

SENATE*Tuesday, March 24, 2015*

The Senate met at 1.30 p.m.

PRAYERS[MADAM PRESIDENT *in the Chair*]

Madam President: Hon. Senators, I have granted leave of absence to Senators the Hon. Garvin Nicholas and Dr. Bhoendradatt Tewarie and Sen. James Lambert, who are all out of the country.

SENATORS' APPOINTMENT

Madam President: Hon. Senators, I have received the following correspondence from His Excellency the President Anthony Thomas Aquinas Carmona O.R.T.T, S.C.:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency ANTHONY THOMAS AQUINAS
 CARMONA, O.R.T.T., S.C., President and
 Commander-in-Chief of the Armed Forces of
 the Republic of Trinidad and Tobago.

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
 President.

TO: ARCHBISHOP BARBARA BURKE

WHEREAS Senator the Honourable Garvin Edward Timothy Nicholas is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, ARCHBISHOP BARBARA BURKE, to be temporarily a member of the Senate with effect from 24th March, 2015 and continuing during the absence from Trinidad and Tobago of the said Senator the Honourable Garvin Edward Timothy Nicholas.

Given under my Hand and the Seal of the
 President of the Republic of Trinidad and
 Tobago at the Office of the President, St.
 Ann's, this 23rd day of March, 2015.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency ANTHONY THOMAS AQUINAS
 CARMONA, O.R.T.T., S.C., President and
 Commander-in-Chief of the Armed Forces of
 the Republic of Trinidad and Tobago.

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
 President.

TO: MR. CHRISTOPHER JOEFIELD

WHEREAS Senator Dr. the Honourable Bhoendradatt Tewarie is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, CHRISTOPHER JOEFIELD, to be temporarily a member of the Senate, with effect from 24th March, 2015 and continuing during the absence from Trinidad and Tobago of the said Senator Tewarie.

Given under my Hand and the Seal of the
 President of the Republic of Trinidad and
 Tobago at the Office of the President, St.
 Ann's, this 23rd day of March, 2015.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency ANTHONY THOMAS AQUINAS
 CARMONA, O.R.T.T., S.C., President and
 Commander-in-Chief of the Republic of
 Trinidad and Tobago.

/s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
 President.

TO: MS. KEITHA SMITH

WHEREAS Senator the Honourable James Lambert is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, KEITHA SMITH, to be temporarily a member of the Senate, with effect from 24th March, 2015 and continuing during the absence from Trinidad and Tobago of the said Senator the Honourable James Lambert.

Senators' Appointment

Tuesday, March 24, 2015

Given under my Hand and the Seal of the
President of the Republic of Trinidad and
Tobago at the Office of the President, St.
Ann's, this 23rd day of March, 2015."

OATH OF ALLEGIANCE

The following Senators took and subscribed the Oath of Allegiance as required by law:

Archbishop Barbara Burke, Christopher Joefield and Keitha Smith.

VISITORS

(Trinity College East and Tunapuna Secondary Schools)

Madam President: Hon. Senators, before I move to the next item on the Order Paper, I want to take a moment to welcome and to recognize in our midst a group of very handsome young men and very beautiful young women from Trinity College East and Tunapuna Secondary Schools. [*Desk thumping*]

We do appreciate your presence in our midst and we look forward to you becoming leaders in your own right.

JOINT SELECT COMMITTEE

(APPOINTMENT TO)

Energy Affairs

Madam President: Hon. Senators, I have received the following correspondence from the Speaker:

Re: the Appointment of Joint Select Committees.

At a sitting held on Friday, February 23, 2015, the House of Representatives agreed to the following appointment of the Joint Select Committee on Energy Affairs:

Mrs. Paula Gopee-Scoon, MP in lieu of Dr. Keith Rowley, MP.

Accordingly, I respectfully request that you cause this matter to be placed before the Senate.

And I have done so. Thank you.

BAIL (AMDT.) BILL, 2015

Bill to amend the Bail Act, Chap. 4:60, brought from the House of Representatives [*The Attorney General*]; read the first time.

Motion made: That the next stage be taken at a sitting of the Senate to be held on Tuesday, March 31, 2015. [*Hon. G. Singh*]

Question put and agreed to.

TRADE MARKS BILL, 2014

Bill to repeal and replace the Trade Marks Act, Chap. 82:81 and to provide for the law relating to trade marks and related matters, brought from the House of Representatives [*The Minister of Legal Affairs*]; read the first time.

Motion made: That the next stage be taken at a sitting of the Senate to be held on Tuesday, March 31, 2015. [*Hon. G. Singh*]

Question put and agreed to.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Tobago House of Assembly for the year ended September 30, 2006. [*The Minister of Finance and the Economy (Sen. The Hon. Larry Howai)*]
2. Annual Audited Financial Statements of Metal Industries Company Limited for the fiscal year ended September 30, 2012. [*Sen. The Hon. L. Howai*]
3. Annual Audited Financial Statements of Metal Industries Company Limited for the fiscal year ended September 30, 2013. [*Sen. The Hon. L. Howai*]
4. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2003. [*Sen. The Hon. L. Howai*]
5. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2004. [*Sen. The Hon. L. Howai*]
6. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2005. [*Sen. The Hon. L. Howai*]
7. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2006. [*Sen. The Hon. L. Howai*]
8. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2007. [*Sen. The Hon. L. Howai*]
9. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Strategic Services Agency for the year ended September 30, 2008. [*Sen. The Hon. L. Howai*]

Papers Laid

Tuesday, March 24, 2015

10. Audited Financial Statements of the Water and Sewerage Authority for the financial year ended September 30, 2010. [*The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh)*]
11. Annual Report of the Police Complaints Authority (PCA) for the period October 01, 2013 to September 30, 2014. [*Sen. The Hon. G. Singh*]

1.45 p.m.

12. Annual Administrative Report of the San Fernando City Corporation for the year 2012/2013. [*The Minister of Local Government (Sen. The Hon. Marlene Coudray)*]
13. Ministerial Response to the Fifteenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on the Administration and Operations of the San Juan/Laventille Regional Corporation. [*Sen. The Hon. M. Coudray*]
14. Ministerial Response to the Sixteenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on the Administration and Operations of the Sangre Grande Regional Corporation. [*Sen. The Hon. M. Coudray*]

**JOINT SELECT COMMITTEE REPORT
(Presentation)**

**Statutory Authorities and State Enterprises (Group 1)
Trinidad and Tobago
Mortgage Finance Company Limited**

Sen. Elton Prescott SC: Thank you, Madam President. I have the honour to present the following report as listed on the Order Paper in my name:

Eleventh Report of the Joint Select Committee on Ministries (Group 1), and on the Statutory Authorities and State Enterprises falling under their purview on the Administration and Operations of the Trinidad and Tobago Mortgage Finance Company Limited (TTMF).

ORAL ANSWERS TO QUESTIONS

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you very much, Madam President, questions 44, 45 and 46, these were the questions of advertisements and public relations, and we have given an undertaking so as to create a template, so that all Ministers and Ministries will be on the same template. So, therefore, I would like a deferral of

these questions for three weeks, in order to comply with that requirement in accordance with the Ministry of Finance and the Economy's reconciliation of the figures. Therefore, we are in a position to answer question 62, which we were prepared to answer on the last occasion, but which was deferred at the instance of the Leader of Opposition Business.

Sen. Al-Rawi: Madam President, may I? Thank you, hon. Leader of Government Business, for the undertaking provided by the Government with respect to those questions agreed to be deferred. May I, just through you, Madam President, enquire whether the questions for written answer are available today as recorded on the Order Paper?

Sen. The Hon. G. Singh: Unfortunately, Madam President, they are not available today, but certainly at the next sitting we will be able to provide them.

Sen. Al-Rawi: Thank you.

The following questions stood on the Order Paper in the name of Sen. Camille Robinson-Regis:

**Ministry of Education
(Cost of Advertisements and Public Relations Campaigns)**

- 44.** Could the hon. Minister of Education provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of Education in the Media for the period January 2011 to November 2014?

**Ministry of Community Development
(Cost of Advertisements and Public Relations Campaigns)**

- 45.** Could the hon. Minister of Community Development provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of Community Development in the Media for the period January 2011 to November 2014?

**Ministry of Works and Infrastructure
(Cost of Advertisements and Public Relations Campaigns)**

- 46.** Could the hon. Minister of Works and Infrastructure provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of Works and Infrastructure in the Media for the period January 2011 to November 2014?

Questions, by leave, deferred.

**Government Borrowing
(Total Amount of)**

62. Sen. Dr. Lester Henry asked the hon. Minister of Finance and the Economy: Could the Minister indicate the total amount of government borrowing for the period January 2013 to present?

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Madam President, Trinidad and Tobago's debt profile remains very well managed, excluding open-market operations. The total net debt increased from \$70.9 billion as at December 31, 2012 to \$75.1 billion at the end of December 2014. This represents a net increase in borrowings of \$4.2 billion for the period.

Notwithstanding this increase, the debt to GDP level reduced from 44.9 per cent to 41.7 per cent, using a GDP figure of \$179.8 billion at the end of 2014. We project that debt to GDP at the end of this year will amount to approximately 44 per cent of GDP, or approximately TT \$82 billion, well within the parameters for similarly rated countries. This figure of \$82 billion, represents an increase of \$7 billion during the course of this current calendar year.

Sen. Dr. Henry: Supplemental, Madam President. Could the Minister say if that figure included the US \$500 million loan that was negotiated with Citibank?

Sen. The Hon. L. Howai: At the end of 2014, the US \$500 million was included in the total figures.

Sen. Dr. Henry: Further supplemental. So that gives us the figure of \$3.5 billion. Did the Government include in that figure, the \$1.5 billion bridge loan that was negotiated with Royal Bank?

Sen. The Hon. L. Howai: Madam President, yes, the \$1.5 billion would be included in the total figure.

Sen. Dr. Henry: And also, I am asking specifically now about the loan for NIPDEC that was negotiated with ANSA MCAL, \$1.5 billion again?

Sen. The Hon. L. Howai: I am not quite sure I am recollecting that particular number, the \$1.5 billion.

Sen. Dr. Henry: The \$1.5 billion borrowed from ANSA MCAL, they floated a bond. I think it was—I could have misstated—NIPDEC or the one to help TSTT.

Sen. The Hon. L. Howai: I am not sure if the one point—TSTT?

Sen. Dr. Henry: Yeah.

Sen. The Hon. L. Howai: I am not sure. No, I do not have any figures for TSTT in my numbers here. What I have would be the—I would have included in here would be the—well, I am not seeing the 1.5 for ANSA MCAL.

Sen. Dr. Henry: No ANSA MCAL negotiations, no?

Sen. The Hon. L. Howai: I am not seeing it. It may have been booked in this calendar year.

Sen. Dr. Henry: That was towards the end of last year.

Sen. The Hon. L. Howai: Okay. Well, I am not seeing it in these numbers here.

Sen. Dr. Henry: Could you give us—[*Interruption*]

Sen. The Hon. L. Howai: Yeah. I will undertake to check.

Sen. Dr. Henry:—to check and see whether my information is incorrect. I do not think it is. Also further supplemental, did the Government include in that figure the amount that is of US \$80 million and TT \$100 million for the purchase of boats?

Sen. The Hon. L. Howai: No, no, those have not been included in the numbers at the end of December. We have not yet drawn those loans.

Sen. Al-Rawi: Further supplemental. Thank you hon. Minister. Through you, Madam President, hon. Minister, in indicating that the debt-to-GDP ratio ought to fall from 44.9 per cent to 44.7 per cent, and then further downward to 44 per cent, is the hon. Minister including by way of figures to reduce that debt to GDP, the highly unusual payment of dividends out of the NGC, to the tune of billions of dollars in circumstances most recently observed by international agencies?

Sen. The Hon. L. Howai: No, the payment from NGC, the debt to GDP would be the total debt to the total GDP of the country, and what we would do is project a figure for GDP for this year, and then use the number as a percentage of that, the total debt as a percentage of that number towards the end of this current fiscal year.

Sen. Al-Rawi: Further supplemental. Hon. Minister, is it therefore, that the dividend was applied not for debt—the dividend of the NGC, was applied not for debt reduction, but for some other purpose?

Sen. The Hon. L. Howai: Madam President, the dividend from the NGC would come into the Government's normal revenues as part of revenues for the country, and that would be part of recurrent revenue and expenditure for the year.

Sen. Al-Rawi: Further supplemental. Hon. Minister, the dividend coming into the normal stream for revenues, is the hon. Minister suggesting that that observation by international agencies of how highly unusual it is for dividends to be applied for that purpose, that is, in fact, this Government's policy now?

Sen. The Hon. L. Howai: No. It is not. It has always been accounted in that way. What the agencies have indicated is that we need to be mindful of the fact that some of these payments could possibly be one-off payments, and not on a recurrent basis, and therefore, the project deficit for the year, might appear to be lower than may be sustainable going forward in the future. They have raised the issue that you just need to be careful in including the figure, that you do not perhaps give yourself a false impression of what the likely outturn could be in the future, if you do not pay—if you do not receive those dividends. So that is the context in which they have made the statement. Of course, we understand that quite well, Madam President. We are very much—we are very clear about that. We understand that, but we expect that the NGC as well as other state enterprises which have been turned around over the past few years, will continue to be able to make their dividend payments in the normal way.

Sen. Al-Rawi: Further supplemental. Hon. Minister, is it that with nearly \$10 billion in dividends paid across in lump-sum fashion, that the Government has, in fact, fooled itself by affecting the outturn—*[Interruption]* for this particular period that we are speaking about, which is to the end of 2014?

Sen. The Hon. L. Howai: Okay. No, Madam President, no. We are very clear on the amount of the dividend. It is not \$10 billion for this year. It is—the dividend policy of the NGC, they have been paying about one and a half billion a year. This year, because of the fact that they had some exceptional earnings, *[Desk thumping]* their profits had gone up to over \$9 billion, their profit after tax was over \$6 billion. We had projected a larger dividend for this year of about \$4 billion approximately, I believe the number was for this year, but normally, it is not. So what we have done rather, is to include that as part of our dividend for this year. The figure is not \$10 billion for this year. I suppose if you add up several years you could come to that number. We are very much aware of the fact that dividends could rise and fall and, therefore, we need to take that into account when we actually prepare our accounts for the year, and determine what we are going to do going forward.

Sen. Dr. Henry: Further supplemental, Madam President. Does the Government generally include loans taken out by statutory bodies and so on in those figures, the figures that were presented—like the state agencies and statutory bodies?

Sen. The Hon. L. Howai: Yeah. Where we issue letters of comfort, guarantees, as well as if it is directly against the—but where those are granted, we would include those as part of our numbers.

Sen. Dr. Henry: Further supplemental. Does that include in any way the \$600 million negotiated for WASA? And if it was not given a Government guarantee, then why not?

Sen. The Hon. L. Howai: With respect to—I do not recall the details of the WASA loan. I believe they may have pledged some receivables from the desalination plant and, therefore, the lenders did not need additional security. Therefore, they would have just simply taken a charge on the receivables, and in a case like that, you would not count that as part of Government's overall debt. However, if we did issue a letter of comfort, or if we provide a guarantee, it would then be included.

Sen. Dr. Henry: So, the Government has tied up the payments, receipts from the Point Lisas Desalination Plant and so on. So in other words, you have to look elsewhere for any additional financing again for WASA.

Madam President: Senator, may I remind you, Sen. Dr. Henry, that you are supposed to ask a question, not to make a statement. [*Crosstalk and laughter*]

Sen. Dr. Henry: It was a question.

Madam President: Hon. Senators, could you restrict your questions to orthodox types of questions. [*Laughter*]

Sen. The Hon. L. Howai: Well, just to say that, Madam President, WASA has been very diligent in terms of how they deal with their lendings, and they understand that the push of the Government is for them to become—[*Interruption*]

Hon. Senator: Self-sustaining.

Sen. The Hon. L. Howai:—as self-sustaining as possible, yes, to rely less and less on the Treasury, and they have started to look at alternative measures, because whenever they come to us, we say, you need funding, you want to do this particular project, let us make sure that you are not calling on the Government to meet this payment, unless it is part of something that we think we can sustain going forward. So we have asked them to ensure that they maintain a position of being as self-sustaining as possible going forward. They would then have looked for security that they could put forward to the loan, which did not rely on the Government to fund.

2.00 p.m.

Sen. Dr. Henry: Just two further supplementals. So, is the Minister saying that WASA is in any kind of viable position? Because my information, Madam President, is that the company is completely cash strapped and cannot even pay the people they offered VSEP for many, many months running [*Crosstalk and laughter*] and you have a bloated staff. I asked a question, Madam President.

Madam President.: Hon. Senator, please ask questions and refrain from making statements. [*Crosstalk*]

Sen. The Hon. L. Howai: Madam President, I am not aware that they have not been able to make VSEP payments and so on. It certainly has not been brought to our attention. It is something that now that we are advised of it, we will certainly look into it.

Sen. Al-Rawi: Further supplemental, Madam President, by way of orthodox question. With respect to the \$4.2 billion increase in borrowing, hon. Minister, between the period December 2012 to December 2014, hon. Minister are you in a position to perhaps share with us the purpose of that borrowing or, more particularly, if you are not there, with whom that borrowing has been placed?

Sen. The Hon. L. Howai: Most of that has been via bonds and the facilities were—this is a net figure, of course, because there have been loan repayments that would have taken place over the period. Included in those numbers, part of it would have been for some of our deficit financing as well as for meeting specific projects which we would have identified over the period. I do not have the detailed breakout of it in front of me at the moment.

Sen. Al-Rawi: Hon. Minister, with respect—further supplemental, Madam President—to the deficit financing amount for projects: is it that the highway to Point Fortin and now the highway to Mayaro are both to be included in those figures for borrowing?

Sen. The Hon. L. Howai: Madam President, with respect to the highway, most of it was funded out of our cash flows as we had indicated. As Sen. Dr. Henry indicated, there was a borrowing of \$1.5 billion which was taken up this year which is included but, apart from that, all of the other funding was taken directly from our cash flows.

Sen. Al-Rawi: And the highway to Mayaro please, hon. Minister.

Sen. The Hon. L. Howai: Oh, sorry. Those are not in these figures that we have just outlined. There is no element of it in these numbers.

Sen. Al-Rawi: Thank you.

Sen. Dr. Henry: Just for final clarification, Madam President. So the Government and the Minister is saying that all of the statutory corporations and so on, of the Government, all of that borrowing is included in the figure quoted.

Sen. The Hon. L. Howai: Yes, Madam President, where it is guaranteed by Government or by way of letter of comfort.

STATEMENTS BY MINISTERS Police Roadblock Exercise

The Minister of National Security (Sen. The Hon. Brig. Carl Alfonso): Madam President, I thank you and hon. Senators as I rise to make this brief statement on a very serious issue which arose yesterday on the roads and highways of our nation. I want to begin by making it very clear that what happened yesterday had a very deep, negative impact on the people of Trinidad and Tobago.

There is, perhaps, not a single person who was caught in the traffic gridlock yesterday who did not experience some untold frustration, anxiety and, in many cases, anger. Working women and men, young children, elderly citizens, disabled citizens or differently-abled citizens, visitors to our shores—just coming in or due to leave—everyone felt the impact of the police exercise on our nation's roads yesterday morning.

Immediately after being apprised of the issue very early in the day, the hon. Prime Minister, Kamla Persad-Bissessar, mandated that immediate steps were to be taken to:

- (1) identify the source of the police roadblocks;
- (2) undertake to immediately put a stop to those roadblocks; and
- (3) clear our roads so that citizens could either continue to their place of work or school or return home.

Madam President, yesterday, our nation came to a standstill. Our hard-working men and women missed work, and many of them are either hourly or daily paid. Young children missed school and exams and we had reports of children becoming extremely carsick because of the length of time they were caught in the traffic. Some of our elderly experienced untold discomfort and suffering because they were caught in traffic where there was no way to return home, and there was little movement forward. Some differently-abled persons were also unable to remain in one position for long periods and experienced untold discomfort and pain.

We are told medical institutions had to cancel important medical procedures because nurses and doctors were caught in the gridlock. We also noted that Caribbean Airlines, for the first time in recent memory, had to issue a traffic advisory, informing passengers to make contact to reschedule their flights. Business organizations made clear the level of losses that our country experienced yesterday was unacceptable in terms of productive time and work hours lost—business transactions left in limbo, some banks having to close for the day. Madam President, I make specific mention of these points because none of us can really, truly understand the level of frustration caused by a police exercise, the extent of which even the police executive was unaware of.

With the Prime Minister's guidance and continuous contact, interventions were made. The roadblocks were cleared and our roads and highways returned to normal. Let me state or rather repeat the hon. Prime Minister's urging, and I quote:

“...what citizens experienced yesterday must never happen again.”

Having said that, Madam President, I want to give an undertaking to the people, through you of course, to hon. Senators and to the many organizations affected by yesterday's gridlock, this is not a situation which will be condoned. Further accountability for what occurred must be identified.

The Ministry of National Security has called upon the Acting Commissioner of Police to launch an immediate investigation into how the simultaneous series of police activities across the country could have occurred to create the virtual shutdown of our nation's roadways. The Acting Commissioner of Police has assured that such an investigation will be conducted.

She has provided further assurances that there would be no repeat of the actions which caused such disruption today. In fact, in a statement from the Acting Commissioner of Police yesterday, she advised that from time to time divisional commanders are instructed to have what are referred to as “total policing days” which is one of our anti-crime initiatives. The Acting Commissioner of Police was clear that the operations undertaken yesterday morning, and I quote, “did not speak to the essence and spirit of this initiative”.

In disassociating the executive of the Trinidad and Tobago Police Service from yesterday's action, the Acting Commissioner of Police assured that measures will be taken to ensure there is no repeat of these actions. As part of the arrangements to ensure no such repeat, the authority to initiate roadblocks and roadblock exercises will now reside only with the divisional commanders and heads of sections and branches.

Madam President, in also re-affirming her commitment to the collective bargaining process, the Acting Police Commissioner acknowledged ongoing wage negotiations with the Chief Personnel Officer. She indicated that an investigation will be launched to determine whether yesterday's action is linked in any way to the current wage negotiations. This investigation will be spearheaded by Acting Assistant Commissioner of Police, Vincel Edwards. Let me assure this honourable Senate and the citizens of our country, if it is found that this was a deliberate attempt to suffer people as an industrial relations strategy, action will be taken. *[Desk thumping]*

Today in 2015, almost five years after a full assault was launched on crime and the criminal element of Trinidad and Tobago, we must not allow ourselves to become complacent about anything. We must not allow ourselves to believe that because we are at war with the criminals, the people must be subjected to such undue inconvenience and frustration. We must not allow ourselves to believe that because drastic action must at times be taken, the law-abiding and innocent people must bear the brunt of strenuous police exercises.

Yes, there are times we must all bear some burden, but as a Government, our intention is to ensure that whatever burdens there are, they will be carried by those who break the law, put lives at risk and seek to lead lives of crime and illicit activity.

Our focus is and has always been, and remains today, the safety, peace and security of the citizens of Trinidad and Tobago. The Government's anti-crime strategies will continue because we intend to restore safety, security and the feeling of confidence in that safety, whether it is through:

- legislation, such as the Anti-Terrorism Bill, the Cyber-Crime Bill, and the Bail (Amdt.) Bill;
- visibility and response through the highway patrols, the Rapid Response Unit as well as the support of the recently implemented Community Comfort Patrol;
- the war against human and drug trafficking and defence of our nation's air and sea borders with offshore patrol vessels and a fleet of military grade helicopters;
- our country's radar monitoring system;
- an integrated radio network so police can respond faster and more effectively to distress calls and better serve communities;

- the expansion of the CCTV network by 500 more cameras throughout Trinidad and Tobago to enhance law enforcement capabilities to detect, deter and respond to crime;
- equipping all police vehicles with GPS technology; and
- ongoing activities within communities which aid in improving relations between the police and the public.

We have given the commitment to control crime and we in the Kamla Persad-Bissessar administration will achieve that objective. [*Desk thumping*]

In closing, Madam President, let me reaffirm my commitment to the citizens in every community across our country. Every citizen deserves to be and feel safe and we will vigorously pursue strategies to deliver that environment of safety. But we also take seriously the need to ensure that the innocent and law-abiding must have as little disruption to their lives as possible as we pursue the objective of defeating the criminal element.

On behalf of the Prime Minister, members of Government and, indeed, the agencies charged with the protection and safety of our citizens, I give the undertaking that yesterday's police exercise will not be repeated, and if ever there is the need for such comprehensive and widespread policing activities, the frustration, anger and anxiety caused for thousands of people yesterday will not happen again.

Madam President, honourable colleagues, I thank you for this opportunity to speak on this issue, and I thank you for the opportunity to make this strong commitment to the people of Trinidad and Tobago.

I thank you. [*Desk thumping*]

2.15 p.m.

Madam President: The Minister of Food Production.

Livestock Sector (Initiatives by the Ministry of Food Production)

The Minister of Food Production (Sen. The Hon. Devant Maharaj): Thank you very much, Madam President. It is my pleasure here to rise to deliver a statement on the agricultural sector, in particular, the livestock sub-sector. And it is of a particular pleasure for me as we have the students from two secondary schools here, including Tunapuna Government Secondary, my alma mater, [*Desk thumping*] and the students could see that not only the prestige schools are represented in the Parliament here today.

According to the FAO, the Food and Agriculture Organization, livestock is one of the fastest growing sectors in agricultural, potentially presenting opportunities for economic growth and poverty reduction in rural areas. However, Madam President, Trinidad and Tobago's expansion of the local livestock production has been constrained over the years by a number of factors, chief among them, the unsatisfied demand for quality breeding stock to supply the commercial producers of both dairy and meat products; the narrow margins of profitability; the constant rising of feed inputs, which are the main items in the cost production; and limited integration and linkages within the supply and demand chain. These constraints contribute to low productivity, which is demonstrated in our local production of meat, milk, and their products accounting for 10 per cent of demand.

Madam President, the Ministry of Food Production has been mandated to grow locally, and make available to citizens, quality but affordable food in sufficient quantities to ensure our food and nutrition security, and, in so doing, provide an attractive and profitable livelihood for all producers. It is in this context that the Ministry of Food Production is committed to conducting research, utilizing modern technology, developing infrastructure, encouraging value-added activities, and creating an overall enabling environment for livestock agro-entrepreneurs to flourish. It is from this foundation that the Ministry of Food Production has been able to improve management and production efficiencies, taking into consideration the aforementioned constraints. The increase in production in the livestock sector can be attributed to the initiatives undertaken by the Ministry of Food Production. These initiatives include infrastructural development, feed improvement, genetic stock improvement, milk processing facilities and incentives.

In the area of infrastructural development, three activities undertaken with regard to infrastructural development were the re-commissioning of the Cedros Breeding Unit in 2012, the Mayaro Small Ruminant Multiplication Unit in 2014 and the Aripo Multiplication Unit this year, 2015. The Cedros Breeding Unit infrastructural development involved the construction of stockman quarters, annex, garage, small ruminant pen, feed/storage room, fencing an exercise area, and the refurbishment of a pound. From an initial start-up of 26 animals, 17 sheep and nine goats, the animal population has increased to 56, 40 sheep and 16 goats. Breeds available include the Barbados Blackbelly sheep, West African, Saanen, Anglo Nubian, to name a few. The pound of this breeding unit was utilized by the Stray Cattle Programme in 2012—2014 as a holding area for the captured animals, and also a quarantine facility when animals were illegally procured from Venezuela.

Some planned activities for the remainder of the fiscal year include continued stud service, sale of the improved genetic quality breeding stock to farmers, relocation of the pound, establishment of a six-acre forage bank, and construction of a wheel bath. The Mayaro Small Ruminant Multiplication Unit was also re-commissioned in 2014 to encourage rural development through the creation of sustainable employment opportunities. This involved the construction of stockman quarters, small ruminant pen, feed/storage room and the fencing of the exercise area. Currently, there are 23 pregnant animals at this facility. Offspring will be available for subsequent distribution to livestock farmers.

Additionally, the Aripo Multiplication Unit opened last month and is expected to house more than 200 animals to carry out similar activities to the Mayaro Small Ruminant Multiplication Unit. The Ministry of Food Production, in the upcoming month, planned to enhance the infrastructure at the Penal Demonstration Station through activities such as the renovation of the holding pens, construction of stud pens, and the establishment of a forage bank. This station currently provides veterinary, breeding and stud services, and has 27 sheep and eight goats in their livestock stable. The work also continues at the Rio Claro Demonstration Station and the Craignish Demonstration Station. A total of 80 YAPA students were trained in rabbit, poultry and small ruminant production at these livestock stations.

In the area of feed improvement, Madam President, one of the main reasons attributed to the high cost of production for livestock farmers is the high cost of forage for their stock and the lack of consistency in its supply. Local small farmers have been challenged by the limited access to land to produce forage on a scale that makes it economical. Additionally, these small farmers have been unable to devote the resources to forage production because the majority have to supplement their incomes due to the scale of the operation. It is therefore important that successful forage farms be established and operated to assist the improvement of the supply of locally grown forage.

Over the years the Ministry of Food Production and affiliated agencies have provided various initiatives designed to improve farmer ability to improve forage production, inclusive of training courses, demonstration, production of leaflets and brochures. In an effort to reduce the cost of production to livestock farmers, the Ministry of Food Production undertook a Pasture Rehabilitation and Establishment Project. Two major forage farms involved in this project include one at Mon Jaloux and the other at La Gloria. The Mon Jaloux forage farm produces hay, and there were trial runs for the hay production that took place in 2013. Additionally, plans are in place to establish a more suitable method of hay production using an artificial drier. For the 2013—2014 period, 60 acres of pastures were established and rehabilitated, and 9,000 bundles of grass and forage were sold to livestock farmers.

In the area of genetic stock improvement, the Ministry of Food Production has also recognized the importance of increasing the availability of breeding stock to farmers, and, ultimately, increasing the quality of meat and milk produced domestically. The improvement of genetic stock has been done through the importation of high quality breeds of cattle and small ruminants, artificial insemination facilities, and embryo transfer, which will come on stream later on this year. Two importations of cattle have occurred over the last five years through the Ministry of Food Production. In 2013, a total of 60 cattle were imported, comprising of 55 pregnant heifers and five bulls; and in 2014, a total of 20 pregnant heifers were imported in collaboration with the Livestock and Livestock Products Board and Nestle Trinidad and Tobago Limited. It is the first time that Nestle Trinidad and Tobago has partnered with the Government of Trinidad and Tobago to improve its local dairy cattle industry, and I laud their enthusiasm for this.

The high genetic merit bulls, from one of those importations, are currently being used in the field for artificial insemination. Farmers have been the recipients of imported cattle from which offspring have been born. Another importation of pregnant animals is due later on this year. With regard to small ruminants, the Ministry of Food Production also imported 101 sheep and 70 goats. These small ruminants have been used in the National Artificial Insemination Programme. The females imported in 2013 will be utilized later this year for a small ruminant embryo transfer training exercise. The Ministry of Food Production also commenced the issuance of certificates with the sale of livestock from the Centeno Livestock Station. These certificates allow for traceability of livestock from the station.

In the area of artificial insemination, Madam Vice-President, in terms of this area, approximately 1,750 doses of cattle semen of high genetic merit were imported from 2010 to 2014, and the semen is being used in the field services. Sexed cattle semen was also imported in 2014. Again, this initiative allows our farmers to have high access quality genetic material for use in their herds. Field services are available 365 days a year.

In the area of embryo transfer, another project aimed at improving genetic stock is the embryo transfer. This project seeks to build capacity and develop linkages in the reproductive bio techniques and value-added products whilst responding to, both, the necessity to improve efficiency of production and increase profitability. Six Ministry of Food Production vets will be trained in embryo transfer by a company called OC Flock from Canada. This training should

take place in August 2015. Trained vets with the newly attained skill and technique in embryo training will then disseminate this information to other Ministry of Food Production vets. Embryo transfer is one of the modern technologies being utilized worldwide. Benefits include: increased the number of offspring sired from a superior female, without the risk of importation of live animals; it is a means of reproduction that reduces the risk of transmission of diseases; results in faster genetic progress; and it makes it possible to obtain offspring from old or injured valuable animals incapable of breeding or calving naturally.

In the area of dairy pasteurisation facilities and the creation of value-added activities, heeding the call from the Wallerfield and Carlsen Field dairy farmers, the Ministry of Food Production invested in two modern pasteurization facilities, one at the Sugarcane Feeds Centre, Longdenville, will service central dairy farmers, including Carlsen Field dairy farmers and another facility at the Aripo Livestock Station, which is scheduled to open in May of this year, will service the Wallerfield dairy farmers. This is a collaborative project of the Ministry of Food Production, the Livestock and Livestock Product Board and the Sugarcane Feeds Centre. This facility has the current capacity to pasteurize cow, goat, or buffalypso milk, collected from farmers or produced at the centre. Presently, the bulk milk storage capacity is 3,000 litres. The unit has a 300-litre batch pasteurizer, with a daily output of up to 1,200 to 1,500 litres of milk. The facility is also equipped to produce low fat and skimmed milk. All raw milk entering the facility is tested to ensure high quality. Tests include milk analysis, somatic cell count and antibiotic residue.

This facility will offer farmers a competitive price for raw milk, which has been identified as one of the limiting factors to the dairy development of Trinidad and Tobago. Farmers have the ability to earn approximately \$10 per litre on the local retail market for cow's milk and \$17 per litre for goat's milk. It also offers farmers the opportunity to gain additional income from value-added products, such as ghee, yogurt, butter, ice cream, and so on. Similar to the Ministry of Food Production's TT Tilapia initiative, the pasteurized milk will be branded "Trinidad and Tobago Fresh Pasteurized Milk".

In the area of incentive, Madam President, I want to use this opportunity to encourage the nation's livestock farmers to access the wide variety of incentives available. Farmers can now benefit from an increased subsidy for milk, which now stands at \$1.50 per kilogram, as compared to \$1.00 in 2010. Provide sector producers, like Nestle, for example, offer a guaranteed price up to \$2.50 per kilogram of milk. Cattle or buffalypso farmers can receive a 50 per cent rebate for using the establishment of pastures/fodder banks, housing infrastructure and waste disposal, and milk systems, or bulk tank coolers.

Goat and sheep farmers can receive 50 per cent rebate for the establishment of pasture/fodder banks, housing infrastructure and waste disposal, and imported semen and embryos per year. Additionally, there is a 100 per cent rebate on the importation of breeding stock per animal. Pig farmers can receive a 50 per cent rebate on housing, infrastructure, waste disposal, and 100 per cent rebate on imported stock per animal. Poultry farmers can receive 30 per cent rebate on housing and infrastructure. And for rabbit farmers, they can get up to 50 per cent rebate on rabbitries establishment and the construction, as well as slaughtering facilities and the establishment of operation.

Madam President, initiatives through these measures, the Ministry of Food Production can boast of an increase in the production of key livestock commodities. From 2012 to 2013, data from the CSO indicates that the Ministry of Food Production had been able to ramp up production in the livestock sector for milk, beef, veal, goat, mutton and rabbit meat. From 2012 to 2013, there has been a 21 per cent increase in milk production, a 19.7 per cent increase in beef and veal production, 106 per cent increase in goat and meat production, 159 per cent increase in mutton production, 105 per cent increase in rabbit meat production. There are countless benefits to be accrued from these initiatives taken to increase the production of livestock. The economy of the country will benefit from imported substitution, as these initiatives taken to increase local production of livestock are expected to make an impact on the quantity and quality of meat and dairy products produced locally.

Additionally, nutrition of the people of our country will also be positively impacted on by the availability of the more easily digested protein to the vulnerable and adverse segments of our population. Furthermore, primary producers would benefit directly from the availability of quality breeding stock to improve genetics of their stock. Primary producers, butchers, meat processors will also benefit from participation in field visits, open days and training provided. Opportunities for cottage industries, artisans and craft persons also have the potential to develop as a result. More so, the knowledge gained for the capture, preservation, storage and implementation of embryos will be of benefit for the conservation of our indigenous breeds, such as the common goat, the Blackbelly and West African. The genetic materials of these animals are at serious risk of being lost. In the long term, the food security of our nation will be positively impacted as there will be more locally produced animal protein available to substitute for imported products. I thank you. [*Desk thumping*]

2.30 p.m.

**REGIONAL HEALTH AUTHORITY SYSTEM
(COMPREHENSIVE REVIEW OF)
[Third Day]**

Order read for resuming adjourned debate on question [November 18, 2014]:

Be it resolved that the Senate call on the Government to take immediate steps to conduct a comprehensive review of the Regional Health Authority system in the delivery of health care in Trinidad and Tobago. [*Sen. Dr. V. Wheeler*]

Question again proposed.

Madam President: Hon. Senators, those who spoke on Tuesday, November 18, 2014: Sen. Dr. Victor Wheeler, mover of the Motion, Hon. Dr. Fuad Khan, MP, Minister of Health, Sen. Camille Robinson-Regis. On Tuesday, January 27, 2015: Sen. Dr. Rolph Balgobin, Sen. Rev. Joy Abdul-Mohan and Sen. The Hon. Ganga Singh who was on his feet. He spoke for 17 minutes and has 28 minutes remaining of original speaking time.

Sen. The Hon. G. Singh: Thank you very much, Madam President. On the last occasion I had indicated, in doing a quick analysis of the historical nature of the health sector, that it had undergone several assessments over the last 70 years, from the Moyne Commission Report in 1939, the Julien Commission Report in 1957, the Health Sector Reform Report in 1994, which precipitated a health sector reform programme funded by the IDB, and out of that IDB programme came the Regional Health Authorities. Subsequently, I had reached the stage where I spoke about after 10 years of the functioning and the coming out of the Health Sector Reform Programme, started in 1996 under the IDB Health Sector Reform Programme, you had the Gafoor Commission of Enquiry which reported in 2007, after being appointed in 2005.

I indicated then that immediately at the time of conception, with the RHA Act coming into being in 1994, you had a conceptual embryonic flaw where you had the dual tracking system allowing personnel from both the Ministry of Health in the public service sector existing alongside personnel employed by the RHAs. As a result of that, you had a severe discipline and morale problem affecting the RHAs and the functioning of the RHAs. So, after two years, the Gafoor Commission of Enquiry made some 400 recommendations. Those recommendations formed the basis of a technical committee headed by, I think, PS or Deputy PS Myrna Thompson, and that technical committee reported in 2007. Then subsequently, arising out of that technical committee report, you had a working committee in place.

Madam President, when you recognize that you have this stream of enquiries and recommendations over the period from 1939 to April 2011, you understand what is the nature of what you have to deal with in the health sector.

But it is important, because the Gafoor Commission of Enquiry, which reported in 2007, indicated that many of its findings were similar to those of previous commissions and other investigative bodies since the dawn of the 20th Century. The reports of the Moyne Commission of 1938 and the Julien Commission of 1957 stand out. The recurring problems noted in these reports were: a severe shortage of health care professionals in all areas of the public health sector; a lack of comprehensive training programmes resulting in poor quality service chiefly at the primary health care level; the alleged negligence of doctors and nurses; indiscipline among staff; ineffective strategies for compensating and retaining staff; improper financial management; inadequate health care for women; high levels of neonatal and infant mortality rates; that outdated legislation still existed that needed to be amended, and the absence of a single policy governing the purchasing of equipment, goods and services by the RHAs.

The Gafoor Commission of Enquiry said, “Look, notwithstanding since 1939 we have had all these recommendations, we find after two years of detailed analysis that the problems that existing then still exist now”, and they made 400 recommendations.

The technical committee that was appointed in 2007 indicated that there were 400-plus recommendations of the commission of enquiry which focused primarily on, but was not limited to, primary health care. So there were 419 recommendations. Fourteen of the recommended activities the technical committee indicated had already been completed or were at an advanced stage of completion. Fifty-four were in various stages of completion or were proceeding in a satisfactory manner; 74 needed to be carefully examined to ensure their long-term practicality and cost effectiveness prior to decisions being made to implement them.

Of the remaining 277 recommendations, 241 of these recommendations were to be addressed by a working group comprising appropriate representatives of the Ministry of Health and the Regional Health Authorities. This working group was to be established to finalize an action plan for 241 recommendations which were categorised as new initiatives. The remaining 36 recommendations were identified as high priority actions to which implementation mechanisms were proposed.

So, Madam President, you had this whole stream of reports. You had recommendations and now, arising out of the Gafoor Commission of Enquiry, you had 400 recommendations, and the technical committee said, “Okay, let us look at the 419 recommendations and let us come up with a plan. What you can deal with right now; what you can deal with over a period of time and what you need to do to look at the practicality of measures, and let us appoint a working group to deal with that”.

As a consequence of that, there were five recommendations identified for priority action, which were put forward by the technical committee as areas of special concern:

- a) Investigation into the procurement and contract management services of Nipdec;
- b) The establishment of a patient advocacy service and the establishment of an Office of Health Ombudsman;
- c) The establishment of a no-fault compensation scheme;
- d) The establishment of an oversight commission to ensure that the strategy for development does not go awry; and
- e) The conduct of forensic audit into the five RHAs.

So as a result, you had a series of activities taking place from the Gafoor Commission of Enquiry and the technical committee and the working group.

Madam President, therefore it is in this scenario that the People’s Partnership came into Government in 2010, in the aftermath of all this set of activities. And the question that arises: Was a gap analysis done of the health care system by the present Government and, if so, what were the major findings and the proposal to address those problems?

In our manifesto we state quite clearly that health care is a basic right, and there are a series of activities: infrastructure, legislative and the whole question of patient advocacy, what we have done in this area. In the course of my contribution, I intend to enunciate those measures we have taken and what we have done during our period in this administration under our Prime Minister and leader, Kamla Persad-Bissessar.

The Government and the Ministry of Health recognized that there were significant gaps in the health care system, based on its own internal review. These included, with consultation with the RHAs, the reports from the established

performance review teams at each RHA, the annual service agreements and the customer service complaints desks at each RHA, and at the Ministry of Health also. The following key issues and gaps were noted in the RHA system:

1. A lack of comprehensive strategy for the upgrade and construction of health facilities;
2. Lack of accredited health facilities and services;
3. Legislative reforms of the Public Health Ordinance, the Public Health Act, the RHA procurement and the Nurses and Midwives Act;
4. The need for a development of a human resource development strategy;
5. The strengthening of the financial and an accountability system;
6. The development of a health education, health promotion and communication strategy; and
7. Strengthening the service delivery component of the RHAs.

The question arises that one may ask: Were there any attempts to strengthen the RHA system under the present administration and, if so, what exactly was done?

Madam President, the Ministry of Health under the astute leadership of the hon. Minister of Health and Member of Parliament for Barataria/San Juan—and I would venture to say, in his own unorthodox style that the Minister of Health has done yeoman service in the health sector to this country. [*Desk thumping*] He is unassailable as a Minister of Health, and I dare to say as the Member of Parliament for Barataria/San Juan. [*Desk thumping*]

The Ministry of Health has undertaken a number of reforms to improve the RHA system in terms of strengthening its functional arms namely; the upgrade and construction of health care facilities; the new legislation; it upgraded the procurement practices, human resource development and service delivery. It is envisaged that these four components would improve the service deliver arm and improve the overall services at each RHA. The Ministry of Health, under the leadership of Minister Khan, is committed to ensuring that every citizen of this country has access to first class health care.

In this regard, the Ministry over the period 2010 to present, sought to ensure that access is within easy reach of all citizens through the infrastructure development of primary and secondary health institutions, so that emphasis is placed on infrastructure development. So there is infrastructure development, and I would indicate to this honourable House, a listing of the infrastructure upgrade and construction that has taken place during the period 2010 to 2014.

2.45 p.m.

On April 2012, the Government of the Republic of Trinidad and Tobago opened the Scarborough hospital, after 14 years, at a cost of \$735 million. The services offered included: inpatient care, outpatient services, laboratory, radiology, pathology, physiotherapy, occupational therapy, maternity unit, mental health unit, paediatrics unit, operating theatres and a high dependency unit.

In the month of February 2014 the San Fernando Teaching Hospital was opened to the public. The hospital is a 216-bed facility that facilitates patient and teaching services. The services to be provided at the hospital included specialties such as obstetrics and gynaecology, paediatrics, adult medicine, diagnostic clinic, urology, neurosurgery and orthopaedics, in addition to pharmacy, ultrasound and X-ray services. The hospital is also equipped with modern lecture halls, seminar rooms, laboratories, conference rooms and rooms for outpatient clinics. There are also rooms for doctors on call.

The medical wards 10D and 11 of the general medicine department and paediatric wards 9 and 10 of the existing general hospital were relocated to the San Fernando Teaching Hospital in order to facilitate improved patient care and to address the chronic overcrowding of patients that has plagued the San Fernando hospital which services the largest catchment population for any hospital in Trinidad and Tobago. The Ministry has embarked on an extensive clinical infrastructure development to expand, upgrade and modernize health facilities in order to meet the health care needs of citizens. The following projects are in different phases of completion for the fiscal year 2015.

Madam President, we start first with the Arima health care facility, renovation of the Arima health care facility. You would see and you may have noticed yesterday that there was a whole-page ad in the *Express* of March 23, 2015. So, first we have the enhancement of the Arima district health facility which is to be completed in the first phase by June 2015 and Phase 2 by February 2016. The additional services to be included in the Arima health facility is paediatric walk-in clinic, same-day surgery, endoscopy and the additional examination rooms. But, in addition to that, you have the start of construction of a 150-bed facility with an estimated cost of \$1.8 billion, and that is the subject of a whole-page ad in yesterday's *Express*, Monday, March 23, 2015.

The new 150-bed Arima hospital: this Arima hospital has been the subject of administration after administration, and it is the People's Partnership who are building the Arima hospital. [*Desk thumping*] The new 150-bed Arima hospital—

the ad continues—includes the following services: accident and emergency, operating theatres, surgical, gynaecology, orthopaedic, burns, ENT, physiotherapy, radiology, obstetrics, delivery, psychiatric, medical, blood bank, laboratory, mortuary, ambulatory care. Madam President, so that is Arima.

Yesterday also, there was another ad, at page 19 of the *Express*, full page ad, construction has started, the new 100-bed Point Fortin hospital. [*Desk thumping*]

Sen. Maharaj: A dream materialized.

Sen. The Hon. G. Singh: This too is in fact, like my colleague has indicated, a dream materialized for the people in the south-west peninsula of Trinidad and Tobago. [*Desk thumping*]

And I have here with me the caretaker for Point Fortin, Minister Marlene Coudray, who no doubt is very pleased with what is happening. The new 100-bed Point Fortin hospital services include: accident and emergency, outpatient, laboratory, morgue, operating theatres, obstetrics, physiotherapy, surgical burns, gynaecology, internal medicine, paediatrics, psychiatry, maternity, intensive care, administrative support, operations, medical records, doctors on call, accommodation, welfare service, library, kitchen, laundry, pharmacy dispensary, lecture halls, teaching rooms, ambulance services, helipad parking.

Madam President, so those are two ads only yesterday pointing to significant infrastructure development, pointing to the fulfilment and a yearning and a desire of the people of these areas, Arima and Point Fortin and south-west Trinidad, for facilities that for decades they have been denied. Then we come—because I moved away from A and I went to B, but I had to deal with that in the context of the ads. And then we have the Couva Children's hospital, a 230-bed facility, 80 bed towers for children and 150-bed towers for adults. Also included are the diagnostic and treatment building and the multi-training facility. This Couva Children's hospital is a state-of-the-art facility. It will be the first digital hospital in this part of the hemisphere—that is yesterday too—and it will allow an environment in which you can have access to the records of patients with the touch of a computer button.

And I saw in yesterday's *Guardian* also, March 24, A49: "Request for Expressions of Interest for the Design-Build Digitalization of Hospital Facilities".

So it means across the board in this country you are going to go into a paperless environment and you are going to have records available of the patient; that would be at the click of a button, across the board. This is First World thinking, First World expression of where we want to take health care. [*Desk thumping*]

The Couva District Health Facility—so we have the children's hospital in Couva and we have the Couva District Health Facility, a dedicated diagnostic medical imaging centre and so on; estimated completion date, September 2015. The Carenage Health Centre, the new health centre includes: for x-ray room procedure, nurse screening room, point of care and dental clinic and pharmacy and HIV testing, waiting area, multipurpose area, medical records, support services and staff facilities; estimated completion date, September 2015.

The Eric Williams Medical Sciences Complex Mount Hope Women's Hospital, estimated time for completion, July 2015. The National Oncology Centre, estimated completion time, October 2015, construction and outfitting of a state-of-the-art three storey ambulatory cancer care facility, services include: diagnostic imaging and radiation therapy, radiation therapy services using linear accelerator technology plus robotic radio surgery, full chemotherapy, PET/CT, MRI/CT-simulation treatment planning and so on. First-class facility, completion date as I indicated, October 2015.

The Penal Hospital and Rehabilitation Centre, 150-bed facility, estimated start-up date, in early 2015; Palo Seco Health Centre, a range of primary health care services, completion date, mid-2015; the Point Fortin hospital which I indicated, I spoke about already; the Sangre Grande Hospital, expected to commence in December 2014 for a period of two years; the Sangre Grande EHC, estimated completion date, September 2015; the Mayaro District Health Facility renovation, construction to begin in early January 2015; the MRI and Cardiac Cath Lab for the new Scarborough Hospital—a question was asked on that as to whether there will be the necessary personnel. That has already been completed; the Toco Health Centre, a nine-month period of construction.

Madam President, this is what is happening in terms of infrastructure. This is infrastructure, and the point about digitalization, what will happen with the digitalization of hospitals? There will be:

- an electronic medical records system;
- an appointment system;
- a laboratory information system;
- a picture archive and communication system;
- a kids aid system; and
- a pharmacy inventory system.

So that all aspects of a hospital operation now, such as medical appointments, administrative and financial, will be on the digital—we will no longer have a digital divide. So, you will be able to access your electronic health records at any hospital facility. It will allow for remote diagnosis using telemedicine, standardized management, improved access, and will allow for quality control of diagnostic services.

So, Madam President, what is happening is unprecedented; unprecedented in the history of the health sector in this country. [*Desk thumping*] It is confronting the areas that require—you have both in the local communities and you have also within the regional communities, and all placed under the ambit of the RHAs. And how did this administration deal with the regulatory and legislative aspect of what is required? The Children's Life Fund of 2010. The Children's Life Fund which enabled the functioning of a voluntary fund with contributions from both the public and private sectors. The funds contributed or allocated by Government is used to send children suffering from life-threatening diseases abroad for treatment.

Madam President, as of September 2014, 135 children benefited from this life saving fund [*Desk thumping*] and the value of the assistance is \$36.7 million. So, all of us here contribute 5 per cent of our salary on a monthly basis towards this fund. There are others who contribute also, but I know for a fact all members of the Government contribute 5 per cent and the Prime Minister 10 per cent to the Children's Life Fund. So that is the first legislative regulatory change.

The Regional Health Authorities (Amdt.) Bill, 2011. This legislative change allows for one regional health authority to procure goods and services on behalf of all the other regional health authorities, and it was passed in 2012. This measure was necessary to achieve economies of scale and the timely and cost-effective procurement of goods and services. And I will talk later on in my contribution about C40 and the procurement processes at Nipdec, and that my colleagues are looking at the whole question of that logistical chain in order to deal with the problems that take place at C40.

Thirdly, Madam President, the Emergency Ambulance Services and Emergency Medical Personnel Regulations, 2012: These regulations were passed in 2012 and the Ministry is now in a position to fully implement the Emergency Ambulance Services and Emergency Medical Personnel Act. These regulations will allow for the licensing process.

Madam President: Hon. Senators, the speaking time of the hon. Senator has expired.

Motion made: That the hon. Senator's speaking time be extended by 15 minutes. [*Sen. F. Al-Rawi*]

Question put and agreed to.

3.00 p.m.

Sen. The Hon. G. Singh: Thank you, Madam President, thank the hon. Senator, Sen. Faris Al-Rawi for my time extension, thank you all Senators. So it brings into being a licensing regime for service providers, for ambulance and it establishes the standard of care which must be provided to patients on board the ambulance.

Fourthly, Madam President, the Tobacco Control Regulations, 2013, packaging and labelling—so that what you have, you have now certain provisions of the Tobacco Control Act, 2009 with particular regard to packaging and labelling of tobacco products and licensing of tobacco manufacturers, distributors and wholesalers. So this regulation is now being implemented.

Fifthly, the Nurses and Midwives Registration (Amdt.) Act, 2014. So this included the creation of two new categories of nursing personnel, the advanced nurse practitioner and the nurse intern, and we had a lengthy debate in this honourable Senate, Madam President. This Act modernized an archaic Act and now places greater power in the hands of both nurses in respect to their training and disciplining of nursing personnel.

Then there is the Medical Board (Amendment to Schedule) Order, 2014. The list of medical schools was amended to include:

“The World Directory of Medical Schools (where the accreditation status is recognized by the Accreditation Council of Trinidad and Tobago);

Institutions accredited by the Educational Commission for

Foreign Medical Graduates.’”

This will allow for greater transparency in the registration process and more importantly for a greater number of medical professionals to be registered to practise in the country.

Similarly, Madam President, the Opticians (Registration) Act, Chap. 29:51—Opticians (Registration) (Amendment) Order, 2014. Consequent on this publication, opticians will now be able to administer drugs, pharmaceuticals, which were previously, only administered by ophthalmologist. This policy decision will benefit persons accessing care at the primary level. So you have a series of legislative measures and change of regulations.

We now deal with the human resource strategy. Madam President, because you see the Health Sector Reform Programme funded by the IDB and by the Government of Trinidad and Tobago for the period 1996 to, I think, 2008, the initial period was up to

2003 but it had to be extended because the soft side, the personnel side, the institutional change, there was significant resistance to that institutional change. And it is in that area a lot of attention has to be focused on if you are going to bring change in the health sector.

Madam President, the Ministry of Health under Dr. Fuad Khan, did a draft of a ten-year human resource programme for the Ministry of Health and indicated that there are certain things in that ten-year plan, and I would indicate, lest I forget, Madam President, that we are addressing issues in the health sector that has for years been left in abeyance. For example, in a recent note to Cabinet, the Minister of Health indicated that in January 2010 the Cabinet then approved 13,602 positions at the staff establishment of the respective RHAs.

However, several positions which were abolished to the RHAs and which persons have been employed were omitted from the listing. Thus, 3,551 positions had to be added to the approved structure. Madam President, so that the size—there has been a significant expansion of the staff establishment of the various RHAs due to the introduction of additional services and departments. Some of them are: Ophthalmology, Occupational Health and Safety, Disaster Management. And it is in this context, the RHAs in Trinidad have reviewed their organizational structures, and complements of personnel, and have submitted to the Ministry revised staff establishment.

This additional 5,352 positions will cost an additional \$415,814,000 on an annual basis once they are filled. And a committee has been established in order to guide the Minister as to how these additional 5,000 personnel will come into being, but the problem of human resource capacity which was pointed out by all the commissions of enquiry is being addressed in this organized fashion.

When you look—then there is the recruitment of foreign health care professionals. Now, I want to say that, and I want to come back to it, Madam President, because I looked with some interest at the removal of Dr. Mentor Melville in Tobago and I will come back to that. But in the context of the recruitment of foreign health care professionals, the Cabinet's approval was gained since 2011, 446 health care professionals have been recruited from the following countries: 228 Cuban nurses; 109 Cuban doctors; 17 Cuban pharmacists; 1 biomedical engineer; 35 Grenadian nurses; 74 St. Vincent and the Grenadines nurses and 19 nurses from St. Lucia in August 2014.

In addition, the Ministry of Health has entered into bilateral and multilateral agreements with the following:

- The United Nations Volunteers Programme. To date, 14 doctors were interviewed and selected.
- The United Kingdom, an MOU signed with the Government of the United Kingdom.
- Membership in the International Atomic Energy Agency which will provide key benefits in the context of training and quality assurance in the provision of cancer services.
- The People's Republic of China, an MOU signed on July 23, 2014 with the People's Republic of China for a medical team of 10 health care professionals to be assigned to Trinidad and Tobago.

And these 10 health care professionals were at the teaching hospital in San Fernando:

- 1 anaesthesiologist
- 1 operating room nurse
- 1 vascular surgeon
- 1 vascular ultrasound technician
- 1 interventional cardiologist
- 1 general surgeon
- 1 pneumonologist
- 1 neurologist
- 2 neurosurgeons

Madam President, in addition, we have an agreement with the donation and transplantation unit, Barcelona, Spain, which will allow a pilot project for the development of a deceased donor transplantation programme in Trinidad and Tobago. This pilot programme consists of the following:

- the establishment of two procurement managers at the Port of Spain General Hospital; and
- the training of two local surgeons in multiorgan retrieval both locally and in Barcelona, Spain.

We also entered into an MOU with Shriners Hospitals for Children, and would provide free medical care for Trinidad and Tobago nationals under the age of 18, with severe burns, who cannot afford to pay for medical coverage; access to medical care for those who have severe burns under the age of 18, and access to practical training for other Trinidad and Tobago nationals.

Agreements are currently under negotiation with the following prospective partners in the Ministry of Health:

- Uganda—recruitment of health-care workers;
- Nigeria—framework agreement for cooperation in public health;
- Cuba—recruitment and training of health-care workers;
- Colombia—framework agreement for cooperation in public health and training; and
- Philippines—framework agreement for cooperation in public health.

Madam President, you understand what is happening? We are utilizing the best services available to us in order to apply them to the health sector in this country. And then we deal with the whole question of institutional strengthening through the RHA system by the accreditation of health care institution.

Madam President, we did a National Eye Survey of Trinidad and Tobago, a project, and the situation or analysis has indicated that 5,196 out of 9,752 who decided to participate in this survey had been screened and referred for further treatment. National diabetic retinopathy screening, assessment and treatment service, so that you have an—because of the level of the diabetes in the population, 169,000 persons have urgent sight-threatening lesions with a projected figure of 22,000 by 2030. If unabated, it will result in an unacceptable number of persons with diabetes, with compromised vision or blindness. So therefore they are addressing that issue. HPV is also being addressed and there is a public voluntary programme.

Madam President, we also have new services at the Port of Spain General Hospital. We have new timelines for the extension of services available in the various health centres. And we have, for example, Madam President, at the Port of Spain General Hospital, there is in-house cardiac surgery; echocardiogram service; the first liver resection surgery performed in Trinidad; fifth cadaver organ donor transplant performed at Port of Spain General Hospital. St. James Medical Complex: landmark surgery for breast reconstruction.

The whole question of dialysis, and I have the data, the data in which we did significant expansion of the dialysis availability for patients in Trinidad and Tobago. And I will just give you the bottom line figure, Madam President. As of March 11, 2015, 1,898 persons benefited from cardiac procedures, eye procedures, medical aid and other procedures, prosthesis. So prosthesis, 146; dialysis, continuous new cases, 99; dialysis prepaid new cases, 139; cardiac procedures, 1,116; eye procedures, 101; medical aid other, 297; together 1,898 persons.

Madam President, so throughout this period you have persons benefiting and you have the cost associated with that, \$26,670,040. And then there is the expansion of the time period where health centres; health centres never used to open on weekends. Now they open on Saturdays 8.00 to 4.00. They open on Sundays, weekends and holidays, all throughout the system. So therefore you have a different kind of approach being taken. So whilst we recognize the fundamental flaw, by virtue of the leadership of the Minister of Health he has been able to work around the system, address the issues and confront the infrastructure, confront the legislative requirement and confront the operational necessity. And it is ongoing.

We have an inter-ministerial team that is addressing the issue of customer care. There are over, about 600 young people trained in customer service at all the RHAs, available to take the people, help to guide them through the process. So in addition to expanding the time at the health centres and in the RHAs and at the hospitals, you have young people internalized and, in addition to the voluntaries, helping people.

You have also, Madam President, we are dealing with the health card, the National Health Card will come into being. It is expected by June of this year. We are dealing with the C40 and the logistical chain. So, Madam President, what is happening, it is under this People's Partnership administration you have an unprecedented level of health care available in this country, notwithstanding the constraint posed by the genetic floor in the Regional Health Authorities. Madam President, I thank you. [*Desk thumping*]

3.15 p.m.

Madam President: Sen. Roach. [*Desk thumping*]

Sen. H. R. Ian Roach: Madam President, I thank you for the opportunity to contribute to this timely and necessary Motion on the Regional Health Authority system in the delivery of health care in Trinidad and Tobago.

Madam President, it would be remiss of me not to take this opportunity to congratulate you on your elevation to the Chair of Senate President, and I wish you a successful and productive stewardship as you preside over the business of this honourable Senate for the remainder of its term. Due regard and appreciation must be extended to the immediate former hon. President of the Senate, Mr. Timothy Hamel-Smith, for his noteworthy contributions as presiding officer of the Senate, for his astute interventions and for his seldom-questioned impartiality over the many impassioned debates of this honourable House.

His sudden departure as a Senator and President goes to remind us all that as Senators, we are all tenants at will, subject to the discretion of those who have appointed us in their own wisdom. Our term here is not as elected Members of the people and, therefore, does not carry any security of tenure, not even for the parliamentary term of five years. I say this simply to openly remind myself, and all of us in positions of high office, that just as life is tenuous and transitory, so is the nature of the positions we are temporarily entrusted to occupy. Having said that, I trust that you will make a meaningful contribution to the conduct of the business of the Senate, with the usual full support and confidence of all my colleagues.

Out of all the Senators who have contributed so far, no one has signalled an intention to not support the proposed Motion of this Senate, for the Government to take immediate steps to conduct a comprehensive review of the RHA system in the delivery of health care in Trinidad and Tobago. If my take on this Motion holds true, it clearly demonstrates that the delivery of such health care is no monkey business, no political football, no partial interest of any special interest group or any individual. It must be considered and dealt with resolutely, as it is being debated in this Chamber, in the best interest of the people of Trinidad and Tobago.

[SEN. DR. ROLPH BALGOBIN *in the Chair*]

There can be no compromise when it comes to the delivery of health care in Trinidad and Tobago, be it through the RHAs per se, or in the private sector, for at the end of the day the results of a poor or compromised health care delivery system can be devastating and catastrophic for the citizens of our beloved nation. How many times have we read, or heard of a family left stricken with grief following the receipt of some inadequate or substandard health care from a service provider in a public or private sector? I say this without fear of contradiction and I am sure with the majority, if not full, support of fellow citizens/customers of our public and private health institutions.

Mr. Presiding Officer, you may have already noted that I am constantly making reference, not by accident, to both public and private health care providers in Trinidad and Tobago, not just the RHAs that the Motion is concerned on. This, I am doing because there is a direct and inescapable link between health care provided by the RHAs and that provided by the private sector. You see, because of the existing and noticeable lack of confidence in delivery of good health care, many citizens find themselves forced to turn to the private sector in the hope of a more efficient and reliable quality of health care. But that is like, at times, jumping from the frying pan into the fire, at great expense.

I say this from my own personal and most regrettable experience, having chosen to avoid going to a public health care facility, noted for long delays, whether emergency or not, lack of proper or available medical supplies and equipment, critical shortages of staff at all levels, I opted to seek health care assistance, on an emergency basis, from a private medical institution, with disastrous results—my sitting in a wheelchair before you and not standing on my legs, as I would have preferred, in making my contribution on this very significant Motion.

I chose to pay close attention to this symbiotic relationship between the RHAs and the private medical institutions since the Government has taken the decision to supplement the shortages of medical services in the public health sector run by the RHAs with that available in the private sector. The Government is in an unenviable position in having to do so to address some chronic shortages existing in the public health care system. The danger that exists, however, out of this relationship of convenience between the RHAs and the private sector, is the lack of quality control over the health care services provided in the private sector.

After all, there are millions, if not billions, of taxpayers' dollars being paid to these thriving, private medical businesses. I hate to say it, but sickness in Trinidad and Tobago is big business and very profitable for the medical service providers. If one was getting a high quality, efficient and reliable health care service from the RHAs, there would be little or no need for the Government to be spending taxpayers' money on these private institutions that are not necessarily of a superior and reliable vintage. This is what gives rise to the statement in the very Motion at hand, and I quote:

“Whereas in spite of significant increases in annual expenditure in the health sector, there still remains numerous problems with delivery of health care;”

As a national issue, the provision of health care is as topical and worrying for citizens as is the issue of crime and demands our urgent and collective attention in being creative and committed to finding reliable solutions to improve the delivery of public health care.

Perhaps the starting point is a critical and objective review and analysis of the current RHAs' policies and operations. The current policies and management of the RHAs have been in operation for the past 21 years, since its inception in 1994. Can those driving the RHA operations over the past 21 years clearly identify what in the delivery of health care has changed for the better and what now remains to be achieved? I must ask the Government:

- What are the future policies of the Government for the RHAs, in particular, and for health care in Trinidad and Tobago in moving forward?

—some of which, I believe, would have been answered by the hon. Sen. Ganga Singh which, to a large extent, was refreshing in terms of the infrastructural aspect of it.

- What can the public expect from the Government to be new or different and better as to justify the continued large expenditure on the public health care system?

From my research conducted on the Ministry of Health and the RHAs, what immediately becomes apparent is that pre the establishment of the RHAs in 1994 and continuing to date is the chronic shortage of trained medical staff at all levels, again, which was hinted to by Minister Ganga Singh. The reasons advanced go from poor salaries and lack of equipment to deplorable working conditions and frustration with the system of management, in combat with more attractive opportunities abroad.

We all know and accept that proper management of any business provides the impetus for the success or failure of the venture. Plain and simple, from all accounts given, the issue of financing the public health sector is not a real problem as such, but it is the way the funding allocated to the Ministry of Health is managed, or mismanaged for that matter, that remains a major cause for concern that has not been rectified by any government thus far.

An objective examination of the five RHAs reveal that health facilities managed differ in size, numbers, geography of coverage and the assets and resources allocated among them. This reality poses certain identifiable challenges in each case which impacts upon the successful delivery of consistent quality health care to its customers.

Some of the identified challenges unearthed are the lack of highly-trained hospital managers to act as CEOs and COOs specifically trained in hospital management. These special skill sets remain scarce and apparently difficult to attract. Hospital administrator is another skill that needs to be sourced and secured. There seems to be a somewhat skewed focus on the training and recruitment of both doctors and nurses for the health sector, and this emphasis has reaped some measure of success. But the reality is, unless focus is also brought to bear on attracting and training the number of other auxiliary health competencies, such as pharmacists, lab technicians, MRI and CT scan technicians and the requisite skilled technical personnel and engineers capable of maintaining the several machines and equipment acquired by the RHAs, the delivery of efficient, quality health care will remain elusive to any government of the day.

Given the differences in the size of the RHAs and the number of facilities managed and the expanse of land areas and communities dealt with, the current arrangement in terms of allocation of assets, finances and staff calls for immediate and constant reassessment by the Ministry of Health in collaboration with the RHAs so as to redress this problem. An RHA like the Southwest Regional Health Authority has 37 health facilities to manage and it covers the whole of the southern peninsula with only one major general hospital, which is in San Fernando. This cannot be conducive to the delivery of quality health care for that very large expanse of communities. RHAs like the Northwest Regional Health Authority have a higher density of population over a smaller area of centralization and may require a different allocation package to provide for the communities served. In other words, the requirements of each RHA have to be specifically tailored to meet the particular needs and dynamics of that individual community served.

Adequate accommodation and enhanced remuneration packages should be considered for attracting competent medical and support staff to work in rural areas. Modern hospitals and health facilities, as mentioned by Sen. Ganga Singh, again, without adequate staff, just does not make any sense at all. The RHAs have to be well informed of the specific needs of their areas of responsibility in order to deploy the necessary resources.

Finally, Mr. Presiding Officer, there seems to exist a nagging problem between the remit of the various RHA boards of directors and the remit of the RHAs' executive management. According to the RHA Act of 1994, the board is responsible for making policy while the executive management is responsible for executing policy and managing the number of health facilities under their control. Too often it appears that the RHAs' board get involved in the management of the health facilities and create conflict and turbulence between them and the executive management. Again, unless these problems are resolved and curtailed, effective management of the RHAs will continue to be undermined and will compromise the efficient delivery of quality health care that is required and demanded by the people of Trinidad and Tobago.

In closing, I wish to thank my colleague, the hon. Dr. Victor Wheeler, for moving this Motion on our public health care system and I fully endorse the resolution that the Senate call on the Government to take immediate steps to conduct a comprehensive review of the RHA system in the delivery of health care in Trinidad and Tobago.

I thank you. [*Desk thumping*]

Mr. Presiding Officer: Sen. Elton Prescott SC. [*Desk thumping*]

Sen. Elton Prescott SC: Thank you very much, Mr. Presiding Officer, and colleagues. I appreciate the opportunity to join in this debate sponsored by my colleague, Sen. Dr. Victor Wheeler—[*Interruption*] I understand “sponsored” may be a vulgar term?

Sen. G. Singh: No, no, no. We understand.

Sen. E. Prescott SC: I am very pleased—the genesis of which appears to be the move to decentralize the health sector some years ago and, hopefully, to remove some of the inefficiencies that bedevilled what existed previously, so that in 1994 and onwards, we have had the Regional Health Authorities in place.

3.30 p.m.

The Motion laments that in spite of significant increases in annual expenditure in the health sector, there still remain numerous problems with the delivery of health care. And so, it calls on Government, or it seeks to resolve that we call on Government to take immediate steps to conduct yet another comprehensive review of the Regional Health Authority system in the delivery of health care in Trinidad and Tobago.

My prime concern, however, does not address those questions of what moneys are available or how do governments deal with health care, but more with a concern that I have arising out of my groundings in rural Trinidad and Tobago. It seems to me—and I do not need to remind the Senate what is my connect with rural Trinidad and Tobago—that we may well for the moment begin to think of another kind of RHA, rural health assistance, and this is primarily because notwithstanding all the advancements we have made, there appears to be a significant ignoring of what is transpiring outside of the boundaries of Sangre Grande in the northeast and Chaguaramas. I do not know what transpires below the level of the north coast, but I can speak to the north coast and I propose to do so.

Now we have heard that arising out of the Gafoor Report in 2007, steps were taken by way of a technical committee and a working committee to look at the business of health care, and certain issues were brought to the fore. Issues of procurement, patient advocacy, we are told, and the accreditation of health service facilities to mention a few, and maybe I better introduce no fault compensation because I propose to speak to compensation even though briefly. But all of this seemed to have bypassed or overlooked the rural communities, those along the north coast leading all the way up to Matelot.

I thought I might start by saying let us look at what statutory provisions we have for the treatment of health care in this country, and you will note, Mr. Presiding Officer, that the Regional Health Authorities Act, if I may just briefly refer to it, does provide that Regional Health Authorities have power—in section 6 that is. The Act is Chap. 29:05:

- “(a) to provide efficient systems for the delivery of health care;
- (b) to collaborate with the University of the West Indies and any other recognised training institution, in the education and training of persons and in research in medicine, nursing, dentistry, pharmacy and bio-medical and health-science fields, veterinary medicine as well as any related ancillary and supportive fields;
- (e) to facilitate new systems of health care;
- (f) to provide the use of health care facilities for service, teaching and research;”

I took the time to read section 6 because it is clear that the framers of the legislation then had in mind a number of disciplines inclusive of pharmacy, dental, nursing and even veterinary medicine. I am proposing for the purpose of those who will execute after this resolution has been passed—I am supportive of it by the way—that the following ought to be taken into account: firstly, is the field of pharmacy. I am not the only person who has noticed, but there are plenty places of commerce in this country, large numbers, which have on their shelves what might ordinarily be regarded as medication.

Now I know that the Pharmacy Board Act allows for shops, I think they call them, to sell some kinds of drugs and they are scheduled in the Act, but I am not satisfied that we have been diligent, or vigilant if you like, to ensure that there is some supervision of these shops that appear all over the place. Let me see if I could find the word that the Act uses to describe these people. “Shopkeepers”, yes. You could get a shopkeeper licence—anybody; even those who sell fried chicken, I suppose—to sell things like paracetamol—some old names appear—Sanatogen tablets, Milk of Magnesia, Tiger Balm—did not know we still have it—Canadian Healing Oil and that kind of thing, Mercurochrome and so.

So that, presumably in the days when this had become law, one must have seen the need to provide for the citizenry wherever they may be—this was 1961—so that one did not have to go and find a drug store as they were called immediately prior to that date to get what you wanted. But over the years we have

been hearing from time to time that pharmacology, or just in case I am wrong, the distribution of medication by persons who are not pharmacists—I think that is the better way to go. The distribution of medication by persons who are not pharmacists has not been measured and/or monitored in a way that allows us to feel sure that what we get from the shopkeeper is either good, or has not expired, or is about to.

Now, I do not know about you, Mr. Presiding Officer, but I am still among those persons who only check the expiry dates when he gets home. Some people will do it religiously. First thing they look at is maybe the contents and then they say, oh, when this is going to expire. But I will only know aspirin has expired when I get a fever or the need for an aspirin or something, and then I cannot go back to the shopkeeper and say well you sold me expired or near maturity medication. If I were a shopkeeper I will say to you, well, prove that, and I cannot because I kept the thing on my shelf.

I am therefore suggesting that as part of the execution of whatever comes out of this resolution that we focus on increased rigidity in the supervision of those who sell over-the-counter drugs as they are called now, and I am not excluding the pharmacists themselves because ever so often you hear news about the Pharmacy Board and it is never good news. There appears to be some underlying inability to get along among them, and as a customer I am observing that if you go to a pharmacy—and I am sure you cannot profile what a pharmacist should look like, but I see many people who do not fit my view of what a pharmacist should look like and it may well be because the Act is so soft on what ought to apply.

Just permit me to find the relevant provision, please. The Act actually says there must be a pharmacist on board—let me use the language of the Act. Section 26 of the Pharmacy Board Act, 29:52:

“(1) Notwithstanding anything in this Act no person shall keep, or permit to be kept, or managed any pharmacy unless it is under the immediate supervision and control of a responsible pharmacist...”

Now, I read immediate there, as not a reference to geography or the location of the pharmacist. He may be at home or in his other business place, but he can certainly say this is being done under my immediate supervision. I am only a phone call away.

I doubt in 1961 when this became law that we had such familiarity with mobile phones—and I doubt they were here yet—that one could say, I am in immediate contact with the pharmacy of which I am proprietor, or in respect of which I am the responsible pharmacist. So it says it must be “under the immediate supervision and control of that responsible pharmacist”. “Responsible pharmacist” by the way has a statutory definition. It goes this way. It means:

“a pharmacist registered as such in accordance with this Act who has either practised or been employed as such for a continuous period of one year after registration;”

The focus is not on reasonable, having charge of, taking responsibility for. The focus is on how long does this fellow or lady become registered and how long has that person practised for.

So that my angst is that there are among us pharmacies which do not appear at any given time to be under the immediate supervision and control of a responsible pharmacist. I may well be accused of profiling, but I think when I walk in I am empowered to say that the person behind that counter does not quite look like a pharmacist. It might be a clerk. Indeed I went to a pharmacy recently where I am sure the cashier went and got the goods for me, and I was not prepared to think that the cashier was also the pharmacist. The responsible pharmacist might have been in the back carrying out his or her immediate supervision, but heaven knows how far away the back was from where I was.

So I hope I have put it as graphically as I can. We do have to in the course of our reviewing the Regional Health Authorities system and the delivery of health care to include amongst our considerations, the control that one has over those who operate pharmacies. Needless to say—and I might as well use the mantra—there are places beyond Sangre Grande which do not have pharmacies. They have shopkeepers and parlour keepers, and people who can get you drugs if you wish, and I do not mean illicit drugs. I mean things that people need to get immediate relief or temporary relief before they get down to Sangre Grande hospital.

There are over-the-counter drugs regulations and I suppose they ought to be looked at, and I recommend that also. And if I may, today there is a proliferation of advertisements from individuals and organizations who claim to be able to provide health care in all dimensions: universal health care from herbalists to people who describe themselves as doctors. They treating womb, they treating eyes—[*Interruption*]

Sen. Al-Rawi: Ebola.

Sen. E. Prescott SC: I did not even know that. Our people are looking at TV and say, “Well okay, that is it.” What does the advertisement say? Stamina! You ought to feel when you finish with that fellow, that this is the place to go. It is all over. So you do not have to go looking for a pharmacy when you could step in to the herbalist. I do not think he describes himself as an herbalist and I do not want to be seen to be addressing one person. There are other groups.

There was a controversial dispute in the newspaper some time ago between a foreign body and a local body. It was a collaboration between a religious person and a distributor of something. Only days ago I saw a man who looked like the man who was selling colon treatment some years ago, some long hair and thing, talking about this super care or something that could cure almost everything, and it had cured it for him. In other words, he was about to die and somebody told him about—I am calling the drug name wrong, but I feel it is super care.

Hon. Member: False advertising.

Sen. E. Prescott SC: Well if it were only false advertising, I am sure we have systems to deal with that. But there are people in this country who, having seen it on TV, it becomes the fact, and the fact is that there are people out there who are saying come to me and I could resolve everything for you.

And I suspect that if we do the comprehensive review for which Sen. Dr. Wheeler has called, we would wish to include some eye being cast upon those persons out there who are properly conducting their business but improperly allowing us to think that they know what they are doing. I move forward.

3.45 p.m.

When I was a boy, some years ago, I lived in Toco. [*Crosstalk*] I beg your pardon? I lived in Toco and we used to have a mobile dental service. I have a vivid memory of being kept home one day from school, and the next thing I knew I was running up Toco Main Road with my aunt some distance behind me, and when she ran out of breath, I did not have to go to the dentist anymore. To my eternal regret, I should have been a little less fearful of the noble profession and those who practise it.

But, in those days, we all knew that there were quacks. A quack, for those who are yet uninitiated, is a person who practices the profession but has not obtained any certification to do so. Probably trained and experienced at the shop or next door to the dentist and probably capable of doing a good job, but nonetheless, where dental work is concerned, we have seen the effects of some of them on some people. And without saying anymore, one of my best friends, a man I like quite a lot and I actually go to the dentist now without fear because he really knows what he is doing. There are people out there who need to be looked at again, and looked at rigorously and vigilantly because it is part of our—if we are going to have a healthy society, let me put it this way, those practitioners in that profession, be they qualified or not, need to be looked at, at all times. I am not talking about people going away and qualifying in some university abroad, they can be trained here, but you need to be practising, you need to be regrouping every so often, refreshing yourself, so that you continue to offer the best service.

The dental profession, those who practise, are allowed to recommend—I am sure that is not the word—prescribe medication and that sort of thing and one has to be cautious. Not every antibiotic is good for that and not everybody who has received an antibiotic, a prescription for one, is told how he or should treat with it.

[MADAM PRESIDENT *in the Chair*]

So that in reviewing the health system—thank you, Mr. Presiding Officer—we need to look at how we treat with our dental practitioners of all ilk.

Recently, if I may shift focus, we passed in this Senate, a Bill, I think, it was called the nursing personnel Bill, yes, and one of its main thrust was to introduce two new categories of nurses in Trinidad: the advanced practice nurse and the nurse intern. I felt—and I am subject to correction—that we were ridding ourselves of the pinkies of long ago who would assist nurses in a certain way. But, assuming for the moment that I am wrong, I am not going in that direction, we introduced the advanced practice nurses and the nurse interns because, if I remember correctly, the Minister who was here was saying that there are people who come into the society who have been trained in some aspect of nursing and because we are experiencing great difficulty in graduating local nurses, that is to say they are unable to achieve the highest standard of qualification that we require, we must allow these persons to come into the system, allow for them to get into the practice even while they await some kind of certification from the authorities. That is my recollection of how we had done it.

It was passed in this Senate, I recall unanimously, so that we were satisfied at the end of the day that it is a useful piece of legislation, no doubt more because of the advocacy of the Minister than anything else. But the opportunity is arising once again. This Motion calls upon us to do a comprehensive review of the delivery of health care in Trinidad and Tobago so that I, myself, am joining in and saying, look again at the nursing profession. Tell me whether we are satisfied that we cannot educate and graduate more nurses who come from within the society. It seems to me that we can. It seems to me that we probably only need to look at what level of health care one needs to give.

I imagine that somebody in Toco might be happy to have a quasi-nurse intern or somebody who has had some access to training to attend to him or her while they await the arrival of the ambulance and I will deal with the ambulance shortly. Do we have to put our heads in the air so often? Can we not arrive at a system that allows for a lesser standard of care, temporary care in the interim, so to speak, interim delivery to allow for persons to be relieved of their suffering, if only temporarily, while they get from Matelot to Sangre Grande, which is probably about three hours if you are driving within the law, and of course, if there are no roadblocks.

The Minister also, may I just remind you, brought before the Senate a Bill to amend—I think it might have been the RHA Act—to allow for procurement to be done differently, procurement of medications, et cetera. That is where I had heard about C40 for the first time. It seems as though he wished to centralize the acquisition of goods and services for the RHAs. I did not favour the move at all. I do not recall now how we finalized our position but we do need to look again at that.

I never felt that it was satisfactory. I know that the Standing Orders do not permit me to go back on legislation so I am talking about the future. We need not feel that we must centralize the procurement of necessary medication if only because it is always good to have a plan B to allow for ready relief for some persons. And so, I am urging that in the course of our review, we look again on how we contract for goods and services and, in particular, to decentralize, if we can, that area.

One of my beefs at the time was that the Minister was acquiring or rather accruing onto himself two great powers in relation to the RHAs but I would not go there again on this occasion. That Minister, however, only recently I am told, told the media that he is thinking that he will resist all medical negligence actions that come before him. In other words, we will go to court, lawyers will get money again. And granted that that is the style of the Minister to face these issues head-on and granted that there are medical negligence actions popping up here, there and everywhere which, when looked at in the cold light of day, are not worth the paper they are printed on. But I would recommend for the consideration of whomsoever the authority might be that might spearhead this review that we propose, that it consider a fund being established to treat with compensation where that would appear to be necessary to a disciplined objective expert when claims are made. It cannot be that every medical negligence action will end up in court.

Sen. G. Singh: I am paying attention and I want to thank the hon. Member for giving way. And I indicated to him that I am paying attention because immediately it came to mind, is there an existing one that we can look at, a system that will allow for that fund to exist and that therefore you have an independent objective person saying, well, okay, you are an impoverished person, you ought not to be extending money to pay attorneys in order to get what is really your right? And if there is any precedent, I would be grateful.

Sen. E. Prescott SC: Thank you very much, Minister. I am unaware of one. I know that—I have read where in England there are compensatory schemes that allow for some protection and then there are insurance schemes of course, but it is not insurance I am talking about—*[Interruption]*

Sen. G. Singh: I know, I know.

Sen. E. Prescott SC: You seem to have grasped it. So that we can invent that. It suits Trinidad and Tobago, not a biggie. It is like—what you call it? The Children's Life Fund and thing, we could set up a medical negligence fund and treat with small things. You do not have to reinvent it.

But I wanted to make it clear that the Minister, to whom I am referring, has a style that is refreshing, and in saying what he did, I can understand the thinking behind it, because he is saying not every claim of—not every allegation of negligence can be supported. There are cases, however, of which we are all aware, that the only reason why it cannot be supported or rather—let me give two. One of them is the client is probably too impoverished to go after the medical records, or two, the discipline, the profession has closed ranks, it has closed ranks. So I go forward.

In his delivery earlier, the Leader of Government Business, I stepped in in time to hear him speak knowingly of First World thinking that was about to accompany the efforts of the Government in health care and there was going to a digital health facility—I think that was the word used—or a digital hospital and I immediately made this note: do we really need that at the expense of service to the rural communities? Do rural communities really benefit from First World thinking all the time? I am wary that it may not be so and, in my usual style, all I am saying is give consideration to something that is a little less than First World for the rural communities. They are already accustomed to second or third or fourth, give them second, because there are things—let me point them out.

Emergency responses: I have reason to recall that not too long ago, Global Medical Response was renting in Toco, a place, so that you can get an ambulance out early, people were spending 24 hours in the location so that they can—they have gone. And so emergency ambulance services are not available and an emergency response between Toco and Matelot is nothing less than an hour if you are going by road. It is more than that if you are going by sea and we do not have any other capacity to get mobile. If you are leaving from Matelot to even get to Toco, give yourself an hour, use a Land Rover because you cannot, using a saloon car, make that. The roads are, at the very least, unreliable and very often in a deplorable condition.

So that we need to consider in the review that, perhaps, a small responsive mobile unit can be placed in three, four of the villages along the way: Matelot, one in Grande Riviere, one in Sans Souci, that kind of thing and it can take you to a certain point where you can get pre-digital health facility treatment. Yes? Primary treatment centres are what I am thinking about. You know, it would not surprise anybody that in these gardening/agricultural communities that poisons are likely to be quite prevalent.

Sen. Al-Rawi: We saw a young lady had died the other day with poison in the watermelon.

Sen. E. Prescott SC: There you are. Poison in a watermelon?

Sen. Al-Rawi: Yeah, the young lady, 14 years old.

Sen. G. Singh: Nah, nah, nah, it was not poison. She choked.

Sen. E. Prescott SC: Okay, but I was thinking—pardon me, I know my friend meant to encourage me. But I was speaking more in terms of snake bite, centipede, these things happen even in the open. When I was small, we used to have to knock the shoes before you put it on.

4.00 p.m.

I still do it because the scorpion does not announce its presence without a bite and I understand you have to suck it out and that is not always readily available. So, poisons are part of what we live.

Near drownings are a fact of life and it probably does not suit any of us to have to wait to get from Toco to Sangre Grande before we can be attended to when we “nearly drown”.

Sen. Ramnarine: Sangre Hospital is a very good hospital.

Sen. E. Prescott SC: Now, Sangre Grande Hospital has achieved a reputation beyond my wildest imaginations as a child but it is still far from Toco. It is still 40-something kilometres away from Toco.

Sen. Ramnarine: The best run hospital in Trinidad.

Sen. E. Prescott SC: And that is my colleague from a rural area boasting about Sangre Grande Hospital in the same vein that I am doing but I am saying it is no closer to Toco than it was when I was a child. People go up there for diving, for surfing, et cetera. If you get the Bends in Toco “yuh dead!”; well you might.

Digital health facilities and First World thinking do not appear to embrace the thinking that I am presenting, one that says that we deliver to the communities in the rural areas, some form of treatment that fills the gap, addresses the urgency of the situation before we arrive at the digital health facility or Sangre Grande Hospital.

When I—I am going to stop saying when I was a child. Many years ago—
[*Interruption*]

Hon. Senator: That was a long time ago.

Sen. E. Prescott SC: Yeah, I do not want to call the number—midwifery was practised in the community. I doubt the person who delivered the child had formal training. I am quite satisfied that no modern society should continue to permit the neighbour to come and do it, although I am a manifestation of the fact that some do survive.

We need to take into account that antenatal care, if it is not available in the rural communities, is not going to be accessed—at least not with the regularity that one would recommend in a modern society—and postnatal care probably resides only in the hand of the district medical nurses—the district nurses, I think they called them—who simply do not get up to those areas as often as they could or should or would like to.

So here too is an occasion for us to say, in reviewing the health service delivery, why not establish small, mobile or well-presented units, pods if you like, in some of these communities where all or most of what I had referred to can be accessed? I am almost certain I heard the Minister say that Toco will have a health centre in nine months, or it will take nine months to deliver it. But he did not say which nine. Did I misunderstand?

Sen. G. Singh: “Nah, nah, nah.”

Sen. E. Prescott SC: It has begun already; I look forward to it. If it has not yet begun, then please select the first available nine months.

Sen. G. Singh: Nine months construction.

Sen. E. Prescott SC: Construction, yes. And then, unlike Tobago, we will make every effort to ensure that what was promised is delivered and is put into service. Those from Tobago will know what I am talking about.

May I just deal with one more? Optical. I cannot recall if optical was included in the RHA Act but I am sure it is a health issue just like any other and so I would address it.

Some years ago, I invited a friend up to Toco, she is a practitioner, to do some vision testing. It was well received and she was making the point to me that there are so many children who attend school, who cannot see, what used to be called the blackboard. I imagine they cannot see the laptop either. What it means is, not only are they debilitated by being from a rural community and bound to fail SEA, or come close to it, but their capacity to receive tuition is reduced considerably by their inability to see or to see properly.

The parent, any parent, not only rural parents, may not detect early that there is a difficulty in seeing. Toco does not have, unless some magnanimous person determines that it should be allowed from time to time, regular vision testing.

Sen. G. Singh: I had not intended to interrupt you, but just to correct the record. The Ministry of Education has a programme in all the primary and secondary schools, in which they do the vision testing and there are corrective measures put in place by the Ministry of Education.

Sen. E. Prescott SC: I am very pleased to know that. Thank you very much, because I was about to say I was told by that lady that the impact of that on the children who are going into secondary school is—as you know, we have universal secondary school, so they all go up into those schools but they are starting with their hands tied behind their backs.

Sen. G. Singh: For that and for ADD.

Sen. E. Prescott SC: ADD, yes I know about that. So, thank you very much, Minister. I am pleased to hear that the Ministry of Education is doing it and, therefore, I will only make one further suggestion. It is not unheard of and there is nothing wrong with using pre-owned glasses.

Some people have the capacity, in a year, to change their glasses because it is looking out of style or because there is a new one on the market with a new frame, but there are children in our society who would benefit from having access to that pre-owned glasses. And so maybe a small programme that tells people do not just throw it in the back of your car, or in the bin. Deliver it like plastic bottles to, what you call it, “opti keep”.

Sen. G. Singh: “Plastikeep”?

Sen. E. Prescott SC: No, I am talking about “opti keep”, not “plastikeep”.

Sen. G. Singh: Oh, you are promoting “opti”? Very good idea.

Sen. E. Prescott SC: Thank you very much. So that, some child, somewhere in some country district will find that what he thought was a grey area in the class is entirely because of his or her poor vision and it is not the teaching skill that is lacking.

Madam President, I very supportive of this Motion being passed in this Senate and I would invite all my colleagues to give their support to it.

I am mindful of the fact that governments do change. But whomsoever, once this has passed, should embark upon the delivery of the comprehensive review of the Regional Health Authority, I trust that those suggestions that I have put forward will come to their attention and be given serious consideration. Thank you very much.
[Desk thumping]

Sen. Avinash Singh: Thank you, Madam President, for this opportunity to contribute on this Motion today.

Let me begin by saying that the objective of the State is really enshrined in our Constitution and simply it directly implicates this Motion here today.

Part I, 4(a):

“the right of the individual to life, liberty, security of the person and enjoyment of property...”

and so on. It was also implicated in (d) of the Constitution:

“the right of the individual to equality of treatment from any public authority in the exercise of any functions;”

Madam President, what we would have had prior to the RHA system and structure is directly in the recitals and it is in the Motion as indicated, but there was a centralized approach to the management of the public health sector. But over time, we would have seen some challenges and issues that are related to that structure of health care and there was a need to change. And why was that need so imminent and related to, you know, in terms of delivering the health care to its citizens?

We could go on and list many of the issues and problems that health care would have faced. In fact, we know prior to the RHA the system was, and it would have tended to be bureaucratic in some instances; the systems were slow. Some may say it was unresponsive. In fact, decisions were really made away from the decision-making process. So there was a lack of coordination and communication, an unsynchronized approach to health care, prior to this.

Some may also could indicate that there was a long waiting time for the accident and emergency departments, a long waiting time for those awaiting surgery, a long waiting time for clinical treatments or even medical appointments and also no medication was an issue then.

The unavailability of machines and equipment would have also led to intervention and purchasing of these machines and equipment, but in most cases these machines and equipment would have lacked the periodic checks and servicing. So some of these machines and equipment today are out of date. They are simply not in operation and they cannot be used. I am sure many of these health facilities would have a log of these types of machines that are there just occupying space and not serving any purpose.

Madam President, in 1994, this centralized approach was replaced with a comprehensive health sector and we know it as the RHA or the administrative decentralization of the health sector. At that point in time, it was the best system to meet the needs of the population. But, however, we understand that there were many issues with effectively implementing that system.

As the Motion indicates, in spite of significant increases in annual expenditure in the health sector, there still remains numerous problems with the delivery of health care.

Madam President, prior to the RHA system and then leading up to the RHA system and we would have heard from all the speakers before me who went into specific detail and gave us the history of what transpired, so I will not repeat all of those instances and data, I would just move straight ahead.

The RHA system consisted of four RHAs here in Trinidad and one in Tobago and we know them as the North-West, the South-West, the East and the Central Regional and each one of those would have constituted a chairman and a board of directors. They were funded through the Minister of Health, both recurrent and capital expenditures. Really, the mandate of each RHA would have been to deliver health care on an annual service agreement. In fact, the Minister of Health, his role would have been to monitor and evaluate and be a critical player in terms of policy and planning.

Madam President, I would assume that the Minister—the number one case for numerous problems with the delivery of health care would have been various interference by those in authority. We are no stranger to the fact and recent events surrounding an issue that was bombarded, in terms of the media. I would just simply raise those as an example. It refers to the allegations made by sitting CEOs of the RHAs. Just to cross reference what I just said, in terms of the media, some articles would have surfaced on the media and I would refer to the first one being the health CEO fired, and this was reported in the Trinidad and Tobago *Express* newspaper December 08, 2013.

Madam President, this article—some serious allegations were made by a sitting CEO at the time. So I am not here to dispute, or get into the information on the incident surrounding the dismissal and so on, but I would like to get into some of the contributions made by that person who was unfortunately fired, in making my case with respect to issues that we have to deal with in health care. In fact, the article goes on to indicate that the person of the subject was targeted at the ERHA board because she had initiated several audits into the authority during her month's tenure.

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This person I speak of is Miss Ameena Ali, and she was fired as I said. Her expression in terms of why she was fired, is that she was “mashing a lot of corns”. In fact, she went on to say, the Board did not give her any reason as to why she was fired. In terms of the allegations in this document, Madam President, it is extremely dangerous and detrimental in terms of getting the health care system to where we would like it to be in achieving First World status in health care. She is quoted here as saying:

“‘What I do know is I was doing a lot of work there and mashing a lot of corns. There is currently a human resource audit because the hiring practice is very questionable, of nepotism, and familial links,’ Ali said.

‘An audit also is currently going on in the pharmacy department into purchasing of unregistered drugs from India from small companies through the suitcase trade,’ she said.

‘I wanted to start an audit in the legal department on questionable giving out of briefs. I am new and in order for me to steer the organisation in a proper manner I must know what I have because I would be running helter skelter like a headless pigeon,’ Ali said.

Ali said she also uncovered a situation where doctors were being hired for one day a week at a cost of \$20,000 to \$25,000 a month to taxpayers.”

Madam President, these are serious allegations. This was a sitting CEO of an RHA speaking here to the public. But further to that article, Madam President, another article just a few days after—in fact, on the same day the *Trinidad Express* also would have had an article surfaced:

“Fuad: I fired director for being ‘rude’”

So, these are just some of the scenarios leading up to what I mentioned earlier, where a head of an RHA was fired, and the Minister’s response is that the person or the team that was involved was rude.

So, Madam President, here is a typical case where our health care is at the disposition of political will, where the population would have to suffer, because it is also here in the article that the delivery of health care to some 120,000 people, for which that particular authority is responsible, would have been affected because that Board, after the firings and board dismissals and so on, the entire executive management of the ERHA was vacant.

So, Madam President, some of the reasons why—and one of the persons here was fired, and this is a director of the Board, and the Minister is indicating that he could not work with that person. Here we have a director of an RHA compiling a list of allegations to the hon. Prime Minister, and a Minister is saying that he cannot work with that person.

So we have a situation where Mr. Kiel Taklalsingh, an attorney-at-law, was also a director of this RHA, would have written to the hon. Prime Minister about issues that surrounded a lot of the situations in that RHA, and strangely, that letter that was drafted and was sent to the hon. Prime Minister, was then sent to the hon. Minister of Health to respond. So we have another situation, you know, it would spark some memories in some of us here in this august Chamber, where situations like these occur, where people would have to investigate themselves.

Madam President, one of the serious implications here in this document where Mr. Taklalsingh was fired—I will just read it into the record as why he thought he was fired:

“...he could only surmise his firing...as a direct result of his ‘opposition’ to the appointment of the new CEO, Ali...and his subsequent ‘disagreement’ with some of”—the—“actions”—taken by her in—“her tenure...”

So, we have a Government here that is simply playing the people of this country—and, Madam President, we the people have had to suffer from these serious allegations, and these hiring, firing and dismissals. This situation that I have just raised, it really puts a disgracing image on our health system. In giving another example as to how our health system, and how our health care system in Trinidad and Tobago is reflected on the international scale, because we are all aware that many countries have a very successful health tourism sector, where a lot of people travel to the various countries to get health facilities and health care.

So, when you have a strategic plan being compiled, and we the taxpayers have had to pay \$287,500 VAT inclusive, for that file, and that file consists of data that in some cases would have implicated, or would have information plagiarized from international bodies, we are definitely in a very serious disadvantage to our image in terms of health care in this country. That is a disrespect to us the taxpayers, and I simply would like to ask, whatever became of that sum of \$287,500 with respect to this strategic plan that the hon. Minister of Health would have had to order the SWRHA to scrap?

Madam President, this is how serious it is for us as a nation in getting the results of having a good health care system. We are no strangers to the fact that we have a lot of foreigners in our midst, and even our own citizens tend to fly to countries like Cuba and

so on, to get health care. This is the message we are sending to the population, that we here in Trinidad and Tobago—and it was only identified after the fact. So who is really there to monitor what is being taking place—or what is taking place in our health care system?—because if the Minister had to come in after the fact, that says something about our structure. Well, I will leave that there for now.

Madam President, a healthy nation and we all could agree that it leads to a productive nation. When I heard the hon. Senators speak here today, and even the last contributions, where we as a nation, we have to definitely spruce up, or give the population and give our young people, give the schools, give these tertiary educational facilities, secondary schools, give them the tools to educate our citizens of the essentials, and how important it is to our well-being, in terms of having healthy food to eat, because healthy food, and food that we eat, you know, directly implicates some of our health conditions. We really must do all in our legislative powers to ensure that this is achieved in delivering the health care to our citizens.

We must have seminars, workshops, educational conferences, and we should invite the Ministry of Education, the Ministry of Food Production, and in collaboration with the Ministry of Health, to have workshops and seminars like these, to really educate, because a lot of people, Madam President, simply do not understand the values of eating healthy. Not to put down white flour, but I am telling you that a lot of research has shown that eating white flour—and I am seeing now when you go to the groceries, you see a lot of people taking up whole wheat or spelt grind or home grind, or whatever these compilations of flour, because a lot of people now are more health conscious in what they eat. [*Crosstalk and laughter*] I am sure almost all Members here eat flour, white flour mixed with whole wheat, because it is healthy, and it leads to a healthy lifestyle. It leads to the risk of you going to the doctors or going to the health facilities and not straining our health sector.

Madam President, which leads me to a very important point, yesterday we would have had a situation in this country that was so unfortunate. Yesterday we witnessed the entire shutting down of our country which would have prevented ambulance from going to pick up persons who would have been damaged or injured or whatever it was—accidents. You would have seen—and we have heard a statement today—you would have seen children suffering from—I know, when you go out at sea you get seasick, but I also know when you stay in one place for too long, you get claustrophobic or you get motion sickness in a different light. [*Laughter*]

But that situation, Madam President, really gives this population [*Interruption*] a serious issue, because that incident alone would have put so much strain on the health sector in this country. That situation yesterday would have put our people, disenchanted as they were—that situation, where the roads were blocked and you could not even move forward or backward or sideways for hours. This Government did not see it fit to address that situation at the time when it was most needed; immediately. [*Desk thumping*] You would have had children on the way to schools, you would have had doctors, nurses on their way to the hospital to tend to whom?—to tend to the same children and family members of those police officers. You would have had teachers on their way to schools, principals going to tend to whom?—children of those police officers.

You have a Government here that has sought to pussyfoot around the situation, and come here to issue a statement, unfortunate as it is. [*Laughter and crosstalk*] We have an hon. Prime Minister that heads the National Security Operations Centre and, you know, a lot of situations in the health care facilities—[*Interruption*] in our country is a direct relation to lack of funds. It is said here in the Motion—[*Interruption*] and management. So when you have an hon. Prime Minister who heads the National Security Operations Centre, who does not even know what took place yesterday—[*Interruption*]

Sen. G. Singh: Madam President, Standing Order 35(1). [*Laughter and crosstalk*] What is the relevance to the RHA to what happened yesterday in the traffic? [*Crosstalk and laughter*]

Madam President: Hon. Senator—[*Interruption*] your direction is not in keeping with the Motion before us, and you are to refrain from making negative statements, and using negative language with respect to Members of either House.

Sen. A. Singh: I am guided. Madam President—[*Interruption*]

Sen. G. Singh: Just now! Just now! I just merely want to indicate, just for purposes of correction, that the Prime Minister is not the head of the National Security Operations Centre.

Sen. Al-Rawi: National Security Council.

Sen. A. Singh: Thank you, hon. Minister, for that correction—[*Laughter*]—the National Security Council, my mistake. I apologise. [*Desk thumping and crosstalk*]

Madam President, let me continue on this serious issue of—[*Continuous interruption*] situations like these that could put direct and indirect strain to our health care facilities. When persons are drunk and driving, when persons are not sober and driving, and they get in an accident, they put a direct strain on the health care facility, because why?—you have persons who unfortunate as is it is, you have persons or our

senior citizens, our young couples with newborn children, you have these people on a waiting list, on a waiting line, who are legitimately there because of some serious health care problem, or some need for health care. You have them there waiting, and what comes priority?—well, of course, it must become priority, accident, emergency, drunk and driving, speeding and got in an accident, and so on. Our road carnage also puts a direct strain, and a direct implication on our health care facilities, and our health care system. So, we really need to be aware, and put structures in place in our health care facilities; all, in fact, all.

Sen. G. Singh: Thank you. I want to thank Sen. Avinash Singh for giving way. I want to indicate as is the practice on Private Members' day, that we end the session at 4.30. But before we do so, Madam President, in keeping with the traditions of this honourable Senate, that we bring greetings to the Baptist community, to herald the Spiritual Shouter Baptist Liberation Day on Monday. On behalf of the Government, Sen. Abp. Barbara Burke will bring greetings on behalf of the Government of Trinidad and Tobago. [*Desk thumping*]

4.30 p.m.

Spiritual Shouter Baptist Liberation Day (Greetings)

Sen. Abp. Barbara Burke: Thank you, Madam President. This is indeed a significant period in the history of Trinidad and Tobago, and some things must be made known to the people of Trinidad to avoid confusion.

Madam President, November 17, 2017, will be the 100th anniversary [*Desk thumping*] of the enactment of the Shouter Prohibition Ordinance. It was one of the darkest days in the history of the people of Trinidad and Tobago. The Shouter—it is not a holiday that is merriment, it is a holiday to reflect; it is a holiday that you remember your ancestors when they were in grief—Prohibition Ordinance criminalized the religion of our ancestors. I know some of you all do not know what the purpose of this holiday is. I deliberately went about, through legislative authority, to make extinct the practices of the Shouters. But to ensure that the ban focused on the practice rather than the name, the legislators defined a Shouters meeting in section 2(1) of the ordinance as follows:

“A ‘Shouters’ meeting’ means a meeting or gathering of two or more persons, whether indoors or in the open air, at which the customs and practices of the body known as Shouters...are indulged in. The decision of any Magistrate in any case brought under this Ordinance as to whether the customs and practices are those of the Shouters shall be final, whether the persons indulging in such customs or practices call themselves Shouters or by any other name.”

I want you to pay attention to the powers of the magistrate under this piece of legislation. You could not practise your religion in your own home—grief and sadness eh? You could not have flowers in your hand, candles in your hand and other icons and symbols that could be believed by the police officer to be pertaining to the Shouters faith and, subsequently, adjudicated by a magistrate to be pertaining to the customs and practices of the shouters.

The definition of a Shouter house is so thorough that you were not even allowed to go into the forest and build a hut and practise your religion there. Again, the magistrate had enormous powers to determine if the house or building was a shouter house. Section 2 defined that draconian aspect of the law as follows:

“A ‘Shouters’ house’ means any house or building or room in any house or building which is used for the purpose of holding Shouters’ meetings”—when the police knock the door, they would carry the owner of the house, children, everybody to the courts—“which is used for the purpose of initiating any person into the ceremonies of the Shouters. The decision of any Magistrate in any case brought under this Ordinance as to whether a house or building or room in any house or building is a Shouters’ house shall be final.”

Why I am taking the pain is to let you all know, to understand, what Mr. Basdeo Panday has done for us and what our hon. Prime Minister has done for the Shouter Baptists. [*Desk thumping*] This was our struggle. [*Desk thumping*]

The Shouter Prohibition Ordinance gave the police wide-ranging powers to enter any house or building in pursuit of our ancestors, who may simply be praising God in their own way. The Shouter Prohibition Ordinance puts it this way:

“It shall be lawful for any party of members of the Police Force...without a warrant to enter at any time of the day or night, any house, estate, land, or place in or on which such Gazetted Police Officer or Subordinate Police Officer may have good ground to believe or suspect that a Shouters’ meeting is being held or where he may have good ground to believe or suspect that any person”—we could look up our law books here and we will find it—“persons is or are being kept for the purpose of initiation into the ceremonies of the Shouters...”

This section of the Shouter Prohibition Ordinance ushered in a reign of terror for suspected members of the Shouters faith. The doors of their homes were frequently broken down. They were pursued into the hills and tracked down like wild animals, and their huts and religious icons were destroyed and, if and when caught, were charged and placed before an unforgiving magistrate and charged \$250. In those days imagine to pay \$250, how strenuous it was.

Greetings

Tuesday, March 24, 2015

The colonial authority persecuted the Shouters up until the repeal of the Shouter Prohibition Ordinance of 1951, when the Patriarch Archbishop George Elton Griffith successfully petitioned Mr. Albert Gomes, the First Chief Minister of Trinidad and Tobago, to have the Shouter Prohibition Ordinance repealed. I believe that this is a good time to distinguish those persons who claim to be Spiritual Baptists and not Shouters, and those who accept the name “Shouters” and the customs and practices of Shouters.

It has become an ongoing project of many Government administrations to try to say they want to unite the Spiritual Baptists in Trinidad and Tobago. In all attempts spearheaded by Prime Ministers from Dr. Eric Williams to Mr. Patrick Manning, the attempt was to place the National Congress of Incorporated Spiritual Baptists, hereafter called the National Congress, as the head of the Shouter community. This is a fatal mistake or, if sinister, a dangerous game that would have had the effect of suppressing the Shouters faith as effectively as the Shouter Prohibition Ordinance itself.

The most influential organization of the National Congress—I want to put this to rest once and for all that nobody—because we tie our head together—that we are one. Do not try to bring us together. The United Spiritual Baptist Sacred Order was incorporated in 1949, two years before the repeal of the Shouter Prohibition Ordinance. The leader of the Sacred Order renounced, denounced, it is a disgrace to be called a Shouter. They made it absolutely clear that they were not Shouters; that they did not perform the customs and practices because “we does jump up, we does groan, we does sing, we does clap” and they do not do that. While the Patriarch, Archbishop George Elton Griffith, the gentleman who consecrated me—Elton Griffith—openly identified with the Shouters, actively protested the injustice of the Shouter Prohibition Ordinance.

You see, the colonial authorities as a group that was separate and apart from the Shouter, that is how the Sacred Order got incorporated by an Ordinance of the Legislative Council during the time the Shouter Prohibition Order was in effect criminalizing and brutalizing our ancestors, some just dead two years ago—from Toco, the Hypolite family. The Reyes family was imprisoned, beaten for practising, just shouting, praising God, what I would be doing on Monday, just the same thing. No other religion in this country went through that trial and tribulation.

Let us revisit our history and spare us any trouble of trying to mix us up. The Fundamental Baptists, independent; the London Baptists are independent, so as we as a Shouter are an independent group which I am the leader of. [*Desk*

thumping] “The Baptists eh have nothing to do with us.” We are Shouter Baptists. The Christians, during their worship, they do not have any misnomer about shame. We shout and clap just the same as a Christian man.

The part I want to get clear, the Shouter Prohibition Ordinance was a two-headed sword: on one edge it prevented the Spiritual Shouter Baptists from worshipping their God according to their own convictions. On the other edge, the Shouter Prohibition Ordinance herded the Shouters into the open doors of the Roman Catholic and the Anglican Church, because when they come, they had to stand up outside while their masters or their bosses going to praise God.

The colonial Government collaborated with its mainly Catholic accomplices. They used the necessity of the baptismal paper. I went to Nelson Street Girls School. My mother had to lie and say I am a Catholic which had the force of a certificate of birth, the sacrament of marriage, without which your children would be illegitimate and their parents deemed to be living in sin and the sentiment and recommendation of the priest to get a job. You could not own a job—your children’s placement in a school and a character recommendation if you want to get into a Roman Catholic school. To access any of the favours of the Catholic Church, one has to be seen in church on Sundays.

The folklore did not assist the Shouters’ case very much because of the requirement of having your children baptized early, because if any died before baptism, they become a *douen*; they were deemed a *douen*. *Douens* posed a threat to any other child that was not baptized because that child could be led away into the forest and lost. All these things which were being said were inappropriate. This is what the Shouter Prohibition Ordinance did to the shouter faith. The Shouter was severely curtailed.

When Trinidad and Tobago saw the hon. Dr. Eric Williams, they say: “Look here, we getting somewhere in 1956.” Both groups, all the other groups—the Muslim, the Hindus—had primary schools before 1956. I am making a salient point here. Today, they are well on top the academic intellectual, spiritual and moral direction of their followers. To date, the Spiritual Shouter Baptist population stands among the most economically-deprived group in the country.

In 1956 is the year in which the Spiritual Shouter Baptist rallied around Dr. Eric Williams and made a significant contribution to his electoral success. He represented the people of Laventille, a place of numerous Shouter churches. He even became the spiritual son of Mother Maga, yet he failed to transform the faith and all pleas to him from Dr. George Elton Griffith fell on deaf ears.

Greetings

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4.45 p.m.

I witnessed Archbishop George Elton Griffith break down in tears, weeping openly, after leaving the office of a particular PNM Minister. He said, “They are only fooling us. They are just using us.” I knew that great man, this true patriarch of the Shouters faith, this advocate and defender of our faith, truly a man of God, may have died broken-hearted from the deceit and abuse. He was a man of God, forced to endure from the leaders. Oh how they used us with nothing to show, apart from our marriage licence that Mr. ANR Robinson first gave when he acted for the Attorney General in the absence of the deceased hon. Karl Hudson-Phillips. And that has a story of its own, I will not say here now, unless it becomes necessary.

What thing of significance can the Spiritual Shouter Baptist show that the PNM, in or out of Government, has given to us, apart from promises? Promises do not count. What have you done for us? We have invested our blood, sweat and tears. We are poor, we pound the pavement for you. We are insulted for you. We spent our time and energy to put you in power, and have voted for you. What we asked is not unlike what you give to anyone else, but you have given us nothing, nothing, nothing, while we have given you everything.

Everywhere the Members of the National Congress are attempting to impose their will on the Shouters faith. It must be noted that women do not hold the status that I hold as an Archbishop. They want unity, but the women of the Shouters faith would have to be demoted to go in there. So you all, nowhere, do not try to force your will on the Shouters.

We have no problem with Sacred Order and National Congress if they would now identify strongly with Shouter, because they came on the radio and say they are Shouters, they are not. Those who have consistently claimed that they were not Shouters and those who have never been anything but Shouters, those who were arrested and fined, pursuing their homes, the hills, all the Baptist churches on the hills—thank God for me I am on the flat—those who were arrested and fined, those who are not and were never ashamed to identify with the named practices, look here, we did not find it was derogatory to be a Shouter. If it were not for the action of Mr. Basdeo Panday, who placed me in the Senate to argue the case for the Spiritual Shouter Baptists, gave Shouter Baptist Liberation Day, March 30, as a public holiday.

It was nothing—I heard PNM people say, “He did promise a holiday and he gave it”. I came into this Parliament, argued for it, get turned down, and after being turned down, election call about three weeks after. When it was called, Mr. Basdeo Panday and Mr. Robinson came together, he put me back in the Parliament and then declared Liberation Day. He gave us land on which institutions [*Desk thumping*] necessary to fertilize the academic, intellectual, spiritual and moral prosperity of our people.

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Where would we be today if it were not for my beloved Prime Minister? I am coming to her now, who has stood with me in this Parliament, mourned with me, cried with me—we used to sit down side by side—and I told her of our troubles, and ensured that one of the most beautiful primary schools was built for us. [*Desk thumping*] And ensured that the walkover was constructed to facilitate access across the Churchill Roosevelt Highway. Where would we be today? [*Desk thumping*]

I want the Government to treat the Shouters as Shouters, and those who were not banned but are now identifying with the faith because they learnt that the Prime Minister is helping us, otherwise we run the risk of suppressing the Shouters again. So, I want the Government, when you all Ministers and these people come to you, talk to me and I know the churches, I would tell you all. Thank God for those who have stood with us. As for me and my household, we shall worship the Lord and support those who support us, [*Desk thumping*] the United National Congress. A special thank you to my beloved Prime Minister, Mrs. Kamla Persad-Bissessar, [*Desk thumping*] for what you have done for the Spiritual Shouter Baptist faith and sticking by us, and keeping your promises and assisting us to rise from the oppression of the past, and giving us hope for the future.

I take the opportunity now to invite all the Spiritual Shouter Baptist faith, and the wider community, to our Spiritual Shouter Baptist Liberation Day and celebration at Maloney, Monday 30th March. Madam President, thank you. It was necessary to bring together what we are celebrating on Monday, all the trouble, all the grief—thank God. God take that lady, Mrs. Kamla Persad-Bissessar, and form her, mould her with God's own hand that she could have sympathy on the Shouter Baptist faith. We are strong 300,000 to 400,000 in this country but yet could not get a school. I begged the PNM for a school, every week, every day fretting. The land was there and they never built our school, that we could get in the line of academics. Thank God. [*Desk thumping*]

Madam President: Sen. Cudjoe. [*Desk thumping*]

Sen. Shamfa Cudjoe: Thank you, Madam President. [*Crosstalk*] Thank you, Madam President, for the opportunity to bring greetings on behalf of the Opposition Bench. This is probably my third time bringing greetings on Shouter Baptist Day, but this is the first time that I have covered my head. [*Laughter*] No, and I will tell you, because this is—[*Interruption*] They are trying make me lose my focus. Madam President, I went to the Shouter Baptist celebrations in Tobago last year—no, the year before, without my head covered, because many of the

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young people, and in other religions sometimes we stray away from what is normally practiced, and you go to some Baptist churches and some of the young people do not wear the headpiece—and the mother at the celebration came to me and she said, “When you come here next year cover your head. If you do not cover your head, do not come back”. She said it like that, so I am sure to cover my head now.

So, let me go on with my greetings. Now, Madam President, on behalf of the Members of the Opposition Bench, and on behalf of the People’s National Movement family, I extend warm greetings to the Spiritual Shouter Baptist community, as our nation commemorates their freedom and celebrates their faith. Now, Madam President, the struggles of the Baptist community reminds us of the strengths and the determination, and the resilience of the African people, and of the people of Trinidad and Tobago, by extension. Whether you are Baptist or not, whether you choose to tie your head or not, citizens of this country, all of us here, we would have been influenced in some way or the other, at some point in our life, by the teachings and the contributions of the people of the Spiritual Baptist community, which have been so vital to the development of our people and of our nation.

I am a Tobagonian and in every community, in every family, there is a Baptist person, as far as I can remember. They are counsellors, they are advisers, they are caretakers, and they are most known for being healers, traditional healers. They know what bush to drink for this and what to rub, and what to eat. They are in tune with spirit and in tune with nature. There are things to this date that healers within the Baptist faith can do that doctors are yet to understand. Sometimes you go to a doctor with a specific problem and they send you right back to the healer within your community, whether it is to shift around the position of a uterus or to [*Laughter*] move a “nara”. To move a “nara”, as they say in the Hindu faith, or to push up a “bouchet”, as we say, but they have mastered the art of some things that doctors cannot understand as yet. For instance, the practice of “cupping”.

But, Madam President, the point that I am making is that we have all been influenced in some way or the other, even it is just walking to school and hearing the old-time Shouter Baptist preach. These are things we ought to be proud of as a people, because we are able to live here in this melting pot of so many different races and religions, and we are able to live here in one love and unity. So, as we stand here today and we join with the national community in commemorating the 64th anniversary, since the repeal of the Order, I want to just highlight a couple of concerns, which is, one, to the Shouter Baptist community; I hope that you stay true to the basic, the fundamental principles, the traditional principles of the faith and to never be afraid and ashamed to stand up for who you are and what you believe in.

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I was very used to seeing Baptist road—they call it roadside preaching or missions. I moved from Mason Hall to Bethel Village in 1990 and the Baptist community played a very integral role in the community, in and out of church, and we used to play Baptist church in school. It was a game we played at lunch time, where we would sing songs and have flowers. We did not know what we were doing but it was such a part of life that we just did it. But I would like to call on the Shouter Baptist community to preserve that tradition, because I am not seeing roadside preaching and the traditional things that I was accustomed to as a young person. And they would give thanks for everything, every weekend you could count on a thanksgiving in some community, where you would not just hear the word but eat a lot of food and carry home bags, brown paper bags of snacks.

Secondly, I want to call on the national community that even today, 64 years later, we are still not as tolerant as we could be, as it relates to Baptist people, and even some of the other religions in the workplace. Some people question why the women keep their heads covered at all times, even at work, and there are some people who think it is unprofessional, but we have to remember that our differences as people and our ability to live together, being different people is what makes us beautiful and attractive, and make tourists drawn to us. I am always disappointed when politicians, when leaders, when anybody make “cheap shots” at using race and religion to divide people in this day and age, that leaders would make accusations of obeah and necromancy, and things of that nature. So, Madam President, I hope we could be more tolerant to each other’s religion and religious practices.

I would also like to call on the Government, and even technocrats—in the Ministry of Trade, Industry, Investment and Communications also, I remember in 2010 there was a project working on preserving traditional knowledge. What you would find today is many of the older leaders who are very much acquainted with the traditional medicines, the different bushes and the different therapies, they are dying with this tremendous amount of knowledge, and whilst in the Spiritual Baptist faith, a leader or a healer or a pointer, an official is moved by the spirit, there are still some things that even though they cannot share it because it is directed by the spirit, there are some things that we can document as it relates to the use of different bushes and nature—natural stuff for remedies and different forms of therapy.

5.00 p.m.

So as we continue on, as we build this nation, different religious groups and different people will benefit at different points in time, but at the end of the day I think it is how you utilize what you were able to acquire at any point in time.

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Sen. Abp. Burke could speak about being granted the holiday by the UNC, but we in Tobago could speak about after 20 years of anti-PNM leadership in Tobago, it was the PNM administration that came in and gave three acres of land to the Baptist community in Tobago, and also to the Hindu community. So we have all benefited at some time under some administration, and I think the focus should be placed on how we utilize what we have achieved or what we have acquired, to be of better use and of a greater benefit to the people we serve.

I think for the most part too much focus and resources are being placed into building physical infrastructure, and not enough resources are being placed on mobilizing people and improving and really developing our society. So we have a responsibility and a duty to do what we were called to do, to unite in purpose and to make a difference in the community, because the people are depending on us to do so.

So with that said, Madam President, again I join with the national community as we celebrate this holy day. I want to encourage those of us who are going to be travelling to Tobago, or doing whatever we do during this long holiday, to take some time to be safe, one, and to take some time to reflect and to think about the fact that this is not just a Shouter Baptist holiday. This is a celebration of which we all must be proud, because it represents our struggles, our hope, our freedom, our resilience, our ability to move on in hope and faith as a people, and to live here in one love, unity and understanding, to make Trinidad and Tobago a better place, not just for us, but for the little ones who are coming after us, who depend on us for guidance and leadership.

Madam President, with those very few words, I thank you.

Sen. Dr. Dhanayshar Mahabir: Thank you very much, Madam President, for giving me this opportunity to speak on this very important occasion. First, I must say that I am indeed grateful to Members of my Bench for asking me to bring the greetings this evening to members of the Shouter Baptist community. This is for me a situation of having been there before, because it is the second occasion I have the honour of listening to Sen. Abp. Burke make a speech in the Senate and then to follow her shortly afterwards. The first time, Sen. Abp. Burke, was in 1996, when you spoke and you made a contribution on the budget. I had the good fortune, as the *Hansard* would indicate, to come shortly thereafter. I must say that Sen. Abp. Burke always infuses me with her infectious enthusiasm. It is indeed wonderful coming back on a second occasion so that I could hear her speak again.

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As she indicated to us, there was this oppressive law, and I am really minded to go back to the books to find out in the *Hansard* record of the time, what could have been in the minds of the legislators then to suppress freedom of speech and religious expression. I know that it had to be based on some major concern on the part of the legislators.

When I look at the oppressive legislation, I realize that there must have been at the time a level of prejudice in the society. Prejudice, we know, is based upon individuals being unfamiliar; that is the basis of prejudice—we are not familiar with this strange entity, and unfamiliarity breeds fear. The antidote for unfamiliarity of course is to become familiar, but the first response is to be terrified, to be scared. Fear always brings with it an irrational response.

So there must have been in the Parliament at the time a concern that the individuals who practised this form of worship were in some way acting in a manner that was injurious to the public welfare and to the public interest. It had to be unfamiliar with the practices, that perhaps they were inciting rebellion and that there was going to be mass rioting in the land because of this enthusiastic manner in which these individuals worshipped.

But we know that our communication with the Supreme Being is based upon our own private preference. Some of us communicate silently, some of us communicate in small groups, some of us communicate in a more vocal manner, but the manner in which we communicate is private to us, as long as the message reaches. For the Shouter Baptist, their tradition was that they are going to communicate to ensure that the Lord heard, just in case—just in case—they are in some distant area, they are going to praise the Lord and let people know that they are not ashamed of praising the Lord. In this way we have had a unique tradition in Trinidad and Tobago.

For this to be suppressed meant that there had to be a high level of prejudice against this particular group. It could have been based on poverty, lack of education, fear on the part of other churches, we do not know. I simply think it is good to go back to the records.

Madam President, a valuable novel which highlights some of the experiences, of course, is Earl Lovelace's, *The Wine of Astonishment*—some of us may have read it—where he anchors the story in Toco and, as Sen. Abp. Burke indicated, a hefty fine was paid if you were caught worshipping in this way. So that the character in the book had to sell his cow to raise the money so that he could pay his fine.

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But what we do know is this, and earlier Sen. Prescott SC from Toco indicated that it is very hard for the RHA vehicles or the ambulance to get up to Toco, but somehow in the 1940s the policemen were able to find themselves in Toco. How they were able to do it, I do not know. [*Laughter*] They found themselves in Toco, they broke up the man's church, they destroyed the icons, they charged the man and he had to "cut ah jail" until he sold his cows. So that when the authorities are really committed, they will find themselves in Toco to perform acts which we consider and now know to be highly improper and highly unkind.

What we do know, Madam President, is this: you can break the church, you can destroy the icons, but you could never ever destroy the spirit, [*Desk thumping*] and the spirit remained in the Shouter Baptist members. For over 30 years they hid, but they practised in the church that was in their hearts; you could not destroy that.

So that when the ordinance was finally lifted in the early 1950s, the members of the community regrouped and fortunately they have become stronger and stronger and stronger, and today I want to bring greetings to all members of the church from my Independent Bench, so that their faith can continue to prosper. They will understand the trials that they endured, they will know that their spirit remained intact, and it is my hope that they will go on as they did, as Sen. Cudjoe indicated in the 1970s they were very much involved in spreading the message. Woodford Square was always a square in which you were bound to have a Spiritual Baptist preacher woman on a daily basis, and this is part of the cultural fabric.

We also know that great strides are being made amongst the community with respect to education, both primary and secondary, and we look forward to seeing greater and greater improvements in the community, so that they continue to play a vital role in the pantheon that is the mosaic of Trinidad and Tobago.

Madam President, I want to bring greetings once again, and I would like to indicate to the Shouter Baptist community, I hope you preserve the spirit and I hope you ensure that the spirit is spread to members of the entire community. We need that spirit, so that we will be able to solve the innumerable problems that confront us on a daily basis in this Republic.

I thank you.

Madam President: Thank you very much, hon. Senators, may I also take this opportunity to bring my greetings and my mark of respect on the holiday on the anniversary of the repeal of the Shouter Prohibition Ordinance which occurred on March 30, 1951, known as the Baptist Liberation Day. We are indeed very proud as a nation to have come this far in the recognition of your community.

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Let me also add, and I think Sen. Abp. Burke would be pleased to know, that I am indeed very familiar with the rich cultural tradition of the Shouter Baptist community. I will take this opportunity to send my thoughts and invoke the blessings of God the Creator on two people that I knew as a child, Leader Spark and Mother Spark, whose church I visited as a child. I need to say that I continue to be fascinated whenever the mourners went to the mourning ground, and to also recognize the work of my mother in the community where it was her principle that whenever mourners went to mourn, she would send candles to the church.

I also have very fond memories of romping on the beaches of the Columbus Channel whenever the baptism ceremonies would take place. I wish to join in the rich tradition of the celebration of this day, and to wish all members of the Shouter Baptist community God's guidance, his bountiful grace and may you and may we all be surrounded by the divine of God, the one true God. Happy Baptist Liberation Day.

ADJOURNMENT

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Madam President. I beg to move that this Senate do now adjourn to Tuesday, March 31 at 10.30 a.m. on which day we plan to deal with the Bail (Amdt.) Bill, Trade Marks and the Motion for the Acceptance of the Standing Orders. We plan to do that and have a comprehensive, productive Tuesday 31, in order to facilitate the post-Easter Monday break.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned 5.13 p.m.