



OFFICIAL REPORT

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2020-2025) OF THE TWELFTH PARLIAMENT OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE REPUBLIC OF GUYANA HELD IN THE DOME OF THE ARTHUR CHUNG CONFERENCE CENTRE, LILIENDAAL, GREATER GEORGETOWN

14TH Sitting

Wednesday, 23RD December, 2020

**PARLIAMENT OFFICE
HANSARD DIVISION**

The Assembly convened at 10.56 a.m.

Prayers

[Mr. Speaker in the Chair]

MEMBERS OF THE NATIONAL ASSEMBLY (71)

Speaker (1)

*Hon. Manzoor Nadir, M.P.,
Speaker of the National Assembly,
Parliament Office,
Public Buildings,
Brickdam,
Georgetown.

MEMBERS OF THE GOVERNMENT (38)

(i) MEMBERS OF THE PEOPLE’S PROGRESSIVE PARTY/CIVIC (PPP/C) (38)

Prime Minister (1)

+ Hon. Brigadier (Ret’d) Mark Anthony Phillips, M.S.S., M.P.,
Prime Minister,
Prime Minister’s Office,
Colgrain House,
205 Camp Street,
Georgetown.

Vice-President (1)

+ Hon. Bharrat Jagdeo, M.P.,
Vice-President,
Office of the President,
New Garden Street,
Georgetown.

[Absent]

+ Cabinet Member

* Non-Elected Speaker

Attorney General and Minister of Legal Affairs (1)

+ Hon. Mohabir Anil Nandlall, M.P.,
Attorney General and Minister of Legal Affairs,
Ministry of Legal Affairs,
Carmichael Street,
Georgetown.

Senior Ministers (17)

+ Hon. Gail Teixeira, M.P.,
(Region No. 7 – Cuyuni/Mazaruni),
Minister of Parliamentary Affairs and Governance,
Ministry of Parliamentary Affairs and Governance.
Government Chief Whip,
Office of the Presidency,
New Garden Street,
Georgetown.
+ Hon. Hugh H. Todd, M.P.,
(Region No. 4 – Demerara/Mahaica),
Minister of Foreign Affairs and International Co-operation,
Ministry of Foreign Affairs,
Lot 254 South Road,
Georgetown.

+*Hon. Dr. Ashni K. Singh, M.P.,
Senior Minister in the Office of the President with Responsibility for Finance
Ministry of Finance,
Main & Urquhart Streets,
Georgetown.

+ Hon. Bishop Juan A. Edghill, M.S., J.P., M.P.,
Minister of Public Works,
Ministry of Public Works,
Wight’s Lane,
Kingston,
Georgetown.

+ Hon. Dr. Frank C. S. Anthony, M.P.,
Minister of Health,
Ministry of Health,
Brickdam,
Georgetown.

+ **Cabinet Member**

* **Non-Elected Minister**

+ Hon. Priya D. Manickchand, M.P.,
(Region No. 3 – Essequibo Islands/West Demerara),
Minister of Education,
Ministry of Education,
Lot 26 Brickdam,
Georgetown.

+ *Hon. Brindley H.R. Benn, M.P.,
Minister of Home Affairs,
Ministry of Home Affairs,
Brickdam,
Georgetown.

+ Hon. Zulfikar Mustapha, M.P.,
Region No. 6 – East Berbice/Corentyne),
Minister of Agriculture,
Ministry of Agriculture,
Regent and Vlissengen Road,
Bourda, Georgetown.

+ Hon. Pauline R.A. Campbell-Sukhai, M.P.,
Minister of Amerindian Affairs,
Ministry of Amerindian Affairs,
Lot 251-252 Thomas & Quamina Streets,
South Cummingsburg,
Georgetown.

+ Hon. Joseph L.F. Hamilton, M.P.,
Minister of Labour,
Ministry of Labour,
Brickdam,
Georgetown.

[Virtual Participation]

+ Cabinet Member

* Non-Elected Minister

+ Hon. Vickram Outar Bharrat, M.P.,
Minister of Natural Resources,
Ministry of Natural Resources,
Lot 96 Duke Street,
Kingston,
Georgetown.

+*Hon. Oneidge Walrond, M.P.,
Minister of Tourism, Industry and Commerce,
Ministry of Tourism, Industry and Commerce,
Lot 229 South Road,
Bourda, Georgetown.

+ Hon. Nigel D. Dharamlall, M.P.,
(Region No. 2 – Pomeroon/Supenaam),
Minister of Local Government and Regional Development,
Ministry of Local Government and Regional Development,
DeWinkle Building,
Fort Street,
Kingston,
Georgetown.

+ Hon. Collin D. Croal, M.P.,
(Region No. 1 – BarimaWaini),
Minister of Housing and Water,
Ministry of Housing and Water,
Brickdam,
Georgetown.

+ Hon. Vindhya V. H. Persaud, M.S., M.P.,
(Region No. 4 – Demerara/Mahaica),
Minister of Human Services and Social Security,
Ministry of Human Services and Social Security,
Lot 357 East and Lamaha Streets
Georgetown.

+ Hon. Charles S. Ramson, M.P.,
Minister of Culture, Youth and Sports,
Ministry of Culture, Youth and Sports,
Main Street,
Georgetown.

+ Hon. Sonia Savitri Parag, M.P.,
Minister of the Public Service,
Ministry of the Public Service,
164 Waterloo Street,
North Cummingsburg,
Georgetown.

+ **Cabinet Member**

* **Non-Elected Minister**

Junior Ministers (4)

Hon. Warren Kwame E. McCoy, M.P.,
Minister within the Office of the Prime Minister,
Office of the Prime Minister,
c/o Colgrain House,
205 Camp Street,
Georgetown.

Hon. Deodat Indar, M.P.,
Minister within the Ministry of Public Works,
Ministry of Public Works,
Wight’s Lane,
Kingston,
Georgetown.

Hon. Anand Persaud, M.P.,
Minister within the Ministry of Local Government and Regional Development,
Ministry of Local Government and Regional Development,
Fort Street,
Kingston,
Georgetown.

Hon. Susan M. Rodrigues, M.P.,
(Region No. 4 – Demerara/Mahaica),
Minister within the Ministry of Housing and Water,
Ministry of Housing and Water,
Lot 41 Brickdam & United Place,
Stabroek,
Georgetown.

Other Members (14)

Mr. Dharamkumar Seeraj, M.P.,
Lot 71 BB Eccles,
East Bank Demerara.
Mr. Alister S. Charlie, M.P.,
(Region No. 9 – Upper Takutu/Upper Essequibo),
148 Lethem,
Central Rupununi,
c/o Freedom House,
41 Robb Street,
Georgetown.

Dr. Vishwa D.B. Mahadeo, M.P.,
Region No. 6 – East Berbice/Corentyne),
Lot 4 Public Road,
No. 66 Village,
Corentyne,
Berbice.

Mr. Sanjeev J. Datadin, M.P.,
Lot 60 Section ‘K’,
John Street,
Campbellville,
Georgetown.

Mr. Seepaul Narine, M.P.,
Lot 321 BB Seventh Street,
Eccles,
East Bank Demerara.
Mrs. Yvonne Pearson-Fredericks, M.P.,
Mainstay Lake/Whyaka Village,
Mainstay Lake, Essequibo Coast,
c/o Freedom House,
41 Robb Street,
Georgetown.
Dr. Bheri S. Ramsaran, M.P.,
Lot 340 East Street,
South Cummingsburg,
c/o Freedom House,
41 Robb Street,
Georgetown.
Dr. Jennifer R.A. Westford, M.P.,
55 AA Victoria Avenue,
Eccles,
East Bank Demerara.
Mr. Faizal M. Jaffarally, M.P.,
(Region No. 5 – Mahaica/Berbice),
Lot 16-30 New Street,
New Amsterdam.
c/o Freedom House,
Robb Street,
Georgetown.
Dr. Tandika S. Smith, M.P.,
(Region No. 3 - Essequibo Islands/West Demerara),
Lot 290 Area ‘J’,
Tuschen, North,
East Bank Essequibo.
Mr. Lee G.H. Williams, M.P.,
Paruima Upper Mazaruni,
c/o Freedom House,
Robb Street,
Georgetown.
*Ms. Sarah Browne, M.P.,
Parliamentary Secretary,
Ministry of Amerindian Affairs,
Lot 251-252 Thomas & Quamina Streets,
South Cummingsburg,
Georgetown.
*Mr. Vikash Ramkissoon, M.P.,
Parliamentary Secretary,
Ministry of Agriculture,
Regent and Vlissengen Road,
Bourda, Georgetown.
Ms. Bhagmattie Veerasammy, M.P.,
Lot 32 Crown Dam,
Industry,
East Coast Demerara.

MEMBERS OF THE OPPOSITION (32)
(i) A Partnership For National Unity/Alliance For Change (APNU/AFC) (31)

Lt. Col. (Ret’d) Joseph F. Harmon, M.S.M., M.P., <i>Leader of the Opposition,</i> <i>Lot 99 Mazaruni Street,</i> <i>Guyhoc Park,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Mr. Khemraj Ramjattan, M.P., <i>Lot 10 Delph Street,</i> <i>Campbelville,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Mr. Roysdale A. Forde, M.P., <i>Lot 410 Caneview Avenue,</i> <i>South Ruimveldt,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Mr. Raphael G.C. Trotman, M.P., <i>Lot 3202 Pricese 3,</i> <i>Providence,</i> <i>East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Ms. Dawn Hastings-Williams, M.P., <i>Lot 933 Block I,</i> <i>Eccles,</i> <i>East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Dr. Nicolette O. Henry, M.P., <i>Lot 2227 Ozama Street, North Ruimveldt,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Dr. Karen R.V. Cummings, M.P., <i>Lot 2 Belfield Housing Scheme,</i> <i>East Coast Demerara.</i>	<i>[Virtual Participation]</i>
Ms. Tabitha J. Sarabo-Halley, M.P., <i>Lot 3382 Caneview Avenue,</i> <i>South Ruimveldt Park,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Ms. Geeta Chandan-Edmond, M.P., <i>Lot 48 Atlantic Ville,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Mr. Christopher A. Jones, M.P., <i>Opposition Chief Whip,</i> <i>Lot 609 Conciliation Street,</i> <i>Tucville,</i> <i>Georgetown.</i>	<i>[Virtual Participation]</i>
Ms. Annette N. Ferguson, M.P., <i>Lot 842 Eccles,</i> <i>East Bank Demerara.</i>	<i>[Virtual Participation]</i>

Mr. David A. Patterson, M.P., <i>Lot 151 Durbana Square, Lamaha Gardens, Georgetown.</i>	<i>[Absent]</i>
Ms. Coretta A. McDonald, M.P., <i>Lot 202 N, Fourth Street, Alexander Village, Georgetown.</i>	<i>[Virtual Participation]</i>
Ms. Catherine A. Hughes, M.P., <i>(Region No. 4 – Demerara/Mahaica), Lot 13 A, New Providence, East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Mr. Haimraj B. Rajkumar, M.P., <i>Lot 18 Public Road, Johanna Cecilia, (Region # 2 Essequibo Coast).</i>	<i>[Virtual Participation]</i>
Ms. Amanza O.R. Walton-Desir, M.P., <i>Lot 1285 EE Eccles Sugarcane Field, East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Ms. Natasha Singh-Lewis, M.P., <i>Lot 1110 Plot ‘B’, Herstelling, East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Mr. Sherod A. Duncan, M.P., <i>Lot 590 Good Hope, East Coast Demerara.</i>	<i>[Virtual Participation]</i>
Ms. Juretha V. Fernandes, M.P., <i>Lot 1282 Block EE, Eccles, East Bank Demerara.</i>	<i>[Virtual Participation]</i>
Mr. Vincent P. Henry, M.P., <i>(Region No. 9 – Upper Takutu/Upper Essequibo), Shulidnab Village, South Central, Rupununi. (Culvert City Lethem)</i>	<i>[Virtual Participation]</i>
Mr. Ronald Cox, M.P., <i>(Region No. 1 – Barima Waini), Mabaruma Compound.</i>	<i>[Virtual Participation]</i>

Mr. Shurwayne F.K. Holder, M.P.,
(Region No. 2 – Pomeroon/Supenaam),
Lot 55 Henrietta,
Essequibo Coast.

[Virtual Participation]

Mr. Ganesh A. Mahipaul, M.P.,
Lot 14 Plantain Walk,
West Bank Demerara.

[Virtual Participation]

Ms. Nima N. Flue-Bess, M.P.,
(Region No. 4 – Demerara/Mahaica),
Lot 88 Nelson Street,
Mocha Village,
East Bank Demerara.

[Virtual Participation]

Ms. Maureen A. Philadelphia, M.P.,
(Region No. 4 – Demerara/Mahaica),
Lot 17 Block 1, Section F,
Plantation Belfield,
East Coast Demerara.

[Virtual Participation]

Mr. Deonarine Ramsaroop, M.P.,
(Region No. 4 – Demerara/Mahaica),
Lot 40 Block 3
Craig Milne,
Cove & John,
East Coast Demerara.

[Virtual Participation]

Mr. Vincero H. Jordan, M.P.,
(Region No. 5 – Mahaica/Berbice),
Lot 214 Lovely Lass Village,
West Coast Berbice.
C/o Christopher Jones

[Virtual Participation]

Mr. Dineshwar N. Jaiprashad, M.P.,
Region No. 6 – East Berbice/Corentyne),
Lot 80 Babu John Road,
Haswell,
Port Mourant, Corentyne Berbice.

[Virtual Participation]

Mr. Richard E. Sinclair, M.P.,
(Region No. 8 –Potaro/Siparuni)
Church Street Mahdia.
Lot 4 Public Road,
Stewartville,
West Coast Demerara.

[Virtual Participation]

Mr. Jermaine Figueira, M.P.,
(Region No. 10 – Upper Demerara/Upper Berbice),
Lot 136 2nd Street,
Silvertown,
Wismar, Linden.

[Virtual Participation]

Mr. Devin L. Sears, M.P.,
(Region No. 10 – Upper Demerara/Upper Berbice),
Lot 90, Section C,
Wismar, Linden.

[Virtual Participation]

(ii) A New and United Guyana, Liberty and Justice Party and The New Movement (ANUG, LJP & TNM) (1)

Mr. Lenox R. O’Dell Shuman, M.P.,
Deputy Speaker of the National Assembly,
St. Cuthbert’s Mission,
Soesdyke Linden Highway.

[Virtual Participation]

Officers (2)

Mr. Sherlock E. Isaacs, A.A.,
Clerk of the National Assembly,
Parliament Office,
Public Buildings,
Brickdam,
Georgetown.
Ms. Deslyn West,
Assistant Clerk of the National Assembly,
Parliament Office,
Public Buildings,
Brickdam,
Georgetown.

Hansard Division Officers (20)

Ms. Allison Connelly,
Chief Editor
Ms. Marlyn Jeffers-Morrison,
Senior Editor
Ms. Shawnel Cudjoe,
Senior Editor (ag)
Ms. Latoiah Joseph,
Senior Editor (ag)
Ms. Carol Bess,
Editor
Ms. Shevona Telford,
Editor (ag)
Ms. Christina Ramroop,
Editor (ag)
Ms. Tesia Ellis,
Reporter
Ms. Indranie Persaud,
Reporter
Ms. Roseina Singh,
Reporter
Ms. Somna Karen-Muridall,
Reporter

Ms. Eyoka Gibson,
Reporter
Ms. Lushonn Bess,
Reporter
Ms. Bianca Cummings,
Reporter
Mr. Rohan Ramjas,
Reporter
Ms. Nadeila Allen,
Reporter
Ms. Celisa DeFlorimonte,
Reporter
Mr. Parmanand Singh,
Pre –Press Technician
Mr. Saeed Umrao,
Audio Technician
Mr. Daison Horsham,
Audio Technician

Oath of a New Member

Announcements by the Speaker

Presentation of - Papers and Reports

Questions on Notice - For Written Replies

Questions on Notice - For Oral Replies

Statements by Ministers - Including Policy Statements

Requests for Leave

Introduction of Bills & 1st Readings

Public Business – Government Business

Motion - Global Pandemic of COVID-19

Adjournment -

1731

1732

1733-1734

1735-1745

1746-1759

1760-1762

1763

1764

1765-1844

1766-1842

1845-1846

Mr: Speaker: Before we take the oath of new members, I just want to mention that several of our Hon. Members will be joining us virtually. I have the list of names and there are about 20 persons who have so indicated. In the interest of time, we will just note them, and I will pass the list of names on to the Clerk so that he can duly mark them as present.

I want to apologise to the House for the delayed start. Sometimes when we take a few moments to reflect, we may save even more time as we progress.

OATH OF A NEW MEMBER

Mr. Speaker: Hon. Members, by way of an instrument dated the 5th November, 2020, I have been informed that Dr. Ashni Kumar Singh was declared to be a Member of the National Assembly as a Senior Minister in the Office of the President with Responsibility for Finance. Before Dr. Singh can take part in the proceedings of the National Assembly, he will have to make and subscribe to the Oath of Office before the National Assembly as required by article 167 of the *Constitution of the Co-operative Republic of Guyana*.

As Dr. Singh is present, he can now make and subscribe to the Oath of Office which will be administered to him by the Clerk.

The Oath of Office was administered to and subscribed by the following Member:

Dr. Ashni Singh, M.P., Senior Minister in the Office of the President with Responsibility for Finance

Mr. Speaker: Hon. Members, by way of an instrument dated 1st December, I have been informed that Ms. Oneidge Walrond was declared to be a Member of the National Assembly as Minister of Tourism, Industry and Commerce. Before Ms. Walrond can take part in the proceedings of the National Assembly, she will have to make and subscribe to the Oath of Office before the National Assembly as required by article 167 of the *Constitution of the Co-operative Republic of Guyana*.

As Ms. Walrond is present, she can now make and subscribe to the Oath of Office which will be administered to her by the Clerk.

The Oath of Office was administered to and subscribed by the following Member:

Ms. Oneidge Walrond, M.P., Minister of Tourism, Industry and Commerce

ANNOUNCEMENTS BY THE SPEAKER

Welcome of Members to the National Assembly

Mr. Speaker: Hon. Members, on behalf of Members of the National Assembly and myself, I would like to congratulate Dr. Ashni Kumar Singh on, again, becoming a Member of the National Assembly and Ms. Oneidge Walrond on becoming a Member of the National Assembly. I welcome them to the Assembly, and I extend prayers and good wishes to them in service to our people.

Reminder of parliamentary practice and protocol

Mr. Speaker: Hon. Members, I want to bring to your attention some common rules of parliamentary practice and parliamentary protocol.

Dr. Barton Scotland’s, former Speaker of the National Assembly, Minute states:

“One of the best-known rules of Parliamentary procedure, which should be familiar to Parliamentarians worldwide, is that the conduct of the Speaker cannot be criticised, except by way of a substantive motion.”

Over the past few weeks, we have seen a number of Members of the National Assembly making statements with respect to the Speaker. Some reflecting on collusion with respect to lack of transparency and accountability, dereliction of duty and a number of other criticisms which are being made in the media about the Speaker.

““The Canadian *House of Commons Procedure and Practice, 2nd Edition*, pages 313 -314 states:

‘...Reflections on the character or actions of the Speaker – an allegation of bias, for example – could be taken by the House as breaches of privilege and punished accordingly.

In 1981, a Minister complained that remarks directed to Speaker Sauvé by the Leader of the Opposition constituted an attack on the former’s authority and impartiality. The following day, the Minister tabled a motion in the House calling for the matter to be referred to the Standing Committee on Privileges and Elections. However, the Leader of the Opposition withdrew his remarks and the matter was taken no further.””

When a Member is dissatisfied with the decision or actions of the Speaker, he or she has a right to table a motion challenging the decision and the action of the Speaker. For example, if a Member is dissatisfied with the Speaker’s approval of a motion for debate in the National Assembly, he or she has the right to table a substantive motion challenging the Speaker’s decision. Such a motion will receive priority over the motion challenged.

I bring this to your attention, and I am reading from a document dated 12th April, 2016. This is a document which former Speaker Hon. Dr Barton Scotland read to the National Assembly. Having sat in National Assembly as an elected Member, I saw similar announcements made by former Speakers; the Hon. Ralph Ramkarran and the Hon. Raphael Trotman. I intend to uphold this convention.

PRESENTATION OF PAPERS AND REPORTS

The following Papers and Reports were laid:

- (1) Report of the Auditor General to the National Assembly on the Public Accounts of Guyana and on the Accounts of Ministries, Departments and Regions for the fiscal year ended 31st December, 2019.

[Speaker of the National Assembly]
- (2) Annual Report of the National Communications Network for the year 2017.
- (3) Annual Report of the National Data Management Authority for the year 2017.

Prime Minister]
- (4) Civil Procedures (Amendment) Rules 2020 – No. 1 of 2020.

[Attorney General and Minister of Legal Affairs]
- (5) Sales Contract No. 37000150 dated January 1, 2015 between PDVSA Petroleo S.A. and the Guyana Energy Agency (GEA) for the purpose of supplying the Cooperative Republic of Guyana with crude oil, refined Petroleum Products and liquefied petroleum gas (LPG) up to 5,200 barrels per day, on a monthly basis.

11.11 a.m.

- (6) Public Debt Annual Report for the year 2018.

Senior Minister in the Office of the President with Responsibility for Finance [Dr. Singh]: I might add to those first few items, which predated the convening of the 12th Parliament, the actions submitted to the Assembly for tabling during the last Parliament that are pending.

- (7) Annual Report of the National Insurance Scheme for the year 2019.
- (8) Annual Report of the Guyana Oil Company Limited for the year 2019.
- (9) Framework and the Agency Agreements. No. 08/06/2020 H, June 8, 2020 between the Cooperative Republic of Guyana, the Islamic Development Bank (IsDB) for an amount of US\$14,630,000.00 for the purpose of financing to Guyana Energy Agency (GEA) Power Small Hydro Project.
- (10) Loan Contact No. GY 0000680 dated December 3, 2020 between the Co-operative Republic of Guyana and the Inter-American Development Bank (IDB) for an amount of US\$22,000,000.00 for the purpose of strengthening the country’s immediate public health response to the COVID-19 Emergency.
- (11) Financial Paper No.2/2019 – Supplementary Estimates (Current and Capital) totalling \$4,150,242,391 for the period 2019-06-13 to 2019-12-31.
- (12) Financial Paper No.1 of 2020 – Supplementary Estimates (Current and Capital) totalling \$792,330,925 for the period 20-10-01 to 20-12-21.
- (13) Financial Paper No.2 of 2020 – Supplementary Estimates (Current and Capital) totalling \$17,403,413,490 for the period 2020-01-01 to 2020-12-21.

[Senior Minister in the Office of the President with the Responsibility of Finance]

The Minister of Finance named Monday, 28th December as the date for the consideration of the financial papers.

Audited Financial Statements of the Guyana National Shipping Corporation for the year ended 31st December, 2019.

[Minister of Public Works]

(14) Audited Financial Statements of the Central Housing and Planning Authority for the year ended 31st December, 2018.

Minister of Housing and Water]

QUESTIONS ON NOTICE

[For Written Replies]

Mr. Speaker: [*Inaudible*] Questions 7 to 10 were for oral replies, with one amendment.

For written replies, question 1 is in the name of the Hon. Member Mr. Jermaine Figueira and it is for the Hon. Minister of Agriculture. It has been circulated.

Questions 2 and 3 are in the name of Hon. Member Mr. Ganesh Mahipaul and are for the Hon. Minister of Local Government and Regional Development.

Questions 4 and 5 are in the name of Hon. Member Ms. Annette Ferguson and are for the Hon. Minister of Housing and Water.

Question 6 is in the name of the Hon. Member Ms. Geeta Chandan-Edmond and it is for the Hon. Minister of Home Affairs. The answers to all of these questions have been received and, in accordance with our Standing Orders, they have been circulated.

(1) GuySuCo

Mr. Figueira:

(a) Can the Minister inform the House, the amount of direct financial assistance GUYSUCO has received from the Government for the last ten (10) years (ending August, 2020) and give the reason for each?

(b) Can the Minister also state what was the cost, in US Dollars, for GuySuCo to produce a ton of sugar for each year (2010-2020)?

(c) Can the Minister inform this House what percentage, in US Dollars, of GUYSUCO’s income (please state sugar and molasses sale) is absorbed as employment cost and debt servicing for each year (2010-2020)?

(d) Can the Minister likewise say what was the world market price, in US Dollars, for a ton of sugar for the last ten (10) years and what was the price per ton, in US Dollars, did GUYSUCO receive from selling to each of its overseas customers (buyer’s name, country and amount sold)?

(e) Can the Minister equally inform this House what is GUYSUCO’s total indebtedness as of August 31, 2020, please include and state (all bank loans, GRA arrears, NIS arrears, pension funds arrears)?

Minister of Agriculture [Mr. Mustapha]:

(a)

- 2010 to 201 – \$20B
- 2015 to July, 2020 – This was a murky period of which we are uncertain about since NICIL, SPU and other agencies would have received and collected moneys that is not reflected in the records.

(b) GuySuCo average cost of Production Per MT per Year for the last 10 years is US\$ 747.38

(c)

1. 71% OF GuySuCo’s income is employed cost
2. 2.5% of GuySuCo’s income is debt servicing

(d) The average world market price for sugar for the last ten years is US\$388.57

1. The price per tonne, in US Dollars, that GuySuCo received from selling to each of its overseas customers is listed below.
2. EU (US\$445.23) USA(US\$593.05), CARICOM (US\$581.30), REGIONAL *NON- CARICOM STATES*- \$US741.04, AUSTRALIA (US\$623.90) ITALY (\$488.27, MIDDLE EAST (US\$708.24), UK (US\$540.05)

(e) 72.5 B

In tabulating the cost of production and subventions, considerations must be given to the contributions GuySuCo was making in areas such as drainage and irrigation for immediate communities, rice and other crops as well as residential areas, community healthcare services and sports facilities. It is also very important to note that, over the last three years, the former Government placed more than seven thousand (7000) sugar workers on the breadline and this caused severe disruptions in their families and killed the village economics in the areas of the closed estates. The sum of \$72.5B is the indebtedness on record. A large percentage of this indebtedness is owed to GRA and NIS (Entities of the State). During the 2015-2020 period, it was widely published

in the press that \$30B GYD was borrowed from commercial banks by GuySuCo/NICIL/SPU. At the time, the Minister of Agriculture, Mr. Noel Holder, is on public recording saying that he is not aware of the loan. The whereabouts of the proceeds of this loan is not clear to GuySuCo. Hopefully, the Auditor General’s Office will bring some clarity to this matter.

(2) Community Development Councils

Mr. Mahipaul: Can the Honourable Minister please provide a list in writing of the names of all

the Community Development Councils across the country?

Minister of Local Government and Regional Development [Mr. Dharamlall]: When the Peoples Progressive Party/Civic Government took Office in August, 2020 there were no records of any Community Development Councils being established. The Ministry of Local Government and Regional Development is currently consulting with the citizens across the country with a view of establishing Community Development Councils.

(3) Sustainable Livelihood Entrepreneurial Development (Sled) Programme

Mr. Mahipaul: *Budget 2020* approved \$105M for the Sustainable Livelihood Entrepreneurial Development (SLED) programme. Can the Honourable Minister submit a list of the Groups, Organisations and other beneficiaries that will benefit from this programme and provide the list of the project proposals that were submitted to his Ministry for approval? Can the Honourable Minister detail the criteria that would be used to disburse the \$105M and say what are the requirements for the persons or groups to benefit from the SLED programme?

Mr. Dharamlall: The Sustainable Livelihood Entrepreneurial Development (SLED) Programme was originally implemented by the former Government under the Ministry of Social Protection. During this period, it was evident that there was no system in place to account for funds allocated and there were no criteria in terms of its implementations. With close to \$250M, being expended without any scrutiny, a comprehensive audit is currently underway.

The programme is a new initiative in the Ministry of Local Government and Regional Development and as such, the modalities to identify Groups, Organisations or other

beneficiaries are still at the developmental stage. The criteria to be used in identifying potential beneficiaries will be based on projects that are goal oriented that foster sustainable development plans and strategies for socio-economic development and empowerment.

(4) New Housing Schemes

Ms. Ferguson: *Budget 2020* provided an allocation of \$3 Billion for the “Housing Sector”. The Honourable Minister in his budget presentation alluded that, “the sum will be utilised for various activities including land preparations for the new housing schemes.

Can the Honourable Minister provide the following:

- a. List the areas where the new housing schemes are to be developed?
- b. When activities will commence and likely to be completed?
- c. Number of house lots and commercial lots for possible allocations in each housing scheme listed at (a) above?

Minister of Housing and Water [Mr. Croal]:

Summary of the new areas to be developed from Budget 2020

Schemes	Description	No. of lots	No. Allocated	No. Available
REGION No. 4				
Pln. Prospect	Total Residential Lots available for allocation	490	339	151
	Total Residential Commercial lots	16		16
Sub-Total		506	339	167
Pln. Annandale	Total Lots available for allocation	332	151	181
	Total Residential Commercial lots	4		4
	Total Commercial lots	37		37
Sub-Total		373	151	222
Pln. Cummings Lodge	Total Residential Lots available for allocation	246	48	198
	Total Residential Commercial lots	3		3
	Total Commercial lots	32		32
Sub-Total		281	48	233
Pin. LBI Tract NY	Total Residential Lots available for allocation	382	292	90
	Total Residential Commercial lots	25		25
Sub-Total		407	292	115
Pin. LBI Tract	Total Residential Lots available for allocation	38	5	33
Pln. Vigilance	Total Lots available for allocation	397	100	297
	Total Residential Commercial lots	19		19

Sub-Total		454	100	349
Pln. Bladen Hall	Total Residential Lots available for allocation	120	23	97
Pln. Strathspey	Total Residential Lots available for allocation	316	139	177
Pln. Mon Repos	Total Residential Lots available for allocation	196	191	5
Pin. Mon Repos	Total Residential Commercial lots	6		6
Sub-Total		638	353	285
Parcel 115 Providence	Total Residential Lots available for allocation	190	146	44
Sub-Total		190	146	44
Total		2849	1429	1415
REGION No. 5				
Schemes	Description	No. of lots	No. Allocated	No. Available
Experiment	Total Residential Lots available for allocation	665	639	26
	Total Residential Commercial lots	4		4
Total		669	639	30
REGION No. 6				
Schemes	Description	No. of lots	No. Allocated	No. Available
Pln. Hampshire	Total Residential Lots available for allocation	48	46	2
No.75 Village	Total Residential Lots available for allocation	251	230	21
	Total Commercial lots	6		6
Sub-Total		305	276	29

No. 79 Village	Total Residential Lots available for allocation	36		9
Williamsburg	Total Residential Lots available for allocation	105	101	4
Ordnance /Fortlands	Total Residential Lots available for allocation	239	234	5
	Total Residential Commercial lots	10		10
Sub-Total		390	362	28
Total		695	638	57

(5) Application For House Lots

Ms. Ferguson: (5)

Can the Hon. Minister provide the number of applications on file as at 2nd August, 2020?

Mr. Croal:

Pending Active Applications

Region	As at December 1, 2019 and Prior	For the period January — August 2, 2020	Total As at August 2, 2020
1	172		172
2	1,993	61	2,054
3	10,680	112	10,792
4	41,949	1,104	43,053
5	2,956	401	3,357
6	4,564	431	4,995
7	825		825
8	44		44
9	557	31	588
10	4,109	71	4,180
Total	67,849	2,211	70,060

(6) Early Release of Sixty-Five (65) Prisoners

Ms. Chandan-Edmond:

(1) The Director of Prisons (a.g.) has confirmed that sixty-five (65) prisoners were granted early release from prison. Could the Hon. Minister of Home Affairs state the circumstances and the factors taken into account to grant early release to the aforementioned prisoners?

(2) Additionally, could the Hon. Minister state the names, length of incarceration and the offences for which the prisoners were convicted?

(3) Could the Hon. Minister state whether the above information will be made public in view of this matter being of public welfare and interest?

Minister of Home Affairs [Mr. Benn]:

- (1) Sixty- five (65) prisoners were released based on achieving one-third (1/3rd) of sentence served with commendable behaviour.
- (2) The names of the former prisoners, the lengths of their incarnation and the offences for which They were convicted will not be here stated but can be shown in confidence to the Member asking.
- (3) The information requested above will not be made public except and in the event any person is alleged to have reoffended or become recidivist. The public welfare and interest is served by the determination of the Guyana Prison Service (GPS) of the minimum deserved sentence served and the results of rehabilitation efforts.

Ser #	Offences	Number of Persons
1	Manslaughter	1
2	Causing Death by Dangerous Driving	1
3	Abduction	1
4	Armed Robbery	2
5	Robbery	1
6	Unlawful and Malicious Wounding	3

7	Unlawful Assault	1
8	Bestiality	1
9	Attempt to Commit a Felony	1
10	Trafficking in Cannabis	12
11	Trafficking in Cocaine	1
12	Trafficking in Narcotics	2
13	Possession of Cocaine	1
14	Unlawful Possession of Firearm	2
15	Break and Enter & Larceny	10
16	Affiliation Arrears	3
17	Damage of Property	1
18	Breach of Protection Order	1
19	Simple Larceny	15
20	Fraudulent Conversion	2
21	Escape from Lawful Custody	1
22	Contempt of Court	1
23	Fraud	1
	Total	65

[For Oral Replies]

Mr. Speaker: We are at question 7. Hon. Member Mr. Jermaine Figueira, please ask your question. I think that he is participating virtually.

Mr. Figueira (Participated Virtually): Thank you. I can vividly recall that the Minister had indicated to the House that the purpose of the Guyana Sugar Corporation (GuySuCo) is not...[Inaudible].

Mr. Speaker, I am sorry about that. There was a connection flaw.

Could the Minister inform the House about the amount of direct financial assistance GuySuCo has received from the Government for the last ten (10) years (ending August, 2020). [Inaudible]

Mr. Speaker: Hon. Member, Mr. Figueira, I think this oral question is related to the National Insurance Scheme (NIS).

Sorry, we are back to agriculture. Go ahead Hon. Member, please repeat the question.

Mr. Figueira: Could the Minister inform the House about the amount of direct financial assistance GuySuCo has received from the Government for the last ten (10) years, ending August 2020, and give the reason for each?

Could the Minister also state the cost, in US Dollars, for GuySuCo to produce a tonne of sugar for each year from 2010 to 2020?

Mr. Speaker: Hon. Member, please hold on for one second [*Inaudible*]

Mr. Figueira: This connection is really bad.

Mr. Speaker: Hon. Members, my apologies. Hon. Member Mr. Figueira, that first question was for written response and that was circulated. We are dealing with the questions for oral replies. Hon. Member Mr. Figueira, the first one in your name is the question on NIS. I think it is directed to the Hon. Senior Minister in the Office of the President with Responsibility for Finance [*Inaudible*].

Mr. Figueira: One second, Mr. Speaker, I am having some difficulties. It must be recorded that I had requested that the Minister of Agriculture provide those answers to the House orally.

Mr. Speaker: Hon. Member, with respect to that particular question, it was stated for a written reply. It is a lengthy question and the Speaker has the authority to convert some oral questions to questions for written replies. Because of the nature of the question and the lengthiness of the response, we have tabled that for a written response. The written reply to that question on GuySuCo was subsequently submitted by the Hon. Minister of Agriculture and duly circulated today in the House. We are now at questions for oral replies and your question relates to the National Insurance Scheme (NIS). It is question 7 on the Order Paper for today.

(7) National Insurance Scheme

Mr. Figueira: (a) Can the Minister inform this House about the length of time in days it takes the National Insurance Scheme to process and make payments on medical or maternity claims from the date NIS would have received all the relevant documentation from the claimant?

Mr. Speaker: Hon. Member, could you ask all of the questions and then we will have the Hon. Minister respond?

Mr. Figueira: I did not hear what you said, Sir.

Mr. Speaker: The question that you tabled had many different parts. Could you put all the parts to the question?

Mr. Figueira: (b) Additionally, can the Minister further say whether signed letters from employers verifying commencement of deductions and claimant pay slips are no longer acceptable by NIS to aid in the verification to expedite claims payment?

(c) Can the Minister inform the House why (b) above affects accelerated processing of maternity claims in 2020?

(d) Can the Minister inform the House about the extent to which employers’ method and speed of remitting employees NIS deductions to NIS works against the employees’ in their moment of need?

(e) Can the Minister inform this House of the number of women, from January 1 to September 30, 2020, who had to wait two months or more from the date of sending in all the relevant documents to NIS to receive maternity claims?

(f) Can the Minister inform this House of the number of persons, from January 1 to September 30, 2020, who had to wait two months or more from the date of sending in all relevant documents to NIS to receive medical claims?

(g) Can the Minister further inform this House what short term measures will be put in place for NIS to reduce the waiting time for processing medical and maternity claims?

11.26 a.m.

Dr. Singh: Let me say at the onset that our Government is deeply concerned with the lengths of time taken by the NIS, in many instances, not in all, for the processing of claims and benefits due to beneficiaries and participants of the Scheme. In fact, as Hon. Members might know, a new Board of Directors was recently appointed to the NIS and I met with them as recently as Monday of this week. I conveyed to them this concern and asked that the Board and the management treat with the matter of more timely processing of claims and benefits as an issue of the greatest importance. I wanted to say this as a general comment at the onset.

Regarding the specific questions that were asked, question (a) was inquiring of the length of time it takes the NIS to process and make payments on medical and maternity claims. I would

say that the timely processing of claims is contingent on these claims being properly completed and the required documents attached. I am advised by the management of the NIS that a maternity claim without a query, after the receipt of documents, takes an average of seven working days to process. A sickness claim without a query, after the receipt of documents, takes an average of 10 working days to process. Injury claims received in the system must be investigated and statements must be taken before processing. As a result of that, injury claims take an average of 21 working days to process.

In relation to part (b) of the question, which asks whether signed letters from employers verifying production of pay slips are no longer acceptable by the NIS to aid the verification claims, I am pleased to inform this House that the NIS still accepts, as documentary of evidence, most pay slips submitted by contributors or employees verifying the production that they have made from their salaries, and also letters from employers attesting to the period of employment and the productions made during that period. And so, the answer to the question is that it is, in fact, not the case that these two alternatives and or complementary sources of documentation are no longer accepted by the NIS. In fact, they are still accepted by the NIS to aid in verification of claims. I should add that, in some cases, investigations are also conducted by inspectors to verify deductions from employee records and other sources to ensure and confirm the validity and the legitimacy of the documentation submitted. Once that is done, the claims are processed accordingly.

Part (c) of the question appears to be premised on the assumption that these two types of documents are no longer accepted. Given that they are still accepted, I do not think that the question of how the non-acceptance of these two sources of documentation would affect the timely processing of claims because, in fact, they are accepted.

With regard to Part (d) of the question in relation to the method and speed of remitting deductions to the NIS and how alternative methods might impact the speed, as the Hon. Member clearly recognises, cooperation from employers and submission of accurate documentation are absolutely critical in ensuring the timely processing of claims. In fact, there are three methods of remitting contributions and related documentation to the NIS. Firstly, there is online submission; secondly, there is electronically scheduled submission which is submission by way of electronic media, perhaps a flash drive or an electronic file; and thirdly, manually scheduled submission, which is the traditional hardcopy or paper-

printed submission. The NIS has been trying to encourage employers to move away from manual submissions and towards electronic submissions, but this is a work in progress. In fact, I have urged the NIS to continue with its efforts and to scale up its efforts to encourage more employers to move towards electronic and, ultimately, online submissions which, of course, eliminates the need for re-entry of the data and improves, potentially, the accuracy of the data.

Part (e) of the question is a very specific question. It is asking about the number of women who had to wait two months or more during a particular period: January 1st to September 30th. As indicated earlier, finding that is dependent on the accuracy of information. In answer to question, I am advised by the NIS that a review of the maternity claims, as reflected on their database, has indicated that, during the period 1st January to 30th September, 2020, approximately 50 maternity claims without queries were processed outside of the two months' period.

In response to question (f), similarly, a review of the medical claims database indicated that, during the same period, 1st January to 30th September, 2020, there were approximately 45 persons for injury benefits, and 1,159 persons for sickness benefit claims without queries were processed outside of the two months' period.

Finally, in relation to measures that will be put in place by the NIS to reduce the waiting time of processing medical and maternity claims, the NIS has been holding information sessions with employers and other stakeholders to inform them of the requirements and to encourage more accurate and timely submission and remission of deductions. National Insurance Scheme inspectors have been tasked with having the anomalies resolved by visiting employers. The NIS has also been doing ongoing training.

Having said that, I would like to emphasise that we, in Government, recognise that claims and benefits do need to be processed in a far more timely manner and that queries do need to be resolved more quickly by the NIS. We are not satisfied, in Government, by the current state-of- affairs. We have conveyed this very clearly to the new Board and the management and we have asked them to rapidly escalate their efforts to address the question of timely processing.

Thank you very much.

Mr. Speaker: For those of us who are participating virtually, if you have to speak, we are kindly requesting that you turn

on your cameras so that we will have you on the screen in the Dome.

Hon. Member Mr. Devin Sears, please ask your question.

(8) Internet Service in Guyana

Mr. Sears: Thank you very much, Mr. Speaker. These questions are directed to the Prime Minister of Guyana and they are with regard to the internet service in Guyana.

- (a) Given the present Coronavirus disease (COVID-19) environment, could the Minister say why the Government has not operationalised Act No.18 of 2016 to liberalise the telecommunication sector to create competition in data services, especially the internet?
- (b) Could the Minister inform this House how many DATA (internet) service providers operate in each of the ten regions in Guyana as at 30th September, 2020, and state which provide primary sourced data (direct access and fibre cable) and which provide secondary sourced data in these regions?
- (c) Could the Minister further inform this House how many households have data (internet) *via* landlines and wireless services for each of the 10 regions in Guyana as of 30th September, 2020?
- (d) Could the Minister further inform the House how many persons have data internet *via* mobile phone services for each of the 10 regions in Guyana as of 30th September, 2020?

Minister of Parliamentary Affairs and Governance and Government Chief Whip [Ms. Teixeira]: Mr. Speaker, I am seeking your guidance, if the Prime Minister will allow me. We passed a motion in here to allow virtual attendance in the National Assembly. However, it is a rather strange occurrence, today, that Members of the Opposition are in a room in the building and are participating virtually. I think that this is not in keeping with the decision we took. In fact, this is a form of boycotting participation. I think that this House should not condone that. If they are in this building, then they should be in this Dome to speak. If they are like Minister Ms. Campbell-Sukhai, who is stuck in Kopinang because the plane cannot land, then that is what virtual is for, or if someone has injured themselves or cannot access this place. It is not to be abused by the Opposition. They are sitting in this building in another room and using the internet. Mr. Speaker, we cannot tolerate this, and we will not accept

this. This is beyond what is acceptable in this House. Stay home!

Opposition Chief Whip [Mr. Jones]: Cde. Speaker, I do not know if, by chance, the Hon. Member was answering the question by Member of Parliament (MP) Mr. Devin Sears, or was it a political statement?

Ms. Teixeira: Mr. Speaker, I am speaking on a Point of Order and seeking a guidance from you on a decision made by this House in September, 2020.

Mr. Speaker: Hon. Members, I do agree with the Hon. Minister. Persons who are in the Arthur Chung Conference Centre (ACCC), the place that has been designated for the sittings of the National Assembly, ought to be present in the Dome. Hon. Prime Minister, you may have the floor.

Prime Minister [Brigadier (Ret’d) Phillips]: Thanks, Mr. Speaker. Should I go ahead with my answer?

Mr. Speaker: Yes, Hon. Prime Minister.

Brigadier (Ret’d) Phillips: I am so guided, Mr. Speaker.

11.41 a.m.

Mr. Speaker: We will proceed as we are. I trust that the Hon. Members, who are observing and participating from rooms within the Arthur Chung Convention Centre, will see it fit to enter the Dome after today. If you are here, present, I will not allow your participation virtually.

Mr. Sears: Given the present Coronavirus COVID-19 environment, can the Minister say why the Government has not operationalised Act No. 18 of 2016 to liberalise the telecommunications sector to create competition in data services, especially the internet?

Brigadier (Ret’d) Phillips: With regard to the first question: given the present Coronavirus disease 2019 environment, can the Minister say why the Government has not operationalised Act No. 18 of 2016 to liberalise the telecommunications sector to create competition in data services, especially the internet?

This question has been overtaken by events. The Telecommunications Act 2016, Act No. 18 of 2016, was a part of the Commencement Orders issued, as published in the *Official Gazette* dated 5th October, 2020 and, thus, has been operationalised contrary to the question being asked by the Hon. Member.

Mr. Sears: Can the Minister inform this House how many DATA (internet) service providers operate in each of the 10 regions in Guyana as at 30th September, 2020, and state which provide primary sourced data (direct access and fiber cable) and which provide secondary sourced data in these regions?

Brigadier (Ret’d) Phillips: With regard to question number two: can the Minister inform this House how many data (internet) service providers operate in each of the 10 regions in Guyana as at 30th September, 2020, and state which provide primary sourced data, that is, direct access and fiber cable and which provides secondary sourced data in these regions?

In answering, I have been advised by my technical staff that the terms ‘primary sourced data’ and ‘secondary sourced data’ are neither terms of art in telecommunications nor are they known to the Telecommunications Act 2016. They were, therefore, unable, that is my technical staff, to understand the question.

Notwithstanding this, I have been advised of the following: Region 1 – three internet service providers; Region 2 – four internet service providers; Region 3 – 20; Region 4 – 26; Region 5 – six; Region 6 – five; Region 7 – three; Region 8 – two; Region 9 – four; and Region 10 – five.

Mr. Sears: Can the Minister further inform this House how many households have data (internet) *via* landlines and or wireless service for each of the 10 regions in Guyana as at 30th September, 2020?

Brigadier (Ret’d) Phillips: The third question: can the Minister further inform this House how many households have data (internet) *via* landlines and or wireless service for each of the 10 regions in Guyana as at 30th September, 2020?

Again, I have been advised that no information with respect to the number of households with access to the internet *via* landlines or wireless service by region is available. In accordance with the data which was garnered from the last quarterly report, dated 30th June, 2020, and presented to the Public Utilities Commission (PUC), the total number of subscribers with the Guyana Telephone and Telegraph Company Limited’s (GT&T’s) services, as at 30th June, 2020, stands as follows: digital service line (DSL) *via* landline infrastructure – 50,942 and fiber to their home known as FTTH – 25,544.

Mr. Sears: Can the Minister further inform this House how many persons have data (internet) *via* mobile phone service for each of the 10 regions in Guyana as at 30th September, 2020?

Brigadier (Ret’d) Phillips: With regards to the fourth question: can the Minister further inform this House how many persons have data (internet) *via* mobile phone service for each of the 10 regions in Guyana as at 30th September, 2020?

Again, I have been advised that no information on the number of persons who received data *via* their mobile phones for each of the 10 regions is available. However, the Public Utilities Commission was informed that, as for their latest reports, the total number of subscribers for both GT&T and Digicel stands as follows: GT&T mobile subscribers as at 3th June, 2020 – 234, 947 and Digicel subscribers as at 31st December, 2019 – 392,330.

Further, both companies have, by way of estimate, indicated to the Commission that each provide access to approximately 90% to 95% of the service area in Guyana.

Mr. Sears: Can the Minister further inform this House if he supports the need to reduce VAT on data given the necessity of online learning in this COVID-19 environment?

Brigadier (Ret’d) Phillips: The fifth question which is listed, I did not hear the Hon. Member ask it a little while ago, but it is stated here on the paper. Can the Minister further inform this House if he supports the need to reduce value-added tax (VAT) on data given the necessity of online learning in this COVID-19 environment?

As outlined in the People’s Progressive Party/Civic (PPP/C) manifesto, the removal of VAT on data is a commitment which was made to the people of Guyana, and, like the many other promises which were already fulfilled within just two months of assuming Office, our Government will also deliver on this commitment. He was here in the Parliament.

Further, should the Hon. Member have any other doubts or questions, I urge him to take a look at my statement on 5th October, 2020 on the liberalisation of the telecommunications sector for additional references.

Thank you for the opportunity to answer the questions, Mr. Speaker. [*Applause*]

(9) Consolidate Fund

Ms. Ferguson: Can the Hon. Minister with responsibility for Finance inform the National Assembly of the total sum of moneys remaining in the Consolidated Fund by the A Partnership for National Unity/Alliance For Change (APNU/AFC) Government, as at 2nd August, 2020?

Dr. Singh: In relation to the question posed by the Hon. Member regarding the total sum of moneys remaining in the Consolidated Fund when the APNU/AFC Government demitted Office on 2nd August, 2020, I regret to inform this honourable House that no moneys was remaining in the Consolidated Fund as at that date. In fact, Mr. Speaker, the Consolidated Fund account was in overdraft in the amount of \$78.7 billion. I might add, Sir, that amount would not have reflected, as at that date, cheques which would have been issued and not yet been cleared, and, therefore, would not yet have been reflected in the bank balance.

I might go further and say that if the overall picture of Government bank accounts at the central bank were to be taken, the Government’s net overdraft position on that date would have been a staggering sum of \$93 billion. Here again, that overdraft amount would not reflect the aggregate of cheques that would have been issued on all of those bank accounts and for which clearance were still pending. For the purposes of informing the House, I might add that this net overdraft of \$93 billion as at August, 2020 could and should be contrasted with the Government’s net position as at April, 2015, when we demitted Office. As at April, 2015, when we demitted Office, the Government was a net depositor at the Central Bank with an amount totalling \$16 billion in the aggregate of Government bank accounts. This picture is replicated if one were to take account of Government balances held throughout the banking system. There would be an even bigger overdraft.

I might add further that the question of the accumulation of this overdraft at the central bank was identified and flagged as an issue by a number of commentators, including international agencies. On no less than two occasions, the International Monetary Fund (IMF), in its annual report on the Guyanese economy, identified the question of the accumulation of this overdraft by the Government at the central bank as a matter of grave concern. In order that we should have a complete picture though, it would be remiss of me not to emphasise that over and beyond the overdraft which was accumulated, when we assumed Office on 2nd August, 2020, we, also, assumed a number of other significant sources of indebtedness by the Government to a wide range of agencies and entities.

If I may, Sir, perhaps, mention one or two examples. We inherited a situation where Government agencies owed in excess of \$12 billion to the Guyana Power and Light Incorporated (GPL), which in fact has translated grave financial distress in that company. Those numbers are not counted in the overdraft. Obviously, they are not counted in the debt numbers that have been reported, but they constitute liabilities of the State. I am only giving a couple of examples. There are others.

The Members of this honourable House would be well aware of a bond that was issued by the National Industrial and Commercial Investments Limited (NICIL) for the purposes of what was described as financing in connection with the Guyana Sugar Corporation Incorporated (GuySuCo). Although I gather that there is still some clarity to be had on exactly what those funds were used for, that bond totalled \$30 billion, of which \$17 billion was [*Inaudible*]. That bond, notwithstanding that it was a NICIL bond, was, in fact, supported by an unconditional sovereign government balance. This means, essentially, that the Government was [*inaudible*] NICIL and they would be required to step into NICIL’s shoes were NICIL would be unable to repay that. So, effectively, this number has to be counted in the total if one were to have a comprehensive picture of the indebtedness of the State.

There are multiple other examples, but I would not wish to detain this honourable House further on this matter. I cite these only as examples to illustrate that, in addition to the overdraft that was accumulated at the central bank, the State in fact is in a much deeper indebtedness than is reflected in the overdraft at the central bank.

Thank you very much, Mr. Speaker.

11.56 a.m.

Mr. Speaker: Hon. Members, question number 10 from Ms. Annette Ferguson ...

Ms. Ferguson: Mr. Speaker...

Mr. Speaker: Yes, Hon. Member? Could you allow me to complete please? I have asked the Clerk of the National Assembly to have this question resubmitted. In fact, it was a question which also demanded a written reply because the Hon. Member had asked that the questions be answered, also, in a written format. Also, the question requires some amount of information gathering and the Hon. Senior Minister within the Ministry of the Presidency with Responsibility for

Finance was just sworn in. I am going to ask the Hon. Member to resubmit this question.

Hon. Member Ms. Ferguson go ahead., your observation please.

Ms. Ferguson: Mr. Speaker, just before I continue, the remarks you made earlier, were they in relation to the National Procurement and Tender Administration Board (NPTAB)? Are you asking for me to resubmit that question?

Mr. Speaker: Yes, Hon. Member.

Ms Ferguson: Thank you very much, Mr. Speaker. In reaction to the question that was asked to the Hon. Minister not so long ago, I have a follow-up to that question. The Hon. Minister said a whole lot of things, but what is important to me is that the Hon. Minister said that, when they took Office on the 2nd August, 2020, there was no money in the Consolidated Fund. My further question to the Hon. Minister is: Can you say to us from where did the moneys that were approved for *Budget 2020* came? Where did those funds come from for us to have a whopping \$329 billion budget for the year 2020?

Mr. Speaker: Hon. Member, you are perfectly in order to ask that supplemental.

Dr. Singh: I would not want, Sir, to abuse the privileges of this House by detaining Members unduly in an exposition on how the public finances work. I would be happy on another occasion to share with the Hon. Member, if she is not familiar with how the financing of the budget operates, I would be very happy. I am being prompted by my Colleague that it appears that lessons might be required.

It is fairly well known, I believe, that the Budget comprises projected revenue, projected expenditure, which is appropriated in the Appropriation Act and the projected financing which comes from multiple sources. In the first instance, financing of the budget comes from the revenues raised by the State during the course of the fiscal year. Obviously, revenues are being raised on an ongoing basis, taxes are being collected, fees and fines are being collected, *et cetera*, for those government services. So, in the first instance, there are revenues being generated by the State on an ongoing basis, on a daily basis. Secondly, there are grants and other inflows to the State, those also contribute to the financing of the budget. Thirdly, there are loans and other financing sources, including, if I may mention just a few, what we call domestic financing. If I were to oversimplify,

these comprise essentially two main types, draw down of Government deposits, which essentially means draw down of Government cash reserves where they exist; or accumulation of further overdrafts that were done by our predecessors in Government or raising of domestic financing such as [*inaudible*] of domestic instruments, such as treasury Bills. Then, of course, there is what would be described as external finance, which would typically be loans that the State would have contracted with external parties. In fact, I believe we tabled three or four such loan agreements with our development partners, under which resources are made available for the purposes of financing both specific projects and, also, in some cases, general budget financing for fiscal purposes.

I am not sure if that was said in sufficiently clear language for the Hon. Member. I would be happy to elaborate, if necessary. I guess, in summary, that would be my initial response, but I would be happy to elaborate and explain further.

Ms. Ferguson: I did not want the Hon. Minister to lecture to me. The question that was asked is one which all Guyanese would want to have a response to. This is because, when the PPP/C came to Government, it publicly stated that it met no moneys in the Consolidated Fund. Secondly, we have \$4.5 billion which was approved by the National Assembly for the COVID-19 fund, amongst all the other funds. Can the Hon. Minister say where exactly did the \$4.5 billion came from that is being distributed as COVID-19 relief funds to the Guyanese people?

If it is the Consolidated Fund, I do not know which other fund you are talking about. You cannot say to us that you met no moneys in the fund, yet you were able to find moneys to distribute amongst our citizens. As a representative of this National Assembly, the citizens would like to know where the money came from, that is one, and how much money was actually left in the Consolidated Fund by the APNU/AFC Government? If the Hon. Minister cannot answer directly, then I have no doubt or reasons for him providing us with a response in writing.

Dr. Singh: For a long time, I tried to understand how the public finances could have been left in such a dismal state of disarray. I now understand. The pieces of the puzzle are finally falling into place. This is because such a display of lack of understanding of the way in which the public finances were could only have resulted in complete and absolute mismanagement of the public purse over the course of the last

five years. I could not be clearer. All of the expenditure provided in the Budget and appropriated in the Appropriation Act is financed by the traditional forces of financing of budgets and public expenditure around the world.

Firstly, and I will repeat for the purposes of clarity, Government revenues are being collected every day, so Government revenue is one source of finance. Secondly, Government grants are being received where we have partnerships with external agencies which we might be eligible for and might draw down on Government grants. Thirdly, there is domestic and external borrow. We borrow for fiscal purposes, both domestically and externally. All of the expenditure in the budget is financed by one or the other of these sources. In the case of expenditure that is financed by domestic sources, these various sources of financing go into a fungible pool of resources that finance the entire budget.

Mr. Speaker, I must confess to you, Sir, that it is beyond my humble faculties to break this down in simpler terms. I am trying my best. It is beyond my faculties to interpret this in a manner that is simpler than I have already stated.

In the event that the Hon. Member is, somehow, trying to claim credit for the COVID-19 relief, because I heard reference to \$4.5 billion in her question, let me say that the Hon. Member and her Government were squatting in Office from March until August and made no effort to provide COVID-19 relief to the people of Guyana. If by some chance she is trying to create the impression that we inherited some pool of resources that they bequeathed to us and that we then drew down on to distribute this COVID-19 relief, the obvious question arises. Why is it that, from March to August, they did absolutely nothing to bring relief to the people of this country, as the people of this country endured not only the trials of COVID-19, but the barefaced display of an attempt to steal democracy in this country? The Hon. Member and her Government were more preoccupied with holding on to power, illegally, than with bringing relief to people. It is an absurdity to come to this House to try and suggest that this \$4.5 billion is somehow being distributed by a pool of resources that was left so graciously by our predecessors. Quite the opposite.

When the Hon. Member and her Government finally relinquished the reins of Government, which they were so desperately holding on to, we inherited a staggering overdraft in the public purse. No amount of drama, gymnastics, manipulation and distortion will change that fact.

Thank you very much, Sir.

Ms. Ferguson: Mr, Speaker, on a Point of Order...

Mr. Speaker: Hon. Member, could you state what is that Point of Order? If you have an additional question, I will allow it.

Ms. Ferguson: Standing Order 41 A. As I said before, I do not need the Hon. Minister to lecture to me or to the Guyanese people. I asked a straightforward question. He went on to COVID-19, he went on to this and he went on to that. I do not need to hear that. You just came off of a flight, what do you know, Dr. Ashni Singh?

(10) National Procurement Board

Mr. Speaker: Thank you, Hon. Member. I think you made your statement.

I have dealt with oral question number 10.

Ms. Ferguson: Mr. Speaker, as I have said before, I do not mind allowing the Hon. Member to provide his response to me in writing. I want to bring this particular question to the Minister...

12.11 p.m.

STATEMENTS BY MINISTERS, INCLUDING POLICY STATEMENTS

Mr. Speaker: Hon. Member, we have now moved on to Statements by Ministers. We have heard you. There are particular Standing Orders with respect to repetition and the Speaker has the authority to disallow further repetition. The Minister has answered. You had an opportunity to make a statement. We are now at the point in the agenda which states Statements by Ministers, including Policy Statements. I now call on the Hon. Prime Minister.

Update on the COVID-19 Pandemic

Brigadier (Ret’d) Phillips: Mr. Speaker, I wish to provide an update on Government’s handling of the Coronavirus, the COVID-19 pandemic, specifically, our Government’s Operation CoviCurb campaign. This has been very effective with engaging the public and raising awareness of the Coronavirus throughout Guyana.

Since assuming Office, just over four months ago, our Government has been working assiduously to assess the situation and develop reasonable logical ways of dealing with the threats and effects of COVID-19, while reducing the

negative impact the pandemic has had on the lives of our citizens and our economy.

Just over two months ago, our Government launched Operation CoviCurb to educate the populace about the Coronavirus in an effort to reduce the spread of the disease. With the involvement of members of the Joint Services and volunteers across our country, we took a multi-sectoral/inter-agency approach of collaboration to make the Operation a very successful one. Education, along with enforcement, has seen improvement in the way persons responded to the Coronavirus at all levels and, by that, I mean from businesses and organisations right down to civilians throughout Guyana.

To date, Operation CoviCurb continues, daily, with conversations and advertisements in mainstream media; that is, television and social media. The newspapers have even been utilised, in addition to flyers, to get the message out and keep persons engaged in the COVID-19 talk through every possible medium. A hotline, which persons have at their disposal to report any instances of the COVID-19 measures and regulations being disregarded or to receive any assistance related to the Coronavirus disease, also exists.

Though challenges exist, just as they do in all other normal circumstances, our Government will continue to tackle the pandemic in the best way possible, from every angle, to ensure the safety of our citizens first but, at the same time, taking into consideration the fact that we need to keep our economy running so that families can take care of themselves and people can get back to work in a safe environment.

The private sector has been very supportive in implementing the COVID-19 measures so that businesses can continue, and employees can earn income with little risk of the Coronavirus being spread. It has also provided great assistance through the provision of masks for distribution.

Overall, our Government has continued to provide support for our citizens across all 10 administrative regions in various forms. These include food and sanitation hampers which have been distributed to the most vulnerable communities and families in various parts of our country. The distribution of the \$25,000 Covid-19 cash grant to every household across Guyana, has also provided great relief to families.

Our Government remains committed to putting all our efforts into combatting the Coronavirus pandemic, while reducing the negative impacts that this deadly disease has on the lives of our people as well as their livelihoods.

Our task force, which includes representatives from various sectors, will continue to meet weekly to make assessments and develop strategies and measures to safeguard our people and to ensure they are still able to survive this challenge. We have, since 2nd August, moved from approvals of repatriation flights to the recommencement of commercial flights, and to the reopening of business and commercial activities that were closed under the measures of a total lockdown by the previous Administration. Outdoor dining, the reopening of hotels, tourist resorts and lodges and a restart of many sporting disciplines, once the COVID-19 protocols are observed, have since commenced.

While it is a challenge to restrict the activities of our people during this Christmas season, we wish to remind all that the COVID-19 virus will not be taking time-off to observe Christmas. Again, we must continue to observe the measures throughout this season and, I repeat, wear a mask, wash and sanitise your hands frequently and watch your distance while interacting.

At this stage, I will end by saying to you all, Merry Christmas to you and your family.

Thank you for this opportunity to speak, Mr. Speaker.

Ruling by the International Court of Justice

Minister of Foreign Affairs and International Co-operation [Mr. Todd]: Mr. Speaker and Hon. Members of Parliament, on 18th December, 2020, the International Court of Justice (ICJ) ruled that it had jurisdiction to hear Guyana’s case against Venezuela to secure the integrity of our land. This was a great victory for the rule of law, internationally, and for the United Nations (UN), whose Secretary-General chose [*inaudible*] for the resolution of our case. It was and is a great moment too for Guyana, whose Government and people have been united and looking to international justice for upholding the territorial integrity of our country. It is a testimony too to what we can achieve together as a nation. As His Excellency President Dr. Irfaan Ali noted on the day that the Court rendered its judgement:

“This victory is testimony to what we can achieve as a people when we are unite, and this should be a healing point for our country. There is no compromise on our sovereignty, we are together on this. And, it is with the same spirit that I think we should be together on the development and future of our country.”

I thank you.

REQUESTS FOR LEAVE TO MOVE THE
ADJOURNMENT OF THE NATIONAL ASSEMBLY ON
DEFINITE MATTERS OF URGENT PUBLIC
IMPORTANCE

Commencement of Standing Committees

Mr. Speaker: Hon. Members, I did receive, electronically, last evening and, formally, early this morning, a request by the Hon. Member, Mr. Ganesh Mahipaul, asking for a matter of urgent public importance to be placed on the agenda. That matter referred to the commencement of meetings of standing committees. While this is important, I did not see it as urgent, so I am disallowing this request.

I also wish to add that the convening of the first meetings of standing committees, primarily, deals with the election of chairpersons for these committees. As a second wave of COVID-19 has been grappling the world and we ourselves have been dealing with an alarming number of cases and not knowing how long this will last, I had asked the Clerk of the National Assembly to put mechanisms in place so that Members who are on committees and who would have to participate in these meetings, regardless of where they are, would have systems to accommodate them so that they can participate when these committees are going to meet.

In this regard, six Members of Parliament from remote areas of the country not served by regular internet were identified to sit on committees. And so, while the first meetings of the committees are important, every standing committee in this National Assembly has equal importance. While the first meeting to elect the chairman or chairperson is important, every meeting, also, is important. We have to ensure that persons can participate in those meetings.

We have to look and see what services could be provided to Members, like Members who are in Purima, in the North-West and Shulinab. I want to say that, as we convene this 14th sitting of the National Assembly, a contract has been signed with the provider and several of these Members will be able to participate directly from their homes because the people of Guyana will be providing them with internet access. If it happens that a community is locked down and a Member is in that community, they will be able to fully participate in these meetings. While we have seen a lot of statements about the convening of these meetings and the imputing of motives, the National Assembly has taken steps to ensure that our

Members can participate and represent their constituents at every meeting possible.

Thank you.

12.26 p.m.

INTRODUCTION OF BILLS AND FIRST READINGS

The following Bills were introduced and read the first time:

(1) **Law Reform Commission (Amendment) Bill – Bill No. 11/2020**

A Bill intituled:
“An Act to amend the Law Reform Commission Act.”

[Attorney General and Minister of Legal Affairs]

(2) **Deceased Persons Estates’ Administration (Amendment) Bill – Bill No. 12/2020**

A Bill intituled:
“An Act to amend the Deceased Persons Estates’ Administration Act.”

[Attorney General and Minister of Legal Affairs]

(3) **Small Business (Amendment) Bill – Bill No. 13/2020**

A Bill intituled:
“An Act to amend the Small Business Act.”

[Attorney General and Minister of Legal Affairs on behalf of the Minister of Tourism, Industry and Commerce]

(4) **HIRE PURCHASE BILL – Bill No. 14/2020**

A Bill intituled:
“An Act to make provision for the regulation of hire purchase, credit sale and conditional sale agreements; and for related purposes.”

[Attorney General and Minister of Legal Affairs on behalf of the Minister of Tourism, Industry and Commerce]

(5) **ADOPTION OF CHILDREN (AMENDMENT) BILL – Bill No. 15/2020**

A Bill intituled:

“An Act to amend the Adoption of Children Act.”

[Minister of Human Services and Social Security]

PUBLIC BUSINESS

GOVERNMENT BUSINESS

Mr. Speaker: Hon. Members, I think this would be an opportune time to take the suspension. Before we take the suspension, I just want to add, firstly, that meetings to elect the chairpersons of committees are scheduled for 2.00 p.m. on 28th December when the Committee of Selection will meet. The notices were supposed to have been circulated and I am sure that, before we end today’s sitting, they are physically going to be in your possession.

I would also like to acknowledge the presence of Mrs. Nadir in the Dome, who has joined me for lunch.

Sitting suspended at 12.30 p.m.

Sitting resumed at 1.59 p.m.

Mr. Speaker: Hon. Members, we will now proceed with the motion standing in the name of the Hon. Minister of Health, Dr. Frank Anthony.

Motion

Global Pandemic of COVID-19

WHEREAS the global pandemic of Covid-19 has changed the world as no other event in humankind’s history with the world’s economies slowing down with travel bans, lockdowns, curfews, school and university closures, closure of businesses and loss of jobs, increased poverty, and increased cases of domestic violence against women and children;

AND WHEREAS the first confirmed case of Covid-19 was identified in Guyana on March 11, 2020;

AND WHEREAS the former Government’s response exposed its level of woeful unpreparedness despite advice and assistance from PAHO and other international bodies;

AND WHEREAS between March 11 and July 31, 2020, only 4,705 PCR tests were done at an average of 26 per day with a 7 day wait period; health facilities across the country, including the Public

Hospital Georgetown, were under-resourced with PPE, drugs, medical equipment and sanitation supplies;

AND WHEREAS between August 2 and December 16, 2020, over 350 tests per day were done with an average turnaround time of 24-48 hours with more test kits, additional laboratory equipment, and trained personnel across the country;

AND WHEREAS over these nine months, there have been 6,042 confirmed cases, 5,197 recoveries and 687 current cases with 158 deaths as of Dec 17;

AND WHEREAS billions of dollars have been expended from the October, 2020 Emergency Budget to restock the empty shelves of the public health sector with supplies of drugs, medical supplies and equipment, not only to treat Covid-19 patients, but also to treat HIV/AIDS, cancer, non-communicable diseases, malaria etc., and recommence the vaccination of our children which had lapsed badly in the last two years;

AND WHEREAS the Health sector has amplified its capacity to do as many as 1500 PCR tests on a daily basis with a 24-48-hour turnaround time;

AND WHEREAS rapid antigen tests, which have been recommended by the World Health Organisation, have been deployed to every region, which would improve waiting time to less than 30 minutes per test coupled with the deployment of PCR point of care testing to Regional hospitals over the next few weeks and improved contract tracing;

AND WHEREAS the private health sector is now included and involved in the fight to reduce the number of cases including building laboratory testing capacity;

AND WHEREAS the advent of several vaccines that have shown great promise, some with over 90 % efficacy are being cleared for use such as Pfizer, Moderna, etc.;

AND WHEREAS Guyana is accessing its vaccines through the COVAX Facility, launched in April by the World Health Organization (WHO), the Vaccine Alliance (GAVI) and the Coalition for Epidemic Preparedness Innovations (CEPI), in response to the pandemic and which seeks to ensure that people in all

corners of the world are able to access COVID-19 vaccines once they are available;

AND WHEREAS preparatory steps are underway to ensure Guyana is ready for a COVID-19 vaccine and it is expected that Guyana will be receiving in total, vaccines equivalent to 20% of its population, an initial 3% then 17% afterwards;

AND WHEREAS Guyana will have to acquire more or other vaccines through other means;

AND WHEREAS Health workers will be the first to receive the vaccine and elderly persons and persons with co-morbidities will be second in line;

AND WHEREAS the vaccines that receive Emergency Use Authorisation require special cold storage spaces to match the specific temperatures ranging from -70 C to 2 degrees C;

AND WHEREAS the Ministry of Health has started publishing bids for contractors to procure and install refrigerators and vaccine carriers, which must be completed before Guyana receives its first quota of the COVID-19 vaccines next year;

AND WHEREAS the new vaccines will require training health care staff that will be administering the vaccines so that Guyana will be ready to roll out the vaccines quickly;

AND WHEREAS a National Vaccine Task Force is being set up including the private sector and other civil society bodies to lead this major logistical undertaking;

AND WHEREAS the Government will be tabling the Corona Virus Immunization Bill in the National Assembly in early 2021,

BE IT RESOLVED:

That this National Assembly: -

- recognizes the seriousness of the Covid-19 pandemic in Guyana and the challenges it has posed and will continue to pose to our people and the nation over the coming year;
- pledge to support required resources needed to test, treat, and immunize our citizens;

- commit to support measures to bring relief to all Guyanese, especially those most in need with humanitarian and other initiatives to restore normalcy as soon as is feasible.

Minister of Health [Dr. Anthony]: Thank you very much, Mr. Speaker and Colleagues. I rise to present the motion on the global pandemic – Coronavirus disease (COVID-19).

The spread of severe acute respiratory syndrome-CoV-2 (SARS-CoV-2), which causes COVID-19, has disrupted, as the Prime Minister rightly said this morning, lives and livelihoods not just in Guyana, but worldwide.

Today, the World Health Organization (WHO) estimates that 76,250,431 persons are confirmed with COVID-19 and that there have been 1,699,230 deaths. Over the last 24 hours, there have been 524,065 new cases of COVID-19 globally.

Our region of the Americas has been the hardest hit with the United States of America (USA) having close to 17 million cases; our neighbour, Brazil, having about 7.2 million cases; Argentina with 1.5 million cases; Columbia with 1.5 million cases; and Mexico with 1.3 million cases, which gives a total of close to 33 million confirmed cases in the Americas. Here in Guyana, as of today, we have 6258 confirmed cases, 162 deaths, and 550 active cases.

What started out as a public health problem has quickly transformed into an economic crisis. The recent report from the International Monetary Fund (IMF), which was released in October as the World Economic Outlook (WEO), predicts a deep recession in 2020, with a -4.4% decline in global Gross Domestic Product (GDP). The loss in output, relative to pre-pandemic projected path, is projected to be over \$3 trillion for 2020 going into 2021. This loss of global wealth has impacted the living standards of billions of persons across the world and has disrupted plans to achieve the developmental goals.

Amidst all this crisis with the COVID-19 pandemic, the scientific community has worked steadfastly to understand this new disease, to develop treatment protocols and, of course, to share the information in real time. The first patient or patient zero was a 70-year-old man, who was diagnosed with atypical pneumonia on 1st December, 2019 in Wuhan, China. Given that the virus has an average incubation period of 14 days, that would suggest that he was infected about mid-November or possibly earlier. By the end of December, 2019, a novel Coronavirus disease was identified as the causative pathogen for this new disease. The genetic

sequencing of the virus began and by 10th January, 2020, this was published, which allowed other scientific organisations around the world to start looking at the sequence to be able to develop diagnostic kits and contemplate new treatment options and vaccines.

The World Health Organization and its partners developed the first diagnostic reverse transcription polymerase chain reaction (RT-PCR) by 13th January, 2020, and this was rolled out to most countries to assist them with the detection of the virus. On 15th January, the National Institute of Health (NIH) in the United States of America started a collaboration with Moderna Incorporated and they were able to design the first messenger ribonucleic acid (mRNA) vaccine. On 31st January, the WHO declared COVID-19 a global public health emergency.

With the global publicity on this disease and with all that was happening, it should have given the A Partnership for National Unity/Alliance For Change (APNU/AFC) Government a lot of time to put in place a comprehensive plan to protect the Guyanese people from this disease. Unfortunately, not much was done. If it were not for the Pan American Health Organization/World Health Organization (PAHO/WHO) which sent a Virologist to Guyana in January to start training some of the staff at the National Public Health Reference Laboratory (NPHRL), Guyana, perhaps, would not have had the capacity to be able to detect the virus. Five persons were trained, and this Virologist brought with him a few kits to be able to detect the virus. They had to use equipment that was already in the laboratory and repurpose it so that they could have been able to test for COVID-19 in Guyana. Very little else was done to train other categories of staff, to look at nurses, talk to them and explain to them about the disease. Very little was done to standardise the protocols for treatment, so that doctors could have understood how to treat and manage this disease. No attempt was made to go to the hospitals and identify spaces that would be needed to house patients and how we would treat infectious patients. None of this was done, not at the Georgetown Public Hospital Corporation (GPHC), at any one of the regional hospitals or any one of the facilities. Of course, there was not even an audit of the types of equipment that we had and what we needed to have to be able to treat this disease successfully.

It is against that backdrop that on 11th March, when the WHO declared COVID-19 as a global pandemic, it was the same day that Guyana got its patient zero, who went to the Accident and Emergency Unit (A&E) at the Georgetown Public Hospital Corporation and subsequently died. When the

test was done, it came back positive for COVID-19. Because the then Ministry of Public Health and the Georgetown Hospital did not have any plans in place to deal with infectious patients, the result was that 46 staff who interacted with that patient were exposed to COVID-19 and all of them, subsequently, had to go into quarantine.

2.09 p.m.

One would have thought that this would have given the Government pause to start working on establishing areas within the hospital, and not just in Georgetown, but around the country to deal with other patients. But this did not materialise and by the time the second patient who required hospitalisation went on 23rd March, 2020, the then Government had to scramble to setup a very rudimentary Infectious Disease Intensive Care Unit (ICU) at the Georgetown Public Hospital Corporation. What did they have there? There were a couple of beds. There was equipment that they were calling ventilators, but these pieces of equipment, really, could not be used properly for COVID-19 patients. It is because those ventilators were bought to transport patients in an ambulance and were not made to be used continuously in an ICU setting. Therefore, these types of equipment kept ‘tripping out’ and putting the patients who were housed in that facility at risk. In addition to that, monitors and other essential items that were required for that ICU were not available. This was the circumstances in which we found ourselves because the Government was not prepared for this pandemic.

Testing: In the motion, we were very generous because we said that 4,705 Polymerase Chain Reaction (PCR) tests were done between March and the end of July. One would have to understand that, at the time when these tests were being done, if one tested positive, for him or her to be discharged from the institution, he or she had to get two negative PCR results within 24 hours. So, if we divide 4,705 PCR tests by three, we would see that, perhaps, it was just 1,400 and something persons who were actually tested. If we divide that by the time period, it works out, on average, that they were doing about 10 PCR tests per day. This was the state of affairs that we inherited.

What is worse was that by the month of August, all regions, except Region 5, had cases of COVID-19. What does that say to us? It says to us that we moved from cluster transmission to community transmission. But the Government then was in a state of denial and because of that we had such widespread cases in almost every region of this country. By 14th August,

2020, we had the first case in Region 5 and that completed all the regions. This was because of what was happening before, where there were lots of cases, but there were unable to be detected because PCR testing was not being done across this country. That was the sad state of affairs.

When we came into Office and we looked at how many kits there were to do PCR testing... first of all, they were limiting how many kits the regions could have had. Some regions had about five kits for the entire region and were told that they must only use these kits if persons were symptomatic. If people were symptomatic and they died from the disease – because clinically one would be able to know – officers were instructed not to take a swab. Therefore, the numbers that we have from that period might not reflect the true picture of what happened. This gives us a sense of what we were dealing with.

When we look at capacity of the regional hospitals in relation to how many beds they had set aside to deal with infectious patients, there were not many, if any at all. When we look at the ICU capacity at these regional hospitals, how many ventilators they had, there was nothing. This was the state of what we had to deal with.

It is not only about providing space and the equipment in the hospital. The most important people in the health sector are the health workers and they did not have Personal Protective Equipment (PPE). Masks, whether it is the surgical or the N95 masks, were not available or most people could not have had access to them. Gowns to protect themselves, hair covers, and shoe covers were not available. Simple items like thermometer, at the beginning, were not available. Pulse oximeters, which are absolutely necessary to check the oxygen concentration in the patient’s blood, were not available. This was the state of what we inherited.

When we came into Office and we made a rapid appraisal of the situation, we also discovered that many of the medications required for patients, not just for COVID-19, but for persons who may have had comorbidities, such as diabetes, hypertension, cardiovascular diseases, cancers, Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and so forth, were in short supply and, in some cases, many of them were not available.

Patients who were stable and were receiving anti-retroviral for their HIV were not able to get those anti-retroviral, which put them at risks for resistance. We had to come in and immediately order these types of medications to correct that. Tuberculosis patients encountered the same problem. A

disease as prevalent in our country as diabetes was another disease for which we did not have enough medication for such patients. There is estimated to be about 60,000 people in Guyana who suffer from diabetes; yet, these persons were not able to access medication. For many of them who could not afford to buy these medications at the private pharmacies, we were putting them at increased risk for COVID-19.

When we looked at what was happening in our Materials Management Unit (MMU), the place where we were store medicines, what did we find there? We found that they had a lot of boxes with expired medication and we had to dump close to dump \$800 million worth of medication because it was expired. This was the state of what we inherited.

Correcting this took a lot of effort, work and resources. Looking at how we could have quickly ramped up the COVID-19 response, at least on the health side, the Government focused on a couple of things. One: we started by improving the public health measures; two: expanding the health system capacity; three: protecting vulnerable populations, such as the elderly and looking at those with comorbidities; and four: we started working with the rest of the community to try to get more societal compliance with our measures. Then, of course, as the Prime Minister said earlier this morning, we talked about working with businesses and industries to make the environment safe. Then, through the Ministries of Finance and Business and other sectors of Government, we started to look at how we could have restored economic health to our country.

Our approach, in improving the public health measures, first of all, focused on protecting healthcare workers. We started off by buying masks, gloves, gowns and face shields and everything that was necessary to protect our health workforce. We ensured that these were distributed across the country to ensure that every region and health centre was able to access these masks, gowns and other protective equipment.

The other issue that we focused on was ensuring that we had accurate testing. What did we do? We started looking at our capacity to do PCR testing. We looked at our National Public Health Reference Laboratory and we saw that we had very limited capacity. An old machine that was left from the previous People’s Progressive Party/Civic (PPP/C) Government was in that laboratory. We had bought that machine for HIV patients, about 20 years ago, and that was the one that was being used with the few kits that they had. We then decided that we had to get new equipment. So, as I

speak to you, today, we have four new PCR machines at that facility.

In addition to that, regarding the process of extracting the samples, if it is done manually, it would take about eight hours to complete one batch. What we did was buy two automated extractors, so that we can have a faster processing time. Instead of eight hours, it is now taking two hours to process a batch. Not one automated machine; we have two, and we have another machine that is in the pipeline. So, effectively, we can process between 1500 and 2000 samples in any given day. That is the kind of capacity that we have been able to build at the National Public Health Reference Laboratory.

We also recognised that in trying to get a sample from one of the regional hospitals, let us say Lethem Regional Hospital, to come into Georgetown, there could be flight delays and various challenges. One of the things that we have started to work on is ensuring that we have what is called point-of-care (POC) testing capacity. We have five GeneXpert machines that were being used for other diseases here in Guyana.

2.24 p.m.

These include things like Tuberculosis. So, we brought in those machines, we have recalibrated them and we have now sent them out to various regions so that we could now do point-of-care testing. This has improved our testing in the regions. This is PCR testing that we are doing with these machines.

In addition to that, we have also brought in antigen tests into Guyana. With these antigen tests, one can do a swab on a person, run the test and within 30 minutes the person can get their results. This is a game changer when one has to see patients in far-flung areas. However, the test has limitations with its sensitivity and, therefore, if there is any doubt, we could always revert to doing PCRs and sending them to process.

When we came into Office, there were very few PCR kits. Now, as I speak to you, Mr. Speaker, we have more than 50,000 PCR kits in stock. The GeneXpert machines, the cartilages that are being used, we have 1,000 of those in stock right now and we have, in the pipeline, about 3,000 that are going to come into the country. We have, right now, 19,000 antigen tests in stock and we have put in an order to get at least 50,000 more. So, in terms of our testing capability for COVID-19, we have moved in leaps and bounds.

In addition, the last Government had restricted the private sector from participating in testing. We have opened that up and there is a private sector laboratory that is now offering PCR testing for COVID-19. That laboratory is also operating at the Cheddi Jagan International Airport (CJIA) and the Eugene F. Correia International Airport.

We have also improved contact tracing. For every patient who has tested positive, we have been able to trace the contacts who they might have exposed. Once we do that, we are then able to advise those persons to go into quarantine or be able to test them and so forth. This has worked for us. We have established government-run quarantine and isolation facilities in every region of this country.

One of the things that we also did when we just came in was mandate the use of masks in public spaces. Even before we got into Government, we had a mask campaign that was rolled out to help protect people. That was why we made mask wearing in public spaces mandatory. We strongly believe that has helped to save many persons from getting COVID-19.

We also looked at how we could expand the hospitals’ capacity. We knew we had to do this because when patients tested positive in a region, we had to send medivac flights to bring them out from those regions to Georgetown. We did not have the capacity in those regions. So, one of the top priorities was to establish ICUs, designate special areas and send the right equipment so that we could treat patients in those regions. We have done that. They have ventilators, oxygen concentrators, monitors and all types equipment that they need to treat patients in the regions.

Here in Georgetown, our main referral hospital, had to close down a number of essential services because the Infectious Disease ICU was in the middle of the hospital and there were possibilities of cross-contamination and a whole host of other things. So, because of that, they had a policy of not taking in many patients into the hospital. If one was not an emergency case, they would not take that person into the hospital. We have been able to change that system. As you know, when we were debating the last budget, I came here and I spoke extensively about the shell that we had at Liliendaal. We have now been able to turn that shell into a proper functioning medical facility.

We have had a number of cases, ranging from mild to the most severe, at the Ministry of Public Health Infectious Disease Hospital. We have put in a 25-bed ICU and we have the capacity to expand it by another five beds so as to ensure

that we have enough capacity for those severely or critically ill patients. We have built out this capacity and we have regularised the supplies of medications that is needed to treat COVID-19 patients. We have bought Remdesivir, one of the drugs that has been touted to help shorten the severity of the disease, and that is been used at our ICU. There are many other medications that, from time to time, the doctors would advise us are necessary for the treatment of the patients. Once we know them, we try to acquire them. In this sense, we have been able to work very hard to ensure that we stabilise the medical and health response to COVID-19.

But this is not enough, and this is not going to get us out of the pandemic. Our way out of the pandemic is that we must have an effective vaccine and we have seen around the world that a lot of work has been done in terms of getting vaccines. In fact, there are about 250 candidate vaccines that are now being worked upon. There are vaccines that might be in pre-clinical trials and those that are in clinical trials. Those that are in clinical trials have different phases – phase one, two and three. Just recently, in this month, we have seen in the United States of America, United Kingdom (UK), Europe and Canada that the Pfizer Messenger (mRNA) vaccine has been given emergency use authorisation and we have seen, in those developed countries, that this vaccine has been rolled out. Just last Friday, the Moderna vaccine, which is also a mRNA vaccine, was given emergency use authorisation by the Food and Drug Administration (FDA) in the United States of America and we expect a large roll out of that vaccine across the United States of America and in other countries.

There are also other types of vaccines that are available. There are about four or five vaccines that the Chinese have worked on. The Sinopharm vaccine is one that has been in phase three clinical trials in at least 10 countries. Bahrain and the United Arab Emirates (UAE) have recently given full approval of this Sinopharm vaccine. Bahrain has said that the efficacy of that vaccine is about 86% and so that is very good in terms of immunising people.

In addition to that particular vaccine from Sinopharm, there is also a Russian vaccine that is called Sputnik V. That vaccine, also, has demonstrated at least a 90% efficacy and has been given emergency use authorisation in Russia. The Chinese have also given their vaccine emergency use authorisation in China. So, there are many options that are available.

The company AstraZeneca and the Oxford University have created a vaccine and there was a lot of hope for that particular vaccine, but, unfortunately, when they did the read

out of the phase three data, it showed that the vaccine is only 62% efficacious. If the dosage is altered and one has a half dose first and then a second dose being a full dose, they have shown that in that subset of patients, the vaccine could have a 90% effectiveness.

So, there are many options that are on the market, but going to these manufacturers directly, small countries like ours would have a major problem in being able to access vaccines. Therefore, the World Health Organization, Gavi, The Vaccine Alliance and Coalition for Epidemic Preparedness Innovations (CIPI) were worried that many poor, developing countries would not be able to have access to vaccines. So, one of the things they did was talk to all of these countries and they formed an alliance called COVAX. Through COVAX, they have about 192 countries involved under this facility. The idea is for COVAX to be able to buy vaccines in bulk and to be able to negotiate with manufacturers to be able get these vaccines at a cheaper cost. So, COVAX has been working and we have been part of that COVAX facility. Within COVAX, there is also a subgroup called Advance Market Commitment (COVAX AMC) 92 countries and Guyana is one of those 92 countries because we are going to get our vaccines through that mechanism free of cost.

We have been working very closely with COVAX and they have required us, over this period, to put in a number of requests, paperwork and so forth, and we have been doing that. They are working to ensure that, by next year, they would be able to secure two billion dosage for these 192 countries that are part of the COVAX facility. That approximates to about 20% of the population of these countries. We expect and they have said to us that the first tranche of these vaccines is expected by the second quarter of next year. In that first tranche, they are going to give us vaccines for about 3% of our population. They asked us, if we get for 3% of our population, who we would give it to.

2.39 *p.m.*

We have said to them that, once we get the vaccine for 3% of our population, our priority would be to give it to the frontline healthcare workers. These are the persons who we are targeting. When we get the rest of the vaccines, we will prioritise it for those persons who are older and for those persons who have comorbidities. This is the course that we have embarked upon and we are working with COVAX to ensure that we are able to get the vaccines.

Even if we get 20% vaccines next year, this would not allow us to exit the pandemic in 2021. For us to be able to do that,

we need to immunise a larger percentage of our population to ensure that we achieve herd immunity. Depending on the efficacy of the vaccine, the higher it is, maybe then we could drop the percentage of the population that we would need to immunise. All the experts are saying that, for us to exit this pandemic, at least 80% or so of our population must be immunised. Therefore, this is going to be a challenge. Next year, even if we get that 20% from COVAX, it is going to be challenging for us to exit the pandemic. Therefore, we have to look at other opportunities to access vaccines if we want to exit this pandemic. We also have to look at the systems that we have in place in our country because, when we peruse our laws, one of the things that one would notice is that Guyana does not have laws that deal with immunisation of adults. We have laws that deal with immunisation of children.

One would have seen that one of that things that we have put in the motion, and that we want to do early in the new year, is to bring a Bill to address this deficiency in our legal framework so that we could ensure that immunisation of adult form within the realms of our laws. This is what we are trying to remedy. There are also some additional things that, perhaps, as a nation, we need to give consideration. All of us would like to stop wearing masks. All of us would like that, when we come into a building, we do not have to wash our hands or sanitise. If we do not achieve herd immunity, it is going to be impossible for us to do so. If we are going to work towards achieving herd immunity, then it means that a lot of our population would also have to decide whether one is going to take the vaccine or not when it becomes available. That is a debate as a society that we should have. We should decide whether we want to make this mandatory or whether we want to make it voluntary. That is a discussion I think we ought to have.

The particular messenger RNA (mRNA) vaccines that are now in the United States of America (USA), and the other vaccines that are being used, have been developed four times the speed of the last vaccines which was mumps. Therefore, one of the things that manufacturers are saying is that they want to also be indemnified. That is something, too, that we must discuss. If the manufacturers are not indemnified, then we would not be able to access and use the vaccines that they have produced. There are many big questions that, as a nation, we need to confront and to decide because all of us are affected by this pandemic, all of us would like to get rid of this pandemic and all of us would want to stop wearing masks and to be able to socialise. That is not going to be possible if an effective vaccine is not available. And, if it is available and if all of us or 80% of our population is not

immunised, then we will still have challenges where people could get infected.

We have worked very hard in terms of stabilising this disease in our country. There are still a lot more work to be done. We cannot be complacent. As we enter into the holiday season, I want to make a special appeal as well because I know this is a period of time when people would like to socialise, go out with friends and so forth. At the National COVID-19 Taskforce level, we have been bombarded with requests to open bars and other areas for social activities. If we do so, we are doing so at our own peril because they could easily become sites for super-spreading events. Therefore, we want to appeal to persons to bear with us and understand that all of us are in the same boat. All of us would like to have a safe Christmas. We all must take responsibility to ensure that we enjoy this holiday season in a safe way.

As the Prime Minister said earlier, there are three main things that we could do until we get that vaccine: wear our masks, wash our hands and to watch our distance. Even with those three simple things, we find that a lot of people are not able or do not want to do it. We have to still persist. I hope that we could make that appeal to ensure that people comply so that we could have a safe holiday season.

I commend this motion and I am sure there will be a lively discussion. I added those points that I made earlier so that I could stimulate the debate. I look forward to hearing the comments from the other Colleagues and to hear some of their thoughts as we try to formulate some of the actions that we should take with regard to how we deal with the COVID-19 pandemic.

Thank you very much. [*Applause*]

Mr. Speaker: Thank you very much, Hon. Minister of Health; I could tell you that you have provided a lot of information and stimulated well.

Dr. Cummings (Participated Virtually): I will start by acknowledging that the unprecedented COVID-19 pandemic has made a long-term and far reaching impact on our world and its population since a pneumonia of unknown cause in Wuhan China was first reported to the World Health Organization (WHO) on 31st December, 2019. Guyana was not spared. The outbreak of this novel coronavirus has been declared a public health emergency of international concern. So much so that, on 5th March, 2020, according to the Director General of the WHO, Dr. Tedros Adhanom Ghebreyesus:

“This epidemic can be pushed back, but only with a collective, coordinated and comprehensive approach that engages the entire machinery of government.”

The WHO Director General further stated, and also made a clarion call, that country leaders must mobilise their plans, coordinate every *[inaudible]* must activate emergency plans through this whole governmental approach.

Understanding that the first confirmed case of COVID-19 was recorded on 11th March, 2020, where a 52-year-old Guyanese woman who had travelled from New York, USA, died at the Georgetown Public Health Corporation (GPHC) where she had presented herself a day prior, the Coalition A Partnership for National Unity Alliance for Change (APNU/AFC) Government, under the astute leadership of Mr. David Arthur Granger, the then President, on 12th March, 2020, the following day of the indexed case, established a COVID-19 Taskforce. He wasted no time, but appointed the then Prime Minister, Mr. Moses Nagamootoo, as its Chairman.

On 14th March, 2020, the then Minister of Public Health, Ms. Volda Ann Lawrence, established the Health Emergency Operations Centre (HEOC) within the Ministry of Public Health. Follow me carefully, as the preachers would say, I am going somewhere.

On 16th March, 2020, the then President Granger issued directions, under the public health ordinance through a Gazetted Order, authorising the Minister of Public Health to take all necessary and appropriate measures to prevent and contain the spread of COVID-19 by isolating and quarantining persons who would have been exposed to the coronavirus, whose symptomology had shown evidence of fever, cough and shortness of breath, resulting in mild to severe illness or death, or if persons had indicated that they had been in contact with a positive case or cases.

To strengthen Guyana’s fight against this dreaded disease, Mr. Granger further appointed Lt. Col. (Ret’d) Joseph Harmon as the Chief Executive Officer (CEO) of the National COVID-19 Taskforce (NCTF), along with the relevant staff with experience to ensure that the required and necessary skillset such as logistical and planning were made available to the NCTF to speed up the tempo on the COVID-19 remediation campaign.

Our Coalition APNU/AFC Government, at that time, ensured that there were ministerial action plans which fed into the national action plan to prevent community spread to local and

hinterland areas. At that time, there was just cluster spread and not community spread. We did not have communities in the hinterlands, the Toshaos or an entire city being COVID-19 positive. To protect the health and safety of Guyana, we took a giant leap of faith and built the Ministry of Public Health Infectious Diseases Hospital; the first of its kind in the Caribbean, for which we should be proud. We did that when the deaths were just two-digit numbers. We are proud of the legacy which we have left for this Government.

In addition to that, to protect the health and safety of Guyanese people, schools and universities were closed and buildings were sanitised.

2.54 p.m.

The National Grade Six Assessment (NGSA) was rescheduled. Parents worked with students at their residences with assistance from teachers via virtual platforms and with the use of digital technology, such as radio and television broadcasts. There were takeout dining and groceries. The Coalition tried curbside pick-ups and there was a staggering of operational hours in supermarkets and pharmacies. To ensure the safety on the job of all medical personnel and technical staff, a rotation system was implemented. Special taxis were arranged to ensure the safety of nurses and other allied health workers. To contain the spread in heavily populated urban areas, social distancing was practised, good sanitation and hygiene were emphasised and sinks were placed at strategic places so as to ensure less transmission of the virus.

To address the social and economic impact on the livelihood of Guyanese people, efforts were made by the Ministry of Agriculture to roll out the Rural Entrepreneurial Agricultural Project (REAP) in the hinterland and coastland regions. There was the pursuing of the suspension of the common external tariff on key consumer commodities considered an average basket for Guyanese and on key input and intermediate commodities required by businesses to boost production. In addition, there was the setting up of the Coordinating Agency for Small Enterprises (CASE) for job retention and employment creation to alleviate poverty, to stimulate worker consumption and to increase production by local, micro and small enterprises in response to the COVID-19 pandemic.

To restrict or halt imported cases into Guyana, there was border closure and control. To take measures to protect the vulnerability of our elderly in those special care homes and shelters like the Psalms Geriatric Home, we had in-care facility. All senior citizens recovered; imagine that. All the

persons from the Psalms Geriatric Home, the senior citizens, who were tested positive and even though they were vulnerable, there were no deaths recorded. All of them recovered under the A Partnership for National Unity/Alliance For Change (APNU/AFC) Coalition Government. That was owing to stringent COVID-19 menu of measures enforced at that institution.

To co-ordinate the efforts of civic and non-governmental organisations and agencies, as you may be aware Mr. Speaker, the private sector came on board by donating sanitisers and food items to the less fortunate and the needy in the form of hampers. Community spread was prevented during the Coalition’s tenure in Office, as there was a lockdown and the enforcement of curfew from 6 a.m. to 6 p.m. We engaged, encouraged and educated our residents and enforcement took place – the four Es.

I go on to the People’s Progressive Party’s (PPP) mismanagement. There was unpreparedness of the COVID-19 pandemic situation. The People’s Progressive Party/Civic continues to blame the Coalition Government for not putting systems in place to curb the scourge of this dreaded pandemic even though it is at the helm of Government at this time. This is far from the truth, as the evidence and the Coalition’s track record has shown otherwise. The deaths are skyrocketing. There are 160 deaths for a small country like Guyana. There are 6,216 confirmed cases and 635 persons in home isolation. We have a case fatality of 17% when the normal fatality percentage should be around 5%. We have a far way to go in stemming this tide.

This speaks volume. The PPP/C’s immediate move to abandon this strategic well thought out plan left in place by the APNU/AFC Coalition Government was fool hardy at best. The PPP/C’s further dismantling of the prevention mechanism available for the disease contagion was reckless. Hence, the lack of foresight by this Government and the inability to govern with transformational leadership have resulted in an uptick in positive cases and the skyrocketing of deaths. The abject failure of the PPP/C Government to address the COVID-19 has proven to be a disaster for the country. The removal of health managers who were perceived to be belonging to the APNU/AFC Government...this move to remove them because they belonged to a particular party has delayed and disrupted the smooth continuation of the services and protocols which were previously started under the APNU/AFC Government.

In the first week in September, 2020, there was a peak of four deaths in 24 hours. I do not care to criticise the People’s Progressive Party’s Government, but its actions speak to its ineptness and lack of care for the scores of Guyanese people who are jobless and who are unable to pay their rent and buy food. It should be noted that the vulnerable are bearing the brunt of this economic impact of the COVID-19 pandemic. The Ministry of Health has resorted to home isolation as its default measure for the prevention and spread of the COVID-19 cases, while the Ministry of Public Health’s infectious disease hospital and the Diamond Diagnostic Centre Isolation Unit, at one point, were significantly below occupancy rate.

As I am speaking on home isolation, that programme is indeed, and for emphasis, a complete disaster. Cases are not properly screened to determine if their circumstances warrant home isolation. Many have reported being informed that they were tested positive but no information on the modality of isolation were offered. This has resulted in many persons being on home isolation with no follow-up and medical care. It is wishful thinking of the Minister of Health to expect home isolated patients to stay home, not infect their families and to not to die. But rather, the Minister expects these very patients to foot the bill while the Ministry of Health continues to waste taxpayers’ dollars.

What we are saying is, whilst the emphasis is being placed on vaccination, herd immunity and trying to encourage hospitalisation and admissions for respiratory signs, what happens to the asymptomatic patients? At least we can, probably, give them some Aspirin or Ivermectin. We can also give them prophylaxis; Zinc, which inhibits the replication of the virus; or Vitamin C; and, maybe, Quercetin or Vitamin D. We can give them supplements rather than just leave them to go home like that.

When patients are home on isolation, the Ministry of Health saves money in this way. The Ministry of Health no longer has to find nurses and doctors to provide patient care to these patients with daily check-ups to ensure that they are recovering well. The Ministry of Health no longer has to make sure patients have access to vitamin supplements, such as Vitamin C and Zinc, to boost their immune systems, along with any medication for fever, headache and cough. In fact, exposed persons have to find money to buy sanitizers and masks even as they lose jobs, thus saving the Ministry of Health \$25,000 for each home isolation case. In other words, Mr. Speaker, there is no plan for an assessment or a comprehensive policy.

Mr. Speaker: It seems that we have lost the Zoom connection. Let us give it a few more minutes and then we may have to move on to the next speaker.

I have been online with the Zoom connection, so it is gone. That is why I think we have lost the Hon. Member. I do not know if the technician can tell us what is happening.

I will ask one of the pagers here to walk over to the area where the Members of the Opposition are zooming and ask them to resume. It is unfair to hold up the work of the Assembly because of these technical difficulties when people are physically present in the building. I now call on Dr. Vishwa Mahadeo to commence his presentation.

Dr. Mahadeo: Thank you Mr. Speaker. I will start by saying that, first of all, I support this motion that is brought to this honourable House by my Colleague and Friend, the Hon. Minister, Dr. Frank Anthony. I also want to pay my respects to and hail out those health workers and those frontline workers who are out there every hour of everyday putting their health at risk so as to ensure that the rest of Guyana is healthy. I would like this House to also pay due respect to these workers.

I would also like to thank those persons who responded to the call of the People’s Progressive Party, even when we were in Opposition waiting for the 2nd of August to happen. I want to thank those people who responded to the call to go out there to share masks and food stuff to the vulnerable and to help those who were at home and who were bedridden. There were hundreds of persons who came out. There were thousands of persons who made masks, prepared hampers and who helped to alleviate the condition of those who were less fortunate.

This pandemic needs to be addressed. When did it come to Guyana? How it came to Guyana? How it was managed? More importantly, why we are where we are today and if things could have been done differently? We need to assess, if not now then sometime in the near future, how this pandemic – the worst that has hit humanity since the 1918 Flu Pandemic was managed – has affected us the Guyanese people, and the lessons it has taught us for the future. It was established long before we had patient zero that the most vulnerable people were the elderly and those with comorbidities, especially uncontrolled diabetes, hypertension and neoplasms. The reality is that the vast majority of Guyanese depends on the public health system for their medicines, especially, the elderly and chronic disease patients.

3.09 p.m.

The other, and I would dare say, sad reality is that, when COVID-19 landed and until a couple of months ago, there was little or no medicines for the public to treat diabetes and hypertension among other conditions.

I recently visited Regions 1 and 9, two hinterland communities... and visiting places like Aishalton, White Water and Karasabai, one would hear health staff saying that their major complaint is that they did not have medicines. Not that it was only now but they did not have medicines for a long time. They said that they only stared to receive medicines for their chronic diseases’ patients a couple days ago.

We learnt from the last Budget speech that substantial drugs and medical supplies were bought for Guyana sometime in 2017. Those found in the bonds were nearly expired or had already expired. The grounds for the ravaging of our population by COVID-19 was well prepared by the last Government. It was only after emergency purchases of medicine were done within the last three months that patients started getting some supplies and are, by extension, better prepared to fight the pandemic. We heard the Hon. Member mentioned about the so called ‘many things’ that the Coalition Government did in preparation for the fight against COVID-19 and so forth. I wonder which country she was talking about.

Let us have a look at how the past Government dealt with COVID-19. Coronavirus landed in Guyana, as we heard from the Minister, on 11th March, 2020. That is same day that the World Health Organization (WHO) announced COVID-19 as a pandemic. We had warning, yet we did not prepare. The expert advice that was given to the last Government was not taken on board. The last Government allowed COVID-19 to seed itself across this country. Testing was not being done. Patients who died with obvious signs and symptoms of COVID-19 were not tested. They were buried so we do not even have the true figure of how many persons died as a result of COVID-19. When tests were done, the results were kept hidden even from the doctors who had requested the tests. They had to get special permission from some *bigwig* in the Ministry of Health before they could have known whether the patient was positive or negative. In the meantime, what happened is that a positive patient could have been tested, the results available, yet not available to whom it matters most.

COVID-19 did not suddenly appear in the hinterland. COVID-19 did not suddenly appear in all of the regions. It

was allowed to get there. It was allowed to get there due to the negligence of the past Government. Instead, COVID-19 was used as a political tool.

Let us look at the taskforce that was set up by the last Government; the said taskforce that we just heard about that was headed by the Prime Minister. It included the Minister of Public Health, the Minister of Finance, the Minister of Public Infrastructure, the Minister of Foreign Affairs, the Minister of Citizenship, the Minister of Education and the Minister of Public Security. Our taskforce includes representatives from all aspects: The Prime Minister, Health, the public sector, security forces and experts from all areas. It is broad-based, and it is people-based. Not only that, as we heard the Hon. Prime Minister say that our taskforce meets, at least, once per week and the discussions are not kept secret. The country is made aware of it. In fact, everyday there is a meeting with the Minister of Health and the Regional Health Officers (RHOs) where everyone is updated on the situation across the country.

The other thing is that COVID-19 was used as a weapon. I remember, distinctly, that one of my comrades, Mr. Neendkumar, along with another person were protesting peacefully and observing all of the COVID-19 guidelines, yet they were arrested, charged and placed in front of the courts during those five infamous that we had not so long ago.

COVID-19 was used even to delay the recount because all kinds of measures were taken. So, COVID-19 was used as a tool by the last Government. The then Government did not take the measures that were necessary to contain the spread of COVID-19, to make lives better for people or to better prepare persons. We are hearing now about all the advice that is being given about getting tablets, medicines and all of that out there.

Let us look at a few of the other things that were in the news. The Hon. Prime Minister, who led the COVID-19 taskforce, made a statement and the *Guyana Chronicle* Newspapers dated 18th March, 2020 quoted him. He said:

“Something like coronavirus, if it takes hold of your population, you’re not sure if you will have survivors...”

Not long after that there was a headline which stated:

“Granger makes Harmon COVID-19 task force Chief Executive Officer (CEO)”.

We heard the previous Hon. Member talk about this secretariat that was set up. I have a question: How much money did it cost this country in paying salaries and emoluments to the CEO of that taskforce and the other persons who were identified to be part of that taskforce?

Going on further with what was in the news; I am only reporting what was in the news. The previous speaker mentioned about sharing of hampers and so forth. This is what Federation Unions of Guyana (FITUG) had to say. This was by Denis Chabrol:

“The Federation of Independent Trade Unions of Guyana (FITUG) earlier this week slammed the Nagamootoo-led Task Force for suspending the distribution of relief supplies to vulnerable groups...”

It went to say that FITUG also criticised the PPP. The article stated:

“...and criticising the opposition People’s Progressive Party’s (PPP) face mask distribution exercise as politically motivated.”

If sharing out masks to the public is politically motivated when it is being shared to save people from getting COVID-19 and, at the same time, educating persons, then let us have many more of these activities by the People’s Progressive Party Civic.

There is another headline dated 4th July, 2020:

“PSC says not pleased with work of COVID-19 task force”

Then there is this one:

“GECOM’s Chairperson decides, ‘no more than 10 workstations for the National Recount”

This, she stated, was based on the advice from the COVID-19 Secretariat.

In addition to all of that, COVID-19 was used as a *milking cow*. Forget about the COVID-19 Secretariat that was set up. Let us look at Region 6. I am a geographic Member of Parliament (MP) for Region 6. In Region 6, over \$60 million was claimed to be spent on COVID-19 by the regional authorities. There was the rental of two buses at a cost of \$ 6 million. Do you know what, Mr. Speaker? Whilst these two buses were rented, the Region still had to provide fuel, drivers, and meals for the drivers. Do you know what, Mr. Speaker? Whilst they were paying \$6 million to rent two

buses from private persons, and one of those buses belonging to a relative of a regional official, there were two buses which were parked under the shed of the Regional Health Services building that were not being used.

Chairs and tents were rented for \$5.2 million. We could have bought chairs and tents for all of the hospitals and all the health centres in Berbice with that kind of money. I am asking the Hon. Minister of Health to ask for an audit into how these moneys were spent and whether they were really spent? Whilst they spent over \$ 60 million on COVID-19, there were permanent shortages of PPEs, masks, shields, and the health workers were crying out that they did not have enough.

In addition to that, I heard the Hon. Member Minister of Finance saying that there are still unpaid bills that he cannot give the full amount of moneys that are owed. I can tell him that there are some more bills coming. In Region 6 alone, there are 50 unpaid workers since the month of April. Their services were utilised and they were not paid. Now, the bill is coming to this Government.

In addition, in Region 7, there are 14 unpaid workers; in Region 8, there are 11 unpaid workers; in Region 3, there are 39 unpaid workers; and in Region 4, there are 41 unpaid workers. We have to pay them from April up to when they stopped working. Again, this needs to be investigated.

Mr. Speaker, we have a plan. Unlike the previous Government, which was focused, only, on trying to hold on to power at all costs, even at the expense of the health of the nation, we have a plan and it has been mentioned by the Minister. If you look at the *Lancet* COVID-19 Commission statement on the occasion of the 75th session of the United Nations (UN) General Assembly, there are points that, if I read them, one will find that we have been guided by this and we are following the same guidelines: wearing of face masks, personal hygiene, physical distancing, banning of large public events, special protection of populations who are vulnerable in terms of health by making sure that they have their medications and making sure medication are taken to them. We are encouraging our health staff and our community health workers to take medicines to these persons rather than having them come to the institution, although some of them still insist on coming to the institution.

Special protection of population socially vulnerable such as children, people with disabilities and testing. Mr. Speaker, for testing, you would have heard numbers called by the Hon. Minister. We have testing capacity in every region now that

we have the rapid antigen test. The rapid anti-body test is in every region and testing can be done there. We have quarantine isolation at home when that environment is safe and that is recommended here. We have social support for those in isolation, safe schooling, safe workplaces, safe international travel and public awareness.

The People’s Progressive Party has a plan. We are working towards that plan. It was sad for me to hear when the RHO of Region 9 said that, although he had moneys in his budget for fuel, he could not have accessed that money when the previous Regional Executive Officer (REO) was in place. We are working together with our health workers in every region at every level to ensure that we could provide the best care that is available for us within the resources that we have whilst, at the same time, we are trying to up our capacity in all areas.

Thank you. [*Applause*]

Mr. Speaker: Thank you, Hon. Member Dr. Vishwa Mahadeo. The speaker before Dr. Vishwa Mahadeo, Dr. Cummings, got cut off at 19 minutes into her presentation. She still had about three pages of recommendations. I have invited her into the Dome to continue her presentation.

Dr. Cummings: Thank you, Mr. Speaker. The Minister of Health, Hon. Dr. Frank Anthony, noted that there are plans to get grants from COVAX, the agency through which Guyana will receive the COVID-19 vaccines, and to get an expert to provide technical assistance to administer the vaccines here. Our competent doctor and nurses have been administering vaccines since time in memorial. What needs to be done, in addition to training, is to pay the high-risk healthcare workers the additional funds for them to execute their duties diligently.

3.24 p.m.

I am advised that the scaling up of testing is done at the expense of the hardworking laboratory staff and that problems still remain with the timely collection of the test results. Not enough scrutiny is done to exposed persons who home isolate, as I alluded to earlier. There in inadequate follow-ups of such persons, hence, there is an increase in home infections among persons with co-morbidities and the reintegration of persons at workplaces who have not been well monitored. At this eleventh hour, the Minister of Health is unsure as to what needs to be done for a vaccine, which is about to be in Guyana in the first semester of 2021.

I turn my attention to the motion under review, which has been brought to this noble Assembly by the Minister of Health. Clause one:

“WHEREAS the global pandemic of Covid-19 has changed the world as no other event in humankind’s history with the world’s economies slowing down with travel bans, lockdowns, curfews, school and university closures ...”

I alluded to, in my content earlier, when I spoke about the good work of the former Coalition Government, what we had done, such as a lockdowns and curfew. So, this is untrue. We definitely worked assiduously to *stem the tide*, so much so that even the Mental Health Unit at the Ministry of Public Health came onboard to provide psychosocial support, not only for the family of the index case but, also, for those who needed this type of service, our health workers, response team members, and so on.

Clause three speaks to our response of woeful unpreparedness, despite advice from the Pan American Health Organization (PAHO). The Coalition Government followed the science and ensured that the number of deaths were kept to a minimum. I have just expounded on our track record and we followed the PAHO guidelines to the letter. Here in Guyana, even before we had our first imported confirmed case, we responded to the needs of the COVID-19 outbreak with utmost seriousness and began preparatory work, which included training our health personnel as well as staff at the points of entry. We began to accumulate medical supplies and equipment with assistance from our partners, such as PAHO.

Clause four spoke about how they were under-resourced with the Personal Protective Equipment (PPE), drugs and so forth at the Georgetown Public Hospital Corporation, which the Minister spoke about. Here again, the Coalition Government was able to have just one-twelfth of its budget to spend. There was not enough fiscal space, and the Coronavirus was a relatively new virus. The hope of the multilateral cooperation response was dashed by countries’ first nationalistic reactions. There were efforts to curtail the exports of critical medical supplies, testing devices and protective clothing. In other words, the wealthier countries tried to outbid others who would have placed their bids for the PPE. And so, because of the commandeering, it was siphoned off to the richer countries. We made every effort, even though we had one-twelfth of a budget, and we tried to put in our orders but, because of the wealthier, they will try to grab. Even the

famous United States of America was short of PPE and other supplies.

Clause seven:

“AND WHEREAS billions of dollars have been expended from the October, 2020 ...”

What we are saying here - ‘billions’? That word is too vague. You cannot come to this noble Assembly and talk about billions of dollars. We want something to be quantified; it is too vague. Members of this side of the House would like to know how much was actually spent for the various programmes, for the non-communicable diseases (NCDs) of malaria and the Human Immunodeficiency Virus (HIV). You cannot say that billions of dollars were spent; we want it quantified.

Clause 11:

“WHEREAS the advent of several vaccines that have shown great promise, some with over 90 % efficacy are being cleared for use such as Pfizer, Moderna...”

What we are saying is that we want to be inserted here or for it to be reworded as:

‘WHEREAS the advent of several vaccines that have shown great promise, some with over 90% efficacy that have been cleared, such as Pfizer, Moderna...’

And insert:

‘any other in the pipeline awaiting scientific clearance and is part of the COVAX funding initiative.’

By the way, Guyanese people want the best and they want value for their money. I think the United Kingdom (UK) and the USA are using Pfizer, so we just want to make sure that whichever vaccine you are using is the best for our Guyanese people. Most likely, there will be accelerated approval for same.

Finally, looking at the BE IT RESOLVED clause, the second point, it states here:

“pledge to support required resources needed to test”

‘Track’ is missing. We talk about the 3 Ts when we talk about COVID-19, which are testing, tracking and treating. So, the word ‘track’ is missing. We would like the word ‘track’ to be inserted there. You already alluded to COVID-

19 in clause nine, where you said you were waiting to improve contact tracing. Just for a smooth flow, we would like the word ‘tracking’ to be included there.

I close with a quote from the Director General of the PAHO:

“COVID-19 is taking so much from us. But it’s also giving us something special – the opportunity to come together as one humanity – to work together, to learn together, to grow together.”

The bringing of this motion, in light of the pandemic, to the National Assembly is a good one. However, I must let you know that the motion cannot be supported by the Coalition in its current form unless those words are corrected.

Thank you very much.

Mr. Speaker: Before I call on the next speaker, I would just like to acknowledge the presence of the former Hon. Member of Parliament, Mr. Charrandas Persaud. Thank you for visiting with us. We assure you that you will feel very protected within this building. Thank you, Sir.

Ms. Sarabo-Halley: Mr. Speaker, as I contribute to the debate on the motion, Global Pandemic of COVID-19, please allow me this opportunity to state, on behalf of the APNU/AFC, our sincerest condolences to the family members of all those who have died from this pandemic. After sitting through the budget debate in September, and then reading this motion which, in my humble opinion, was haphazardly prepared, a quote has come to mind which I think accurately reflects my view on where we are as a country, and I quote:

“Postmodern thinking makes us all aware of hypocrisy but gives us no standard of truth to expose and correct it.”

As a country, in fact the world over, we are battling with a surmounted increase of conjecture, rumour, power games, and hypocrisy at the level of governance and government. These, I contend, depend on untruths to survive, and untruths in deeds and in words. We are here to expose the hypocrisy, the untruths, the injustices and the inhumane treatment meted out, having recognised that truth is the absolute requirement. Truth is exclusive; everything cannot be true. Both sides cannot be speaking the truth. I am putting to you that our presentations today can be backed up by data and documentation as to what transpired before, during and after our first case of COVID-19 while we were in Office.

It is my distinct view that some here gain and have gained by not speaking the truth on matters of grave concern. I contend that it is all a game to some in this august House. The PPP/C is not interested in truth, they are not interested in being honest. The lives of the people that they took an oath to serve and protect mean nothing to the Hon. Members on the opposite side. This is all a game to them.

While our neighbours, husbands, wives, mothers, fathers, brothers, sisters, grandparents, aunts, and uncles have either died or have had to battle with COVID-19, the first WHEREAS clause speaks only to what is of grave concern to the Members on the opposite side of this House. The fact that they would seek to introduce a motion that deals with a pandemic that has caused the lives of over 1,000,000 persons worldwide and 160 persons here in Guyana, and no statement of condolences for the families of the deceased or regret that so many have had to lose their lives to this virus, speak volume.

There is no concern for the wellbeing and health of the citizens of this great country of ours. Rather, their first priority is the economy and the inability of their friends in the Private Sector Commission (PSC) to make money under these dire circumstances. This should not be taken lightly, because it is my sincere opinion that this is the core reason why we are here today, not to recommend legislation that would inadequately assist the Guyanese people, given the effect this pandemic has had on the ability to earn over the past year, but rather finding ways and means to put moneys in the pockets of those who have been least affected by the pandemic.

While I am not suggesting that things such as special cold stored spaces, the procurement and installation of special refrigerators and vaccine carriers may not be necessary, the procuring of these items should not be done in isolation. The needs of the people also need to be a priority.

Last evening, we learnt that, in the USA, the Congress passed a stimulus package where US\$600 will be given to individual adults, heads of households who earn up to a certain amount and, couples whose spouses died in 2020 would earn double. Eligible families with dependent children will also receive an additional US\$600 per child. We know that we do not have the GDP of the USA and all that they can and should offer their citizens, we cannot yet do. But it appears, as can be seen by the WHEREAS clauses and the resolution, that no analysis has been made to determine whether the \$25,000 has had any significant impact on the families who have hit hard times

due to this pandemic. I contend that \$25,000 should not be allowed to be seen as sufficient at this time. This is serious.

The Members on the other side of the House thought it so important to bring a motion of this nature to this Assembly, so close to Christmas, that one expected the motion would be introducing another stimulus package for the citizens of this country, given the woeful attempt being made with the \$25,000 cash grant. We have heard all of the harrowing stories. In a country where so many are renting, a decision was made to give the owner of the property and not the tenant. In a country where more than one family live under one roof, no attempt was made to determine a more strategic approach to ensure that all who are eligible will receive. Complaints that the person giving out the cash grants are requesting a percentage of it for their personal needs, though they are already being paid to distribute said cash grant, leaves more to be desired. No proper planning was put in place to properly define a household in Guyana’s context. What we see playing out was another one of the PPP/C’s scams, another way of taking moneys out of the Consolidated Fund, purportedly for good reasons, but distributing said moneys through the lens of discrimination and corrupt acts. The fact that these allegations have reached the news and no attempt has yet been made to rectify these issues that have arisen, speak volume.

We on this side of this House wish to commend all who were involved in ensuring that a vaccine was created in such a short period. We understand and recognise the amount of work and commitment it took to get it done under surmount pressure, given the lives lost thus far, the impact that COVID-19 has had on healthcare workers worldwide, and the great impact that this virus has had on the lives of all cross sections of our societies.

The previous speaker stated that they have a plan. Yes, Hon. Member Dr. Frank Anthony stated what the plan is. The plan is to wait on vaccines. What is troubling is that the Members of the opposite side seem to be so preoccupied by the possibility of vaccines that they have chosen to neglect not only the plans that they found in place on 2nd August, but the plans that they told the nation they were working on when they were setting up their alternative COVID-19 Task Force.

3.39 p.m.

They have also chosen not to look at best practices throughout the world which have shown how we can rapidly reduce the spread of COVID-19 and, also, how other countries were able to be COVID free.

There are already four strains of COVID-19, and there is no certainty of whether the vaccine available will be effective on the new strain that is now spreading across the United Kingdom (UK). So, focusing only on vaccines when there are countries who have been able to keep the COVID-19 positive cases low and at zero, leaves us wondering why. The answer to me is straight forward. The Hon. Members on the other side have made a decision that the pockets of their friends and cronies are of much more importance than the lives of our citizens. Yet again, this motion seeks to put moneys into the hands of their friends and cronies as they prepare for the arrival of vaccines, whenever they do arrive. They have weighed the life of a citizen against the economy and the economy won. So, they have now come to this august House to coerce us into signing onto this and we say ‘no’.

The Hon. Mark Phillips, in speaking about the successes of their 100 days in Office, stated:

“We have been able to curb the spread of COVID-19 in Guyana.”

My question is, which Guyana? From this statement, it is obvious that some of us are still grasping with the magnitude of the COVID-19 pandemic in Guyana and what it would take to actually get us to zero.

The numbers tell a different story. The 661% increase in deaths and 1000% increase in cases of COVID-19 from 2nd August, 2020, to now, shows quite clearly that we are not moving in the right direction.

There is a particular casino in the heart of Georgetown that many of us know is linked to, at least, one of the Members in this honourable House. On any given evening, if we take a drive past that casino, it is clear that they are in breach of so many of the COVID-19 guidelines that were put in place by the said Hon. Members on the other side. From the blatant disregard of the COVID-19 guidelines to host an inauguration, to a number of Government officials testing positive for COVID-19 and to the disregard of their own laws, the only question to ask is how does the Head of the National COVID-19 Task Force expect the citizens of this country to abide by the laws and guidelines that they refuse to be guided by?

The Members on the other side have the tenacity to suggest that the APNU/AFC Administration was woeful in its approach to tackling COVID-19 in Guyana. The APNU/AFC Administration, through the Ministry of Public Health, began to strategize on the best approach to keep Guyanese safe,

when it was recognised that this health issue was becoming a worldwide phenomenon. Systems were put in place and evidence would show that the Resident PAHO/World Health Organization (WHO) Representative warned on 30th May, 2020, that cases could spike to over 10,000 by 15th July, 2020, if we did not put strict COVID-19 measures in place. On 2nd August, 2020, when the PPP/C took over illegitimately, there were only 474 cases and 21 deaths. These figures alone indicated that we were very serious in our approach to keep the numbers of infected persons and deaths as low as possible.

The old age saying *prevention is better than cure* aptly speaks to COVID-19 and the approach needed from any Government to reduce its rapid spread. Studies have already shown that some people, even those who had mild versions of the disease, continued to experience symptoms after their initial recovery, including lasting damage to the heart muscle, long term breathing problems and increase in the risk of developing Parkinson’s disease and Alzheimer’s disease.

On 22nd September, the Office of the President instructed staff to resume daily work from 8.00 a.m. to 4.30 p.m. with immediate effect, thereby ending the rotation of staff which served to limit the number of persons within an office space at any given time. This decision was irresponsible. This, I believe, is emblematic of the approach that the PPP/C regime has taken to the COVID-19 pandemic, an attitude that suggest to the population that the pandemic is not serious, and life should return to normal as quickly as possible. This blanket disregard for the health and safety of the citizens of this country is unacceptable.

The Department of Public Service, under the APNU/AFC Government, spearheaded the creation of a public administration work scheme which focused on several measures, including staff rotation, work from home, appointment scheduling and use of a Government portal to allow persons to continue to have access to government services, despite the reduction of in person interactions. As we endeavoured to maintain the smooth function of the public service, teleconferencing, video conferencing, government approved file sharing and the creation of work from home arrangements, were some of the communication and support measures implemented. After one month of implementation, where only essential staff were required to be in office, the feedback was positive. Staff, even though not physically present, were significantly more productive and got work done faster. Staff throughout the public service recognised that technology allowed for flexibility, while allowing for

accountability and high levels of production. The number of COVID-19 infections reduced in Georgetown during that period the public service shifted to rotation where no more than 50% of staff were in any government building at any given time, thereby ensuring the required social distancing.

Transportation was provided to take staff to and from work to avoid the use of public transportation and extra supplies were made available so that auxiliary staff could sustain a high level of hygiene in all areas of the offices, thereby reducing the likelihood of staff contracting the virus at the workplace. A decision was also made to stagger the time that the office closed by clusters of ministries to reduce the number of public servants trying to get public transportation at any one time.

Since the PPP/C assumed Office, the number of confirmed cases has increased exponentially. The death rate has also increased significantly, and reports are that numerous staff of the majority of Ministries and Government agencies have contracted the virus. A number of complaints have also reached me where public servants are complaining that they have had to work with COVID-19 positive staff.

So, while on paper the resolution appears to be a noble one, the actions thus far from the Members on the opposite side leaves much to be desired. Thus, we will not be hoodwinked into agreeing to any motion which appears to seek a blanket ‘okay’ for those on the opposite side to do what they deem right and beneficial to them and their cronies, leaving the majority of the Guyanese population without.

Thank you. [*Applause*]

Mr. Speaker: The Hon. Member, Mr. Shurwayne Holder. Calling on the Hon. Member, Mr. Shurwayne Holder. The Hon. Member, Minister Joseph Hamilton.

Ms. Teixeira: Mr. Speaker, he is not in the room. Move to the next speaker, please.

Mr. Speaker: The Hon. Member, Mr. Khemraj Ramjattan.

Mr. Ramjattan: Thank you very much, Mr. Speaker?

Mr. Speaker: Go ahead, Sir.

Mr. Ramjattan: Am I being heard?

Mr. Speaker: Yes, you are, Sir.

Mr. Ramjattan: Mr. Speaker, I will give a short address on this motion and to indicate that we should not be making a

political football of a very important issue like this one on COVID-19. Just before the eve of Christmas and seeing all the traffic, thousands of people shopping and a majority of those thousands not wearing their masks, obviously, is very insensitive when it comes to dealing with what we are going to do. Obviously, today we are not doing that which is right, and which ought to be done. If this motion were to come on the second or third week of January 2021, we would see or we will see, as I am absolutely certain, a humongous surge and soaring of the rates of not only those who have contracted COVID-19 by that time because of the spree that is going on right now, but also an increased death toll and a huge impact on our medical services.

So, WHEREAS clauses five and six, I think they were, indicated that our performance whilst in Government was woeful, it must be what I call ‘out of context’ in the times that we are presently living. It has to be. So, I urge that, and I know my good Colleague and Comrade, Dr. Frank Anthony, knows better and will appreciate that. Please, do not make politics out of COVID-19.

Immediately after this thing happened here in Guyana and we got our first case, I think, out of the United States of America, the former Administration of the APNU/AFC immediately got home to start work on what they had to do. We took the advice of the specialists from PAHO, WHO and all the others. Within the various ministries and I will speak a little on the Ministry of Public Security about what was done. We did all the right things. It is not as if doing all the right things will mean necessarily that there will not be deaths and cases of infections and so on happening, but it is how you lessen it, also the culture you inspire into all the workers involved and the population at large.

We immediately, at a public security standpoint, dealt with it as what I regard as the four E’s: engagement, encouragement, explanation, and if those three did not work, we had to get very serious with enforcement. Engagement was largely approaching it with pleading; encouragement was persuading a compliance; and explanation, of course, was sensitising the people on the seawall and on the streets of the more popular business locations of our country, so that they could be aware of the harshness, right up to ‘death’ as a penalty, for not wanting to listen, to be encouraged and understand the explanation. For the enforcement section, we decided that, for those who want to be, in local parlance, ‘*hard ears*,’ we would have to, of course, arrest and institute charges.

Right up to the time when the PPP/C came into Government, hundreds of arrests had occurred and there was, of course, the institution of scores of charges. Indeed, I want to say it worked successfully. We also did a number on the threats and risk levels, and we mapped it out in regions and, also, within regions, that had it aplenty. We had a fair idea of which regional task force on COVID-19 we had to put more effort and resources into.

3.54 *p.m.*

I think by the 2nd of August, at the police level, over 25 policemen or more were trained by members of the Ministry of Health, some senior doctors and PAHO officials. This was done for purposes of understanding how to work along with the regional task force and, also, how to be a grouping that we could deploy at any moment, assuming a certain region or location within a region had a surge – on how to deal with. Not only medically, but administratively, these policemen from the Inspector rank right down to the Constables were trained. It is not as if our activities and actions were woeful, I think that is a misdescription.

We also tried as best as possible to prevent the unlawful border crossings and having access to stellings that would bring the people back to Georgetown and other important coastal areas. That was managed not perfectly because things in these COVID-19 times are not going to be managed perfectly. We tried as best as possible to ensure there was key management at vulnerable points. That is what had to be done at that level in accordance with what was supposed to be done at the Ministry of Health level, the regional level and so on. If we did not do that at that time, I am certain they would have been far greater increased numbers, a far more negative impact on our Ministry of Health, our hospitals and our medical facilities.

It is important to understand that COVID-19 is hitting us in all quarters of the globe and has huge consequences if we do not deal with it in a professional and correct political manner. Unrest will surge and they will surge greater where there is high inequality. From my discerning of the mapping that was going on right up to the end of the term, one could have seen that some Amerindian areas, especially the ones close to border areas, where the inequality is rampant, there are very high rates and deaths going on.

We also know that this thing is going to increase poverty, no matter what we talk. We can give \$25,000 now, and I do not know how much millions that will be, but it will come in billions, I suppose. We are going to suffer tremendous

poverty and impoverishment as a result of COVID-19. Lots of people... and I even had a little discussion with my Colleague Dr. Frank Anthony about another negative effect called ‘long COVID’, which brings on a fatigue in the workers, managers and even at the household level. That is why, probably, domestic violence rates have increased under these COVID-19 times. Not only poverty, but a fatigue that is going to disincentivise work at home and other places.

I want to also indicate that businesses and so on will collapse. Travel... as you know, people are afraid to go to the interior, people are afraid to go into their places of business and so on. One of the other great negatives that will befall us is the students, our young people at school, they are going to suffer tremendously.

As I read the *Economist* of the 19th December, only last night and hearing a couple of things they are talking there, they are saying that, over this COVID period, there has been at least 33% less learning in Mathematics; 13% less are learning and reading. Of course, these percentages get higher within the poorer strata of society. There is a humongous crisis to be faced and a worsening achievement level for our poor students, especially, and students generally. Though learning will be remediable, I mean the serious loss as a result of this year or period, it will mean that we might not be able to catch up. Since Guyana is in the state because of its geography and all of that, these things are going to really affect our countrymen, our young people and our students. These are some of the lessons we must learn and ensure that there is not a politicisation of the COVID-19 issue. We must stop that.

We must also speak together on what should be the plan of action and not generally as the resolved clauses here deal with the issue. We have to have more specificities involved. Yes, indeed, it is a good thing to have the issue as the three resolve clauses state in general terms, but what we need are far more specifics on what is going to be done at border regions, what is going to be done in relation to medical facilities and how there would be a distribution of the vaccine that will come, what will be to enhance the culture of so many people not paying attention to the measures, not paying attention to wearing masks and hardly any enforcement in relation to that. We must not allow certain businessmen to influence us that we have to take the curfew from a 6.00 a.m. to 6.00 p.m. and then say 4.00 a.m. to 9.00 p.m. I could understand the collision course it brings with livelihoods, but lives matter, and it is fundamental that we get the balance correct. I do not see at this stage that we have gotten the balance correct and I know that it is a difficult task. We were

there. The Hon. Member, Dr. Frank Anthony, and team are there. Please do not allow this culture as I see. This is because, even going to Parliament today from home at Delph street, I noticed so many cars. Of course, one can say it is the day before Christmas Eve, but so many people unwantedly doing the negative things, the wrong things, the things that ensure noncompliance and we are going to be the worse for it.

Effectively, I want to say that we would like to see a more substantial plan of action and, as an Opposition Member, I could certainly, after seeing that plan of action, support. This is because we all have to support. It is vital that an urgent plan of action that involves Members of the Opposition be made so that we will know what it is for our student population, our working population, our housewives, and frontline workers in the medical system. Also, with the police enforcing and doing the necessities that will ensure a new culture and habit of wearing masks and not wanting to unduly party and then one spreads COVID-19 all over the place, and then the whole country will suffer, we must do lots more public relations. All of that should be part and parcel of the plan.

So, I take the position of my Colleagues in the Opposition, Ms. Tabitha Sarabo-Halley and Dr. Karen Cummings, and indicate that, yes, it is something that we cannot support as it is presently so constructed by the Minister Frank Anthony but, largely, you will get our support for doing the right things and, especially, that plan of action.

Thank you very much, Mr. Speaker.

Mr. Speaker: Thank you very much, Hon. Member Mr. Ramjattan. I will now call on the Hon. Member, Dr. Vindhya Persaud. After Dr. Persaud, we will take the break.

Minister of Human Services and Social Security [Dr. Persaud]: Thank you, Mr. Speaker. The thing is, many people would have spoken, but COVID-19 is here with us, it is real and it continues to claim lives. Many persons are out there, the guidelines have also been advanced to the country, to its citizens and it is incumbent on persons to adhere to those guidelines. Guyana is no different from the rest of the world when it comes to COVID-19 in the sense that we are grappling, perhaps, on different levels with the same issues, by ensuring that there is prevention and awareness, by ensuring that there is testing and potential movement towards vaccination and, also, treatment and intervention, when those are needed. We have come from months of not having a systematic structured approach to dealing with COVID-19.

The last Hon. Member said that we should focus on COVID-19 and what we ought to do. We have been and we are. In fact, if we are to peruse the motion that has been brought to the House, this is a plan of action. I also heard the previous speaker to the Hon. Member, Mr. Ramjattan, saying that they would not support this because we want blanket coverage for us to act in a certain manner. If we look at what is written here, with regard to vaccination and we think of where we stand in terms of access to vaccination, we should have been acting a long time ago for medication and we should have been acting a long time ago to ensure that people in Guyana are catered for and cared for. When I say we, I mean the previous Government. What has happened now, has been a focussed concerted approach by this Government to ensure that procedures are in place. Testing emphasised, enhanced and increased and, also, training to compliment this. Why I mentioned these things is because, if we look at the months previous to us getting here, basic information on what was happening across the country with regard to COVID-19 was not accessed. We did not know where COVID-19 was. Information was kept from the people of Guyana. We now have a dashboard in English and in Spanish so that information is readily available to the people of Guyana. To be very successful in prevention efforts, information is paramount.

With information comes education. Education has been ongoing on several fronts, whether it is in-person education; education utilising public service announcements (PSAs) or persons physically going out there in the street, prior to us going into Government and in Government; giving out masks; and advising people, not only to wear their masks but how they should wear their masks and why they should wear their masks.

That is focus, that is direction and that is the action. In addition to everything that happened under the current Ministry of Health’s stewardship, many other Ministries within this Government would have supported those efforts. We understood the importance of masking as a layer of protection.

4.09 p.m.

In all of the time of the previous Government, the reality was that masks were not provided to the public. That was the reality. No one here is fabricating that. The reality was that healthcare workers did not have PPEs. That was the reality. The reality was that, every day, doctors, nurses and staff on the frontline went out there, risked their lives and got positive

because they were not protected. That is not existing under this current Government.

It is not only a projection on what we should be doing, it is also a necessary intervention at this point to deal with COVID-19 which requires protection of essential healthcare workers. I want us to salute and applaud them, every one of them right across this beautiful land of ours, for going out there every day to ensure that Guyanese people are taken care of. Many of them, in the early days, were afraid to go home to their families and so they stayed away from looking after people in situations of need. Those are not easy sacrifices and we must appreciate them and recognise those commitments.

Let me stay on the point of masking. Out of Government, the People’s Progressive Party/Civic was on an aggressive masking drive. People volunteered, people donated, and masks were given to people across the regions – hundreds of thousands of masks.

Now in Government, we are looking at children and the impact of COVID-19 on children and what deficits will evolve based on their inability to access education in schools for the months before we got into Office. To get those children back to school, in whatever way was decided under this Government, there were a number of things that needed to be put in place. One of those was masks. We had to have masks for teachers, children and anyone involved in the education system to prepare for children to get safely back to school. This is where the Ministry of Human Services and Social Security came into play. In fact, there was not a plan at all, before this Government came into Office, to deal with the fallout from the lack of education. I agree with the Hon. Member, Mr. Ramjattan, that the impact and magnitude of COVID-19 is being felt and will be felt going forward because it is going to be with us for some time.

The Ministry of Human Services and Social Security was involved in engaging a number of persons across the country to sew and deliver over 200,000 masks. We have done this, and it was not only getting those masks to the Ministry of Education, but we are getting them to other entities. It is also filling another gap that exists – the economic impact. People were able to benefit from this project and there will be many similar projects to deal with the economic and social impacts.

The COVID-19 has really taken a toll on our country and its people. We need to stop finding excuses as to why we are not going to support measures that will alleviate the stresses that people are facing, especially focusing on their health. To listen to Members on the other side not taking COVID-19

seriously enough to even sit in this Dome, I am appalled. When we want to make all these wonderful statements of what should be done and what has not been done, I would have liked to see people in here making those statements.

Looking at the various whereas clauses, we can see that there are efforts afoot, under the Ministry of Health’s programme, to ensure that persons are trained to test. The only reason we have seen the increase in numbers is because more testing is being done. In the early days, tests were determined by selection, if I could put it that way. Tests results were not given to patients. One did not know if he or she was positive or negative. It had to go to the Minister’s level. If somebody gets tested now, they get their result. There is no secrecy about it. It is important for people to know if they are positive or negative because that is the only way others who are around them would know their risk of exposure. That, of course, moves into contact tracing. So, it must be a process that is structured, logical and open. Not only were test results prohibited, determined or delivered based on who was being tested and who determine whether or not the results...What was worse was that persons were denied tests too. To come here and to make all these statements, I think people fail to realise that the people out there, all of us, were part of what went on in terms of being defied of a chance to access proper healthcare.

The COVID-19 pandemic has taught us many new things in healthcare. The virus, when we first learnt about it, there were many areas that were considered grey areas. Treatment was one of those areas. How do you effectively treat a person when they are in hospital? That required a number of months before it was settled in terms of what we should treat with in terms of medications and procedures. It is not something as simple as standardised treatment for patients with COVID-19. I am concerned, like everyone else, about any person who loses their life because of COVID-19. It is one person too many. We should all be concerned. The way to deal with this and the way to approach this is to come together in a serious way and in a concerted manner to ensure that we do not lose any more of our people in Guyana to COVID-19.

That is why it is important that this motion be supported. Under the Ministry of Human Services and Social Security falls the elderly, the vulnerable and children, to name just a few groups. Because these groups fall under the ambit of this Ministry, there are a number of institutions that fall in a similar way under the Ministry of Human Services and Social Security. Throughout this period of Government, what we have inherited was a number of institutions bereft of basic

PPEs and training, leaving persons within them vulnerable to the impact and effect of COVID-19. It has caused us to work hard and stay there, wherever we find ourselves, long hours to ensure that systems are in place and people are protected, whether they are healthcare providers or persons in institutions.

This is not a quick fix. The COVID -19 is not a quick fix. It will probably be here with us for much of next year and we have to prepare mentally for that. The mental health issue will abound because people are deprived of each other’s company in a way, those who adhere at least. Children are not socialising as they are used to and there have been many adjustments in our country, like the rest of our world, to adapt to what the COVID-19 pandemic has brought with it.

I believe it is imperative for us to support, collectively in this House, any measure that will bring reprieve to people and move them to a point where they can return to normalcy. That is why when the Minister of Health took pains to identify all these whereas clauses, stating the percentage of immunisation that will occur, the impact it will bring to the country and how it will retard the spread of COVID-19, we should look at those things because it makes us realise that, in the world, we are not right up there to acquire easily. We need to get in line, and we need to get with the programme now. If we wait, if we do not have the conversations that we are having now and if we say we are not going to support just because we want to be contrary, we would be harming hundreds and thousands of people and affecting their health and also their lives.

To access the vaccines is one thing, but if one looks at the fourth to last Whereas Clause, one would see that much needs to be put in place to store these vaccines. It is necessary that we have all of the storage facilities ready so that when the vaccines come, they can be stored so that they can retain their efficacy. If they are not stored according to the required temperature, the efficacy will be lost, and we will lose the whole benefit of having vaccination done properly.

I remember speaking to a number of persons within the public healthcare system and hearing that laboratory technicians had to work above and beyond because they were just a few of them who knew to do the swabs for the PCR test. Now, that number has increased. Now, those persons are not only centrally placed but they are placed across the regions. There are at least 40 of them and we started in single digits. That is the reality.

It is not only the numbers we have increased. We have also increased the capacity to test by the provision of kits. Even

that was lacking before this Government got into place. When I stand here and my Colleagues sit here and we share our observations, it is because of the reality, I will go back to it, that people came into Government and found. We cannot tell the Guyanese public that we care and yet, in the same breath, we say we are not going to support the measures to protect. How can we live with ourselves with that kind of thinking and behaviour?

Mr. Speaker, mention was made about isolation and institutions. You and I remember quite well the inhumane conditions under which they were placed when people were placed in institutions. There was fear of being tested or saying that you could have been exposed because people were afraid to be thrown into these institutions. That was the reality. Now, you do not hear people complaining of being afraid to be tested or to go into an institution. In fact, the institution at Liliendaal was an empty shell. Everything had to be put in; from beds to monitors to everything.

Then we hear that things were done. In order to progress, in order for us to move forward with the interest of the citizens as priority, it is necessary for those who were here before us to look, objectively, at what was done and for us, too, to share what we are doing so that, ultimately, the common goal should be what is in the best interest for each person in Guyana. That is what it should be.

I do not think that anyone’s health should be seen as something that is not serious enough for us to sit in the august Assembly and discuss, rationally and objectively, and make representations and recommendations that will move the healthcare system and the whole process of getting us to a point where we are COVID-19-free.

I say to those in this House on the opposite side, whether they are virtual or in the building or wherever they are, I cannot tell anymore, treat COVID-19 with the degree of seriousness that it deserves.

4.24 p.m.

Ensure that this motion is supported because if the motion is supported, we can have the impact that we want to have in 2021.

The Guyana National COVID-19 Task Force and the Ministry of Health have been partnering with private entities to expand testing capabilities. We have seen that increase not only the ability to test but to have results. We are in the same situation as many countries in the world, where the impact of

COVID-19 has led to loss of jobs. It has led to people struggling in their homes to survive. So, we did not only stop at testing, treating and intervening the way we have or pushing Guyana’s *Mask Up* campaign or saying to people that they need to wear their masks and socially distance. We have been working on economic opportunities and also financial aid for the citizens of Guyana. Say it how you want it. That is what has been happening under this Government. Say it how you want it. My point is that people can say that they wanted to, or they should have, but they did not. That is the reality.

I think I have shared a lot of realities with Members this afternoon. So, I want to support this motion, commend it to the House and ask all of the Members on the opposite side to let us work for the health and the wellbeing of all the people of Guyana. Join us and support this motion, so that we can get our vaccines in, do more testing and increase our capacity.

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

Mr. Speaker: Hon. Members, I think that this is a good time to take the suspension.

Sitting suspended at 4.26 p.m.

Sitting resumed at 5.25 p.m.

Mr. Speaker: I call on the Hon. Member, Mr. Ganesh Mahipaul.

Ms. Teixeira: Mr. Speaker, if the person is not here, let us move on, please.

Mr. Mahipaul: Mr. Speaker, can you hear me?

Mr. Speaker: Yes, Mr. Mahipaul. You can go ahead, Hon. Member.

Mr. Mahipaul [Participating Virtually]: Mr. Speaker, I am pleased to be here with you, virtually, as I give my bit to this discussion. I cannot help but to make reference to what the Hon. Prime Minister said some time back. People often times say:

“...youth is wasted on the young. I disagree...”

Also, people would say:

“...wisdom is wasted on the old. All one can do is part with it, but only few will take it...”

It is also said that integrity is choosing your thoughts and actions based on your values, rather than personal gains. It comes with great amusement, shock and awe but mostly disappointment when people one considers to be intelligent and honourable do and say some of the most egregious, ludicrous and out-of-the-box things. One begins to wonder if all along one was being fooled while, at the same time, one questions if there is a reason for doing something so incredulous, such as what the Hon. Prime Minister, Brigadier (Ret’d) Mark Phillips did. In a recent interview, aired on the National Communications Network (NCN), he posited:

“That itself is one of the success stories of our 100 days. We have been able to curb the spread of the Coronavirus disease (COVID-19) here in Guyana.”

I was amazed. His unfounded utterance is reminiscent of one of President Donald Trump’s bizarre *Twitter* tweets and, most recently, his Secretary of State’s wild public statement about a second term for President Trump.

At times like this, I am reminded of the words of Mark Twain who posits:

“It is better to keep your mouth closed and let people think you are a fool than to open it and remove all doubt.”

In the Hon. Prime Minister’s case, I believe he is being used and set up to fail in the remaining months before the next election, due to the imminent success of the elections petition that will most likely annul and invalidate this regime, this fraudulent Administration.

I must register, from the outset, that I always subscribe to the school of thought which says that arguments and disagreements are the necessary ingredients that feed, overall, the democratic machinery, provided that it is seen to be devoid of political and societal delinquents which goes to the solar plexus of the cooperate existence of a nation state. Hon. Mark Phillips, the nation’s installed Prime Minister, was knowingly being dishonest and untruthful, not only to his party supporters but the entire Guyanese populace, home and abroad, and the rest of the world, with his mendacious propaganda of the world’s most deadly pandemic.

Ms. Teixeira: Mr. Speaker, I rise on a Point of order.

First of all, the Hon. Member is not speaking to the motion that is before this House. Secondly, he is casting aspersions on the Prime Minister of this country, Mr. Phillips and,

therefore, he should withdraw it. Could he please speak to the motion before this House?

The Opposition cannot be in another room in this building, pretending to be a parallel Parliament, and determining the discussion on matters that are not before this House. We are allowing a level of leniency that is unacceptable and making a mockery of this Parliament.

Mr. Speaker: Thank you, Hon. Minister.

Hon. Member, Mr. Mahipaul, I would caution you, now, with respect to the comments regarding the Prime Minister. Secondly, could you now speak to the motion? Time is limited.

Mr. Mahipaul: Sir, with all due respect...

Mr. Speaker: The other thing is that in the *Handbook for Members of the National Assembly*, under unparliamentary expressions, there is the word dishonest, which I would like you to withdraw.

Mr. Mahipaul: Thank you very much, Sir. I am so guided.

I am speaking to the motion which speaks to COVID-19. I am informed that the National Coordinator of the National COVID-19 Task Force is the Hon. Prime Minister and it is he who made statements pertaining to COVID-19, which is linked to this very motion that we have before us.

Mr. Speaker: I asked for the withdrawal of the word dishonest.

Mr. Mahipaul: Sir, I most certainly do. Thank you very much for your guidance.

Mr. Speaker: Thank you.

Mr. Mahipaul: The Prime Minister was on national television making his comment and I would not venture to say that the Hon. Prime Minister is a liar because I cannot say that; it is not permitted in this honourable House. By the stretch of the imagination, he was just regurgitating information that was fed to him and he is genuinely *out of sync* with the day-to-day reality of this deadly and dangerous COVID-19 environmental cesspool his Administration is creating within our society.

It is important for the proxy second in command of Government business to know that every region in Guyana has seen an astronomical increase in COVID-19 cases, when compared to the Coalition’s management of it, the lowest

being Region 5 and Region 4 with the highest. Valid numbers do not lie. The facts are irrefutable evidence that this cabal, this regime, the Minister of Health and all of his three helpers have failed and continues to fail our people by not keeping them safe from this deadly virus.

According to several news outlets, we have had over 90 new cases within the last two days. Eleven Guyanese are in the COVID-19 Intensive Care Unit. Over 3,220 males and over 2,996 females are infected. There are more than 31 persons in institutional isolation and over 635 persons in home isolation with the risk of infecting their family members and respective communities. What the Prime Minister needs to know is that there have been over 140 deaths due to COVID-19. More persons are in institutional quarantine and, regrettably, there have been more than 2,400 known persons of Guyanese ancestry who have been infected. This infection rate is not going down, and he wants us to believe it is going down. The numbers are up like the number of Guyanese who are being fired in this devastating time for our country and the world. Can the Prime Minister tell us, honestly, where is the success story in this real-life existence? Where is the success in this Guyana story?

Leaders have a responsibility to be responsible and to be honest with the people. Now is not the time for cheap political points and to play politics when real people are dying, and families are losing loved ones and their jobs to care for families. Because of the failures, some do not want to accept... This Prime Minister needs to stop being untruthful and not only apologise to the Guyanese population for blatantly lying to all of us about the reality...

Mr. Speaker: Hon. Member, Mr. Mahipaul, this is the second time. You are *pushing the buttons* now.

Mr. Mahipaul: My apologies, Sir. I withdraw the word ‘lying’ and I say blatantly misleading.

5.37 p.m.

Mr. Speaker: You need to withdraw that comment about untruthful; it is unparliamentary.

Mr. Mahipaul: My apologies, Sir. I withdraw. He is blatantly misleading all of us about the realities of COVID-19. But also, to tell the real stories of the families 100 days in Office...The people’s story is far more real and telling than the fictious reality being sold by this Administration.

I had to put this in because the Hon. Prime Minister was on national television speaking on COVID-19 and here we have

before us a motion in which my good Friends from the other side are calling for support from our side of the House. Now, I must say that supporting the ‘Be It Resolved’ clause is necessary but, of course, there needs to be some adjustment. The speakers before me pointed out some of those adjustments that should be made. It will be a great travesty and shame if it not accepted in the interest of Guyanese.

If I am to turn my attention to the motion itself and to speak directly to it, as Hon. Gail Teixeira is requesting, I will take a close look at the third Whereas Clause. I am sure that the third Whereas Clause has a typographical mistake. It states:

“AND WHEREAS the former Government’s response exposed its level of woeful unpreparedness despite advice and assistance from PAHO and other international bodies;”

I think the typographical mistake is the word ‘former’ and it really should be ‘current’. The word ‘current’ is the most appropriate word to replace ‘former’ because it is the current Government that is guilty of not following the guidelines of PAHO/WHO. Nowhere in the guidelines issued by PAHO/WHO is there mention of us gathering in large crowds. Nowhere does it state that we must be without a mask or properly covering our nostrils and mouths. But we have a Regime that is holding toy drives with hundreds of people in close proximity to each other. Also, we have Christmas tree light ups across the country. Hundreds of people are gathering together in close proximity, taking out pictures with sitting Ministers. If you need further proof, we could go to social media – *Facebook* – and we would see the Hon. Deodat Indar and Hon. Priya Manickchand, two very good friends of mine, in photographs on *Facebook* showing that they are not even wearing their masks. They are hugging up children and adults, pulling the masks below their chin and they are coming to this House to say to us that they care about COVID-19. We really need to take a look at our actions. We are putting people’s lives at risks with our actions and I say “our” because we are all Members of Parliament (MPs) in this honourable House.

I use this opportunity, at this point in time, to call on the Ministers of Government to stop galivanting across this country and engaging people in large crowds and start following the guidelines that were put. If they do that, the numbers will reduce and not increase. We do not want to celebrate bringing in thousands of test kits; we do not want to celebrate bringing in thousands of masks; and we do not want to celebrate the fact that you have the best hospital facility.

We want to know that our people are safe. If PAHO/WHO is saying to keep our distance apart from each other, if PAHO/WHO is saying we should wear our masks and if PAHO/WHO is saying that we need to only move when its necessary, then it is the Members on that side of the House who should take heed of those guidelines.

When A Partnership for National Unity/Alliance for Change (APNU/AFC) was handling COVID-19, the numbers were small. My Friends on the other side are saying that they are doing more testing, but the question is: why do we have so many deaths? Even if we were doing all the testing, are you saying that when someone is tested that is when they die? It makes absolutely no sense.

The fact of the matter remains that, because of the activities that this Administration is engaged in, going across the country...right now, in Region 3, there is a land distribution exercise. Hundreds of people are there, close in proximity, not even six feet apart; not even three feet apart. This Administration is very much proud to know that it is having these kinds of exercises which, I am saying, is against the norms, recommendations and what is supposed to happen in this COVID-19 pandemic.

The Hon. Member, Dr. Vindhya Persaud, said that the COVID-19 motion is a plan of action. It was the Hon. Khemraj Ramjattan who said we need to have a better plan of action. Well, the current way in which this motion is structured and the wording of it, which is really to throw political punches, and it seems not to be working because we are here rebutting what they are trying to put to us...The Hon. Member said that it is a plan of action. Well, I wish to state, vehemently and vociferously, that it is a plan of absolutely no action.

I looked at Whereas Clause 10. It states;

“AND WHEREAS the private health sector is now included and involved in the fight to reduce the number of cases including building laboratory testing capacity;”

When such a broad statement is made, one is trying to send a message as though half, more than half or three-quarters or all of the private health facilities are doing what is necessary for the COVID-19 testing. At least that is how I am interpreting it. The truth of the matter is that there are only two private facilities that are doing PCR testing. The Eureka Medical Laboratory is one and the Sheriff Medical Center is the other. Poor people cannot go there. Given that there was no

Christmas bonus or salary increase for public servants, they cannot go there either because the Eureka Medical Laboratory wants \$30,000 for the PCR testing and the Sheriff Medical Center wants \$20,000 for the PCR testing. So, really, these two medical facilities are for the rich and elite because even I cannot go there; it is too expensive. Some of the other facilities are doing the rapid tests and we know that the rapid tests do not give accurate results. There are many false negatives or positives. All of these are reasons why this motion needs to be seriously relooked. The wording, especially, is not truly reflecting the situation here in Guyana.

If we look at the 15th Whereas Clause, it states:

“AND WHEREAS Health workers will be the first to receive the vaccine and elderly persons and persons with comorbidities will be second in line;”

These are beautiful words on paper. But may I remind this honourable House that, on paper, it states that every household will get the COVID-19 cash grant. But the action on the ground is that every household is not getting it. The practice of what is happening on the ground is different from what is on paper with reference to the COVID-19 cash grant. With that, I am of the opinion that we do not even know if clause 15 is truthful on the part of the Hon. Minister to say that the vaccine will first go to health workers. It begs the question: Who are health workers? Are health workers just doctors and nurses or are health workers the security guards at the hospital gate? Are health workers the cleaners at the hospital? Are health workers the administrative staff at the hospital and other health facilities? Are health workers the ancillary staff of the hospital or just doctors and nurses?

We did hear that a two-week bonus was going to the health workers but, to date, their pay cheques do not reflect it. We have an Administration before us that is telling us one thing on paper and they are doing something else in practice. I am saying that this Government has created an environment to enhance and promote the spread of COVID-19. It is very unfortunate.

It is nice to put on paper that this National Assembly recognises the seriousness of COVID-19. Not only this National Assembly recognises it; the world recognises it, but is there any other country in this world that is opening their economy? Is there any other country that is holding Christmas parties, toy drives, Christmas tree light ups, giving a house lot here and giving a house lot there? Is there any other country that is doing these things? I am not saying, and I wish not to be misconstrued, that these things are not

necessary but the Government should have devised a plan to do it in a manner so as not to aid and abet the further increase in the number of COVID-19 cases. Do not get me wrong. Every Guyanese deserves a house lot and I hope that the Hon. Collin Croal will give me mine. Every Guyanese child deserves a toy at Christmas, and it is nice to put people in the festive season with your Christmas tree light up. But the manner in which you are doing it is bringing the whole action into question. As a Member of Parliament and a representative of the people, I am appealing to the Government side to practice what they preach. Do not just preach but practice it. Hon. Mr. Deodat Indar, when you go into communities, wear your mask. When you go to share hampers, wear your mask. When you want to take out pictures, be at least three or six feet apart from each other. Hon. Priya Manickchand, do not hug up and take out pictures. All you are doing is breathing COVID-19.

I am happy that this virtual mechanism is in place for use because I could tell you that we are scared to sit in that Dome with those Members because they are the ones who are galivanting across the country and we do not know if they are COVID-19 positive or not. We do not know if they are asymptomatic. We are scared. They may want to use the argument that we are in a room. I heard the Hon. Gail Teixeira saying that we are in a room in the complex and that is so true. But we are gladly here for the good internet access, that is one, and, secondly, to collect our documents because we have to be kept informed. More so, we are here as a team of negative COVID-19 people.

5.52 p.m.

Mr. Speaker: Hon. Member, I am happy to tell you that you have two more minutes to conclude.

Motion put and agreed to.

Mr. Mahipaul: I wish to reiterate that our position is that this document needs some serious reworking. We do understand that COVID-19 is real. We do believe that there is much more that needs to be done so that we could protect our people. We believe in saving lives before putting large quantities of moneys into people’s pockets. If we want to put large quantities of moneys in people’s pockets, we are going to do it in a manner that is not going to put people’s lives at risk. What we have here right now is ‘kill the poor and enrich the rich’ and we cannot have that. That is why we are saying to this National Assembly that poor people will remain poor with this manner in which this Administration is behaving.

We need to seriously relook at this document, rework it, reword it and bring truth to the National Assembly. This document, right now, needs serious reworking and, maybe, they should create a vaccine that could put it here to get it out. I even see the document is referring to the training of people for vaccination and so on. We have Midwives, Community Health Workers and a series of people in the health system for whom we could enhance their training. As is right now with this document, I am very sorry, I cannot lend support.

I thank you. [*Applause*]

Mr. Charlie: Thank you very much. The previous speaker before me seems not to be living in reality. The Hon. Member failed to outline his Government’s plan to combat the deadly Coronavirus disease. He completely failed to address it this afternoon in this House. The Hon. Member spoke about the plan of action but failed to tell this House if his Government had a plan of action. If that Government had a plan, why were the Guyanese people in the dark? The PPP/C Government is here, and it means business. This Government *talk the talk and will walk the walk* for every Guyanese across this country.

I rise to support this motion brought to this House by the Hon. Minister of Public Health, Dr. Frank Anthony. The year 2020 has been a very painful year for Guyana, and the COVID-19 pandemic exuberated the trauma caused by the election crisis. Death is the equaliser of humankind and the Coronavirus disease pandemic has demonstrated this and underlined the fact that the world is a global village.

Mr. Speaker, we must remember, and it was alluded to earlier by my honourable Colleagues on this side of the house, that, on the 11th March, 2020, a 52-year-old woman who had just returned from the United States of America (USA) died at the Georgetown Public Hospital Corporation. She was the first recorded COVID-19 case in Guyana. As a precautionary measure from the 18th March, the Guyana Civil Aviation Authority ((GCAA) closed the country’s ports to incoming international passenger flights for 14 days. At that time, there was a countrywide closure of all schools. The country came to a virtual shutdown on the 23rd March when the ports of Guyana announced limited or suspended operations. But, the *de facto* illegal People National Congress (PNC)-led Government did not pull out all signs in dealing with the pandemic because it endangered the lives of its own supporters by encouraging them to group together, unprotected with no COVID-19 protocols being adhered to,

for protest actions and to underline their lack of concern for the health of the nation.

On the 25th March, a Deputy Chief Medical Officer (DCMO) announced that only people who exhibited signs of COVID-19 infection or who had travelled abroad will be tested. Adding to this, obviously, responding to political directions on the 31st March, a Mayor of Georgetown had said that he would not be implementing lockdown or curfews. It was clear that the Coalition Government had failed to deliver on its pre-elections promises at every level. It mismanaged the crisis which was created by the COVID-19 pandemic. The country’s economy, the Coalition’s very own policies, social development and economic growth decelerated rather than accelerated. The Coalition Government even failed its own math.

In the latter part of the Coalition Government’s Administration, it had its focus, primarily, on attempting to steal the entire election by having its henchmen do its bid. Despite its efforts and failed bid, the election numbers were not in its favour. The Coalition Government never had the citizens of this country at heart, but rather promoted its own agenda to enrich itself, its cronies and its financiers.

We saw a replication under the Coalition Government of living *Cadillac lifestyles in a donkey-cart economy*. That is what the Hon. Member should have spoken about and about how it will be corrected. As responsible Member of Parliament, he should come onboard with the Government and help to move forward as a nation.

A national curfew was then imposed after great out pouring of concerns from the citizens across the country. Jobs were lost because of the enforced closure of businesses. Guyanese were literally starving until the President elect, Dr. Mohammed Irfan Ali, and his team of PPP/C volunteers went on a countrywide distribution drive of food hampers and protective gears, which included the Personal Protective Equipment for health workers and sanitizers and masks for the citizens across the country.

Amerindian villages suffered terrible food shortages due to several factors caused by the pandemic under the then Coalition Government. Up to that time, the Civil Defence Commission (CDC) had not delivered any aid package to the hinterland communities. Also, trade over the Corentyne River had ceased which resulted in food and fuel shortage in the Amerindian villages of Orealla and Siparuta.

Suspicion roused that there were more cases due to the limited amount of testing being done by a seemingly unconcern Coalition Government. On the 24th April, the *de facto* illegal People’s National Congress Government COVID-19 Taskforce said that foreign aid had been halted. This was most likely due to the fact that the Coalition Government was viewed worldwide as an illegal entity. The non- presentation of a budget for 2020 was also a factor.

The hinterland regions were hard hit and on the 12th May when it was reported that the virus was present in Region 7, namely Cuyuni-Mazaruni; Region 1 – Barima-Waini; Region 3 – Essequibo Islands-West Demerara; and Region 4, 6, 9 and 10. After the malaise in response by the former Coalition Government, the newly installed President, Dr. Mohammed Irfan Ali, went into overdrive and the PPP/C Cabinet devised a menu of emergency measures to deal with the deadly pandemic. His Excellency immediately addressed the nation on the Government’s response to the COVID-19 pandemic. With the intervention of the PPP/C Government, Guyanese across this nation benefited from the distribution of the COVID-19 cash grant which was highly acceptable across this nation.

I call on the Opposition, at this time, to have a sense of responsibility and to support this motion in its context. We are here to serve our constituents. We are here to advocate for them and with your behaviour in this National Assembly, you are not doing the right thing. So, I call on every sober minded Guyanese across this nation to be conscious of the fact that COVID-19 is real and join with the PPP/C Government as we prepare to combat this deadly virus.

In closing, I commend this motion for passage and I fully support this motion as my other Hon. Members across this side do.

I thank you. [*Applause*]

Ms. Teixeira: During the budget debate we talked about two objectives as a new Government and that was the issue of COVID-19 and bringing it down to some level of control and restoring some normalcy to our economy and putting our economy back on track; turning it back around from the state of destitution that it was at that the time of August.

The problem with the Opposition, and I have listened to their speeches, is that they are living in a terrible world of denial. Unfortunately, they are spreading COVID-19 among themselves because they are in a small room with more than 20 people who are not wearing masks. Please remember, too,

Mr. Speaker, how COVID-19 came into this Parliament. It was the very first sitting when two Hon. Members of Opposition, who knew that they were positive, came into the Parliament. That is how you and other members of staff ended up being infected. I am afraid that I am not in a good mood today to listen to holier-than-thou arguments by the APNU/AFC. We are here to talk about COVID-19.

This is a pandemic that, I think, when the first cases were found, the whole world was overwhelmed.

6.07 p.m.

With the criticisms of the World Health Organization, the Pan American Health Organization and all the other bodies, no one anticipated that a year later, in December 2020, we would still have COVID-19 with us. We have had other epidemics in the world such as Cholera, H1N1influenza virus and they never lasted a whole year. Now, we are not only talking about one year, we are talking about the whole of next year and probably 2022, even with the vaccine.

As the world unfolds and as this disease unfolds, there are new aspects. Countries that felt they had it under control reopened. Now, they are discovering a new strain in Europe, although we are assured by people that the vaccine will work on this new strain.

We are in the throws, globally, of a pandemic that keeps testing the world and our capacity to manage, live and function in a world that is threatened by the disease and by the consequences of death as the worse possibility. But, the impact on the economy... I want to quote a friend of mine, Dr. Leslie Ramsammy, who was a former Minister of Health. I think what I would try to say was said better by him:

“Covid-19 is wreaking havoc throughout the world. It has left a horrid trail of morbidity and mortality everywhere...”

...in the world. Not a country has been speared. COVID-19 has been an equal opportunity virus. It has not speared to rich countries and it has not been generous to the poor countries.

“Still, even with the trail of devastation, its impact has negatively affected the poor and vulnerable disproportionately in every country, and has had a greater negative impact on poor countries than on the rich countries.”

Mainly because rich countries can better buffer the economic and social difficulties caused by COVID-19.

I think that captures, basically, a number of the issues that we are dealing with.

When this motion was brought, what was the objective of this motion? I seem to have to go back to basics. Motions do not have plans of action. Plans of action are what are brought as a policy document and are laid in the House. This is a motion that is saying that it is a serious situation. This is a first debate, in this Parliament, on COVID-19. It is saying to the Opposition that this is a national issue; this is not a partisan issue. This is an issue that kills A Partnership for National Unity Alliance for Change and People's Progressive Party Civic members and other members of other political parties. It kills people of different ethnicities, genders *et cetera*. It is an equal opportunity virus in Guyana as well as globally. Therefore, this is an opportunity for the Opposition to take a national position and be able to say that they do recognise that it is serious and that they will also continue to pledge support. Not what we are seeing here today. Forgive me, but it is laughable when Mr. Ramjattan will come to this House and say that this must not be a political football. My question is: Who have been making it a political football? It is the APNU/AFC speakers here, today, who has been doing so. The fact is... and that is where APNU/AFC has a problem and I am afraid that we cannot help them with this problem. The problem that they cannot confront is the fact that they failed, abysmally, in the first stage, in dealing with this disease. It was not because the public health people in the Ministry did not have the skills.

The Ministry of Public Health has dealt with Cholera, it has dealt with Zika and it has dealt with different epidemics in this country. It is not that they were not people with public health background who could handle this. The Ministers were not listening. When the WHO put out the warning in February, where was the Minister? The Minister was cavorting in the election campaign. [**An Hon. Member (Government):** Gallivanting] You are saying gallivanting, but I am saying cavorting. The Ministers, the President and everybody were too busy in the election campaign. What has come to light is that, although the Ministry of Health had a budget of \$35 billion allocated to it in 2019... what my dear Colleague Dr. Anthony, as the Minister, has discovered is that they did not have drugs. Not just drugs for COVID-19, but there were no malaria drugs, TB drugs, cancer drugs or human immunodeficiency virus acquired immunodeficiency syndrome (HIV/AIDS) drugs. They ran out of vaccines and they ran out of basic things that every hospital and health centre must have.

Let me say this from my perspective. My Colleague, Mr. Alister Charlie, spoke on the regions. My Hon. Colleague, Ms. Sarah Browne, from Region 1 will speak. Let me speak for Region 7. When we went into the villages when the COVID-19 started, the Toshaos did not know what to do. Some of them decided to shut down the villages. Health centres, and hospitals in Region 7 did not have masks for the worker and they did not have Personal Protective Equipment. They did not have basic drugs. They were reliant on if there was an emergency to fly people out. The Bartica Regional Hospital had five tests that were allocated to it by the Ministry of Health from March until June. That is the point that Dr. Anthony was making. The tests were limited. They have to deal with the fact and no sweetener would make it better. The APNU/AFC Government behaved recklessly and irresponsibly during the epidemic when it began in this country. If it had taken the initial steps as were required by public health rules and standards, we would not have been in the position in which we are today. The Opposition has come to say that things have gotten worse. The unfortunate thing is that my Friends on the other side are not good at statistics. That is proven by the level of corruption. They borrowed \$30 billion and they do not know where \$17 billion is; they give it out somewhere. They have sold land then resold it and people have not paid for it, but they were given the titles anyway. They are not good at managing. We are showing in the debate that they are not even good in the debate.

One of the important ingredients of the President Ali’s Administration... and let me preface that by saying that, on 28th March – the first case everyone says is 11th March – President Elect Ali, because we were waiting for the results – Mr Joe Biden is President Elect and we had a President Elect here on 28th March – convened a virtual meeting with stakeholders and launched the national multi stakeholders response to COVID-19. Mr. Nagamootoo, as the Prime Minister then, announced the next day that they were going to setup a taskforce. When he was asked who the Members of the task force were, he could not say. The Government’s taskforce ended up being military, Ministers *et certera*. No medical person was on that taskforce. We, as the Opposition waiting to get into Government after the elections, started this response with voluntary support. The total \$200,000 cloth masks were sewn by volunteers across this country. Several hundred thousand hampers were distributed across this country in a matter of six weeks. The Government did not, as someone said, provide one mask. We give N95’s to hospitals across this country. We did not have much but we were able to give. Mr. Speaker, I am saying, and you could rule me out

of order, that this is criminal irresponsibility and criminal recklessness on the part of this Government. Had they done what people were advising them to do – the health specialists – and purchase and acquire what it had to then it would have been different. They were more concerned about hiding the figures and about not being concerned if people died. They deliberately controlled the figures to give the impression that this was not a big issue.

Why I am saying that it is criminal too is because it was in this period that we were waiting for the Government and the declaration of the results. There was an election, there was a Government that was incompetent that could not manage a pandemic and that could not manage the country in the first place but, also, we were waiting for five months for elections results. In this recipe for danger and a threat to peoples’ lives, the APNU/AFC Government continued to carry on as if all was well and continued to fool people that they were the victors. They had people conducting demonstrations all over the place without any masks. I find it very amusing today, in a sarcastically amusing way, that they would dare to come to this House and talk about people not wearing masks in certain conditions. They did not give out one. Even APNU/AFC, as a party, never give out any masks to people.

What is the ingredient that becomes different? When the election results came out, what did the President do? We recognised that the Ministry of Health was woefully under resourced and billions of dollars had been spent. One of the speakers said that they did not know where the moneys were going and that they wanted to see where the moneys were going. If they read the newspapers, they would see that whenever tenders are opened, they are placed there. They could read what the tenders are for. When the tenders are awarded, they hear that too. We are not hiding it like they did in the five years where one did not know who was getting work.

The other thing, of course, that my Colleagues spoke about is issue of a compressive multi stakeholder approach with the national taskforce setup by the Prime Minister. I want to remind this House that the Civil Defence Commission, in May this year, talked about bringing hampers to people. It proudly announced that it had given out 1200 hampers for Regions 1,2 and 3. Then there was a public announcement by the Minister that the CDC would stop giving more hampers. This was in the period when people really were feeling the crunch; places were closed, there was no work and people had lost their jobs. What we have done is also from a humanitarian angle. There are layers in relation to how one

deals with this epidemic. The health issue of being able to have resources, equipment and trained personnel for people to handle the epidemic...

The areas of education and information: They did not dare touch the education issue today, did they? No one dared to talk about it today. There was a Minister of Health until 31st July. Schools were closed and there was no plan of how they were going to be reopened and how children were going to learn. They were totally oblivious to the fact that when children of a particular age group are out of school they begin to unlearn or to become disassociated from learning, and that has its consequences.

In relation to the educational stream, my Colleague Minister Ms. Priya Manickchand has done a fantastic job with the support of the resources of the Government in terms of technology, in terms of printing and in terms of money, to be able to get facilities out to children; whether it is via the learning channel, whether it via radio, and whether it is workbooks or worksheets. It is an enormous logistical issue.

My Colleague spoke about the COVID-19 relief. The problem with the APNU/AFC... One would know when they talk about sour grapes. Does one know the story about the fox and the sour grapes? These are things the then Government could have done, should have done and was unable to do, because they were unable to function. The fact that the COVID-19 relief, that they had asked... The Ministry of Health had asked to pay the workers money... It went to Minister Jordon as the then Minister of Finance and he killed it. It came back a second time and he killed it. When they complained about the \$150 million for the health workers, they must remember that, in May-June of this year, when the health workers needed support, they themselves stopped it. It is us, when we came into Government, who were able to lend assistance to the health workers, to lend the assistance that Minister Dr. Persaud is giving out to assist essential workers in relation to day care and the COVID-19 relief.

The COVID-19 relief is not finished. The biggest region is being dealt with, Region 4 and Georgetown. I dare any Member of APNU/AFC to go to Regions 1,7,8,9,10,2,3,5 and 6 and you will find that, out of every 10 people you ask, eight are happy. That is not a bad percentage because it is a massive operation of going house-to-house and being able to give people assistance. Maybe it is not perfect, but it is certainly better than giving nothing. It is certainly better than giving zero, which is what the APNU/AFC did. Other than, of course I forgot, the \$50,000 voucher for the supermarkets

which, by the way, one had to apply for at the museum for Burnham opposite the National Cultural Centre (NCC).

6.22 p.m.

That is how persons got a possibility of getting a \$50,000 voucher, which was only given to partisan supporters.

They talked about an increase of cases. I will leave that to my Colleague, Dr. Anthony. Again, they are not good in Mathematics. I guess that was the problem in the General and Regional Elections too. They could not count the numbers properly. Anybody looking at the graph of cases – when it started, how it climbed, how it moves and stuff like that – will see that there was a decline over the last few weeks in the number of cases that were found to be positive. Now, we must not be too complacent and excited about it because this disease works in a strange way. Countries that have shown a decline have suddenly seen a *poof*. It came up and it has gone crazy in parts of Europe.

The mortality rate shows that we are not above average. We are not above other countries, but we are still a small population and we have a lot of work to do. The ingredient that the APNU/AFC did not have is legitimacy because they were hanging on to power from 21st December, 2018 after the no confidence motion.

The other problem was with leadership. What this Government has brought is leadership in handling the pandemic in a multi-sectoral, inter-agency and inter-ministerial manner, in which all forces go together. It does not have different groups doing nothing, while other groups are doing something, and so on.

Lt. Col. Ret’d Harmon is a jack of all trades as we know. Imagine he became the head of the National COVID-19 Task Force (NCTF) Secretariat. Again, there was not one doctor in that group. Moneys were spent, where did it go?

Observers to Guyana said that the PPP/C must speak to the Opposition. Well, we made an overture to the former President, through President Ali, and that has been rejected. Now, Mr. Granger says that Lt. Col. (Ret’d) Harmon, as Leader of the Opposition, must be the one who meets with the President. The President decides who he wants to meet with, and he asked to meet with the former President, which is nothing unusual, globally.

Secondly, they have been invited to be a part of a number of things, but they do not want to. They want to continue with their language of an ‘illegitimate Government’ to be able to

say that, when the court cases are finished, they will be the Government again.

Well, yes, they do live in a false world. Mr. Speaker, the issue is that there was an opportunity for us as a Parliament, in a setting that is controlled, to be able to say that we recognise the seriousness and the gravity of the situation, that the challenges are not over and that we will face many challenges with the disease. If it is true that there are more strains of it, there will be more challenges for every country.

Thirdly, pledging our support to give required measures. What does that mean? It just says that if the Government comes to the Parliament with a budget that says it needs X billion dollars to buy more drugs or to be able to have better facilities and testing, the Opposition will support. Is that a problem? Who knows which one of us will require oxygen in a hospital or be in an Intensive Care Unit (ICU)? Does it have a label of who is APNU/AFC and who is PPP/C? When we come to this House... and they talk about political football, it is such an insult to the intelligence of the Guyanese people. It is an insult. What you are talking about is a national approach.

The other issue is committing to support measures to bring relief to all Guyanese, including humanitarian. What is the problem with that? I remind the APNU/AFC that, in December, 2015, when Mr. Granger and Mr. Jagdeo met and the Guyana/Venezuela border issue came up, Mr. Jagdeo, in the House in 2016, openly pledged the unconditional support of the People’s Progressive Party with regard to our territorial integrity and sovereignty because that is a national issue. So, too, today, the issue of this pandemic in our society is a national issue and, again, APNU/AFC has failed us. They failed us in the General and Regional Elections by not accepting that they had lost. They failed in the no confidence motion by not allowing the elections to go through. They failed us with the pandemic and how they started managing it and they failed us again today. Each time someone tries to make an overture and to say that we should stand together as Guyanese, they reject it.

Mr. Speaker, I believe that a golden opportunity has been lost today. You know that will not daunt us. That will not daunt the People’s Progressive Party because we are not easily daunted. We will continue to do what we believe is in the interest of our people to save lives. If we had continued like that up to 31st of July – 160 people died, God rest their souls – it would have been doubled and tripled that with the way in which we were going.

I know that our Members will support this motion and I call on the APNU/AFC, in a last ditched effort, to see reason. They say *you live in hope and die in despair*. I live in hope, but I would not die in despair. I hope the House and all the Members of the Opposition will support this motion. I do not have great hopes based on the speeches that have been made so far. I hope the Guyanese people recognise that the PPP/C Government has been in the last few months taking control of the way in which the pandemic is being managed. It is bringing a comprehensive approach that brings humanitarian help, relief to the business community, opening back our country in a little way and in a very controlled way, and improving the way in which people are taken care of. That will help to reduce the death rate in the country.

We will, hopefully, as soon as possible, and as many countries and the world are recognising now, learn to live with COVID-19, not just for 2020 or 2021 but, maybe, even 2022. When the vaccine comes, the countries will not have enough supply, especially developing countries, to vaccinate 80% of its population – herd immunity. This is a thing to which we have to adjust. We have to be inventive and innovative about how we are going to deal with it. We cannot lockdown this country because we will all die. We have to be able to be responsible, take some tough decisions and protect our people.

Thank you very much. [*Applause*]

Mr. Duncan (Participated Virtually): I am often distracted by the Hon. Gail Teixeira’s hair. So, I may have missed if the Hon. Member may have had a few good points in her presentation.

Mr. Speaker: Hon. Member, unlike you, I am very attracted to her hair.

Mr. Duncan: ...Dr. Frank Anthony, this difficult motion. It made me house-proud. Proud to be in this House to defend the APNU/AFC Coalition on this front. I am house-proud with this difficult motion. I am sure the Minister of Health’s Colleagues would have called him and said: “Frank, Frankie, non-performing Minister,” or however Colleagues refer to the Hon. Minister, someone must have asked, “What doltishness is this motion?”

Renowned Guyanese Paediatrician, Dr. Seepersaud Chatterdeo, died from COVID-19 under the People’s Progressive Party Administration. The nurse who worked closely with him, in revisiting the events of his passing, concluded that the Government’s COVID-19 response is

‘disastrous’. Around that same time a *Kaieteur News* columnist on 5th September, 2020 was of the view that:

“Regardless of the situation which the new government inherited, it is its responsibility to bend the curve to the right by reducing the infection rate. The number of deaths also needs to be addressed ...The government was not quickly up to speed. The promised holistic strategy took too long to be unrolled and when it did, it had lots of ‘holes.’”

This is an Administration which, when in Opposition, boasted its own illustrious COVID-19 taskforce which has now become a secret society. Under the People’s Progressive Party/Civic Administration, we mourned, too, the loss of Anna Regina’s Deputy Mayor, Randolph Williams, who died after being hospitalised with COVID-19. But what is the Coalition’s record on COVID-19?

We remind this nation that when the President Ali Administration took the helm, there were 474 confirmed cases and 21 deaths. Today, there are thousands of confirmed cases and close to 200 deaths. During the APNU/AFC tenure in Government, the Pan-American Health Organisation/World Health Organisation’s (PAHO/WHO), Dr. William Adu-Krow stated the following which was recorded in the *Guyana Chronicle* 18th April, 2020 edition:

“Despite the increase of the number of cases here in Guyana... he does not see an immediate need for a review of the testing guidelines, as he believes that Guyana is well equipped to conduct those tests.”

According to the Pan-American Health Organisation’s (PAHO’s) website on 20th June, 2020:

“Guyana and CARPHA are showing leadership that will hopefully inspire other countries to adopt these same policies.”

This was said by Analía Porrás. She is PAHO’s Unit Chief of Medicines and Health Technologies. By comparison, hear some of the flattering commentaries in the news about the PPP’s management of the COVID-19 pandemic. I quote one such flattering commentary from *Kaieteur News* 26th November, 2020 edition:

“The coronavirus deaths continue to mount. Yet, the government is not doing anything to slow down its spread. Instead of implementing social restrictions, it is now set to further reopen the economy.”

Another quotation from the *Kaieteur News* 14th August 2020 edition states:

“A COVID-19 response team has reportedly been established. No one seems to know what he or she is doing...The public is still awaiting the rolling-out of the Master Plan to combat the COVID-19 epidemic. But given the number of political juggernauts now within the Ministry of Health, you do not know who is responsible for what.”

Another glowing commentary includes the *Kaieteur News* 2nd October 2020 edition, which states:

“A few weeks ago, the government reverted to a 6p.m. to 6a.m. curfew because of rising cases. Cases are still rising, and the government is changing course. The curfew should only have been slackened if the number of cases had fallen.”

An additional glowing commentary of the PPP’s performance on COVID-19 in the *Kaieteur News* 31st August, 2020 edition states:

“The PPP/C does not have a handle on the present situation. The death rate would have doubled in a mere month since the PPP/C came into office. This is a frightening statistic, especially considering that the number of active cases since then has also increased three-fold. The projection would seem to suggest that more persons are going to die, including very young persons. This is not good news.”

Another glowing comment in the *Kaieteur News* 27th August, 2020 edition includes this:

“The government appears clueless as to what it should be doing. Testing seems to be the plaster for every sore, when it comes to this outbreak. That and urging people to follow the COVID-19 guidelines...The most terrible news yesterday was the announcement that Guyana may not have access to a coronavirus vaccine until March next year. By that time, half of the population will be dead, unless the infection rate is slowed.”

6.37 p.m.

“If within the next two days the Government does not implement tighter COVID-19 restrictions, a motion of no-confidence should be drafted and tabled for the

first Sitting of the National Assembly. Those are commentaries in the media.”

Mr. Speaker, I will give you a final one.

“The PPP/C’s management of the COVID-19 situation is nothing short of a calamity. In other parts of the world, and notwithstanding the newness of the Government, there would have been calls for the Minister of Health to immediately step aside.

The Minister of Health should resign. It is evident, the PPP/C has *fumbled and bumbled* on the greatest public health challenge of our time. It is time for us to admit that and get competent help, which clearly does not reside in Dr. Frank Anthony, Dr. Leslie Ramsammy and Dr. Bheri Ramsaran or in the PPP/C’s Administration.

The Department of Public Information’s (DPI’s) headline read just yesterday:

“Over 1,000 Region Three residents are now proud landowners after the Ministry of Housing and Water – Central Housing and Planning Authority (CH&PA) opened its Dream Realised: Land Allocation activity...”

The Prime Minister was there making a presentation with no mask on and the event attracted more persons than are allowed under the Administration’s own COVID-19 emergency measure, number 12. The Ali Administration is in consistent reckless breach of its own regulations, breeches led my Dr. Irfaan Ali and Brigadier (Ret’d) Mark Phillips, who are clearly not leading by example. It is this kind of lax, lukewarm approach, which...

Mr. Speaker: Hon. Member, the use of the President or the President’s name in the Parliament is prohibited under the conditions that you are applying. Could you please withdraw those comments?

Mr. Duncan: Thank you, Mr. Speaker. I am so guided.

Mr. Speaker: So withdrawn, not so guided.

Mr. Duncan: So withdrawn, Mr. Speaker.

Mr. Speaker: Thank you.

Mr. Duncan: It is this kind of lax lukewarm approach which underscores the PPP/C’s COVID-19 policies. While measures aim at the gradual opening of the country and economy, we see a simultaneous shut down of many communities like

Orealla and Siparuta in Region 7 and, recently, Bartica being re-designated a ‘COVID hotspot’. Yet, despite increased confirmed COVID-19 infections and COVID-19 deaths, the Prime Minister, Mr. Mark Phillips, stunned the nation recently saying that one of their successes during these 100 days was that they had been able to curb the spread of COVID-19 in Guyana. Tell that to the 44 persons the Administration told us yesterday were the newest confirmed cases of COVID-19. What is the Hon. Prime Minister’s answer to the problem? According to *Stabroek News*, The Hon. Gentleman stated:

“Enforcement will be done, but as far as I am concerned as National Coordinator, enforcement should be a last resort.”

It is true then that “Whom the gods wish to destroy they first make mad”. Look madness! Look madness! The *Guyana Chronicle* quoted the Minister of Health in November as saying:

“Eleven persons have since tested positive for COVID-19, upon their arrival at the Cheddi Jagan International Airport (CJIA) and the Eugene F. Correia International Airport...”

That was in November. By December, *Stabroek News* quotes the Director General of the Guyana Civil Aviation Authority (GCAA), Lt. Col. (Ret’d) Egbert Field as saying:

“Measures implemented to stem the spread of COVID-19 at Guyana’s two international airports have proven to be successful as there have been no negative reports since the reopening of the airports...”

That is madness, under the PPP/C’s Administration. The facts are not adding up; the numbers are not adding up.

The Ministry of Health in this strong motion, that I am house-proud about, talks about doing rapid testing in regions. Yet, last week, the Minister cautioned persons entering Guyana against taking the rapid test. This is madness. The Private Sector Commission (PSC) slammed the National Task Force. Where was the Hon. Gail Teixeira’s voice; where was the Hon. Anil Nandlall’s voice; where was the Hon. Priya Manickchand’s voice; and where was the Hon. Head of State, Irfaan Ali, voice on this issue? Madness! It is clear as day. It was a colossal miscalculation and very bad judgement on the part of the Irfaan Ali’s Administration, initiating a rapid opening of the country and the...

Me. Speaker: Hon. Member, again, ‘Irfaan Ali’s Administration’, I am sure you are experienced enough to be able to couch better words that are acceptable in this National Assembly. If you do it again, I will have to terminate your presentation.

Mr. Duncan: His Excellency, Sir. I am so guided and I so withdraw the phrase.

Mr. Speaker: Thank you.

Mr. Duncan: It was as *clear as day*, a colossal miscalculation and very bad judgement on the part of His Excellency Irfaan Ali initiating a rapid opening of the country and economy. However, they must not allow shame to prevent a reversal of their policies.

Additionally, there is an unmitigated spread of COVID-19 amongst the student population. Compliments of the policies of His Excellency’s Administration and the controversial Minister of Education, Ms. Priya Manickchand. The Three Mile Secondary School at Bartica, Anna Regina Multilateral School, Charity Secondary School, President’s College, schools in Mabaruma and Port Kaituma, all acknowledged COVID-19 positive students since schools have reopened. Arrivals at the airports have registered COVID-19 positive persons. Prisoners have been tested positive. Far-flung communities have not been spared the ravages of COVID-19 like our students who have returned to the classrooms.

COVID-19 infections and deaths, over the last four months, have proliferated. The spread is pervasive. It is understandably then why, recently, in the latest travel health notice, the United States of America Centre for Disease Control and Prevention (CDC) has listed Guyana as a country where there is a very high risk of contracting COVID-19 and has warned against persons travelling here.

Before His Excellency’s Administration look at the spec in APNU/AFC’s eyes, it ought to consider the log in its own eyes and rethink its approach and policies, bearing in mind that, even with the most conservative estimates, vaccines for Guyana is some way off.

Former Minister of Health, Dr. Leslie Ramsammy, or I should say the third Minister of Health in the Ministry of Health, is now back in that Ministry but, perhaps, not having the ear of the Administration, took to the letter columns just this morning. He says in the papers:

“Our global equity instruments have failed us once more. Today, as the COVID-19 vaccines continue to

roll out in America, Canada and Europe and making its way to Australia and New Zealand, our vaunted global equity instruments and conventions have been left dumped on the side of the road. This is now vaccine nationalism – the rich are in front of the line, the poor will watch on with dead bodies accumulating around them.”

Indeed, the global equity instruments have failed us, as His Excellency’s Administration has failed us, the PPP/C has failed us. The rich are indeed in the frontlines. The poor will watch with dead bodies accumulating around them under this controversial incompetent Administration which has dumped the Guyanese people at the side of the road.

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

Parliamentary Secretary in the Ministry of Amerindian Affairs [Ms. Browne]: After carefully examining the motion put forward to this House by the Hon. Dr. Frank Anthony on the global pandemic of COVID-19, I feel obligated to lend my voice in support of this motion since COVID-19 is real and very much alive to the extent that it has already claimed the lives of many of our love ones. It is because of the serious nature of this pandemic and the challenges we have encountered as a nation in fighting this battle over the few months in Office, and the anticipated challenges we are yet to encounter, given COVID-19 may be here for a very long time...

It is for this reason that, as a nation and a Government, we need to pledge to support the required resources needed to test, treat and immunise our citizens and further support measures to bring relief to all Guyanese, especially those mostly with humanitarian and other initiatives to restore normalcy as soon as it is feasible.

When Guyana confirmed its first case or patient zero on 11th March, 2020, with its first recorded COVID-19 related death, at that time, the situation could have been controlled had the Coalition Government taken a firm and workable approach in containing the virus and further preventing its spread. The number of COVID-19 deaths in Guyana registers at 160. This figure has its genesis in the actions taken by the previous Government in its unpreparedness to combat this killer virus. When the rest of the world was bleeding and warnings were sounded, the Government of the day was much more interested in hijacking this country than they were in fighting the virus. We were ill prepared as a country to deal with COVID-19. Our hospitals nationwide were already struggling to deal with existing diseases such as malaria, hypertension

and other simple pains and aches and, with the addition of COVID-19, the strain on the health sector became much more severe and our health sector collapsed.

The Ministry of Public Health, at that time, failed miserably at testing and also at contact tracing. It took sometimes as much as two weeks to obtain COVID-19 results, while suspected cases were interacting with the public. While the Government was holding on to power, the then Opposition began a massive ‘Mask Up’ campaign nationwide, distributing thousands of masks. Regions 1 and 7 were the most affected hinterland regions and even saw Government imposing complete lockdowns without any relief. I was very surprised to listen to the Hon. Member, Dr. Cummings, state that hampers were given to the hinterland and there was relief from the Ministry of Agriculture. Sad to say, we in Region 1, where I was living at that time, had not seen any of those reliefs. My friends and family took to the streets demanding better of the Government, demanding relief for food supply to lock down, for improved testing and contact tracing, for better systems and a better approach to facilitate persons trapped in nearby villages and *backdams*.

Persons then began to doubt the existence of COVID-19 because of the lackadaisical approach the Government took towards fighting the virus. Many began to question how COVID-19 can be real when the Government’s approach to such a deadly virus leaves much to be desired. There were many unanswered questions.

6.52 p.m.

While the Government was devising ways and means to steal our country, the virus quickly travelled from ground zero and our worst fears in the hinterland became a reality. Moruka, for example, became the hotspot in the country and the numbers quickly climbed to over 70 persons being in institutional isolation. With no direction from the Government, the people fell apart. The public health system fell apart. There was no support to the medical staff and the doctors were left without any direction as to how to move forward. The then Government went ahead, in the Moruka sub-region, in particular, and hired dozens of COVID-19 workers at that time without a clear plan as to a payment process or how to go about seeking remuneration for those persons. When we took Office, there were no contracts existing for those persons who were employed. That is the legacy that they left. So, when they speak of employment opportunities and what they did, the reality is that.

I would like to share something from my phone. It is a text message that came in only this morning. It says:

“Hi Sarah, good day. Just want to find out if our COVID workers will get their pay for this Christmas. It is sad because I have two kids. Their father worked in the hospital for eight months and cannot buy them any new clothes or even a toy.”

That is the legacy they left. They would have employed dozens of persons with no plan as to how to pay these workers who are serving on the frontline in the middle of a pandemic. That is what we took over, and now have to deal with. Our Government have had to seek approval for those persons to receive what was due to them. That is their legacy.

And so, when we compare that to the recent situation in St. Cuthbert’s Mission, whereby our Government immediately intervened, assisted with the lockdown, and had workable plans with the village councils to bring the situation under control, St. Cuthbert’s Mission is now in a better position.

We inherited a deteriorating health sector, a corrupt infectious diseases hospital complex, a testing capacity with tremendous backlogs, and a system that needed to be rescued. Our Government, under the guidance of Hon. Dr. Frank Anthony, in only five months, had a herculean task of rebuilding a broken system so that we can be in a better position to deal with the pandemic through an emergency Budget which addressed many of the shortcomings faced. We all would recall when, at some point, the Minister of Public Health in the past Government micromanaged testing and sharing of information. Had it not been for the intervention of the PAHO, we would have been in much more difficult times. We have moved to not only fixing what was left unfinished, but we have moved to greater heights in our response to COVID-19, especially in testing, where we can now conduct 1500 polymerase chain reaction (PCR) tests on a daily basis, with a 24 to 48-hour turnaround time. Rapid antigen tests are now available in every region across the country. That is the plan that was implemented.

While the former Government discouraged private labs from testing, because they were afraid of what the results would prove, and that is their inefficiency, we have encouraged the private health sector to get on board because we have nothing to hide and we recognise that we need all the help necessary to save our people from this deadly virus.

Our plan supports contact tracing, and we have taken a collaborative approach to contact tracing. Now, across the

hinterland, our Community Support Officers (CSO) in every village will be trained to assist the Ministry of Health in contact tracing so that the numbers in the hinterland can also be better reflected.

COVID-19 also pose many challenges to mental health, and Government agencies have ensured that there is also a collaborative effort and support programmes in all of the Ministries to create employment. This is so that persons can be able to earn, as well, during this pandemic, which is very important.

With the advent and introduction of the COVID-19 vaccine, Guyana is already prepared to secure and distribute the vaccine across the country. That process is common knowledge, also, as put forward in this motion.

Families are mourning and families are displaced. In the hinterland villages, it is no different. The Prime Minister must be commended as well for his approach in ensuring that food supplies and relief were given to all of the villages affected by COVID-19.

In closing, I want to urge all the Members of this House to find common ground. Let us support this motion, because this motion is one that is very important in ensuring that we have a health system, or a health sector, that saves lives, regardless of where we are in our country. And so, I commend the motion and I ask that we all agree, based on our conscience, to support this motion.

Thank you. [*Applause*]

Brigadier (Ret’d) Phillips: I rise to support this motion. There are a number of things that I wish to raise today. First of all, we have heard, in a previous presentation by an Hon. Member of the Opposition about politicisation of this pandemic. It was brought to my attention that it was the APNU/AFC Government that politicised the pandemic. This was by way of a letter dated 18th February from the former Minister of Public Health, Minister Volda Lawrence, to the former Minister of Public Security, Minister Khemraj Ramjattan, that led to the closure of the backtrack route between Guyana and Suriname for the period 29th February to 7th March, 2020. That period is very significant because this was a case where the Coronavirus was used as a political weapon, in what is known as voters’ suppression, to prevent Guyanese from returning home to vote at our elections. The Opposition should not be telling us about the politicisation of this pandemic.

What we need is bipartisan support. The same bipartisan support that is normally given during times of Operation CoviCurb, stating that COVID-19 is a national security threat to Guyana. Therefore, this is an issue that needs the support of the entire House. *We cannot fiddle while Rome burns.* This is what happened before 2nd August, 2020. The then APNU/AFC Government had no concern with holding on to power, knowing fully well that they had lost the election. They did little or nothing to fight COVID-19. We had a situation where we knew people were dying, we knew people were getting sick, but we did not know the cause, simply because we had an Administration that suppressed knowledge and the testing of the suspected cases of COVID-19.

We heard before where test results had to go before a Minister’s desk before they were disclosed. In fact, it was before it was even determined that the person was COVID-19 positive. The patient could not know, and the doctor could not have done anything but wait until the Minister decided, “Yes, this person has COVID-19”. That is criminal. Having said that, we can now understand the significance of 2nd August, 2020, to all of us in Guyana and to the fight against COVID-19.

It was after 2nd August, 2020 that we really had a plan. What we had before was not a plan. It was a case of several retired military officers sitting around a table, having discussions which were supposedly strategic. Somebody referred to the ‘Night of the Generals’. Discussions were supposedly strategic. I rather suspect they were playing with their pistols, drawing and putting it back in the holster, as against being very strategic. What happened after 2nd August, 2020, is what saved Guyana. We have restructured the COVID-19 Task Force to a task force that has a medical response, an economic and social response and a policy response team that interface with the PAHO, WHO, the United Nations Development Fund (UNDP), the Caribbean Community (CARICOM), and with the private sector, a structure that engenders transparency. You would have heard the presentations before, and of significance. We have moved from 4,705 tests done between March to July to having the capacity of doing more than that in five days now in Guyana. We heard that we do not have a plan. I do not think that we could have achieved that without a plan.

7.07 p.m.

In essence, what we did, from our standpoint, in terms of planning, was to adopt what I would refer to as the whole of Government’s approach in the fight against this pandemic. A

whole of Government’s approach, including all the important Government agencies and the private sector, in a substantial way in this fight against COVID-19. We have not only been able to do the test or increase testing, as I mentioned, but we have moved this country from a lockdown approach, to one where the strategic and operational readiness was put in place to fight this disease effectively. We have moved from limited testing kits, to enough kits to test for the Coronavirus anywhere and anytime throughout the length and breadth of Guyana. We have moved from a limited or non-existent capacity to treat those affected, to being better able to treat victims while we continue to build capacity at the central and regional medical health facilities throughout Guyana.

I recall one month ago, asking the question how many ventilators we had before 2nd August and how many we have now. That was one month ago. I was told we had four ventilators before 2nd August. That was for the whole country. A month ago, we had 54 ventilators and more coming to Guyana. We have been able to put ventilators at our regional hospitals. We have been able to acquire PCR kits and now we have PCR testing being done at the regional level. No longer do we have to just take the samples and bring them to Georgetown; we can do testing at the regional level. Yet, we do not have a plan according to the Opposition.

We have moved from a case before the 2nd August where people were afraid to be tested, to a case today, where people are coming forward. They are volunteering to be tested, once they recognise the symptoms. That is because we were able to educate our people. Our people are more aware of the symptoms of COVID-19. Our people are also aware that they can be tested almost wherever they are or at the nearest hospital. As fast as they identify the symptoms, they are playing their part by being tested for COVID-19.

I returned on Friday from visiting 15 villages in Region 9, and I wish to share with this House that, in all my visits, all the people before me were wearing masks. So, our campaign to wear a mask is effective, not only on the coast, but throughout Guyana. I am quite aware that many of our Ministers who have done similar visits to Region 9 and other regions would have encountered the same wearing of masks by our people throughout Guyana.

After the 2nd August, we have had messages and measures being communicated to our people, not only in the English language, but in their languages, whether it is Macushi or Wapishana. Wherever the people are, these messages are

being communicated to them in their language. Yet, we do not have a plan. I do not know what they are talking about.

We have essentially moved this country from a lockdown and panic-stricken people to one where we have a strategic and operational plan that has returned life to this country. It is not just lockdown and stay down, it is a case where we have studied and implemented the medical and scientific knowledge and measures that will help us to deal with this pandemic. We have people who are wearing masks, they are sanitising, watching their distance and conducting their economic activities. We have returned this country to a country where people are not locked down, but they are alive and involved in their economic activities.

The Coronavirus pandemic, from all the forecast, would be with us for the remainder of 2020, for the whole of 2021 and possibly into 2022. We have to learn to live with COVID-19. The strategic imperative in this fight against COVID-19 for us, after all the measures, the expenditure and capacity building that we have went through so far, is the next stage, which is the acquisition and utilisation of the vaccine that will become available. The vaccination process is the process and I stand here to support that, so we can quickly develop the herd mentality so Guyana can continue to develop, and Guyanese can continue to prosper.

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

Mr. Speaker: The Hon. Deputy Speaker had indicated that he would like to make a contribution and I kept missing him. I now call on the Hon. Deputy Speaker.

Deputy Speaker [Mr. Shuman]: Mr. Speaker, I thank you for your indulgence and I ask the House’s indulgence for a few valuable seconds. I first wish to acknowledge the 18th death anniversary of one of the greater or greatest leaders in the history of Guyana, President Desmond Hoyte, and recognise his contribution towards what Guyana is today.

I would, also, like to thank the previous Hon. Member who joined us today in the honourable House, a former Member of Parliament (MP), Mr. Charrandas Persaud. Had it not been for him, we, as a country and we as a Parliament, would not be having these discussions today. We may have seen a Guyana that is far removed from this kind of discourse, to one that one cannot imagine.

I would be very succinct taking from any authorities who said, ‘say more with less’. Let me first commend the previous Administration for acknowledging that COVID-19 is indeed a

pandemic, an unusual acknowledgment with a grain, given their record on the electoral process. I must also commend the current Administration for their active work in reducing the stigma of the penitentiary styled approach and the shroud of secrecy, which encapsulated COVID-19 cases under the previous Administration. That an attempt was made to recognise COVID-19 as we saw when my Colleague and Leader of A New and United Guyana (ANUG), Mr. Timothy Jonas, was pulled in for testing during the recount, is indicative of where we came from and where we should never venture again.

I will not belabour the point, the importance of following the COVID- 19 protocols. I believe my Colleagues in the House have spoken amply on that. I will simply ask our citizens to act responsibly, to let us all ensure that we are all here with our family and friends, that we see many more Christmases, birthdays and New Years to come.

On the point of the Bill, as presented by the Hon. Dr. Frank Anthony, while there is a vaccine on the horizon, I am most concerned about the spike that will follow the holidays, and the seeming absence of an exit strategy from this pandemic. We must do better and plan for the future. It is no secret that my community was the epicentre, less than three weeks ago, of 270 cases. Almost all recovered with no registered fatalities so far. I am emboldened by the effects of the management of societal and social behaviour, and strike a cautionary note to the current Administration, that exceptions made under the APNU/AFC Administration for party loyalists and favourites should not be replicated by this Administration. Those who suffered under the last regime should not have a free pass through this regime. If one does wrong and violates the law, the law has no party, no race, no colour or creed and should be applied to every business and person equally. It is against this backdrop that I say the Bill does not go far enough.

The allocation of \$25,000 per household is grossly inadequate as the effects of COVID far outlast the \$25,000. Much like the previous Administration, I see Ministers and Government functionaries doing ministerial outreaches, to meet and greet the people at the taxpayers’ expense. While this is good for instilling confidence in the population, I do believe the population is well aware of who won the elections and the millions spent on so called ministerial outreaches can be better directed to the impoverished and suffering.

My Colleague, Mr. Ramjattan, spoke of depoliticising the pandemic. I am happy to see this shift in attitude. The Hon.

Member spoke of the ensuing poverty that will likely follow the pandemic, and I quite agree with him.

While we advocate for the pandemic to be depoliticised, it is also equally important that the COVID-19 relief measures are also depoliticised. At the end of the day, COVID-19 does not care if you are People’s National Congress, AFC, PPP/C or Liberty and Justice Party (LJP). It affects all of Guyana and Guyana is a multi-dimensional mosaic.

I ask that the Administration seek a far more proactive approach in the management of COVID- 19, so that an equally important exit strategy, such as stimulus spending, relief for families with other medical complications, support for families who suffer from associated COVID-19 loss and relief for our students whose futures may be delayed because of the unplanned effects of COVID-19. I also ask that the Government does not neglect the other medical cases that go unnoticed as COVID-19 takes front and centre stage.

While we talk about COVID-19 there are still many people suffering from other chronic and terminal illnesses that are also in need of relief. I ask that the Government considers COVID-19, not only as a pandemic, but as a complicated, multi-strata issue that cannot be addressed in isolation, but holistically through all its dimensions.

7.22 *p.m.*

We must also limit its effects on our country’s future. I beg the Administration to get started on a comprehensive emergency preparedness plan.

Mr. Speaker, I thank you.

Dr. Anthony (replying): Thank you very much, Mr. Speaker and Colleagues. First of all, allow me to thank all the Members who participated in the debate.

On our side, we had our Members supporting the motion. On the Opposition side, it was a total disappointment with the exception, of course, of Mr. Shuman, the Deputy Speaker.

Listening to the Opposition here today, one wonders whether they are living in Guyana. Not only is this a pandemic, but we have seen the devastation that it has brought on lives. They have spoken about some of it. One way of this country exiting the pandemic is through having an efficacious vaccine in adequate supply so that we can immunize our population. Of all the Members who spoke on the Opposition side, they were two of them, I think, who touched peripherally on vaccines. One Member was wondering whether or not, as

stated in the motion, that the first 3% of the vaccines we receive would go to the health workers and then proceeded from there to wonder what the definition of frontline workers is. Well, you do not have to be a wonderer. All you have to do is go to the World Health Organization’s website and there is a definition of who is a frontline health worker. Apart from coming here, making a lot of noise and not being constructive, I do not know what purpose this is serving.

We heard a lot from some of the Members on the other side about the politicisation of this pandemic. We do not want to play politics with people’s lives. The only people who have been playing politics with this pandemic have been the APNU/AFC. In this debate, we witnessed that once again. There were a couple of the Members who were trying to stir up hysteria, who were trying to play on people’s emotions and who suddenly developed some form of empathy. Now, they have empathy for the families of the persons who have passed away. Where was that empathy before? Why were they not putting mechanisms in place in the hospitals across this country so that we could have prevented deaths?

If they had done such a good job of controlling the spread of the pandemic, then it would not have moved from cluster to community spread before we took over in August. We must remind them of that. They had no way of knowing what was going on because they were not testing. We have said that repeatedly; we have brought the figures here; and we have shown it and they cannot refute it. That is why, now, in one of the presentations, somebody suddenly said not to talk about testing. Now that we have solved the testing problem, we must no longer talk about it because that would show how abysmal their record was. This is what we have to deal with.

We had a lot of figures being bandied around. We thought that we were able to rectify the Mathematics problem that they have over there in the APNU/AFC. They *tried a thing* with Mr. Clairmont Mingo; they did not get through; the maths again. We had one Hon. Member come to this Assembly and glaringly, after having heard me speak about how many deaths we had, and I clearly stated we had 160, and deliberately tried to mislead this House by stating that we had 200 deaths. This is the kind of public display that we have from such Hon. Members.

We have heard a lot about deaths and death rates and, all of a sudden, we have a whole set of Epidemiologists over on the Opposition’s side. Well, perhaps, one of them can explain to me what case fatality is. If we look at the case fatality rate from when they started to manage the pandemic and convert

that into percentages, in March, it was 15.7%; in April, it dropped a little bit to 9.5%; and in May, it was 4.4%. They achieved something quite remarkable since they were at 1% in June and then by July, it went up to 4.7%. We took over in August and, under our stewardship, it dropped to 2.8%. It went down further to 2.4%; in October, it went up slightly to 3.2%; and dropped in November to 1.9%.

When we come here and we want to talk about the figures, the dynamics of the epidemic, then, we should get our facts straight. This points to the information that one must use when one is trying to manage complex epidemics like COVID-19. Perhaps, they can go and do some research on that and they can come back and talk to us about it. But it is not only that. We had one of the Members, who I think should have been more knowledgeable in medicine, come here and tell us about how to boost our immunity and said to this National Assembly that we should utilise ivermectin. Yes, we are using it and we have used it for mass administration against filaria. In February, we are going to have another mass administration, including ivermectin, to get rid of filaria. But I would like to use the occasion to give that Hon. Member some homework. I would like to ask her to go to the National Institute of Health’s (NIH) website, which is run by Dr. Anthony Fauci, and download the most updated version of the treatment protocols for COVID-19. In that document, you can go to the chapter that deals with ivermectin and you would see that they clearly do not recommend ivermectin for the treatment of COVID-19 because, for it to have antiviral activity in human beings, it must be about 100 times the dose that is recommended for an average human being. If that dose has to be given to kill the virus, it will kill the virus and the human. Perhaps, she should go and look at the NIH guidelines.

Our treatment protocols are guided by the international best practices. We look at what they are doing in the United States of America, in the United Kingdom and other countries and we design our own protocols based on that scientific guidance. So, perhaps before Members come here and tell us about what they have heard, they should acquaint themselves with these protocols so that they can assist the National Assembly and the public at large with some of these matters. It is frightening when such pronouncements come from persons who are supposed to be in the profession of medicine. When you make those pronouncements, some people take them seriously. Therefore, we must, at all times, be guided by the ethics of the profession.

There were many little remarks here and there, but I just thought I would touch on these few. I want to come back to the point of how the pandemic was politicised. Apart from the incidents that were mentioned by some of the speakers, I, too, recall that we were here in the compound, ready to commence a recount and the health staff were brought into this building and they proceeded to fog the building. Suddenly, we were fogging the building to prevent people from having access so that the recount could have happened. We remember that, too, because this was what happened in trying to derail the democratic process in Guyana. I am happy that when Dr. Cummings spoke she also said that, as part of the Granger's Administration's effort to be able to control the COVID-19 pandemic in Guyana, they appointed the then Minister, Lt. Col. (Ret'd) Joseph Harmon as the Chief Executive Officer (CEO) of the National COVID-19 Task Force. As part of that task force, one of the documents that I was able to retrieve, when I had just gotten into office, was the structure of this task force. I saw a name that I recall very well. It was the name of a man, Mr. Daniel Seeram. He was being paid by the task force to go out and fight COVID-19. I was sitting not far from where the Prime Minister is, representing the interests of the People's Progressive Party/Civic. I sat there for almost a month. Across from me, was Mr. Daniel Seeram, the task force member, who this country's taxpayers were paying to fight COVID-19, leading the APNU/AFC's team in trying to tabulate the results. He was over there for 35 days doing nothing on behalf of COVID-19 but was being paid by the taxpayers to do COVID-19 work. What do you call that? Is it not politicisation?

Then, you might recall that after Mr. Mingo tried to fiddle with the results at the Ashmin building and got caught, they took the case to the court. There was one Ulita Moore. Do you remember that? Well, Ulita Moore was also employed by the Ministry of Public Health. Perhaps, she was supposed to be doing COVID-19 work too, but, instead, she was busy filing court case to prevent democracy from happening in this country.

7.37 p.m.

So, when people talk about making politics out of this pandemic, we know the ones who are making politics out of this pandemic. We have some very sanctimonious Members. I recall that two Hon. Members, who knew that they were positive for COVID-19, came to the Parliament and sat in the Dome with the rest of us. Today, we heard that they do not want to come into the Dome because they are afraid that they might get COVID-19. They were the ones who were

spreading it. I understand that, perhaps, the true reason why they could not have come in here today was because the Alliance For Change was not in full force with them today. So, it was only the A Partnership for National Unity Members of Parliament (MPs) who are camping out in the room across the other side.

This is a serious business, a very serious business. While governments can play a role and we must set the framework, the tone and everything else, that does not absolve people from personal responsibility. People must take personal responsibility for going out in the public and going into crowded areas. People must also take responsibility if they do not want to wear a mask because they know the consequences. There is nobody, today, in Guyana who can say that they do not understand why they need to wear a mask. There can be nobody who can say that we have not told them to cover their noses and cover their mouths because that it is the way COVID-19 is prevented from being spread. We have walked the length and breadth of this country and talked to people about COVID-19. People, by now, maybe think it is a broken record, but it is something that we keep repeating because we believe that we must educate our people so that they can make the right choices.

A lot of this is about personal behaviour and if one practices the right things, one is going to prevent spread. Many right-thinking and responsible Guyanese have done just that. They have practiced the right things and they have prevented themselves and their families from getting infected. We commend them for that. There are many of our frontline healthcare workers who, on a daily basis, have been talking to people and telling them that they must do the right thing and practice the right thing. People have been adhering to that as well. There are many other influential citizens – big and small – at the national, regional and community levels who have all been saying the same thing. So, that message has spread, and we are thankful. But there is always that delinquent bunch and we still have to work on them.

My appeal, once again, tonight is that we have to fight COVID-19 together. Whatever misgivings and misunderstandings that the Opposition has, and if they want to come and try to score cheap political points, they can do that. We can handle it. By the way, as I am on that, I just remembered one of the things that one of the Members spoke about. I just want to clear up that misconception. He was wondering why is it that we require an RT-PCR for travellers into Guyana. Perhaps, he misinterpreted what RT-PCR means. Maybe, he thought it is rapid test PCR or something

like that. There is a difference between an antigen test and a PCR that we require. Many persons have called because they have confused it. They have gone to some laboratory in the United States of America, got an antigen test and then when they showed up at the airport, they had difficulty getting on the flight because the test was rejected.

The reason for that is with an antigen test, if one has symptoms, more than likely one would test positive. If one tests positive, one cannot get on the plane. If one is asymptomatic and uses that test, then it might not show up and, therefore, one could be positive be undetected. That is why to safeguard persons travelling and coming to Guyana and to prevent infections from coming to Guyana, we have insisted on RT-PCR. I hope that Hon. Member would have listened to me carefully and would use this explanation now to help his Colleagues and other persons who might have these misconceptions because we all have to work together to ensure that the right message is spread out there.

As I said, this is a very serious pandemic and, by all indications, our only exit from this...not that we are not preparing other things. We are doing all the right things, as I said before. I spoke about all the health preparations that we have made. In fact, as we speak, today, we only have 12 patients at the Liliendaal facility – eight persons who are mild and four who are in the Intensive Care Unit (ICU). One of Hon. Members who spoke, perhaps, he misspoke regarding the numbers that he quoted. I can tell you now that we have 12 persons in that facility.

This is a serious thing. We have made all those preparations. We have trained people. We have more staff. We are doing things like that. Realistically, we can only exit this pandemic if we have a vaccine. I thought that the Hon. Members on the other side would have wanted to work with us to ensure that the Government secures more vaccines; that they would have wanted to work with us to say: What can we do? How can we help you to roll out this vaccination plan? No, we did not hear any of that.

I spoke about herd immunity in trying to trigger some understanding from the other side, but there was not a word. I spoke about the reasons we have to look at the types of freezers, ranging from minus 70 to plus 8, but there was not a word. We talked about the various types of vaccines and we talked about the mechanisms that we need to go to in order to acquire vaccines, but there was no response. Perhaps, over the holidays, maybe the good Hon. Members would have some more time to take a deeper look at what would help us

out of this pandemic and, perhaps, when we come to debate the Coronavirus Immunization Bill, they would be much more responsive.

We have to do this as a nation, as a collective, because if we divide ourselves and start pulling apart, then we will have problems when that vaccine arrives. So, we must work together. My office, the task force secretariat and the task force are always open for any questions that Hon. Members might have. We are willing to sit and discuss because we believe that only this national approach will help us to make sure that we have a comprehensive, holistic type of response.

As I close, I just want to use the opportunity to thank all the healthcare staff who have worked so hard during this year. Really, they are the heroes of our country. They have done a fantastic job. If it were not for their efforts, perhaps, the rates that we are seeing would have been much higher. I want to thank them. I think the nation owes them our gratitude. We look forward to working together to make sure that we address this pandemic in this holistic way.

I also want to wish you, Mr. Speaker, and the staff of the Parliament Office a joyous holiday season and wish the nation, as well, a joyous holiday season. Thank you very much.

Question put and agreed to.

Motion carried.

Mr. Speaker: Hon. Members, the remaining items on the agenda are going to be dealt with at another meeting when the Opposition’s motions will get priority.

So, it brings me to also join with the Hon. Minister in extending to you and your families all the best for this holiday season. I also take this opportunity to extend season’s greetings to the Clerk and the staff of the National Assembly, the management and staff of the Arthur Chung Convention Centre, the families of the media workers who have joined us here, the caterers and all those who have been providing for us since we started here for the Twelfth Parliament. To all of you, once again, have a merry Christmas and we will see you on 28th December, 2020.

I understand the Hon. Leader of the Opposition would like to say a few words.

Leader of the Opposition [Lt. Col. (Ret’d) Harmon]: Thank you, Mr. Speaker. Mr. Speaker, the Clerk and staff of the National Assembly, Prime Minister, Ministers and

Members of Parliament on the Government’s side of the House, to you and your families, the APNU/AFC Members of Parliament extend warm wishes for Christmas 2020. To my Colleagues on this side of the House, I wish you and your families a joyous Christmas and happy holidays.

A few minutes ago, we concluded a debate on the COVID-19 pandemic. On the point of convergence in all the presentations was the deadly nature of this pandemic and the need for us all to observe the measures that are meant to keep us safe. Your life and health and that of every member of your family are paramount and I urge you to take the precautions to remain safe this season. As a country, 2020 has been a difficult year for all of us. However, we are grateful to the Almighty for bringing us through this far.

7.52 *p.m.*

As you and your families come together for this special occasion, I ask that you spare a thought for the more than 1000 Guyanese citizens who were fired from their jobs in the public service, many of them single parents who have no other means of supporting their families. I ask, also, that you spare a thought for the parents of Joel and Isaiah Henry, Haresh Singh and the sister of Earl Graham, who are here today expecting Parliament to make pronouncements on the justice which they seek.

Even as we are aware that it is difficult for some of our people to celebrate, we pray for a better 2021 for Guyana and for all Guyanese who are experiencing a most difficult time at this moment.

I thank you very much, Mr. Speaker. I pray that you, your family and all of us would have a joyous 2020 Christmas and a prosperous 2021.

Brigadier (Ret’d) Phillips: Mr. Speaker, I take this opportunity to wish you, our Deputy Speaker, our Clerk of the National Assembly and all staff of the National Assembly, a merry Christmas to you and your families. To the Leader of the Opposition and his family, Members of the Opposition and all Members on this side of the House, a merry Christmas to you and your families too.

ADJOURNMENT

BE IT RESOLVED:

“I move the adjournment of the National Assembly to 10.00 a.m. on Monday, 28th December, 2020.”

[Prime Minister]

Brigadier (Ret’d) Phillips: I move the adjournment of the National Assembly to Monday, 28th December at 10.00 a.m.

Motion put and agreed to.

Mr. Speaker: The National Assembly now stands adjourned to 10.00 a.m. on Monday, 28th December, 2020.

Adjourned accordingly at 7.54 p.m.