



# **CONTRIBUTION**

**to**

**The 2021/2022 Budget Debate**

**by**

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Minister of Health**

**House of Assembly  
Nassau, The Bahamas  
Wednesday, 16<sup>th</sup> & Thursday 17<sup>th</sup> June, 2021  
at 3:00p.m. and 10:00a.m. respectively**

## **Introduction**

**Mr. Speaker,**

I rise today in this House in the usual fashion, with thankfulness in my heart, praising HaShem, The Elohim of the Elohim, who has blessed us in the Heavenly place with all spiritual blessing. He is the Lord of Life, the source of all hope, faith, and love. May his name forever and forever be praised.

**Mr. Speaker,**

He has filled us with faith and hope. As through the eyes of faith and hope coupled with firm action, I can see the evidence of this COVID-19 Pandemic ending. For we know that faith without works is dead. (James 2:17)

I continually put my complete trust, hope and confidence in Almighty God – Yahweh Elohim, to see us through these challenging and ever-changing times.

**Mr. Speaker,**

It is the fuel of love that drives me more than anything, I am filled and buoyed with love for my God and love for my fellow man such that I get up every day to stand steadfast at my job to ensure the optimal level of health and well-being of all persons in The Bahamas. For indeed He has commanded me to not grow weary in well-doing for in due season I will reap a reward if I faint not. (Galatians 6:9).

**Mr. Speaker,**

As we deal with matters of the Spirit. I take this opportunity to send my condolence to the Family of Stephanie Wells, to Cleveland, Baby Ann and Tennyson Wells Jr. on the loss of their dear mother. I offer condolences to the Family of Bishop Benjamin Wenith Davis, to the family of Sir Charles Carter, Senator the late Albury Hanna and the family of Donald Symonette.

### **Constituency Matters**

**Mr. Speaker**

I rise also on behalf of the good people of Bamboo Town who have sent me to this place for a second stint to serve their interest. To give

value to their voice and to be the voice of their values.

**Mr. Speaker,**

Lord willing and I know He is willing, I will be here on that great “getting up morning” when the FNM saints will rise, after the next general election. For the Word declares that “The heart of the King is in the hand of the Lord, as the rivers of water: he turneth it whithersoever he will.” (Proverbs 21:1). We know, in a democracy, the people are king, but it is the Lord of Providence who determines the outcome. So, **Mr. Speaker**, I am thankful to the Good Lord and I am very thankful for my constituents, who have stood by me through thick and thin and showed their unwavering

confidence in my ability to represent them in this Honorable place.

**Mr. Speaker,**

It remains my honour and esteemed privilege to be their representative. I have an everlasting love for them and assure them that their confidence will never be misplaced in this member.

### **Achievements**

**Mr. Speaker,**

Over the past 4 years since this administration was elected to office, we have been busy with the Bahamian people's business. Busy about building a more resilient and economically prosperous society.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in the area of food security and food sovereignty. As the Minister of Agriculture and Marine Resources, the Hon. Michael Pintard advised we are reducing our dependence on imports and increasing food security in this country.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in energy security. In the summer of 2019, the Deputy Prime Minister, the Hon. Desmond Bannister, ensured that there was more than enough generating capacity for the island of New Providence with the installation of new electrical generating

engines. These new engines at Clifton replaced the old end-of-life generators that were installed in the 1960s.

**Mr. Speaker,**

We did not know that COVID-19 was coming to our shores at that time. However, adequate electricity generation came right on time so that persons could remain comfortably at home during the COVID-19 pandemic lockdowns and emergency order measures.

**Mr. Speaker,**

We are also expanding the penetration of renewable energy in the country. Currently, solar power is being installed in Ragged Island. We are also working aggressively to secure LNG to power energy in the country and

perhaps to securing bunkering to service the cruise ships as we fully establish and expand homeporting in The Bahamas.

**Mr. Speaker,**

We have been busy with the Bahamian people's business by protecting our heritage – our environment. This administration has prohibited cruise ships from dumping treated or non-treated sewerage, waste oil and garbage in our territorial Bahamian waters.

**Mr. Speaker,**

Scientists are now required to register to conduct research in The Bahamas. This Administration will continue to exercise its right to protect the genetic material scientists will have access to during their research in our

waters. This Administration has ensured that The Bahamas can authorize access, control the use and establish fair and equitable sharing of the benefits of genetic scientific finds in the area of medicines and cosmetics.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in education. The Honourable Jeffrey Lloyd reminded us that today, families can send their little ones from preschool, elementary school, high school, straight to the University of The Bahamas (UB) to obtain a Bachelor's Degree free of charge!

**Mr. Speaker,**

Family Island students also receive \$500 to assist with accommodations while attending

UB. Mr. Speaker, BAMSI is free and any other vocational training is also free of charge, at BTVI.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in Tourism. This Administration has on record the largest number of tourists visiting The Bahamas. Some 7.2 million tourists visited our shores in 2019, the year Hurricane Dorian slammed into the Bahamas. If it was not for hurricane Dorian we would have experienced even greater growth. Now, no doubt with homeporting, we are making the Bahamas an iconic world-class destination with potential touristic exponential growth.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in Transport. Bahamians can now turn left on the red light which reduces stress, the time for morning and evening commutes and the monies spent on gas waiting at the red lights.

**Mr. Speaker,**

We have been busy with the Bahamian people's business with respect to the Post Office. Yes, the post office, **Mr. Speaker**, you don't even hear about the Post Office anymore, other than in this place. Gone are the days of protesting and workers only reporting for half days! For the first time since the 1970's, the General Post has passed the United Nations

Postal Audit. You see, **Mr. Speaker**, the post office is considered a port of entry, and has to comply with 9-11 regulations for ports of entry. During this process, notably, The Bahamas also obtained its Security Certificate for the General Post Office.

**Mr. Speaker,**

We have been busy with the Bahamian people's business in economic empowerment. We have provided Bahamians over 100 million dollars in grants and loans to small businesses. Many small businesses have stepped forward to avail themselves of this funding opportunity offered by this Government.

**Mr. Speaker,**

We have been busy with the Bahamian people's business economically empowering the poor and middle class, the mom and pop stores in the over-the-hill communities with the establishment of the Over-the-hill Economic Empowerment Zone.

**Mr. Speaker,**

We have been busy with the Bahamian people's business to compensate the frontline nurses, physicians and medical service workers involved in the COVID-19 National Response for the period 19<sup>th</sup> March – 18<sup>th</sup> June, 2020.

**Mr. Speaker,** this administration approved \$1,040,600 million in honourarium and death

benefits, in this budget that will be paid out as follows:

- **\$400,000** as death benefits to the Legal representatives of the four (4) health care workers that passed away in the line of duty from COVID-19;
- **\$640,600** to 143 frontline health care workers who stepped forward initially during the first wave of COVID-19 who came forward and said “here am I send me” when others were somewhat tepid and hesitant.

**Mr. Speaker,**

For those who later joined the fight, this administration approved an additional \$3 million in honourarium in this 2021/2022

budget that will be paid out to some 1,690 healthcare workers.

**Mr. Speaker,**

The Government also paid overtime to nurses who worked during the COVID-19 pandemic. **Mr. Speaker,** this Government approved **\$162,300.13** in overtime to nurses of the Ministry of Health during the period January – August, 2020, which was initially paid in October 2020. When the Ministry learned of work performed during Hurricane Dorian and other outstanding overtime owing to nurses, subsequent payments were made to nurses in February, 2021.

**Mr. Speaker,**

I made the definitive decision in September of last year that overtime in the Ministry of Health was not to accrue, and that overtime was to be paid on a monthly basis. However, the Ministry of Health is still on a paper-based honour system. Even after some overtime monies were paid in October 2020, log sheets were still being submitted for overtime spent during Hurricane Dorian. Although the Government was ready to pay the overtime accrued by employees, the Government still had to wait for the log sheets to be administratively compiled and presented with accurate costs.

**Mr. Speaker,**

I want it to be noted by all and sundry that the Public Hospital Authority does not have this problem in paying overtime to Healthcare workers, since the Public Hospitals Authority has an Accu-Staff Sign-in Electronic Program. Consequently, nurses employed by the PHA were paid their overtime monthly and on time.

**Mr. Speaker,**

I want it to be known that the time to wait on log sheets has come and gone! The Ministry of Health will be investing in a biometric sign-in programme that will make overtime payment more seamless and on time.

**Mr. Speaker,**

At this stage, let me address a matter brought up by the member for Golden Isles.

**Mr. Speaker,**

According to the World Health Organization, for all countries to reach Sustainable Development Goal #3 on health and well-being, it is estimated that the world will need an additional 9 million nurses and midwives by the year 2030. Currently, the University of the Bahamas recently graduated some 40 nurses with a Bachelor of Science Degree in Nursing. These same nurses are scheduled to sit the Nursing Council examination in November, 2021. Another 30 nurses will be graduating by the end of this

summer session. Behind this group is approximately another 100 nurses. So, **Mr. Speaker**, by the end of this upcoming fiscal year there will be an additional **170** Bahamian nurses in our healthcare system.

**Mr. Speaker,**

“Where do we get the people - the allied health professionals?” was the question asked by the member of Golden Isles. The answer, **Mr. Speaker**, is in our schools and other allied health programmes! We are creating in our tertiary institutions the full suite of allied health professions, that will produce experts for subsequent years to come, to fully staff our healthcare sector. Golden Isles we must look to our young people to help get our country

through these difficult times and to help this nation's recovery. This Free National Movement Government, **Mr. Speaker** is doing just that!

**Mr. Speaker,**

Speaking about Recovery is precisely what this budget is all about. It is the economic elixir for what ails our nation. The good book says there is a time and season for everything under heaven, a time for planting and time for reaping, a time for austerity and time for plenty.

**Mr. Speaker,**

Now is not the time for austerity! This is a time for prosperity and plenty. That is what this budget signifies. In fact, this budget is so good

that the member for Exuma has likened it to a fairy tale - an Alice and Wonderland Story! To him, it is too good to be true, but to us, it is factual - not fiction, not a fairytale. Not to mention that some of the measures undertaken in this budget were recommended by the good member last year as a way to buttress and sure up our economic life. **Mr. Speaker**, the member for Exuma should have stayed with us in the fairy tale. Alas, since he has left, I fear he will not be there on Election Day with the happy ending - the re-election of this Free National Movement Government.

**Mr. Speaker,**

To spur us on to recovery, the good member advised that we should borrow \$2 billion.

Well, Mr. Speaker, we are borrowing the \$2 billion - \$1.3 billion last year as a part of the Resilient Bahamas Plan and another \$900 million for our newly proposed Accelerated Bahamas Recovery Plan. Did I say plan, yes, **Mr. Speaker**, just like we detailed and executed a plan for our nation in response to COVID-19, we have detailed the nation's recovery plan to accelerate the recovery over this coming fiscal year. Indeed, **Mr. Speaker**, based on our track record, there is no doubt that "We have come to the kingdom for such a time' as this."(Esther 4:14).

## **The Ministry of Health**

**Mr. Speaker,**

I will now move to my remit given to me by the Almighty God and Honorable Prime Minister.

**Mr. Speaker,**

I take this opportunity to encourage my beloved Bahamians, who are emerging from these difficult twenty (20) months under the devastating damage of Hurricane Dorian and the scourge of COVID-19. Last year brought many challenges to the overall physical, mental, and economic health of many of our citizens.

However, Hebrew 10:39 gives us hope, **Mr. Speaker**, it says that as a nation, “we do

not belong to those who shrink back and are destroyed, but to those who have faith and are saved.”

**Mr. Speaker,**

We will recover! The road to recovery is not an easy one. However, with the seven-pillared Accelerate Bahamas Recovery Plan that was tabled by the Most Honourable Prime Minister and Minister of Finance, we chart our steps to rapidly return to a sense of normalcy.

**Mr. Speaker,**

My Ministry looks forward to participating in the rollout of that plan. Healthcare Improvements & Vaccinations form the third pillar. Accordingly, the Ministry of Health has

been allocated **\$297,081,014** for the 2021/2022 fiscal year to support our actions:

- **\$223,455,825** for the Public Hospitals Authority;
- **\$45,000,000** for the National Health Insurance Authority; and
- **\$47,474,124** for the Department of Public Health.

These appropriations will facilitate four areas of our healthcare sector.

- **First**, substantial investment in health infrastructure;
- **Second**, expansion of telemedicine to improve access to healthcare;

- **Third**, expansion of universal health coverage via National Health Insurance; and
- **Fourth**, enhancement of supports to mitigate COVID-19, including vaccinations.

**Mr. Speaker,**

We are a government, committed with our whole heart to the enhancement our healthcare system. The focus is on saving lives, improving health outcomes, and putting much more care into word “healthcare.”

**Mr. Speaker,**

We realize that in order to further achieve our desired outcomes, we will have to greatly

improve our health infrastructure throughout the nation. We have taken the decision to renovate some structures and to build new ones. Consequently, renovations will be made to the priority wards and patient care environments to address bed shortages while ensuring compliance with COVID-19 space requirements and infection control practices.

The intended goal of these improvements aligns with the core value - that all individuals and communities receive the health services they need without suffering financial hardship.

**Mr. Speaker,**

Our infrastructure plan incorporates as its basic considerations the following:

- the provision of par-excellent service in environments that prioritizes “our clients,” - the Bahamian people’s, privacy, dignity and confidentiality;
- we will incorporate the latest use of smart and green technology to provide for safe delivery of routine medical services;
- we will incorporate the proliferation of e-health services and telemedicine; and
- the safe management of ALL infectious diseases, including COVID-19.

**Mr. Speaker,**

Buttressed by funding acquired from the World Bank Multilateral Investment Guarantee Agency (**MIGA**) and the Inter-American Development Bank, the Government will

transform the face of the healthcare sector to modernize its facilities to reflect Universal Healthcare in the Public Hospital Authority, The Department of Public Health, The National Health Insurance Authority and The Ministry of Health.

### **Public Hospitals Authority**

**Mr. Speaker,**

We will start with the infrastructural improvements in the Public Hospital Authority.

**Mr. Speaker,** PHA is responsible for and has oversight and management for The Princess Margaret Hospital, the Sandilands Rehabilitation Center, The Rand Memorial Hospital in Grand Bahama and the Clinics in Grand Bahama including Sweetings Cay and

Grand Cay. On the 16<sup>th</sup> March, of this year, 2021, the Cabinet of The Bahamas authorized the PHA to access loan funding of **\$89,036,855.95** from the World Bank (MIGA) to fund capital projects. These projects are to modernize the infrastructure of the Princess Margaret Hospital, the Sandilands Rehabilitation Centre in New Providence and the Rand Memorial Hospital in Grand Bahama.

**Mr. Speaker,**

This year and next year, at the Princess Margaret Hospital renovations will take place in the following locations: –

- the Eye Ward;
- Female Medical II;

- the former Physiotherapy Unit;
- the former Female Surgical II;
- Children's Ward;
- Male Medical II; and
- the decommissioned Intensive Care Unit.

**Mr. Speaker,**

At PMH we will complete Phase Two of the Urgent and Emergency Care project. I am pleased to advise the general public that construction on the enhanced Emergency Department facilities, initiated as part of the Urgent & Emergency Care Project is near completion. The first phase of this project at Princess Margaret Hospital will enable us to expand the Emergency Department by relocating the outpatient space.

Having started in November 2019, the first phase will conclude early in the upcoming 2021/22 fiscal year. **These initial works include –**

- an extension to the current Emergency Department for a new entrance [**2 PICTURES: External Emergency Entrance and Internal Emergency Entrance**];
- **they also include** the relocation of Orthopaedic & Wound Care services [**3 PICTURES: Orthopedic Reception, Waiting and Casting Rooms**]; **Mr. Speaker**, the Prime Minister and I will soon formally open these facilities.
- a dedicated Biomedical Services space; and

- a covered ambulance bay.

**Mr. Speaker,**

The second phase of these works to the Emergency Department will commence in July of this year, utilizing funding through the MIGA loan facility of **\$6.4M**. This landmark project will address longstanding challenges at the hospital's "front door" for patients in crisis. Renovations will emphasize upgraded treatment rooms and equipment; enhanced security and privacy; and general improvement to the aesthetics of this service.

**Mr. Speaker,**

Bahamians can realistically expect that the efficiency, throughput, interconnectivity, and

overall public and patient experience for life-saving and urgent care services will be greatly improved in PMH's Emergency Department.

**Mr. Speaker,**

We will also acquire new radiology equipment for enhanced clinical care and support the delivery of new modalities of care at PMH.

**Mr. Speaker,**

With the corresponding improvement to the polyclinics in New Providence, clients seeking non-urgent care at the Princess Margaret Hospital will be redirected to the Department of Public Health facilities.

**Additionally, Mr. Speaker,**

At PMH, onsite, we will construct a new Infectious Disease Unit with a state-of-the-art, HVAC system complete with negative air pressure, ultraviolet lights to bathe the air-handler coils and MERV 20 filtration filters; in addition to antiviral and antimicrobial construction materials to ensure protection from infectious pathogens at the Princess Margaret Hospital.

**Mr. Speaker,**

Further, under the ambit of the Public Hospitals Authority, I am pleased to present to you that during this budget period we undertake the construction of a new six (6) story tower at the Princess Margaret Hospital. The new

construction will be a 96,288 square feet multi-story Medical/Surgical and Maternal & Child Health Tower near the present Critical Care Block.

**Mr. Speaker,**

This tower will enhance the service delivery model, increase the service capacity and expand the scope of services provided with limited disruption to service delivery. The tower will also provide easy access and flow of patients on the inpatient wards that accommodate the primary users of the Intensive Care, Neonatal Intensive Care Units and Operating Theatres.

The new tower is expected to house **a new –**

- Obstetrics (Ante-, Peri-, Post-Natal) & Gynaecology Ward;
- Children's Ward;
- Surgical Ward;
- Medical Ward;
- Private hospital boarding rooms; and
- Ancillary Services.
- **[Picture: PMH Maternal & Child Health Tower]**. The designs and drawings are underway. There will also be provisions for a helipad to transport emergency medical cases.

**Mr. Speaker,**

This new Medical/Surgical and Maternal and Child Health tower have been designed by Diggiss & Associates, supported by The BECK

Group, a well-known Healthcare Planner headquartered in Atlanta, Georgia, USA.

**Mr. Speaker,**

The tower designed and constructed is climate-resilient, smart and green energy efficient. The new tower will be constructed utilizing a modular design at an estimated capital cost of **\$55M**. This will include the cost of furniture, fixtures, architecturally significant equipment (ASE), information/low voltage system(s) and other IT-related costs.

**Mr. Speaker,**

We have heard the cries of our patients, the Bahamian people, for better facilities to accommodate, treat and assist our expecting

mothers to bring their children into this world and with this new edifice, this new 6 story tower, **we in the FMM will have delivered.** I look forward to cutting the ribbon in the upcoming new term of the FNM.

**Mr. Speaker,**

Renovations are also planned at the Sandilands Rehabilitation Centre specifically for the –

- renovation of the Old Robert Smith Building into a 16-bed Acute Psychiatric Admission Ward; and
- the renovation of the Pearce Ward to reinstate 12 beds within the Geriatric Hospital.

At Sandilands, **Mr. Speaker,**

We will also construct a new building to accommodate the provision of psychological services currently being delivered in the Tim McCartney Building.

**Mr. Speaker,**

We will now move to PHA's infrastructural works in Grand Bahama. As you are aware, **Mr. Speaker,** after Hurricane Dorian slammed into the island of Grand Bahama, the Rand Memorial Hospital was inundated with up to three (3) feet of contaminated water for over seventy-two (72) hours – **three (3) days.**

**Mr. Speaker,**

Patients had to be evacuated to numerous

sites within Freeport, including The New Sunrise Medical Centre. The Radiology and Lab area and all of A&E, **which were not flooded**, continued to operate, while the Diah Psychiatric Ward was reconstituted into medical and surgical ward spaces for acute admissions.

**Mr. Speaker,**

More than seventy-five percent (75%) of the facility sustained significant damages, including the loss of operating rooms, ward spaces, and administrative areas with loss of equipment, supplies, and the inherent introduction of mold and bacteria. Operational services within The Rand were limited to Emergency, Trauma, Radiology and

Laboratory Departments only.

**Mr. Speaker,**

This Government decided to authorize the Ministry of Finance to disburse **\$18 million** from the Hurricane Dorian Fund for the immediate restoration of The Rand Memorial Hospital.

**Mr. Speaker,**

It was determined that investments would only be made in salvageable areas of The Rand, taking into consideration termite damage and mold growth within the facility.

With that in mind, **Mr. Speaker,** this administration was busy creating jobs with the award of contracts to several local

companies totalling **\$11.6 million**. These contracts included construction works that led to the re-commissioning of the Rand Memorial Hospital, two months ago, on 23<sup>rd</sup> April, 2021, by the Honourable Prime Minister.

**Mr. Speaker,**

The newly commissioned spaces include -

- the complete renovation of the Front Entry Space **[PICTURE The Foyer]**;
- the complete renovation of the Pharmacy space and Operations **[3 PICTURES – Pharmacy Waiting Area, Working Area and Prescription Window]**;
- the complete renovation of the Lula Knowles Pediatrics Ward **[2 PICTURES – General Ward in the Pediatrics Ward]**

**and Adolescent Room in Pediatric Ward];**

- the renovation and restoration of the existing Operating Theatres;
- the Renovation and Restoration of Inpatient ICU, Medical and Surgical Bed Spaces in the Medical/Surgical and Critical Care blocks;
- the Completion of a Chapel on-site for spiritual healing **[2 PICTURES – Entrance and Exit Views]**; and
- the completion of an upgraded Commercial Kitchen/Cafeteria Facility with a dining area.

**Mr. Speaker,** further at the Rand there is the

- construction of a New Corridor to access

the Medical/Surgical Ward and Healing Garden Space, along with the restoration of other main arteries of the hospital [2 PICTURES – Healing Garden and Corridor to Healing Garden and Medical Wards];

**Mr. Speaker,** further works at the Rand involve -

- the Construction of a new 40' Container size modular Operating Theatre Pre-Op & Procedure Room incorporated into the footprint of The Rand hospital to meet the current service needs while awaiting the construction of a new replacement facility;
- **And** there is the Construction of a new, fully commissioned, 2,800 sq. ft.

Infectious Disease Unit with seven (7) isolation spaces which are to be used in response to the existing COVID-19 Pandemic.

Additionally, **Mr. Speaker,**

We have demolished the Administration and Obstetrics & Maternity Wings at the Rand and shortly, **Mr. Speaker,** there will be upgrades to the existing morgue area with an extension of the corridor to link to the Accident & Emergency services.

**Mr. Speaker,**

Given this level of investment on the existing hospital site, honourable members and

the general public are advised that there will be a structured Re-Development Program of the Rand Memorial Hospital infrastructure. This plan will maximize onsite redevelopment to address health needs of the entire island of Grand Bahama for the next fifteen (15) to twenty (20) years. The redevelopment plan will take into consideration how the **site** will be properly utilized while optimizing projected expenditure and acquiring adjacent land for future re-development.

**Mr. Speaker,**

As with PMH, it gives me great pleasure to report that this FNM Government will commence the construction of a new four (4) level, climate-resilient hospital in Grand

Bahama on the Rand Memorial Hospital site.

**Mr. Speaker,**

The BECK Group, the architectural and engineering firm has devised these plans as well.

**Mr. Speaker,**

**Going forward,** based on preliminary assessments, it is anticipated that the estimated cost to completely rebuild the Rand Memorial Hospital would be approximately **thirty-five million dollars (\$35M)**, including the cost of furniture, fixtures, architecturally significant equipment (ASE) and other IT-related costs.

**Mr. Speaker,**

Very soon, the construction of the four-

level tower will allow for inpatient services to be removed from the ground floor level to second, third and fourth story floors. In the event, Pineridge, of another major disaster, **Mr. Speaker**, healthcare services would not have to be displaced as was the case after Hurricane Dorian. The new tower will have a minimum, Pineridge, of a five (5) feet foundation height above grade. This will ensure non-flooding of the facility during the worse of hurricanes. This new tower would provide the opportunity for all services to be available in one facility in Grand Bahama.

**Mr. Speaker,**

In addition, the new Tower will eliminate the need for PHA to pay the current rental fees

of **\$1,025,916** annually. These fees are paid to house offsite clinical, administrative and support services that are currently needed in the Grand Bahama health sector.

**Mr. Speaker,**

Using some conventional and new construction methods, it is estimated, that the Princess Margaret and Rand Memorial Hospital towers will be completed and ready for commissioning within twenty-four (24) months.

**Mr. Speaker,**

All of these renovations and new construction will greatly enhance the bed space throughout our nation's healthcare sector.

In regards to healthcare bed space, **Mr. Speaker**, The Bahamas is eternally grateful to The Samaritan's Purse for providing an Emergency Field Hospital at the Princess Margaret Hospital to meet the need during the second wave of the COVID-19 pandemic. Similar assistance was given, by Samaritan's Purse, during the restoration efforts in Grand Bahama near the Rand Memorial Hospital after Hurricane Dorian. Again we say thank you, to Samaritan's Purse for their Christian Charity to our nation.

**Mr. Speaker,**

We continue to be forward-leaning in our thinking. The next phase of hospital redevelopment will seek to exploit revenue

opportunities. These opportunities will offset any investment in physical improvements to the facility by incorporating approximately 20-25% of all bed space as private rooms.

The Public Hospital Authority intends to attract a ready market to service the operational costs and the repayment of the loan. This investment increase revenue opportunities in these service areas of healthcare delivery.

**Mr. Speaker,**

With such modernized facilities, it is imperative to move to a more efficient business model. Consequently, the PHA will be moving more toward offering market prices for medical services to those classes of patients with the ability to pay. This is especially important

when patients request private care through an insurer or via a self-pay mechanism.

**Mr. Speaker,**

Once this arrangement is in place, there will be no need to petition for updated pricing. Prices will simply be benchmarked and updated. Revenues are also expected to be enhanced with –

- improved technology;
- a streamlined registration process;
- service delivery;
- billing and collection; and
- coordinated facilitation of trained and certified medical coders in our public health system.

## **Department of Public Health**

We now move to the infrastructural works at the Department of Public Health.

**Mr. Speaker,**

Healthcare delivery service is split into three areas - Primary Healthcare, Secondary Healthcare and Tertiary Healthcare (Critical care and emergency care).

**Mr. Speaker,**

The goal of the Department of Public Health, since 2017 has been to renovate, redesign; and expand primary healthcare facilities and services in New Providence and the Family Islands. The improved infrastructure would provide for improved safe

delivery of Primary Health Care Services at the Community Level.

**Mr. Speaker,**

To achieve this goal, attention was given to the renovation and redesign of the four (4) Poly Clinics, namely –in New Providence

- Elizabeth Estates;
- Flamingo Gardens Clinic;
- Fleming Street Clinics; and
- South Beach Health Centre.

In 2019, the Cabinet authorized the renovation, redesign and expansion of the Ann's Town, Elizabeth Estates Clinics and South Beach Health Centre. Mr. Speaker, it should be noted that over **one million dollars (\$1M)** of

renovations has been done on the South Beach Healthcare Center to outfit it to receive and deliver services to those suspected of contracting COVID-19. Since the South Beach Health Centre is currently being used as the COVID-19 Centre, the expansion of this facility to a 24-hour primary and urgent care centre has been deferred for the time being. In the height of the first wave, we were able to complete the renovations.

**Mr. Speaker,**

We remain focused. Renovations continue at the Ann's Town and Elizabeth Estates Clinics. The construction of the Ann's Town Clinic provides for the expansion of the Gerontology Clinic for Senior Citizens that

have complex aging and mental health issues. The Clinic will also decentralize the Adolescents Mental Health Services from the hospital to the community level.

**Mr. Speaker,**

Residents receiving regular Maternal and Child Health Services, at Ann's Town, will also have access to basic primary healthcare services, inclusive of the refilling of medication, dressings, and follow-up of non-urgent health care needs.

**Mr. Speaker,**

We have heard the cry of our pregnant mothers and the need to have more maternity-friendly facilities. Therefore, it gives me great

pleasure to advise all mothers that the health team is producing a report that will catalyse the construction of a Maternal and Child Health Centre in the area of the National Insurance building on Blue Hill Road.

**Mr. Speaker,**

This means the services from the Blue Hill Road Clinic, Adolescent Health Centre, Coconut Grove Districts and the Antenatal Services at the Fleming Street Clinic will all merge into this facility. In the coming weeks and months more information will be released to the public outlining the future use of these buildings for other services and population health initiatives. **(speak to this).**

Additionally, **Mr. Speaker,**

The renovation, redesign and expansion of the Elizabeth Estates clinic are underway. The clinic will be equipped with portable x-ray and other points of care equipment for the improved management of persons presenting with urgent care needs.

Funding has also been placed in the budget to address the renovation of the Flamingo Gardens and Fleming Street Clinics.

**Mr. Speaker,**

This Government has always been of the people, for the people and by the people. With this being the “People’s Time” infrastructural development in healthcare will not stop in New

Providence and Grand Bahama. This Government will also upgrade clinics in the Family Islands.

The Government has sourced a **\$60M** IDB loan that will assist to construct and/or retrofit nine (9) primary care clinics in seven (7) islands. The physical works will fulfil four (4) attributes:

- Resiliency to disaster and climate change risks are mostly related to storms.
- Design to care for and contain the spread of infectious diseases.
- the capacity for Telemedicine services; and
- the sustainability and energy-efficient design to comply with the EDGE

(Excellence in Design for Greater Efficiencies) “green building” certification.

**Mr. Speaker,**

EDGE (Excellence in Design for Greater Efficiencies) is a green building certification system that enables design teams and project owners to assess the most cost-effective ways to incorporate energy and water-saving options into their buildings. EDGE is comprised of a web-based software application, a universal standard, and a certification system.

If you earn a minimum prediction of 20% less energy, water and embodied energy in materials, then your project can, and does meet the EDGE standard. EDGE-designed buildings are currently saving 75,722 MWh/year of

energy (megawatt-hours of energy per year). They are saving 1,802,700 m<sup>3</sup> (cubic meters) of water, and 320,554 GJ (gigajoules) of energy, in embodied energy around the world.

**Mr. Speaker,**

New clinics that will meet the EDGE certification will be built in the following sites:

- Black Point, Exuma;
- Mangrove Cay, Andros;
- Fresh Creek Andros; (Oh, my Andros, Oh, my Andros);
- Rock Sound, Eleuthera; and
- Smith's Bay Clinic, Cat Island.

The renovations and/or expansion of clinics are also expected to occur in the following

locations:

- The Abaco Primary Health Care Centre;
- The Miriam Green Clinic South Andros;
- The Bimini Clinic; and
- The Deadman's Cay, Long Island clinic.

All this construction work has a ticketed cost of just under **\$20M** (\$19,554,031.28).

**Mr. Speaker,**

It is noteworthy to share with you a summary of the programme, that is part of this \$20 million construction to support the health sector to contain and control coronavirus and any other potential infectious disease in future in the healthcare workspace.

**Mr. Speaker,**

The prototype project is designed to reduce morbidity and mortality in the country due to COVID-19 or future pathogens. How will this be achieved? **Mr. Speaker,** the **\$20M** will also ensure the seventeen (17) clinics in this program receive air-conditioning works to install negative pressure units outfitted with UltraViolet light capacity in the return air system and Merv-20 ventilation filters in the air handlers. Builders, architectural and construction works are all included. **Clinics that will be recipients of these works are as follows:**

- **Elizabeth Estates Clinic;**

- **Flamingo Gardens Clinic;**
- **Fleming Street Clinic;**
- **South Beach Health Centre;**
- **Exuma Primary Health Care Centre (George Town);**
- **Abaco Primary Health Care Centre (Marsh Harbour);**
- **Cooper's Town Community Clinic (North Abaco);**
- **Mariam Green Community Clinic (South Andros);**
- **Nicholl's Town Community Clinic;**
- **Spanish Wells Community Clinic;**

- **Harbour Island Community Clinic;**
- **Lower Bogue Community Clinic  
(North mainland);**
- **Governors Harbour Community  
Clinic (Central);**
- **Wemyss Bight Community Clinic  
(South);**
- **Inagua Community Clinic;**
- **Bimini Community Clinic; and**
- **Cockburn Town Community Clinic.**

Additionally, **Mr. Speaker,**

**Twenty-four (24)** ports and seaports will also receive upgrades in infrastructure to

accommodate isolation units for health emergencies as well. These initiatives will serve to ensure worker safety and patient safety!

**Mr. Speaker,**

It gets better. An additional **\$20M** in IDB funding will support the following initiatives.

**First**, with \$8M we will improve the delivery of care model by reorganising and standardising the provision of primary and hospital care services provided by the NHIA, DPH and PHA; and by implementing a person and community-centered model of care.

**Secondly, Mr. Speaker**, in addition to the construction details that I have already

provided, we will enhance the capacity for us to provide primary care by upgrading medical equipment, throughout the country (defibrillators, portable X-ray machines, ultrasound, electrocardiogram, and equipment for laboratory tests, dental services, and preventive care); and procuring six ambulances for those facilities in our Family of Islands. Long Island, home too of my ancestors, the promise made for your ambulance, will be kept.

Thirdly, with \$10M, we will modernise the health information system, **the IT system in the country**. This modernisation will address the integration of existing and new applications and equipment, such as laboratory, pharmacy, and diagnostic imaging applications into the

new Electronic Health Record (HER) system and allow for the Health Information Exchange among and in 54 clinics of the DPH. We will have one medical record system for all healthcare services in the country. There is only one country currently that has one medical EHR system for all of its citizens, that nation is the State of Israel. The second, Mr. Speaker, will be the Bahamas!

Yes, **Mr. Speaker**, We are rebounding!  
Yes, we are bouncing back!

**Mr. Speaker,**

We return to the infrastructural works in the clinics in the Family Islands.

On 27<sup>th</sup> April, 2021, as part of the IDB project, the Ministry of Health hosted a virtual public consultation with the residents of Deadman's Cay Long Island to discuss the renovation, redesign and expansion of the David Simms Memorial Health Centre in Deadmans Cay. This is the first of the consultations that will take place with all Family Island communities that will have a new or renovated clinic during this fiscal year. The consultation is required as a part of the IDB funding program.

**Mr. Speaker,**

I want the member for Long Island and the people of Simms not to worry, because Long Island, we gat you, and we will not be leaving

you out! **Mr. Speaker**, funding has been placed in this budget to provide for the expansion and redesign of the clinic space to ensure the provision of high, safe, quality healthcare services in Simms, Long Island as well.

**Mr. Speaker,**

COVID-19 and the effects of Hurricane Dorian did not permit some of our planned projects to commence as anticipated on the island of Abaco. Just as the song says, Mr. Speaker, “Lean on me, when you are not strong, and I’ll be your friend, I’ll help you carry on.” The Non-Governmental Organization Direct Relief and its partners permitted this administration to lean heavily on their

shoulders. Direct Relief and its partners brought to birth several projects to repair, redesign and restore health facilities on the island of Abaco at no cost to the Government.

Among the projects executed are as follows:-

- a six (6) unit staff accommodation complex located on the grounds of the Abaco Primary Health Care Centre that will be completed and occupied by the end of July 2021. Two (2) new generators have also been purchased for that facility. **Mr. Speaker**, every healthcare facility in Abaco now has a stand-by generator;
- Direct Relief, in collaboration with the University of Miami, is constructing a five

(5) unit building near the existing staff accommodations in Marsh Harbour; and

- Clinic and staff accommodations are also being constructed on Guana and Man-O-War Cays. Construction to be completed by year's end.

**Mr. Speaker,**

They say a friend is worth more than riches. This administration has seen this statement prove true over and over again. The NGOs (non-governmental organizations) Americares and Clinic-in-a-Can teamed up with Government to provide a modular clinic for Hard Bargain, Moore's Island. The Government has provided the land **and** to meet building Code requirements the Government is

responsible for the construction of the foundation and the utility service tie-ins to the tune of \$120,000. This project will be completed by the end of August 2021.

**Mr. Speaker,**

I take this opportunity to convey our heartfelt appreciation and thanks to the non-governmental organizations who have stuck with The Bahamas through thick and thin so that we can see the light at the end of the tunnel.

**Mr. Speaker,**

Despite our setbacks, renovations and repairs are taking place at the Doctors and Nurses Residences in Cooper's Town, Abaco. The Department of Public Health will continue

to pursue repairs in Abaco clinics at Cooper's Town, Fox Town, and Green Turtle Cay.

**Mr. Speaker,**

Turning attention now to the south eastern and central Bahamas, it is anticipated that the Two (2) state-of-the-art facilities currently under renovation, and equipped with telemedicine capabilities, with portable x-ray and point of care laboratory equipment will be completed in Acklins by the end of September, this year, 2021.

**Mr. Speaker,**

This time around, Crooked Island is poised to experience the redesign and expansion of the Landrail Point Clinic in this budget. It is

expected, **Mr. Speaker**, that this would strengthen the management of acute, non-acute and infectious diseases, with negative air pressure rooms again, on the island.

**Mr. Speaker,**

Additionally, activities to reactivate the repairs and expansion of the Abraham's Bay Clinic, Mayaguana will begin, next month in July 2021. **Mr. Speaker**, to Mayaguanians, we will soon be sending you a doctor to be with you in Pirates' Well.

**Further, Mr. Speaker,**

During this fiscal year, funding will be provided in a phased approach for the ongoing renovation and repairs of the staff

accommodations at the Inagua Health Care Centre and those works are to be completed by the end of the fiscal period 2022.

**Mr. Speaker,**

You know we told Black Point they were going to have a newly constructed clinic under the IDB project. Well, I do not want to you believe we currying favour for Black Point, but you know I love that place.

**Mr. Speaker,**

I would just ask the Black Point community to bear with us as we identify the property for their new clinic in Black point that has already been earmarked for construction in this 2021/2022 budget. In the meantime, we will be

relocating the present clinic to a more suitable building that is compliant with existing and proper health standards.

**Mr. Speaker,**

These clinics will keep you busy! Along with COVID-19, they have been keeping me extremely busy. Right now, assessments are being carried out at the Exuma Primary Health Care Centre to execute urgent repairs to the air conditioning and plumbing. Plans are in place to treat this state-of-the-art centre's HVAC system for rust and to modify the design to prevent further corrosion of the air conditioning due to the salt air and lack of negative air pressure room, ultraviolet light and medical-grade ventilation air filters.

**Mr. Speaker,**

My Ministry assures the staff of the Exuma Primary Health Care Centre and the people of Exuma, that steps are being taken to ensure preventative maintenance of this facility sustained, with sustained maintenance contracts. In addition, Human Resources to provide specialists in diagnostic services is also being realized for Exuma to complement the growing share of the population Exuma now occupies as a result of the growing Tourism sector on the island.

**Mr. Speaker,**

I am not done yet, there is more. Notably, the clinic in Ragged Island is being executed by the Ministry of Works. The Ministry of Health

and the Department of Public Health continues to offer support and guidance in the design of this building, which will be a smart, green facility. We are hopeful that the construction of this new facility will be realized also by the end of the year. This facility will aid in helping Ragged to achieve the Prime Minister's declared intent to make Ragged Island "a green island." The clinic will also service the Royal Bahamas Defence Force Base, resident at Gun Point, Ragged Island.

**Mr. Speaker,**

We have not forgotten the people of Cat Island, we will also execute planned repairs for the temporary Orange Creek Clinic and Old

Bight Clinic in Cat Island. These repairs will commence before the end of July 2021.

**Mr. Speaker,**

Moving further north to the Berry Islands, the architectural drawings for the Berry Island clinic have been completed and approved. Plans are now underway to facilitate a contract for the renovation and redesign of a rental building to facilitate the Berry Island Clinic. The current challenge right now is to identify land to house the new clinic. In the meantime, clinic services will be relocated to an improved environment for healthcare workers and clients.

**Mr. Speaker,**

**I can't forget Andros**, in the North, in Mastic Point Andros, renovations of the Old Doctors and Nurses Residence, and the Red Bays Clinic will all commence in August of this year 2021.

**Mr. Speaker,**

We now move to the sunny wind sweep Island of Eleuthera. Eleutherians can look forward to the following projects during this 2021/2022 fiscal year:

- **The Phase 2** repairs to the Spanish Wells and Harbour Island Clinics;
- Eleuthera now has a newly renovated Bluff Clinic. I would like to thank my colleagues,

the MP of North Eleuthera, Ricky Mackey has spearheaded this renovation and we will open this Clinic at the end of July once we have procured the necessary medical equipment to be housed there;

- **Mr. Speaker**, a redesign and repairs of the Lower Bogue clinic and residence is anticipated;
- Phase 1 repairs and renovations of the Old Governor's Harbour Clinic and Residence; and;
- **Mr. Speaker**, we will also begin the construction of a state-of-the-art facility on mainland Eleuthera.

**Mr. Speaker,**

Here is a national health fact. The Island of Eleuthera has a total of sixteen (16) clinics which accounts for 17.0% of all Primary Health Care Facilities or Clinic Services in the country. What is disconcerting, **Mr. Speaker,** is the fact that seven (7) or 44.0% of the 16 clinics on the Island of Eleuthera especially Mainland Eleuthera do not meet healthcare standards. Assessments show that they only can provide basic care and unless there is massive injection of capital they will never meet licensing standards.

**Mr. Speaker,**

Consequently, plans are underway between the central and local executive management

teams in South Eleuthera to strengthen the provision of home care services. Later in the year, a healthcare conclave or workshop will be held with the Ministry of Health and the community to determine the best way forward.

We will discuss -

- the access to healthcare services on the island;
- the construction of new facilities; and
- extended hours of the clinical operations.

**Mr. Speaker,** we will not leave Eleuthera in that current state.

**Mr. Speaker,** the built environment throughout the Bahamas will be busy in this coming budget period.

## **Telemedicine**

**Mr. Speaker,**

The **second area** of focus to support the healthcare system is the adoption and expansion of telemedicine to improve access to healthcare.

**Mr. Speaker,**

For those Bahamians who are not familiar with this term, telemedicine is the practice of medicine that uses technology to deliver care at a distance. In such instances, a physician in one location uses a telecommunications infrastructure mostly via the internet to deliver care, advise and prescribe medication to a patient in another distant location.

**Mr. Speaker,**

The interactive model of primary and public health care requires that urgent and immediate recruitment, employment and deployment of trained, experienced Health Services Administrators, Laboratory Technologist and Technicians, Radiographers and X-Ray Technicians, Pharmacists and Pharmacy Technicians, Biomedical Engineers and Technicians, Nutritionists and Health Educators, Psychologists, Physiotherapists and Community Health Workers. **(speak to this)**. The Allied Health Programme will assist to address these specialists needs.

What is noteworthy, **Mr. Speaker**, is that 60% of persons referred from the Family

Islands to hospital in New Providence could have received care on their own island if there was a trained allied health worker to operate the x-ray machines, expand diagnostic testing at the point of care, and know-how to access electronic medical records.

Before the construction of the Abaco and the Exuma Primary Health Care Centres, meetings were held with Specialists Physicians to determine how best to bring the safe provision of specialists' services to the people of Abaco, Exuma and the South Eastern and Central Bahamas.

The answer, **Mr. Speaker**, was via direct or site visits; posting of the skill sets on the ground; and by telemedicine.

**Mr. Speaker,**

The Bahamas is an archipelago in various stages of development. Many patients from the Family Islands have nowhere to stay if they are transported to New Providence or Grand Bahama. Oftentimes, they have to rely on the kindness of relatives or friends.

**Mr. Speaker,**

Interestingly, many pregnant women in a survey in 2016, advised that 50% of their maternity leave was already exhausted before they even had their babies. This is because they traveled to New Providence to have their babies in a hospital.

**Mr. Speaker,**

If we are unable to have consistent direct doctor visits or the luxury of posting skillsets on the ground, then telemedicine is the solution to our archipelagic challenge.

With this in mind, Mr. Speaker, **\$2M** will be allocated for the telemedicine initiative. This initiative will expand to provide specialist care throughout the Family Islands.

**Mr. Speaker,**

Telemedicine will permit the patient in Andros, Abaco, Exuma to receive medical attention without having to take a flight over to New Providence to receive good adequate healthcare.

**Mr. Speaker,**

There is so much we can do with telemedicine. At our state-of-the-art health centres in some of the Family Islands, the infrastructure is already in place to bring this telemedicine project to completion.

Plans have already been made to re-establish telemedicine in Andros and Abaco. It will further be extended to Exuma, Inagua, and Long Island. Using a phased approach, telemedicine will be extended to all other Family Islands in The Bahamas by the end of this fiscal period.

**Mr. Speaker,**

I just wish to pause here for a moment to bring to light something the Bahamian people need to know. When the FNM Government left office in 2012, telemedicine was alive and well in Andros and Abaco.

When my health team called the Public Hospitals Authority recently to find out if they were implementing telemedicine, the team was informed that telemedicine had been dismantled. The same thing applied to telemedicine in Andros and Abaco.

**Mr. Speaker,**

This was preposterous! How could a Government bring itself to a point to dismantle

such a service that will give Bahamians access to the best of cost-effective healthcare? The former administration should cry shame, **Mr. Speaker**, for not keeping this practical arrangement. Unfortunately, the Bahamian people have borne the brunt of that fool hearty decision which served to limit their access to the best of healthcare.

**Mr. Speaker,**

It was articulated to me that places like the Exuma Primary Health Care Centre always intended to provide access to Advanced Primary Health Care, Primary Specialists and Population Services for the South Eastern and Central Bahamas.

**Mr. Speaker,**

I understand that this would reduce unnecessary referrals to the Princess Margaret or Rand Memorial Hospitals, for persons with non-acute cases requiring admission for 48 hours or less. Health planners estimate that strengthening such services would reduce the healthcare cost by more than \$2.5M annually; not to mention the reduction in direct costs to the Bahamian people resident in the Family Islands.

**Mr. Speaker,**

Let me be the first to tell you that from now on telemedicine will be made a part of all our healthcare facilities - readily available to the Bahamians wanting to access them. We in the

Free National Movement Delivery, because it is the “People’s Time!”

## **National Health Insurance Authority**

**Mr. Speaker,**

I now come to a hidden jewel, a real success story within the Ministry of Health. This jewel is none other than the **third area** of focus to support the healthcare system, the Bahamas’ journey towards Universal Health Coverage through the National Health Insurance Authority.

**Mr. Speaker,**

The National Health Insurance Authority continues to expand access and progress toward

Universal Health Coverage for all Bahamians and legal residents in our archipelago.

**Mr. Speaker,**

In early 2017, after the passage of the NHI legislation, in the first two months there were some 20,000 persons who signed up for Primary care services **(Slide1)**.

1. NHIA 1.0 was Primary Care;
2. NHIA 1.1 PCTI; and
3. NHIA 2.0 High-Cost Care;

NHIA realized that before we could move to Universal Healthcare coverage there needed to be an intermediate step, which is called the Primary Care Transformation Initiative (PCTI). In pursuit of the PCTI, NHI assessed the current

state of primary care delivery service to the Bahamian people and here is what was found **(Slide 2)**.

1. Inefficient resource allocation;
2. Disconnected care delivery;
3. Cost uncertainty leading to rising insurance premiums;
4. No universal standard of Service;
5. Poor quality control; and
6. The lack of innovation.

**Mr. Speaker,**

Recognizing the challenges to delivery of primary care the following solution was proposed and is currently being implemented **(Slide 3)**.

1. A network of primary care physicians;
2. A revised standard healthcare benefits for all (cancer screens, x-rays, etc.);
3. Private health insurance and primary care reform; and
4. A universal primary care Electronic Health Record (EHR).

**Mr. Speaker,**

With a solution in hand and focused Action by NHIA Chairman, Dr. Robin Roberts, and newly hired Bahamian Managing Director, Christy Butler, who has taken over and succeeds Canadian Managing Director, Graham Whitmarsh, the program **has mushroomed**. Currently, more than 106,000 Bahamians have access to services delivered

through a network of over 100 physicians or 45% of all eligible primary care physicians in the country. Again Mr. Speaker 45% or ALL primary care physicians are in our PCTI program **(Slide 4)** *(Go over slide.)*

**Mr. Speaker,**

Despite the COVID-19 pandemic, during this fiscal year, the NHIA experienced a 40% rise in enrolment from 73,000 beneficiaries in 2019 to over 105,000. **Mr. Speaker,** our 100,000<sup>th</sup> beneficiary who joined our program is eight-year-old Craig Anthony Sherman Jr., who was enrolled by his father, who wanted to ensure his young son had access to affordable and quality primary care **(Slide 5).**

**Mr. Speaker,**

It is noteworthy to mention that, when surveyed, 96% of NHI beneficiaries advised that they were satisfied with the services received and looked forward to the expansion of additional benefit offerings. The performance indicator helps us to see that an Accelerated Bahamas is supported and underway.

Additionally, NHI payments to healthcare providers and laboratories totaled **\$2M** each month. This accounted for some 86% of NHIA's total costs. To put it another way, just 14% of the monies allocated to NHIA, are used for administrative costs, ensuring that the bulk of expenditure is utilized to provide access to

primary healthcare for the Bahamian population.

Notably, **Mr. Speaker,**

NHI successfully launched the electronic health record in November 2019. Currently, there are eighty (80) physicians and 92,000 beneficiaries on the EHR platform. The telehealth functionality of the electronic health record was activated to increase access to care throughout our archipelago and reduce health inequities.

**Mr. Speaker, as spoken to earlier this feature,** addresses some of the geographic challenges faced by beneficiaries who live on the Family Islands or who have physical challenges getting to their physician's office.

The Primary Care Transformation Initiative was launched by the NHIA in August 2020 and provides all Bahamians and legal residents with a single, Universal Primary Care Electronic Health Record. Again, Mr. Speaker, we will be the second nation to deploy such a system.

**Mr. Speaker,**

The initiative is designed to integrate public and private primary care delivery models within the country and to remove duplications and silos of the non-integrated health sector. The initiative will also play a significant role in managing healthcare costs in The Bahamas and establish a national network of primary care providers contracted on a capitated basis.

**Mr. Speaker,**

This initiative permits all Bahamians access to a primary care provider **without co-pays or deductibles.** Now, now, now, now, **Mr. Speaker,** do you see the evidence of an Accelerated Bahamas?

At the end of the day, **Mr. Speaker,** the burden on the public hospitals will shift with more emphasis on preventative care. With the integration of the public clinics and NHI, we expect to see annual operational efficiency throughout the entire healthcare sector.

**Mr. Speaker,**

It is already projected that by 2025 operating expenditure for primary health care

will have been reduced by some **\$16M**, and health system cost savings in the country are projected at some **\$55M**.

With these cost savings and no additional taxation, we can shunt more funding to healthcare areas with greater demands. This allows the government to move more seamlessly to our next stage of NHI, that of universal, catastrophic and health coverage.

## **COVID-19 Response**

**Mr. Speaker,**

The **fourth area** of focus to support the healthcare system is which is the mitigation of COVID-19.

**Mr. Speaker,**

Before 2019, COVID-19 was not found in our vocabulary. Now, it is a household term. Recognizing that COVID-19 is not going to entirely go away in the immediate future, the Government must prepare itself for what could lie ahead. Consequently, Mr. Speaker, **\$10M** has been allocated in this upcoming fiscal budget for COVID-19 contingencies.

**Mr. Speaker,**

Precious little countries have escaped the wrath of COVID-19. The Bahamas has not been one of them. As at 14<sup>th</sup> June 2021, a total of **12,202** COVID-19 cases have been recorded; and for the most part, are distributed

along the population density profile of the country. There are **728** active cases.

One hundred and four (**104**) cases were recorded during our nation's 1<sup>st</sup> wave. During the 2<sup>nd</sup> wave, which spanned from July, 2020 to 28<sup>th</sup> February, 2021 (eight months), **8,604** new cases were recorded. Thus far, in the 3<sup>rd</sup> wave, **3,494** additional new cases have contributed to our national COVID-19 statistics.

**Mr. Speaker,**

I implore Bahamians not to listen to the noise in the market ranting that this government has no plan. Our plan is bearing fruit:

- For the 4<sup>th</sup> consecutive week, our national incident (or new) cases have been trending

down. We moved early and swiftly to halt, arrest, nip the rising cases in Abaco, Andros and Bimini. Now, these islands have sustained low reporting numbers only two (2) for Abaco, two (2) new cases for Andros and three (3) for Bimini over the last seven days. During this same timeframe, Exuma has recorded four (4) new cases and Grand Bahama (17). All other islands – Eleuthera, Inagua, Long Island, Cat Island, Acklins, Crooked Island, Mayaguana and San Salvador have not had a single new case in the last seven days;

- There is more good news demonstrating the effectiveness of our plan. The national moving average is trending downward since late May, 2021;

- Hospitalizations, **Mr. Speaker**, are trending downward. The highest COVID-19 hospitalization during the 3<sup>rd</sup> wave was recorded at **58** persons on 12<sup>th</sup> May 2021. Since that time, the average COVID-19 hospitalization rate has moved from **53** to **45** and now sits at **38** persons. To bring home this point, COVID-19 bed occupancy rates are on the decline in every single COVID-19 care facility. Just a few months ago I shared in this honourable place that three of these facilities were under significant pressure and almost at capacity. Today, the picture is better! Bed occupancy rate, as of yesterday, at Princess Margaret Hospital is **57.9%**, at Doctors Hospital West is **31%**, at South Beach Health Centre

is **30%** and in Grand Bahama is **8.7%**.

There are total of four (**4**) persons receiving ICU level care for their COVID-19 care; and

- The positivity rate is trending downward currently sitting at **9%** from a high in the 3<sup>rd</sup> wave of **16%** - a **43.5%** reduction;

**Mr. Speaker,**

**Some 102,475** real-time PCR tests have been performed since the first wave. I remind colleagues that the national policy on testing for COVID-19 has not changed. Any person presenting to our public health institutions with symptoms suggestive of COVID-19 will be swabbed at no direct cost to him or her.

Again I say, don't believe the noise in the market ... cuz dogs don't bark at park car!

**Mr. Speaker,**

The proverbial light at the end of the tunnel is peaking through – entreating us, compelling us to come closer. To do that, to maintain the downturn in these trends and to shorten the time to experiencing the brilliancy of that delivered light, we need every Bahamian to come alongside us to reign in the epidemic and emerge stronger as a nation. (*pause*)

**Mr. Speaker**

Deaths due to COVID-19 remain a reality. The country recorded **239** COVID-19 deaths.

There are **28** deaths under investigation (DUI) which are not reflected in the above statistics.

The role played by SARS CoV-2 variants remains unsettled as we await results of genomic sequencing from external laboratories. The literature, however, documents that variants of concern and variants of high concern appear to spread more easily than other variants, which may lead to more cases of COVID-19. The World Health Organization on 11<sup>th</sup> May, 2021, reclassified the B.1.617.2 variant from a variant of interest to a variant of concern. This **B.1.617.2** variant, now known as the delta variant, originated in India and joins the other, four (4) variants of concern – the UK (or alpha) variant; the South

African (or beta) variant; the Indian (or Kappa) variant, also known as **B.1.617.1**) and the Brazilian (or gamma) variant. Vaccines currently available on the market are still effective against all of these variants.

The introduction of variants into communities has resulted in surges in COVID-19 cases, straining health care resources, with more hospitalizations, and potentially more deaths. Vaccination provides a pathway forward.

**Mr. Speaker,**

Although we note an almost equal distribution of COVID-19 cases among males and females, there is continued shifting of the burden of disease to those 20 to 49 years. Within this group, the greatest rate of increase has been among the 25 to 34-year-olds. SARS-CoV-2, the virus that causes COVID-19, is a social creature that thrives, multiples and spreads when we give it an inch. If you want to party, vaccinate! If you want to hang with the crew, vaccinate! I gat mine you gat yours! Get vaccinated! I announce that I am fully vaccinated.

**Mr. Speaker,**

It is worthwhile to remind us all that SARS-CoV-2 is an invisible nemesis. You can't see it

on the surfaces you touch. You cannot hear it as it rides the sound waves of the air. And, many cannot feel it as it occupies and invades their bodies, as the vast majority of COVID-19 cases are asymptomatic for the disease. To all, the public health measures cannot be abandoned or discarded – we are too close to experiencing the brilliancy of that light espoused in our COVID-19 mitigation plan.

**Mr. Speaker,**

We would never be able to detect the presence of COVID-19 in our midst without sound laboratory services. Laboratory capacity for surveillance and diagnosis of public health threats has been significantly expanded in the country during the COVID-19 pandemic.

At the beginning of the 1<sup>st</sup> wave, the National Reference Laboratory was successful with the assistance of PAHO, at obtaining the required equipment and reagents for in-country molecular testing for the SARS CoV2 virus. This served us well, with early diagnosis of the first case early in March, at a time when many countries in the region were struggling to obtain similar testing capacities.

**Mr. Speaker,**

Since that time, testing platforms and modalities have expanded in the public and private sectors with the availability of multiple molecular platforms in the public sector inclusive of GeneXpert, Panther, BioFire alongside the Nucleic Acid Amplification

technology available at the National Reference Laboratory.

The introduction of the use of the World Health Organization approved SD BioSensor and Abbott rapid antigen tests guided by the National Testing Protocol has also expanded testing capacities in-country.

**Mr. Speaker,**

The GeneXpert, Panther and BioFire platforms, in particular, have expanded diagnostic testing capacities for several other infectious agents of interest to public health. Infectious agents such as tuberculosis, human papillomavirus with syndromic infectious disease diagnostics available on select platforms. **Mr. Speaker,** the pandemic, though

unwelcomed, has served us well in this regard to push us to improve our testing capacity.

**Mr. Speaker,**

After a person has learned that he has COVID-19 contact Tracing is most important to ensure that the disease is not spread to others in the community. As COVID-19 evolved, the Ministry of Health re-tooled its approaches and modalities. A contact tracing strike force was activated in early August, 2020 – as the country began its encounter with the second wave of COVID-19.

I am most pleased to report that some 220 Bahamians have participated in and received certification for the Johns Hopkins online contact tracing course, which was adapted to

the local context by our partners at the University of The Bahamas.

**Mr. Speaker,**

Throughout the second wave, almost 250 volunteers assisted with contact tracing. Though some were reassignments from within the Ministry of Health, the vast majority were volunteers. Specifically, 137 contact tracing volunteers from non-health sectors such as academia, NHI, Bahamasair, Ministry of Tourism, The Public Service and civil society volunteers.

Although nurses on the Family Islands perform contact tracing duties, their work was augmented by volunteers on Grand Bahama, Eleuthera and Exuma.

**Mr. Speaker,**

To date, **12,202** cases have been contacted. Hundreds of clusters have been identified. And, over **20,000** contacts of cases have been engaged by the contact tracers. This quantification reminds us all that contact tracing was and remains a mammoth task. In early August 2020, before a critical mass of contact tracers had been secured, the time between a positive RTPCR test notification and the first call from a contact tracer was longer than desired.

From then to now, that interval has been steadily decreasing. The interval to the first call was on average **48** hours or less. However, contact tracing requires your support. When

our health team reaches out to you please be forthcoming with the necessary information – this is to help you and me get back to normal. We simply ask that you be courteous, as the health team are working hard to assist everyone in need.

**Mr. Speaker,**

Without effective and timely contact tracing we, as a people, would have always been chasing behind COVID-19. With our ever-increasing move to fully re-open the economy, fewer and fewer volunteers are available to augment the core Surveillance team. I tip my hat to the extraordinary effort that this team, which is small in number, continues to display under the greatest tests. To

arrest COVID-19 we cannot relax! We cannot become complacent! We cannot let up!

**Mr. Speaker,**

I am pleased to advise that the clarion call for the expansion of contact tracers, not just for the COVID-19 crisis, but for assistance with this essential component of other public health infectious diseases threats such as HIV/STIs, Tuberculosis, Vector and foodborne illness and other such infections is not going unanswered.

Contact tracers are being trained and onboarded for the establishment of a contact tracing strike force within the disease surveillance unit.

To accommodate this expanded team and a dedicated space for the Health Emergency Operating Centre, the Ministry of Health has entered into a contractual arrangement to rent a 2,704 square foot facility to accommodate this essential grouping. This arrangement is expected to be in full effect by the first quarter of the 2021/2022 fiscal period.

**Mr. Speaker,**

The Director of the World Health Organization admonished countries that during the pandemic the fight against COVID-19 would require six (6) essential components. One of them was a well-executed call centre. A fixed call centre was established in the cafeteria

of the Ministry of Health, and soon a virtual call centre was activated.

Thereafter Bahamians were requested to call 511 which is now the Official Bahamas COVID-19 Information Centre. Persons accessing 511, can –

- Receive direct care from the Surveillance Unit if they have been tested positive with COVID-19;
- Make COVID-19 queries;
- Report reactions to the COVID-19 vaccine;
- Report workplace exposures and receive information on exposure protocols; and
- Report violations to public health measures or the emergency powers orders.

**Mr. Speaker,**

We have also seen the development of an array of digital platforms to respond and mitigate COVID-19. These strategies include -

- SharePoint customization for the virtual call centre and contact tracing;
- Quarantine Verification Solution;
- The Bahamas Travel Health Visa portal;
- The Workplace Assessment Tool;
- The Vaccine Appointment platform; and
- Contact Tracing certification course;

The associated combined cost for these technologies was **\$3M** and counting.

**Mr. Speaker,**

I would be remiss if I did not explain to the nation the mammoth task the Supplies Management Agency has been doing on behalf of the Bahamian people. Since September 2019 after Hurricane Dorian and COVID-19 in March 2020, the Supplies Management Agency (SMA) of the PHA was charged with receiving and distributing all procured and donated supplies from donor agencies. Additionally, in early 2021, SMA's role was further expanded by the Prime Minister to be responsible for procurement and distribution of all medical and surgical supplies, PPE's, required for the national COVID-19 vaccine campaign.

**Mr. Speaker,**

On behalf of this government, I wish to extend my thanks and gratitude to the entire staff of the SMA for a job well done! For the period January – April 2021, SMA distributed a total of 944,456 Personal Protective Equipment (PPE's) throughout the public health sector.

This total comprised masks; gowns; head, boot and shoe covers; face shields; gloves; coveralls; hand sanitisers; disinfectant; safety goggles; thermometers; and PPE kits.

**Mr. Speaker,**

A key response for the mitigation of COVID-19 is **vaccinations**. We knew before

COVID-19 that we live in an inter-connected world. COVID-19 just doubled down on this reality, underscoring the mantra that none of us are safe until all of us are safe. Related to COVID-19, vaccinations help us collectively to get to that safe place – of completely re-opening the economy, re-uniting on all fronts and recording lasting memories with those we love.

As of 15<sup>th</sup> June 2021, almost **2.2 billion**<sup>1</sup> vaccines have been administered globally. Of this, almost 530 million<sup>2</sup> (or 24.1%) were administered in the Region of the Americas.

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<sup>1</sup> The exact value is 2'187'874'534 vaccines

<sup>2</sup> The exact value is 527'509'495

## **Mr. Speaker**

It has been exactly thirteen (13) weeks since The Bahamas commenced roll-out of the AstraZeneca vaccine, to the public. To-date, **87,200** vaccines have been received in-country. Twenty thousand (20,000) of these doses were a welcomed donation from the Government of India. The remaining doses were procured through the PAHO's COVAX Facility and delivered in two equal allotments on 30<sup>th</sup> March and 11<sup>th</sup> May 2021. The third and final allotment through the COVAX Facility of an additional 33,600 is expected before the end of June, 2021. After this third allotment, The Bahamas would have had access to a total of 120,800 vaccine doses (inclusive of vaccines

donated from India). The government of The Bahamas re-directed **\$2.4M** to ensure its access to vaccines through COVAX and is burning the candles at both ends to secure additional COVID-19 doses.

**Mr. Speaker,**

The access to COVID-19 vaccines is of little use if we don't roll up our sleeves and get the shot. As of 15<sup>th</sup> June 2021, a total of **70,573** doses have been administered – 51,099 first doses and 19,474 second doses.

**Mr. Speaker,**

Based on the Department of Statistics Population Projections, it is estimated that in the year 2021 there will be **272,160** adults aged

20 years and older. This translates to 18.8% of the population receiving 1<sup>st</sup> doses and 7.2% of the population completing the vaccine schedule or are fully vaccinated against COVID-19.

During the recent 74<sup>th</sup> World Health Assembly, Dr. Tedros, Director General of the World Health Organization, challenged Member States “to achieve vaccination of at least 10% of the population of all countries by the end of September 2021 and at least 30% by the end of the year.”

**Mr. Speaker,**

In our local context, we believe this to be achievable, especially when we take stock of the age grouping with the lower uptake of the vaccine. This age grouping is the same age

grouping accounting for the greatest COVID-19 disease burden – those 49 years and under. Specifically, of the total doses administered in The Bahamas:

- **8.9%** were administered to those 20 to 29 years of age;
- **12.8%** to those 30 – 39 years of age; and
- **17%** to those 40 – 49 years of age

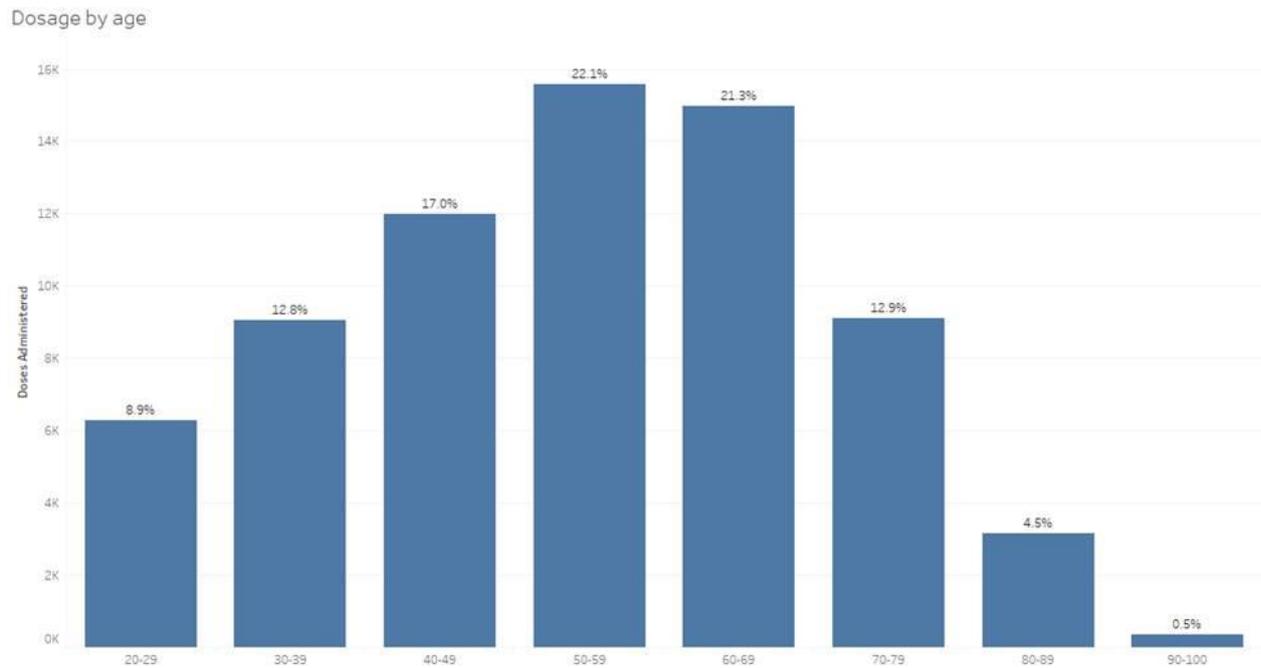
Our path to normalcy rests heavily with these age groupings. We can get to **30%**, in the first instance before September. The nation needs your cooperation not competition or confrontation. Phillipians 2:3, 4 admonishes “Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above

yourselves, not looking to your own interests but each of you to the interests of the others”. There has never been a more ripe and opportune time for this scripture to Minister to us.

**Mr. Speaker,**

We have heard of Bahamians who opted to receive and complete their vaccine schedule in another jurisdiction such as the United States, for instance. If you are a university student or a temporary contract worker who has returned home or you just decided to have your vaccine administered in another country, we would like for you to visit **vax.gov.bs** and let us know you’ve been vaccinated. In doing so, this gives

us a truer picture of our vaccination rate and profile in-country.



## Mr. Speaker

Vaccinations are a critical next step for us as a country to move beyond the COVID-19 pandemic and achieve our individual and collective goals.

Dr, Mehran Javeed, Consultant in Later Life Psychiatry, admitted, “I had the vaccine,

not just to protect myself, but more importantly protect the vulnerable people I serve.”

Shermin Imran, Consultant Child & Adolescent Psychiatrist advises, “Although the effects of the vaccine can be a bit uncomfortable for a couple of days, due to common side effects which I also experienced, like muscle aches and tiredness, this seems nothing compared to the pain COVID infection can potentially cause to ourselves and others.

**Mr. Speaker,**

Steven Johnstone, Catering Operations Manager, explained, "I had the vaccine because I want to help protect my family, work colleagues and service users that we care for. I am hoping that by being vaccinated that this is

the start of normality returning to our lives in the near future and I can't wait and am really looking forward to the time when I am able to visit with friends and family." (*end of quote.*)

**Mr. Speaker,**

Receiving the COVID-19 vaccination is not a governmental mandate. However, delays in the uptake of the vaccine by the eligible population will continue to place us all at risk. Risks that not only involve COVID-19 infections but severe illness and deaths. Vaccinations can eliminate economic challenges brought on by measures taken to contain the spread of COVID-19, and prevent

delays in restarting the tourism economic engine.

**Mr. Speaker,**

It is without question that this is a defining moment for the world's history and our history. To those who purport the vaccine is not safe. We hear you! To those who believe the vaccine to be a conspiracy. We hear you too! But, as the saying goes, the proof of the pudding is always in the eating.

- Less than one (**1%**) percent of those who have been administered the vaccine has reported side effects. For The Bahamas, this statistic is **0.005%** with no deaths being attributed to the COVID-19 vaccine in country. As the vaccine performance in the

real world, not in a lab, is continuously evaluated by scientists, there is growing confidence around the COVID-19 vaccines – their efficacy and safety. In fact, an April 2021 article in *The Lancet* found that side effects from COVID-19 vaccines occur at frequencies lower than reported in **Phase 3** clinical trials;

- The latest WHO data informs that globally there has been a **15%** reduction in new COVID-19 cases and **8%** reduction in deaths week-over-week as a result of vaccine deployment.

**Mr. Speaker,**

The actions of the Ministry of Health have accelerated our national recovery plan – putting

heads in beds, food in mouths, money in pockets and bodies on jobs.

**Mr. Speaker,**

The news headlines are replete with country after country after country that have achieved acceptable vaccination levels and are now ending COVID -19 restriction. Israel, the United Kingdom and the United States are, but a few examples. **Mr. Speaker,** we in the Bahamas are headed there as well.

**Mr. Speaker,**

We stand firm on the guidance given by Galatians 6:9: “Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up.”

**Mr. Speaker,**

We are leading our people into a land of hope and promise.

**Mr. Speaker,**

We are a people of manifest destiny and this Government is committed to the greatness of our nations' calling, for ultimately as we work as we move our people from strength to strength, we know that the day is coming **Mr. Speaker,** as the Prophet Isaiah says, **Mr. Speaker,** "Every mountain and hill will be made low, every valley shall be exalted, the crooked shall be made straight, and the rough places shall be made smooth, the Glory of Lord shall be revealed and all flesh shall see it together for the mouth of the Lord has spoken."

(Isaiah 40:4-5). We in the FNM will continue to work until that day.

**Mr. Speaker,**

I fully support this magnificent 2021/2022 budget.