including beefed up security so that staff could be safe on their job site.

One of the good things about GPHC - I am always very objective - was the Cardiac Unit. We were very happy with the Cardiac Unit and it was providing great care to patients – much needed care to patients. Staff were well trained, and we got a very nice tour of the Unit, and there was continuous training of the staff. That is a relatively new service that was implemented at the Hospital and I must commend the doctors and the Cardiac Unit.

The Pharmacy Department: the Pharmacy Department had a lot of shortages when we visited and I understand that the shortages are even more. The doctors are coming out of their pockets to provide medication for some of the patients, I was recently told. Especially if patients have serious illnesses and they are unable to get medication, doctors are coming out of their pockets. It might seem as if I am making these things up, but I used to work there and I still know a lot of the doctors there.

What was lacking at that time when we went, were things like: midazolam, lente insulin - and insulin is still in short supply at the Hospital - aspirin and metoprolol. This is in the Report that I am reading from.

We are still waiting on the combined issued and received vouchers (CRIVs) from GPHC, based on the shortages which were highlighted on our visit. That is why I, along with other Members, asked to see the bond and that is where we discovered that there were crippling shortages at the GPHC because the bond was not as stocked as it should be.

I want to highlight this concern of mine. When Committees go to institutions, the whole point of a Committee going is for oversight and scrutiny. If we are going to be denied access to any area, then I think that that flies in the face of our purpose. I would hate to have that happen again because this occurred and we were unable to complete the entire tour of the Hospital; we saw part of it and I am pretty sure we will be going back again to see what is happening. In fact, I was treated very disrespectfully by the Chief Executive Officer (CEO) and the Chairperson of the Board, and I was asked to leave. I think as the Chairperson of the Parliamentary Sectoral Committee on Social Services (PSCSS) that should have never occurred and I hope that whoever goes on these visits, regardless if one is on the Government or Opposition side, that will not be your treatment. I hope that my fellow Members of Parliament (MPs) on both sides of the House would speak out against this kind of treatment because it really was terrible.

There were many recommendations. The laboratory was trying to do the best it could, and I must commend the head of the laboratory for instituting a number of new services to the GPHC. The reality is that the GPHC is frequented by the most patients in this country and, because of the severe shortages that affect this Hospital until today, including shortages of medication, and shortages in laboratory services, patients are left at a loss as to how to access treatment. It is

because we have to realise that many of the patients who utilise our public service do so because they do not have the requisite finances to access private healthcare. And that is something we must never ignore.

Our recommendations are here and, once again, I call on the Members of this House to read these reports; not only from our Committee, but from all the Committees, so that we would be *au fait* with what is happening in the country and how we can fulfil our mandate as Committees by providing recommendations that can be used to impact on various sectors positively.

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

Mr. Adams: Thank you, Mr. Speaker.

I would like to read from the very top of the Report at paragraph 2 - Purpose of the Visit.

“The purpose of the visit was to examine/observe the operational procedures at the Georgetown Public Hospital Corporation (GPHC) to which members of the public follow when accessing emergency health care services. Members of the Committee will also observe the conditions/facilities under which patients are cared for and interact with members of the public and staff at the facility.”

I think that the visit at GPHC was the highlight of all the visits made by the PSCSS.

I can recall, while in Opposition, we had asked to visit GPHC, as I sat on that very Committee and we were told that it is a corporation and we could not visit. But under this Administration, the PSCSS was allowed to visit the GPHC.

[*Mr. Speaker hit the gavel.*]

The A&E Department for the longest while, not just now, has always been overcrowded and always had its troubles - every A&E Department. But I am happy to report that I had reason to visit the A&E Department on Monday, when I took a relative of mine, and it was not as confusing as it used to be. We have more doctors there now and, in more than three years, in 2017, we had a 97% pass of nurses – for more than three years – so, there are more nurses now at GPHC and at the A&E Department. The long wait at the Department is no longer.

I know that the doctors try their utmost. I have spoken to several of them over the last few days. GPHC is a referred hospital and we have patients coming from all over the country. [Ms. Teixeira: Why are Ministers going to Ireland?] You had people who went for diarrhoea; they did not go to GPHC.

[Mr. Speaker hit the gavel.]

Mr. Speaker: Hon. Members, let us keep addressing the Speaker on this matter.

Mr. Adams: We are going to continue. We have looked at the recommendations and we are going to ensure that they are implemented, whatever has to be implemented. Recommendations were made while we were in Opposition but they were only recommendations; they were left there. We are implementing them and we are going to continue to do that. GPHC has moved from where it was. It is better now. [Mr. Damon: Where is it now?] Go get some grass. The delivery of healthcare is better now at GPHC. We know that we have persons in the system who continue to stymie it but we are going to move forward. I thank you. [Applause]

Dr. Anthony: Thank you very much, Mr. Speaker. Again, I would like to commend the Committee for visiting the GPHC.

From the onset, while it is admirable that the Committee was able to visit, one of the things that struck me, which I was very disappointed about, were that the visit to the Hospital was restricted. I cannot see why we would want to restrict the visit to just the A&E Department, the Cardiac Unit, the Paediatric Ward and maybe the Maternity Unit. The Hospital is a big entity, and, if we are going to have proper oversight over this facility, then we should be allowed unfettered access, that is, the Committee should be allowed unfettered access. What is also important is that for our public health spending, we spend probably more than 25% of our public expenditure on this institution. Although it is a corporation, under the Public Corporation Act, the Minister is supposed to bring to this National Assembly an annual report about the institution and present that to this Parliament for us to have oversight. In addition to that, we should also have the auditor's report. I am not aware that, for 2015, 2016 and 2017, any such report has been presented. In the light of not having those reports, it is even more important that we have these Sectoral Committees going and visiting.

In addition, under the Ministry of Health Act, the Minister is obligated to bring to this National Assembly, a report every year. After the close of the year, the Minister must bring to this National Assembly, a report to tell us about what is happening in the sector. None of those reports have been presented. So, that is why I commend this Committee for going out and visiting. But what has happened, if you look at the various departments that were visited, was that the recommendations were made but most of those recommendations were ignored. I take the point that, yes, in the A&E Department, for example, when the Committee visited and had meetings with the doctors there, one of the things that were raised was to get more nursing staff because, at the time, they were rotating out the trained nurses and constantly bringing in new nurses, and those nurses were not able to fulfil the roles that were expected of them at the A&E. I am happy that that has stopped and the nurses that are assigned have been there. And that is changing how service is being delivered at the A&E. But things like the portable x-ray that they have asked for, they had it for a little time and then it is taken away. And so, right now, they do not have any portable x-ray.

There is one ultrasound machine that is functioning there. They need two. There are a number of areas that they have asked for which is the gold standard for A&E Units: isolation wards and things like that; none of that has been put in place as yet. It is more than one year since the Committee has visited and that cannot be put in place; something is definitely wrong.

My Colleagues spoke about the overcrowding at the A&E. I am not talking about, maybe, the 200 odd patients that would visit in a 24-hour period. I used to work there.

7.55 p.m.

I worked there for several years and I was one of the emergency doctors who attended at that hospital so I know what it is like. What has happened now is that we have 18 beds in the accident and emergency department because there are no beds in the wards. When a person comes to the accident and emergency department and he or she needs to be admitted, he or she is admitted, but guess what? The person cannot go from the accident and emergency department to the ward because there is no bed available in the ward. What happens is that they keep them there in the accident and emergency department. They are there on those 18 beds and most of the times those beds are filled. For new patients coming in who need attention, there is nowhere to put them and,

very often, they sit in chairs for hours, and that is a problem. We have to create more space in the hospital so that when people come in on an emergency basis and they are admitted, they can go upstairs and get a bed. That is something that is very, very basic. Why can we not fix this? It is important. The accident and emergency department is overcrowded. As I speak, that practice occurs.

When they visited on the 3rd May, 2017, that was what was happening. It has not changed. We need to change it. Again, when people come to the accident and emergency department, they need laboratory testing. There are some very basic tests that are done there. If they need further testing, they have to go to the central lab which is not far away in the hospital, but guess what? They have to wait six to eight hours to get back results at the accident and emergency department. In an emergency situation, that is totally unacceptable. We have to fix these things. That is not always going on. I heard some comments over here. I have worked there and it was quite different. I can tell you that. If you do not know that, you should go back and check the records. We need to fix these things. This, again, is about patients' health.

I can go on. Many of the other things that were unearthed for the other departments, we still have not fixed them but I do not want to belabour the point.

I think the Government should take these recommendations in good stead and let us work to make sure that we are able to fix them. Once again, I commend the Committee and I hope that the recommendations would be acted upon because, so far, almost a year has been completed, we still have not acted on most of the recommendations. Thank you very much. [*Applause*]

Dr. Westford: Thank you, Mr. Speaker. I, myself, would like to commend this Committee for the good work they have been doing and I would like them to continue doing the same.

This is not the first time that we are debating reports resulting out of visits by the Parliamentary Sectoral Committee on Social Services. I do not think we are getting anywhere. We have the reports coming out and we are getting one thing in the reports. We are reading these reports and we are seeing conditions that are existing at the time when these reports have been laid and visits have been made and then, when we come here, we are told a different story. We are told that these conditions do not exist at this point in time, at the point in time we are debating these reports.

I think that all of us within this House and the nation at large are at a disadvantage. I would like to see these reports being brought to this House immediately after these visits are made so that we can have the exact situation as it exists on the ground. If that cannot happen, we must have a follow-up visit before the debate is done here so that we will know what is the true situation. It is unfair for us to be looking at a report, a visit that was done in May, 2017, now in March, 2018. We cannot determine whether, as we heard, these conditions do not exist now. Some of us who are very close to the ground in the health sector will tell you a different story. I am not going to belabour the point. My Colleagues have been saying exactly what is existing and, no doubt, the Hon. Member, Dr. Cummings, is going to stand here and is going to tell us about how what they took over was a deplorable situation. Dr. Cummings, like myself, like Dr. Anthony and Dr. Mahadeo, all worked in the health sector; some of us are very still connected to the health sector and we know what the conditions were.

I want to ask Dr. Cummings to take off her political hat and put on her doctor's hat, the humane part of what is happening to our citizens when there are shortages. As someone said, we will have occasional shortages in any health sector because it is based on, at the point in time, what are the conditions that we have - flare ups. We can have the flu and we can have all kinds of things flaring up and our medications will definitely diminish. But when we have reports of continuous shortages, it is time to question what is happening. There is no denying that moneys are being expended in the health sector. Again, I am coming back to what Dr. Anthony said, management... I do not deny that we are buying all of the medication that is needed or that should be bought. Is it being distributed in the right manner, in a timely manner? I have been hearing stories of drugs being received today and are going to be expiring in August, so, at the end of August, we can safely say, "We do not have drugs in that institution," even though it is there. There is no denying that it has been happening before, but we have a better system, as you are professing, and you now have the responsibility of fixing it. You have to fix it. At the bottom line of all of this, it is the people who are suffering. When I say people, I mean all of us. We can be at the receiving end of what is happening at the public institutions. We should not, for any reason, think that we will have the nice, timely way of saying, "Today I am sick and I will be taken to X place." We may all end up at a public institution where we would not have the opportunity to say, "Do not take me there." Do you know what? We are going to be at the

receiving end like all of our citizens out there who cannot get proper medical attention when it is needed.

All I want to do is to ask the persons within the health sector, more so the Ministers, to ensure that the staff do their work, that they do what they have to do. We cannot be spending money and not getting value for it. We cannot be. We cannot *bury our heads in the sand*. This is serious business. This is not a road that has to be patched and, if it has a hole, I can drive around it. This is our health.

We have all of these very nice programmes. You turn on the television (TV) and you hear these nice programmes. Dr. Cummings has given us all of the nice glorious things about our chronic diseases and all the rest of it. What is the sense of having these programmes and when these persons who are suffering with diabetes and hypertension go to clinics, they cannot have the medication or they are given a date to go back in two months but they are given medication for one week. What will happen to them if they cannot find the moneys to buy those medication? It is a cycle. Obviously, they are going to become ill and, instead of having to buy medication to give them to take home, we will have to admit them to the hospital. It incurs a lot of cost. If it is a breadwinner, he or she cannot work; their families will suffer. The *worst-case scenario* is that they may die. There again, we have another family without a breadwinner and there again we have children who are left uncared for. It is a vicious cycle. Health is very, very important.

I want to ask, I am surprised that we did not hear the glorified work of how much help we are getting in the health sector from our overseas partners. I did not hear that as yet tonight. I do not know if it is coming up. We have all of the know-how in this country. All we have to do is to put it to work. I am going to go a little narrower here. Right in this House, we have people who have years and years of experience in the health sector and I do not think anyone, any doctor in this House who is *worth their salt* will say, "I am not giving an advice on any issue that will make our health sector better." I am sure. I want to ask, if we have never collaborated on anything else, let us, those of us who have the experience in the health sector...we have been there. We know the system. We know the ins and outs of the system. Let us work together. You may not want to take all of the advice that will be given but let us work together in getting this particular sector working. It will benefit all of us as Guyanese in this country. Sir, once again, thank you and I recommend the [*inaudible*]. [*Applause*]

Dr. Cummings: Mr. Speaker, if it so pleases you, I rise to make contribution to this Report from the Committee on Social Services, which visited the Georgetown Public Hospital Corporation on 3rd May, 2017, of which I was a part of this delegation.

We are speaking here of our only referral hospital, our level five hospital in the Co-operative Republic of Guyana, a semi- autonomous institution.

Following up on the Hon. Member, Ms. Persaud, that there was some restriction to our visiting to that institution, to my mind, the hospital is a very big Hospital. During that time period that was allotted, there was no way we could have done an effective job in going to all of the places at that hospital. In my opinion, there was not a restriction. All areas could not have been looked at in the time allotted.

Of course, it is a public health institution, our main referral hospital, as I mentioned before. It is not a perfect system but we are trying here and I just want to hold up the Auditor General's report, which I have in my hand, in 2014, which spoke about discrepancies - expired drugs and overpayment for suppliers. I would not open it to get time but I have it in my hand here so just take note as we make sure that we just have some information and some evidence as I hold up the 2014 AG's Report.

Having said that, we are a mature Government that is prepared to listen to any constructive criticism. We have taken health so seriously that, this year, the 2018 budget is \$30 billion that has been given to the health sector. I have to posit that this \$30 billion which is, maybe, the highest so far since we are in Government, might be insufficient because of the level of the deplorable situation that we found ourselves. We want to think that there might be limited fiscal space to be able to do the amount of things that we need to do.

8.10 p.m.

Coming out of...*[Interruption]*

Mr. Chairman: Hon. Members, we are to observe the rules which guide debates in this House. Please proceed, Dr. Cummings.

Dr. Cummings: Thank you, Mr. Speaker, for protecting me. We have some good information from the Fifth Special Report of the Parliamentary Sectoral Committee on Social Services on the Visit to the Georgetown Public Hospital Corporation (GPHC). Dr. Isaacs, the person in charge of our Cardiac Intensive Care Unit, commended the good work being done in that department. As I read:

“Dr. Isaacs further informed the Committee that the majority of their patients are from the Accident and Emergency (A&E) Unit and there is a need for sensitising the public of the services offered.”

At the Cardiac Intensive Care Unit, when you go, you think you are at the Kings County or one of those hospitals in the United States of America (USA). Also, coming out of this Report:

“The hospital should have one large Bond that could facilitate the storage of all its drugs at one location.”

This recommendation has been acted on immediately. If one had taken a look at the Kingston area, one would have seen the dismantling of the bond there because we are putting up a new one which will take care of the needs of the Georgetown Public Hospital Corporation (GPHC). That was just for your information.

For the Medical Laboratory, there was a mention of tests that were being done and those that were not. Persons maybe would have forgotten that, in addition to the GPHC and its lab, there is also the National Public Health Reference Laboratory (NPHRL) which is in Thomas Street. There are some tests which are done there such as, the Zika (ZIKV) and Chikungunya virus (CHIKV) and multi-drug resistance for Tuberculosis (TB), *et cetera*. This is to let you know that we are moving ahead. I must inform you that the National Blood Bank, from this Report, has improved its collection to meet the needs of the department. This is the same Report presented by Dr. Persaud. The stock-out has reduced significantly over the past two years. I just want to lay the information early o'clock.

The level five hospital, as I mentioned earlier, is a referral hospital. Of course we know there is overcrowding at those hospitals. As I said, we have a herculean task of building the public's confidence to make use of the other regional hospitals at Mahaicony, Diamond, West Bank of

Demerara and others in Regions 1, 7, 8 and 9. At the GPHC, we should only be seeing the cases that cannot be looked after at those hospitals. But what we found at the GPHC is continuous overcrowding so we have been working at the triad system to see which patients are in need of urgent attention and non-urgent attention. We want to follow that rule, but, like everything else, it takes time. Behavioural change is a process. Persons will continue to want to come to the GPHC because, through their lens and perception, the best service is offered there. It is a work in progress.

Maintenance of Equipment: I must boast that the GPHC has the best biomed and there is continuous capacity building in that regard. We continue to maintain our equipment. We need to have more persons in that department but we have started.

In terms of nurses, we know the dilemma that the nurses are faced with. There are shortages of nurses, pass rates in exams, *et cetera*, but we do not want to keep rehearsing these negative occurrences. We know that we recruited lecturers, conducted interviews and have re-advertised in the newspapers for more lecturers. We are building the capacity of our lecturers; they are having Master Degrees; we have our partners in Miami. We are on course to ensure that we deliver quality care to our populace in Guyana.

Most of what was mentioned I do not want to reiterate because of the lateness of the hour but I want to say that we are on the move and we will continue to work assiduously to ensure that we offer quality care to the people of Guyana. I thank you. *[Applause]*

Dr. Persaud (replying): Thank you, Mr. Speaker. I do not want to belabour the point, but we were visiting, in 2017, almost two and a half years into this Government's tenure. You could go back, Hon. Member, to 2014, but we can also go back to 1992 to say that, at that time, when the People's Progressive Party Government took over, there was nothing there. The only functioning programme was the vaccination programme that was paid for by the United Nations Children's Fund (UNICEF) and those are contained in the World Health Organization (WHO) and the United Nations (UN) Reports. The point is, we are dealing with this Report on the table and there are many things that were lacking at the GPHC. I noticed the Minister said that time did not permit us, but there was no problem with time because we did not have an allotted time *per se*. The issue that I raised had nothing to do with time, but with the prevention of access in an area

of the hospital. A hospital must be looked at in its entirety because every place in the hospital deals with patient care.

At the Cardiac Intensive Care Unit, I did commend the doctors and the unit which was set up five years ago with all of the required equipment and functions to its full capacity and I continue to say that this is the kind of standard that we should aspire to. That is a good unit and, if there are more units that could follow suit, the hospital would be well on its way to providing the level of care that is required by patients. In fact, there are a few other units that we did not get to look at on this visit but we definitely would be visiting the hospital in the future, this year, to have a look at what is happening in the remainder of the hospital.

With regard to why there is overcrowding, more patients go to the GPHC, that has always been a tradition of sorts; people have confidence in the tertiary level care hospital. But it is also because the primary health centres are very short on medication and sometimes doctors are not there, so they tend to gravitate to the GPHC. This is also because of the economic depression that we face; more people are utilising the public health system and that is a fact. More people cannot afford private healthcare so they go to the public healthcare system for the non-communicable chronic diseases we have in our country, such as diabetes and hypertension, and yet they cannot access basic medication like insulin and anti-hypertensive medication. Like my Colleague, Dr. Westford, said, I do not think that we should be playing politics. Most of us who spoke are doctors. We should look at the health of our people and that is important whether we are on the Opposition or Government's side. When we became doctors, we took a Hippocratic Oath and that is to always help people.

I have worked at the GPHC's emergency room too, like my other Colleagues, and I do know of the challenges and limitations that doctors face. The point of it is, as a country, we are moving forward and, as a healthcare sector, we should evolve, advance and never compare ourselves to what was, but we should look at how we could be better, do better, progress and offer the level of care that is expected of us in this modern time.

There are advances in medicine and, as such, in terms of healthcare, we should not limit ourselves by the way in which we think - you did not do it so I cannot do it. That is not how we

should think. We should think of the patients' health everywhere, people who depend entirely on the public healthcare system.

I would like to echo the sentiments of my Colleague who said that any one of us could end up there. There are excellent doctors in the public healthcare system and GPHC has some of the best doctors in the country but, when doctors are good and they give a diagnosis, it has to be followed up with medication, services and diagnostic tests. All these things are necessary for the effective delivery of healthcare. It cannot be just a doctor prescribing medication, the patient goes to the pharmacy and it is not there. That defeats the purpose of the doctor. Any professional in the National Assembly would tell you that, if they do not have the tools to work, then they cannot proceed. We cannot look at these Reports and be defensive about them. The people's health in our country warrants that every Member of this National Assembly show concern, take off the political hats when it comes to healthcare and things like education because everyone in the country is affected when we take a poor attitude.

Mr. Speaker, all of my Colleagues have shared their perspective and opinions. The Report is there and I hope that it will be perused but, more importantly, I hope the recommendations in it would be looked at, implemented and the situation will be better than what we have identified; we have merely scratched the surface.

My sincere thank you to the staff of the Parliament Office. They were there and helped us to organise the trips and visits. I must specifically thank the Clerk of the Committee for working tirelessly with me and the Committee, along with the other members of staff to get these Reports in the House. I must also say thank you to all the Members of this Committee because we were able, in one year, to do all of this that you are hearing about. I hope you have gained insight and that we could see differently when we go to the hospital. Like the Hon. Member, Dr. Westford, said, when these Reports are brought to the House, we should deal with them with alacrity. I thank you very much Mr. Speaker.

Question put and agreed to.

Motion carried.

ADOPTION OF THE TERMS AND CONDITIONS OF THE CHIEF EXECUTIVE OFFICER, THE HEAD OF OPERATIONS AND THE HEAD OF CORPORATE SERVICES OF THE PUBLIC PROCUREMENT COMMISSION

Lt. Col. (Ret'd) Harmon: Mr. Speaker, might I respectfully advise that we had agreed, within ourselves, that this particular motion would not be proceeded with tonight.

Mr. Speaker: I thank you. Hon. Member Mr Ali, on the matter of the motion that is standing in your name in relation to terms and conditions of certain officers of the Public Procurement Commission, the House has been given to understand that there has been an agreement that this motion may not be proceeded with.

Mr. Ali: Mr. Speaker, we were not anticipating this. There was some discussion, so I would defer to what has been communicated to the Speaker.

Mr. Speaker: Thank you. As I understand, this matter is deferred, as agreed to by both sides of the House. This brings an end to the matters for today. Our business for today has concluded. Hon. Vice-President and acting Prime Minister will move the adjournment.

ADJOURNMENT

Mr. Greenidge: Mr. Speaker, I move the adjournment of the National Assembly to the 26th April. In view of the fact...

8.25 p.m.

Mr. Speaker: What is going on?

Mr. Greenidge: In view of the fact that ...

Mr. Speaker: I beg your pardon. I asked the Hon. Vice-President and Prime Minister (ag) to move the adjournment of the proceedings for today. Having not proceeded with the other matter which concerns the Public Procurement Commission, we then arrived at the end of our business for today.

Mr. Greenidge: Thank you, Mr. Speaker. I repeat, since there seem to be some confusion, I am proposing that the adjournment be moved to 26th April, 2018.

I am adding further that, in view of the fact that the Easter Holidays will be celebrated before we return, namely on 30th March, 2018 which is Good Friday and 1st and 2nd April, 2018 which are Easter Sunday and Easter Monday, I wish to extend sincere wishes to Colleagues for an enjoyable Easter Holiday. Thank you very much.

Mr. Speaker: I thank the Prime Minister (ag) for his wishes. Hon. Members the House will stand adjourned to 26th April, 2018.

Ms. Teixeira: Easter greetings.

Mr. Speaker: Bishop Edghill, do you wish to speak?

Bishop Edghill: Yes, Mr. Speaker. Thank you very much. From this side of the House, we would like to extend to you, the staff of the Parliament Office and to all Guyanese, more particularly our Christian brothers and sisters, Easter greetings as we prepare to celebrate the festival which some may refer to as the Passover and others as Easter, which allows for Good Friday and Easter Sunday. It is our desire that the message, the significance and meaning of the message of Easter, be contemplated, meditated on and that we all seek to follow it, the sacrifice of love, living for the sake of others, highlighting the true meaning of friendship and, more so, the importance of the resurrection, giving hope and faith that there could be life in a better way, once transformation is made. It is in that spirit that we extend Easter greetings from this side of the House. Thank you very much.

Mr. Speaker: I thank the Hon. Member for his Easter greetings. Allow me to wish all Hon. Members of the House a peaceful and enjoyable Easter.

[Interruption]

Mr. Speaker: After the wishes of a peaceful and enjoyable Easter, did I hear a note of discord?

Mr. Ali: Not discord, I said that the Speaker may want to wish the Prime Minister a speedy recovery.

Mr. Speaker: The Speaker would do it but I would have hoped that Members of the House would share the concern which the Speaker expressed privately. We hope that the Hon. Prime

Minister, who is still not at his place in the House, will continue to make the improvements he is making and will, with the beneficence of the Almighty, return to be with us.

Adjourned accordingly at 8.30 p.m.