SENATE

Tuesday, May 26, 2015

The Senate met at 10.30 a.m.

PRAYERS

[MADAM PRESIDENT *in the Chair*]

CONDOLENCES
(MR. MUHUMMAD SHABAZZ)

Madam President: Hon. Senators, as you are aware, former Sen. Muhummad Shabazz passed away on May 22, 2015. Tributes would be paid to him later in today's proceedings.

REGIONAL HEALTH AUTHORITY SYSTEM
(COMPREHENSIVE REVIEW OF)
[Fifth 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. Wheele*r]

Question again proposed.

Madam President: Hon. Senators, those who spoke previously on Tuesday, November 18, 2014: Sen. Dr. Victor Wheeler, mover of the Motion; the hon. Dr. Fuad Khan, Member of Parliament and Minister of Health and Sen. Camille Robinson-Regis. Those who spoke on Tuesday, January 27, 2015: Sen. Camille Robinson-Regis; Sen. Dr. Rolph Balgobin; Sen. Rev. Joy Abdul-Mohan and Sen. The Hon Ganga Singh. On Tuesday, March 24, 2015: Sen. The Hon. Ganga Singh; Sen. H. R. Ian Roach; Sen. Elton Prescott SC and Sen. Avinash Singh. On Tuesday, April 28, 2015: Sen. Avinash Singh; Sen. David Small; the hon. Dr. Delmon Baker, Member of Parliament and Sen. Shamfa Cudjoe who spoke for 21 minutes and has 24 minutes of original speaking time remaining. Sen. Shamfa Cudjoe. [*Desk thumping*]

Sen. S. Cudjoe: Thank you, Madam President and thank you, colleagues. I want to thank you, once again, for the opportunity to contribute to this Motion and commend Sen. Dr. Victor Wheeler from Tobago for bringing this Motion before us. I think it is a very relevant Motion coming at a very critical time.

Now, Madam President, I want to join the rest of the nation and, more so, the people of Tobago in congratulating the Tobago House of Assembly, the Tobago Regional Health Authority and the staff of the Scarborough General Hospital for a— [*Interruption*]

Sen. Hadeed: And Fuad Khan, Minister of Health.

Sen. S. Cudjoe: I want to also thank Sen. Gerald Hadeed, Minister Fuad Khan—he wants me to thank also. Anybody else? Okay. Anyway, Madam President, I would not be distracted. They all had their time to talk and they would talk when their time gets here. So, Madam President, I want to say, first and foremost, that the people of Tobago are very proud indeed of this great achievement. Last week Friday we would have performed our first neurological surgery in Tobago, and it was quite successful, [*Desk thumping*] ably led by the head of the Tobago hospital, Dr. Nathaniel Duke, a young, intelligent, good-looking doctor, a son of our soil. [*Desk thumping*] I want to also commend central government for collaborating in this instance and we are very proud. It was all over the news over the weekend, so we feel very, very elated about this.

But one thing that stuck out in my mind, Madam President, or I feel very pleased about, are the commendations that came from the Chinese medical practitioners who were very happy about—[*Sen. Robinson-Regis whispers to Sen. Cudjoe and puts a shawl over her shoulders*]

Sen. Maharaj: "Dulahin yuh looking nice man!" [*Laughter*]

Sen. S. Cudjoe:—the state-of-the-art facilities at the Scarborough hospital.

I am a little taken aback, Madam President, but I guess new rules. This is the fifth year of celebrating Indian Arrival Day in this Parliament, and I have seen midriff shirts and arms outside in the past. I guess it is a little different, but thank you for your guidance anyway.

So, let me get back to my contribution. [*Interruption*] That is okay. PNM women look nice in anything. [*Desk thumping*] So, allow me to get back on track, Madam President. I want to really congratulate the people of Tobago and the medical practitioners who would have been involved in this surgery.

Now, as I was saying before, I took a little trip down another lane, that the practitioners from the Chinese delegation, they commended the Tobago House of Assembly, they commended the facilities, and I want to say thanks to the People's National Movement for that and I would tell you why. When the UNC was in power and this whole Scarborough General Hospital project would have started, what was planned for Tobago was what I would like to consider an oversized health centre. You hear the Minister when he spoke before I did, spoke about costs overruns. Every time this Government has the chance to speak about Tobago and about projects in Tobago, they must mention the Scarborough General Hospital and cost overruns.

I want to place on the record once more to treat with some of the issues raised by the Minister, and probably some of the issues that would be raised later on in this debate. When the People's National Movement came into power in Tobago, and we looked at that plan that you had for this oversized health centre in Tobago, we said the people of Tobago deserved much more, and we would have redone the plans and requested from NH Construction something that was larger, something that was more grand and more suitable to the needs of the people of Tobago.

There were discrepancies between the Tobago House of Assembly and the construction company, at that time, and they took us to court because the feasibility tests were not done properly and we were not satisfied with the work or with the planned oversized health centre. So, we would have changed and modified the plans to a more sophisticated plan that is more suited to the people of Tobago with more operating rooms and plans for better facilities and better equipment.

Even though we would have faced the brunt of public humiliation and public discourse, and all the negative comments about cost overruns, of the project taking too long, at the end of the day we were satisfied with the new structure and, today, we could lift our heads as proud Tobago people and proud people of Trinidad and Tobago saying that we have a state-of-the-art facility that is second to none in the region [*Desk thumping*] and that is the work of the People's National Movement working for you. [*Desk thumping*] I see Sen. Hadeed pounding on his desk.

So, there are so many more achievements that we can speak about and I did not hear the Minister allude to any of them, because as much as we may complain about the Regional Health Authority and the system, I am one person that does not believe that it is suited for Tobago. I join the rest of my colleagues in stating that it is archaic. We have outgrown that system, but I know in the case of Tobago, we have achieved many accomplishments under the system even against the backdrop of the inefficiencies and the ineptitudes that have become or that are a part of the RHA system.

For instance, Tobago Regional Health Authority has a very quick turnover as it relates to the list to do surgeries and so on. So you have patients coming from Trinidad to do their surgeries in Tobago. We have mothers coming as far as from Point Fortin to have babies in Tobago. We are the only Regional Health Authority that does retinal surgeries, corneal transplants and things of that nature. We are the only Regional Health Authority that offers outpatient services in paediatrics, in speech pathology, even at the health centre level. So we have been making major accomplishments and major achievements in Tobago.

I know, quite recently, we had the number one response time for the ambulance and the EMS, and I know for sure the Tobago House of Assembly, or should I say the TRHA, is the only Regional Health Authority that still manages the EMS services and it is quite competent. We have a response time of I think it is within 15 or 16 minutes which is the number one in the nation. So there is so much to be proud of.

I know of a gentleman who recently was on the list for two years in Trinidad for renal surgery and came to Tobago and had it done in two weeks in the Scarborough General Hospital. So, as much as we bash the system, we have to commend managers in the Regional Health Authorities and the staff that are making the system work despite all the inefficiencies.

I want to also place on the record, Madam President, that the Tobago Regional Health Authority has just received diamond status for its customer service, number one in the nation. I did not hear the Minister mention any of that. So there is so much to be proud of from the Tobago perspective.

We have achieved a great milestone in decentralizing health care and health care facilities. Each community in Tobago—almost every community in Tobago has its own health centre offering top-class services. I am not saying that we are perfect, because the entire health care system has its own deficiencies, but there are success stories of which we must be proud.

So, Madam President, all these things were accomplished against the backdrop of the very same RHA system that we all complain about. Now, this RHA system is a reflection or a copycat of the European system and we adopted this system in 1994. Now, since then, the Europeans would have moved away from the RHA system to the NHS system, because they had outgrown that system and we here in Trinidad and Tobago are still grappling with the Regional Health Authority system.

10.45 a.m.

There are management problems, issues as it relates to financial resources—as I said before, there are too many people. It is a top-heavy kind of structure and we need to find a way to review and restructure and decentralize some of this power and authority so that we can bring health care closer to the people, and think about quality rather than quantity because year after year, Madam President, we are spending more and more money on health care in Trinidad and Tobago. We have to ask ourselves, are we really getting value for money?

So, there are serious national problems that persist, week after week, month after month. Too many innocent lives are snuffed out or taken away from us due to some health professionals being irresponsible, and sometimes due to basic poor management. But the problems that are persistent in the health care system, Madam President, are not new and they date all the way back to the 1950s, but I can tell you about some of the problems that we are still facing in Tobago. Sen. Wheeler would have spoken about the triple reporting system where the Tobago Regional Health Authority reports to the Tobago House of Assembly and to the central government also, and the Ministry of Health. We need to come to an agreement as to who is really responsible for what, as it relates to health care.

When this Government came into power the Prime Minister would have placed the Tobago Regional Health Authority under the remit of the Minister of Tobago Development, knowing very well that the responsibility for health care delivery is placed under the Fifth Schedule of the Tobago House of Assembly Act and, therefore, falls under the remit of the Tobago House of Assembly. So, there has been some pulling and tugging and that seriously affects the delivery of health care services in Tobago.

There are some other issues. The fact that Tobago is separated from Trinidad—we are separated by water—we have a deplorable inter-island transportation system. The RHA system was created in such a way so that there will be different centres of excellence. So, Eric Williams General Hospital would specialize in one area, San Fernando specializes in another area, so each hospital has a different speciality, therefore, that comes with complementary staff, complementary services, and the complementary facilities to treat with that. Now, in Tobago we do not benefit from the RHA system in this regard based on the poor inter-island connectivity, and the fact that if you are in Trinidad you jump in a car and you get to your destination to a different hospital but in Tobago we have to fly. Also, we have to remember that in Tobago we are all about internal self-government and autonomy, and health care services fall under the remit of the Tobago House of Assembly.

So, this is really "square peg in a round hole", or this "one size fit all" system is not feasible for [*Desk thumping*] health care delivery in Tobago. For the most part, in Trinidad, when the Ministry of Health or the different RHAs in Trinidad are getting together to discuss policy the Tobago Regional Health Authority is left out, or when there is an issue like a major problem, when there is an issue that may reflect the central government in a negative light they pass the responsibility over to the Tobago House of Assembly, and I will give you an example. Last

year—or is it year before? I think it was last year when the different health practitioners, and the powers that be, had a meeting to discuss the Ebola scare, and they were coming up with strategies to implement measures to prevent Trinidad and Tobago from being affected by Ebola in a major way, and some of the practitioners around the table said, "Well, we do not have to worry about Tobago, they are about internal self-government, they will take care of their own Ebola issues".

So these are the kind of issues with which we have to treat, and this is coming out of the mouth of the health practitioners who were at the meeting, and this happens quite often. Whenever there is a problem the central government, in some cases, says, "No, that is a matter for Tobago, they want internal self-government let them handle their own business". At the end of the day this is Trinidad and Tobago, [*Desk thumping*] you cannot want to hold on to some responsibilities and when things get bad you throw it back to the Tobago House of Assembly. But, as I said before, I really do believe that this Regional Health Authority system is not suited for the people of Tobago.

I have heard politicians of this Government and of governments before, and even the people on the street complain that Tobago does not have an MRI—"Tobago does not have this, Tobago does not have that". When something terrible happens we have to send the patient to Trinidad. This is an inherent part of the system. The system was created to operate like that, every hospital would not have everything, or every unit or every practitioner. So, we share specialists with you, so sometimes your specialists have to come to Tobago and sometimes our specialists have to come to Trinidad too, because we share Dr. Duke, the only professional or specialist for communicable diseases in Trinidad and Tobago, and a very respected one throughout the region because he does work for Caricom also, we share Dr. Duke with you, and you share some of your practitioners with us.

Then there are also some hindrances, or some barriers, to conducting business as it relates to health care in Tobago. The average practitioner or specialist may not find economies of scale, or may not find it beneficial to set up practice in Tobago, because we know the public system is not where the money is and some of them would refer to make their money from their private offices. We do not have the number of people to make it profitable for them and some of them just think Tobago is too slow, and nobody really wants to leave their family in Trinidad to simply come to Tobago where business is slow for them anyway. So,

there have been major challenges in attracting specialists to Tobago, hence the reason we also rely on the RHA system. So, based on the position of Tobago and the inherent nature of what Tobago is, and our fight for internal self-government and the fact that we are separated by sea, we have to come up with a different, more effective system for the people of Tobago.

Madam President, I want to place on record another problem faced by the Tobago Regional Health Authority. This system of procurement for prescription drugs—prescription drugs are procured by C40 and NIPDEC, and we have seen the different reports in the papers that complain about C40 having insufficient prescription drugs to service the health care system. So quite often in Tobago, and in Trinidad too, we are out of drugs. We are out of prescription drugs to give to the patient. When somebody comes to the pharmacy in the hospital for a specific drug, especially drugs related to stroke and some of the lifestyle diseases that are somewhat prevalent among our people, especially in Tobago, you cannot tell them we do not have it. So you have to find the money somewhere. The TRHA has to find the money somewhere to provide these services and to provide these drugs to the client. Yeah? So, then at the end of the day you spend money that you did not budget for and then you get challenged for cost overruns—they budgeted this and they spent that.

We have to come up with a more effective way of procuring drugs [*Desk thumping*] for the people of Trinidad and for us in Tobago. Another problem we face is the maintenance of equipment. Let us say, for instance, one machine may be having some problems, we may be having problems with a machine and we have to wait for a specialist to come from Trinidad, and not just Trinidad because most of the companies like Siemens, they protect their intellectual property very seriously, and sometimes you wait months, you wait weeks to get Siemens. Yeah? [*Interruption*] What is it?—Siemen?

Hon. Senator: It is.

Sen. S. Cudjoe: Siemens? Yes.

Sen. Al-Rawi: Siemen—singular.

Sen. S. Cudjoe: No "s" at the end?

Sen. Robinson-Regis: Yes.

Hon. Senator: Yes, there is an "s" at the end.

Sen. S. Cudjoe: There is an "s" at the end.

Sen. Al-Rawi: The service provider?

Hon. Senator: Yes.

Sen. S. Cudjoe: I have a lisp, Madam President, I am sure the people who are familiar with the machine—there are certain brands of machine that guard their intellectual property very jealously so we have to wait on them to come to fix machines, and that sets the whole process and delivery of health care off-track. Sometimes you wait weeks and months for them to send a practitioner or somebody to fix the machine, Madam President, and all that person does is enter a little code, and you say to yourself, "You know what, I could have done that", but they guard their intellectual property very jealously.

So, Madam President, that opens another area of interest for us as to how are we getting prepared, how are we developing our young people and our students to take the lead in the area of technology as it relates to health care, and I wonder where is the University of the West Indies and the other universities in Trinidad and Tobago as it relates to this function. So, I have dealt with C40 and some of the other issues.

Now, Madam President, I think throughout the entire RHA system there is a need for us to decentralize some of the services, because I believe that there are some functions or some tasks that the RHA has taken on and they could spend that money on resources and time and energy somewhere else, for instance, laundry services, that could be outsourced; for instance, garbage collection and waste management, the preparation of food and serving of food, and so on. I am no health care guru but I am sure that these are some services that could be passed on or outsourced to private enterprises so that we can focus more on the delivery of good health care to the people of Trinidad and Tobago. So I hope that the Minister of Health takes a look at that recommendation.

The management and synchronization of the entire RHA system; you have some responsibilities under the remit of the different RHAs and some under the remit of the Minister, and quite often there is a passing of blame between the Minister and the RHA, or sometimes between the RHA and the administrators who were employed by the public service. I think we need to look at the functions, the different roles and responsibilities so that we can have a more effective system and know who is responsible for what, so when you do the crime you pay the time, rather than we waste time pointing fingers at each other.

Computerization of patient records: this has been an issue that has been on the table for over seven years, because I could remember in 2007 Minister Narace at that time would have launched a project to computerize the entire health care system, and the

fact that today it is not in operation, I think this is one of the most urgent, or this should be an area of priority for the central government, or for the Regional Health Authority, as we get on this journey of revising the Regional Health Authority and restructuring our health care system in Trinidad and Tobago.

Madam President, another area of great concern to me is the—[*Interruption*]

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. The Hon. D. Maharaj*]

Question put and agreed to.

Madam President: Senator, please continue. [*Desk thumping*]

Sen. S. Cudjoe: Thank you, Madam President, and thank you Sen. Maharaj.

Hon. Senator: Why are you blushing? [*Laughter*]

Sen. S. Cudjoe: Madam President, another area that is very dear to my heart is this incestuous relationship of public health care practitioners in the daytime to the same public health care practitioner working as a private practitioner in the evening time, and this is something that has been talked about in the media and in the public domain for some time.

11.00 a.m.

Madam President, in the health care system in Trinidad and Tobago, we have an issue of health care practitioners who are grumpy sometimes and very unprofessional at work, and then they recommend services to you to visit them in their private offices in the evening or on the weekend. When you attend these visits, you would not believe it is the same medical practitioner you would have spoken to in the daytime. That concerns me very much, because I think the taxpayers are paying twice for services. So you are taxed for what we call "free health care" at the general hospital, and when we visit the private entities we meet the same doctors with a totally 180-degrees different attitude, but you are paying a higher cost. [*Desk thumping*]

It is not fair to the people of Trinidad and Tobago. I think that doctors who are not interested in being doctors in the public sector should just stay out of it because they make the system very hard and very difficult for the people who depend on them for the advancement of our health services and for the reception of health care. This Motion comes at a very feasible time when we are looking at restructuring the Regional Health Authority system.

I have three more issues with which I want to treat, and I will do so as quickly as I can. [*Interruption*]

Madam President: I wish to advise all Senators that the use of cell phones for speaking in the Chamber is not authorized. Sen. Al-Rawi, be advised.

Sen. S. Cudjoe: Quality control—quality controls and rules and regulations are seriously lacking in the public health care system, in the general health care system. If we develop the right rules and regulations and systems of quality controls for health care practices in Tobago and the delivery of health care services, I think the majority of our problems would be solved and all our difficulties would be minimized.

The professionals in the health care system need to be guided by, not just a code of conduct, but there must be some standards, some rules and regulations as it relates to the quality of health care that is delivered. If that is implemented and enforced, then there is no way a medical practitioner could deliver poor health care services during the daytime in the public health care services, and then in the afternoon in his private system deliver better health care, because the quality controls and the rules and regulations would hold everybody to a high standard. [*Desk thumping*]

Secondly, alongside quality controls, rules and regulations, we need to establish mechanisms to ensure due process and that justice is served when health practitioners do not perform professionally or responsibly in the health care system. Far too often we hear about doctors who are supposed to be on call that were out of the country at the time, or at home at the time or spending some time in Tobago at the time when they should be on call or available and accessible to the people who are on the wards. [*Desk thumping*]

I recognize that the Europeans have established a health care ombudsman, an Office of the Health Care Ombudsman, so people who feel aggrieved by the system could go before the ombudsman to seek redress. I think as we seek to advance or to improve our regional health care services and systems in Tobago, there must be redress. I think far too often health practitioners operate sometimes recklessly and irresponsibly and they get away with it. So due process and access to justice, especially through the office of an ombudsman is very critical. I see for the motor vehicles legislation, the Government is providing some fund to provide assistance to people who got into vehicle accidents. I think some fund should be developed to treat with people who have been aggrieved by the public health care system. [*Desk thumping*]

This then leads me to labour issues. But before I get to labour issues, let me spend a little more time on due process. When things happen in the regional health care system, when unfortunate cases happen, we are now grappling to form a body to investigate that matter and time is going and people are more sickened and saddened by what is taking place in the health care system. There should already be some form of redress committee to treat with these things as they happen, and depending on the specific case then you add specialists to treat with such.

The problem in the health care system—because what I am going to go on to now will deal with labour issues also, because part of our problem in advancing or improving our health care system is that since the 1950s there has been a shortage of health care professionals like nurses and doctors and other professionals. So whenever something unfortunate happens, and let us say the report from the investigation says suspend this specific practitioner or fire this practitioner, or issue some kind of disciplinary action against this practitioner, if there is already a shortage of practitioners or specialists, and if that one practitioner, let us say, the person may be working in the ob-gyn unit, or whatever unit; let us say that is your only specialist, because in many cases it is our only specialist, how are you firing this person? How are you suspending this person?

I know of these issues because I have many family members and friends who have worked in the health care system in Trinidad, in Tobago and in Jamaica over the years, so you hear the same problems happening throughout Trinidad and Tobago and the region. So it is one thing to conduct an investigation, but when the investigation says suspend Mr. Brown, and Mr. Brown is the only specialist you have in that area, how are you facing Mr. Brown to suspend him? This has been the practice over the years. So again I call on the central government to spend more time, more energy and resources in training health care practitioners and specialists for these different areas where we have shortages.

We need to improve payments and labour relations matters for these practitioners. You have doctors working 24 hours a day, five days a week, back to back sometimes, and we have a situation here in Trinidad and Tobago that the younger doctors are complaining about something called a locum system, where they are given six months, or short-term contract after short-term contract. I know several doctors who are on their third and fourth locum contract.

With your locum contract you have no sick leave, no vacation leave. If you work on weekends or holidays you get no additional benefit. If you work on a weekend or a holiday, then you get a day off sometimes, but you are entitled to no time off. So many of our health care practitioners are tired, they are frustrated and the health care facilities, the hospitals, are deplorable.

So when these doctors and nurses go to specialize in another country, they are drawn to greener pastures and to pull factors that cause them to want to say in the foreign country. So it is a wretched cycle of poor health care and poor health care practitioners that we are experiencing here in Trinidad and Tobago. We cannot just throw our hands up in despair; somebody has to break the neck of it. If not now, when? If not this group of leaders, who? Madam President, these are some of the issues that are very dear to me.

Finally, I want to treat with the issue of decentralization of health care services. I think that too much pressure is placed on the general hospitals and more focus should be placed on decentralizing those services to the community centres like we have done in Tobago, with some of our special services, like speech pathology for people who have had strokes and for children with disabilities and so on. I think the health centre service area should be an area of interest and priority for us.

In the 1970s, under the People's National Movement, Kamaluddin Mohammed would have built over 100 health centres, and when Mr. Orville London, Chief Secretary of the Tobago House of Assembly, assumed office in 2001, we ensured that each community had its own health centre to take the pressure off the general hospital. I think the same should be practised in Trinidad.

Finally, there needs to be some focus on public education because many of the problems that people rush to the hospitals for could be taken care of at home if you take care of your body and you eat right, you live right and you exercise right. Public education—I think we need to go on a rigorous public education drive as to what to eat, what not to eat and how to exercise and keep our bodies healthy. [*Desk thumping*] The Know Your Numbers Programme was established by the Tobago House of Assembly, and I recognize that Minister Khan has taken a page out of our book in Trinidad and they are now doing the same programme. The same could be said for the HIV and lifestyle diseases health care clinic. In 2009 the Tobago House of Assembly, or should I say the TRHA, received regional recognition from Caricom for number one service in treating with HIV/AIDS in Tobago and other lifestyle diseases. This system is now being used as a template throughout the entire region.

So Know Your Numbers—the health clinic where there is a roving health clinic going to different communities and helping people as it relates to public education and primary health care is critical, and would help to take some of the stress out of the general hospital system.

Madam President, these are a few of the issues that concern me. As I said before, quality control, rules and regulations, due process, improved compensation and labour relations or working conditions for the members of the health fraternity and certainly the decentralization of public health care and a rigorous public education programme.

We boast day in, day out that health care services in Trinidad and Tobago are free, but how free is it or how proud could we be of a free system where people have to wait on benches for long hours, sleeping in the corridors under tents and beds under tents outside. [*Desk thumping*] You have to worry about your safety and security in the hospital. Patients cannot get their prescription drugs in one visit; you have to come back two and three times to get prescription drugs. It is totally untenable, and I think the people of Tobago deserve much more.

I want to also remind each and every legislator that the doctors and nurses have families and jobs and responsibilities just like we do, just like teachers do. I hear the public outcry about people saying, "These doctors are wicked", or "These nurses are wicked, and they should be doing their jobs based on goodwill", but goodwill does not pay bills. You cannot go to TSTT and say, "This is based on goodwill". This administration, along with our administration, we all need to do better as it relates to treating our health care practitioners with respect. Goodwill does not pay your bills. [*Desk thumping*]

Madam President, these are a few of my concerns. I am sure some of the other Senators would place some more on the record. I thank you very much.

Madam President: Hon. Senators, allow me the opportunity and the privilege to use this time to acknowledge in our presence in the public gallery, a group of bright young students from the University of the West Indies who are on a study abroad programme, who are currently engaged with the Faculty of Social Sciences at our St. Augustine campus.

I think it was opportune that Sen. Cudjoe in her debate asked the question: Where are the students who will take the lead? So I am very pleased to introduce you to students from the Kalamazoo College of Kalamazoo, Michigan in the United States: Mr. Monks, Mr. Hamilton-Wray, Ms. Ballew and Ms. Boulton. Welcome to the Chamber.

I wish to acknowledge Sen. Dr. Mahabir.

11.15 a.m.

Sen. Dr. Dhanayshar Mahabir: Thank you very much, Madam President. I rise to support the Motion of my colleague, Sen. Dr. Wheeler. And the Motion addresses a very critical issue. It is an issue that is essential to human survival. Health care is a basic need. There is an entitlement in every society to adequate health care, just as there is an entitlement to a basic level of nutrition, adequate housing, potable water, there is that expectation that a society cannot be considered to be a developed one if its citizens are unable to access a certain minimum level of health care as the need arises.

This much, Madam President, is not in dispute. The question before us is whether the delivery of health care—the mode of delivery, how it is organized in our Republic—is really the most efficient way in which we can satisfy the health needs of our population. Once we know that there is a limited budget with respect to health care dollars that the State can spend, and a limited budget that an individual also can allocate to health care, if he needs services other than state-provided services, we know that we absolutely must address questions of economy and efficiency. And it is in this background I ask whether we have really reflected on the issue of what really are our priorities in health care.

We are aided via some objective statistics. First, the infant mortality rate in Trinidad and Tobago is unacceptably high. We pale into insignificance and into non-performance when we compare ourselves to Cuba. We recognize that it is a problem which needs to be addressed. The issue is, is the present method of the delivery of health care in Trinidad adequate for correcting this problem? There is the problem of maternal mortality rate, that Sen. Dr. Wheeler, of course, is the expert on. We have too many mothers who are dying when giving birth or as a consequence of complications arising out of the birthing process. But not only do we have objective indicators on the infant mortality and on the reproductive health of women, we do have issues related with the rise in the disposable income of our citizens.

Since 1960, the life expectancy of the average citizen of our republic has increased by a good 10 years. So, today for both men and women it is in excess of 70 years. Well in keeping with international norms, but at the same time, as we have rising life expectancy, we ask ourselves what is happening with the quality of the extra 10 years or 15 years that we are experiencing. We want to get some quality life years. Yesterday we did get some agreement on the motor vehicles Bill, that individuals up to 75 should be driving, and I am happy for them. I want all citizens up to age 75 to be able to drive and to have freedom of mobility. And in order to do that, we want to ensure that the quality of life beyond age 60, to 75, to 80 is such that individuals are independent and they can perform their daily functions without assistance.

But what we know, Madam President, is that there are these lifestyle diseases. Diabetes, similar to countries with an increasing level of income, it is now an epidemic. We speak about HIV and other diseases of that nature, but what we do not recognize is that diabetes is a disease that afflicts perhaps more of our population, and the problem is that they are not aware of it. Many of us recognize that we are diabetic only when we have to go for some routine test, and out of just routine medical protocols they do a pinprick of your finger and they say, "well, do you know that you are diabetic? And we go into shock and, "couldn't be. I am not overweight, I am not a smoker, I exercise", and then they say, "no, you are diabetic" and you have to come to terms with that.

Hypertension, another problem. You simply go for a medical test and your blood pressure is taken by the nurse, and she says, but this number is in excess of 130/70, it is way in excess, and you realize, well, you have been living with a serious, serious problem for quite a while, recognized too late. Cancer, we have all types of cancers, and we are seeing now diseases which are really diseases such as breast cancer associated more—[*Cell phone rings*]—I do not think it is a cell phone, Madam President, I think it is an iPad misbehaving. They do tend to misbehave like that occasionally [*Laughter*]

We are seeing cancers such as breast cancer rising in incidence. We are seeing cancer such as cervical cancer rising too. So, we have lifestyle diseases, we have diseases associated with rising income. So that rising income itself will add to years of life, but it does not guarantee an improvement in the quality of life, and we need to be looking at the quality of life. The problem of diabetes is a particularly serious one, because limbs can be lost, so you will have a longer period of life, but without limbs. We are seeing problems such as arthritis and so on, which can really undermine the quality of your life. We need to recognize what our priorities are.

And also, Madam President, we need to recognize too that with an ageing population, we are going to see some geriatric-related problems. Problems of dementia and Alzheimer's, lack of mobility, we do need to look at our geriatric population and to determine exactly how we are going to treat with this. Better to plan for the inevitable than to be taken by surprise when the inevitable confronts us. The issue before us simply is whether the current system of health care delivery at the level of the State, that which is known to be free, is adequate to address these concerns.

And, I will come back to the adequacy of the decentralization of administration, but I want to focus now on the priorities. I think few in the medical and in the non-medical profession can dispute that some of the diseases—it is not an exhaustive list, of course—but some of the diseases that I have mentioned, some of the problems alluded to, are really without challenge. We do need to address them, and we need to recognize that many of these problems are preventable.

Let us equate, Madam President, the human body to a machine, which is what it is. It is just a machine that was not created in a factory, but like a machine we have teething problems when we are young, we are supposed to sort those problems out as we get into our teenage years, and as the machine gets older, you expect certain problems to arise. And with every machine, man-made or created by the higher being, we know the old adage: Can we identify the problems and potential problems early? I think if we could get that into our psyche, that early detection will save a great deal of our health care dollars, which could be allocated for other purposes, then we know where our priorities should lie.

I want to extend what Sen. Cudjoe has mentioned with respect to primary health care. I think we do not need to decentralize our health centres, which in the long-ago parlance were called health offices. In every community a health centre, available to the public for free, should be able to do a number of the early warning mechanisms before the problems become serious. Take, for example, infant mortality. Infant mortality cannot be solved when the infant is now born. It has to involve prenatal care. At the point of conception you would like the future mother to register with her

nearest health office, which would have a trained midwife in these particular problems, to guide that mother, that expectant mother, on nutrition, how to care for her unborn young, to avoid smoking and alcohol and other at-risk activities, a system of education from early, so that at the time when the baby is born, this mother is already well educated by the local health centre, that she understands how she must care for herself, how she must care for her baby.

It would involve something as simple as providing the nutrition supplement. It would involve ensuring, if she is a poor girl, a poor woman, she has access to a food card so she would be able to finance the nutritional requirements, both for herself and her unborn child. And once the baby is born, I think that every health centre in the country should have a requirement that on a monthly basis there is a visit and the progress of the child is tracked, the progress of the mother is tracked, so that once the baby, in that critical period of day of birth to a year, is looked after periodically, I think we can address at the level of the health centre. A simple nurse, we do not need any specialist there. We need the nurse, the midwife, trained in this, to educate the mother and to tell her—we assume that nature gives the mother all that she needs to know about the caring of the young. Let us disabuse ourselves of that notion. Let us remind the young mothers about some of the things that they can do wrong.

When you look at some of the diseases like gastroenteritis and so on, it has to be that adequate precautions were not taken with insect-borne diseases, and so I think a programme of education at that level should be adequate at the very beginning to give ourselves a number. I would like the infant mortally rate to drop from where it is over the next five years. I think it is somewhere around 18 per thousand, to drop somewhere to around 10. If we can measure some of those indicators we will know how we are doing, and we will be able to take some corrective actions and intervene at the correct stages.

Primary health care and education will go a long way towards diabetes. I think that as soon as someone turns age 40, the big 4-0, it should be that you go to the health centre on your birthday, it is a birthday gift from the Government, and let the nurse do something that will take a minute, take your blood pressure—okay, your pressure is good—take that blood test. I can perform that test, Madam President, in 10 seconds, you just "chook" the finger, and you put it on the strip—"yeah, you chook the finger" [*Laughter*]—and you will get the number, at age 40, and you do it then on your 41st, your 45th, because, you see, many of us do not realize we have this problem and it is a serious issue. If it could be screened at the health centre, and we are known to be pre-diabetic, we take some action at age 40, before having to take drastic action at age 50.

The action, Madam President, is drastic. When you are accustomed to ice cream—I know that of which I speak—and you are accustomed to fried chicken, and you are accustomed to paratha roti, and you have to look at these things, and look at them, and look at them and not have them, the quality of your life deteriorates.

11.30 a.m.

So, I would say, let us use our health centres. What will happen? The quality of our life will be preserved but we will ensure that people who are at risk of losing their limbs because of this problem of diabetes, which is a slow killer, hypertension a slow killer, both of them can be diagnosed early, very early and for $5. The cost of one of those diabetic strips is $5. You would be able to tell someone at age 40 simply go to the health centre, get yourself tested, do it on the anniversary of your birthday. It is going to be free. It will cost the Government $5. It might save the Government a million dollars later down the road in having to hospitalize such a person.

When we address these lifestyle diseases in this way, I think what we need really are our primary health centres. Let us look at the concept from the business world of franchising. You want the health centres to do the same thing, whether it is in a remote part of Mayaro, Chaguaramas or in central Port of Spain. The health centres should be performing these basic services because these are conditions which affect all of us similarly, regardless of where we live.

Decentralization is efficient when there are problems which are locale-specific. Local government is meant to really look after the needs of the local population. But if you have problems which are common across the twin-island Republic, then certainly our primary health care facilities, our health offices, should be able to act as screening devices so that we are able to be gateways, early warning signals, before problems exacerbate. And clearly this is where the avenue for education now exists. Exercise, watch your weight, minimize alcohol consumption, eliminate smoking and we are able, at a very low level in the primary health care system, to address some of these concerns which are going to become major.

But that is, Madam President, what we can do across the board, once you get the health centres right, and one of the ways of getting a health centre right is not only by providing the services but for people who man these centres to understand that dealing with people, interpersonal skills, making people feel comfortable coming into the centre is something that is very important. We do not want people

with attitude. You see, the problem with the public service in this country is that we get the perception— sometimes it is not so but we get the perception—that the public service is full of people with attitude. Let them have attitude but good attitude. What we want is for there to be a user-friendly environment that anyone can walk in and get some of those primary services addressed.

Madam President, the problem also is that we do have serious issues and the Government, I must say, is dealing with them. I understand the oncology centre is going to be a reality that we will be dealing with cancers in centralized institutions. This is something that has been in the budget for quite a while. I recall this oncology centre being in budgets since, I do not know, the last 15 years. Let us hope we finally get it.

Sen. Hadeed: Since Adam was a boy.

Sen. Dr. D. Mahabir: Well, a long time ago. It has been a long time. It is the same like the Mamoral Dam. Since I started analyzing budgets in 1992, I heard of the Mamoral Dam. I do not know if it is happening. I heard from the Minister of the Environment and Water Resources that the Mamoral Dam is finally going to be dammed. We do have some projects which are long in the pipeline. The problem, I think, is that we need to understand that there are needs in this country and they need to be discharged.

Take something like cataract surgery. A cataract surgery is a basic operation. It is done, I understand, in India, not by the medical specialist but by the people who have been trained by the specialists, they are supervised by the specialists and done within a matter of an hour. We have to wait an inordinately long time for a cataract surgery. We have to spend a lot of money now and time, with respect to the cancers.

Are our more specialized hospitals geared for addressing these needs? Well, how do we know, how do we not know? One of the measures that we can use objectively is waiting time. How long does it take for a routine surgery to be implemented? What is the waiting list? Once we compare ourselves to international norms—and I am not talking about the complex surgeries, I am talking about the ones that are now considered to be basic and routine—if we can shorten the waiting times for some of these procedures, then—and the waiting times for them would require better management. You need a battery of tests. What happens if the testing equipment is not available, if the MRI machine is not functioning? You are pushed into the queue so that the management of the institutions become of paramount importance.

Whether they are centralized or decentralized is of little consequence in relation to how they are managed/micromanaged on a daily basis. The hospital management is going to be important. And in management we know we cannot do everything. A hospital cannot really address every concern, every problem which it is dealing with.

I took a drive on the highway just last week and I was surprised, I saw the Couva Children's Hospital just before that Rivulet Road and I was amazed that we are moving in that direction, a specialist hospital for children. And I think this is the way to go. We are following the Toronto SickKids Hospital model. There is also, in Toronto, something known as Sunnybrook for trauma, and it means that there is benefit to having institutions which are specialized in certain types of diseases and cares. A children's hospital catering to children's diseases will do the following: it will attract a number of individuals/specialists who are specialized in the problems of children. But at the same time, what we need to understand is that we cannot have these stand-alone specialist hospitals across the country, because of capacity. It may mean that we certainly may not have so many sick children to occupy a full hospital, and it is in this context we are looking at the optimum institution.

What is the optimum institution in a locale such as Trinidad and Tobago? I think Tobago needs a general hospital, because to get to that Scarborough unit from anywhere in Tobago will take not a long time and it makes little sense having a specialized hospital in Tobago when we can have specialized units within a general hospital. But in Trinidad, it may very well mean that we identify—and I think this was the intention of the RHA Act, that you will get hospitals across the country and these hospitals will provide, all of them, accident and emergency.

In fact, I hope that there is a ground floor at that children's hospital in Couva that will deal with accident and emergency for anybody, because it is on the highway and anyone with an event on the southbound highway close to the locale of that hospital, if there is an accident, I think it would make sense for the ambulance from Chaguanas, say, to get to that unit quickly. Let the individual be treated before being transferred to another unit. If, of course, the person is a child, you stay in that unit. It would make sense to do that. So that once we can get all those hospitals dealing with accident and emergency to save lives—because in saving lives minutes matter—then we look at a model where, really, the various hospitals we have can truly and genuinely specialize in certain activities.

Take for example, the problem we have had with caesarean sections. It may very well be that once a woman, a mother-to-be, has a high probability of having a caesarean section birth, before the child is born, I think, if we have a specialist C-section unit somewhere that deals with complications made up of senior medical practitioners, experienced practitioners, junior doctors, all of them on call, that is what they are known for.

In the event of any untoward problems we do not have a senior specialist somewhere in the east who is not available to the hospital in the west. We have them within close proximity. And I think if we redeploy in that way and if we can specialize in a number of areas, Port of Spain orthopaedics, in Mount Hope, cataract surgeries, and we get within hospitals—I understand San Fernando General Hospital has some serious problems—they will determine what is the best that they can specialize in. But really, if we can undertake that particular model then we know that everyone with an accident and emergency problem can go to any hospital. But when you are looking at specialist care for various problems, it may very well mean that you are transferred to the hospital that is best suited, has the cadre, the minimum amount of specialist staff that you need.

What is the reason for this? We have a limited pool of specialists. We cannot extend our specialists in one area where there is a great need for him and then in another area his services are underutilized. Let us concentrate, it is all about rationalization, so that at the end of a period we can say the person who is in need of orthopaedic care has found himself in the hospital that has developed over time, a level of expertise for that care, as opposed to having three and four hospitals doing it. Let us determine if two can do it. This is all looking at the economics of the matter. Our health dollar is limited. Let each hospital determine what it can do well, it is called comparative advantage, and specialize on that. In that way, the quality of care certainly is going to improve. We will be able to stretch our health care dollars much better. We cannot do everything well but there are certain things that we can do well. That is why there are specialties in the medical field. There are specialties in almost all professional fields. Let the specialists congregate and deal with that.

What it would mean economically is when you are dealing with cataract surgery, say in one hospital—I know it would be inconvenient for someone from La Brea to get down to Mount Hope to get his cataract surgery done if he cannot get it done in San Fernando. But my position is this, it is better to make the trip from Point Fortin to Mount Hope if that is the place where you will get the cataract surgery done in less time and if you are going to be sure that the specialist there with the expertise will be able to give you a surgery that is going be as risk-free as possible, and I think with the inconvenience of having to travel, there should be the comfort of knowing that we are at poles of excellence.

The Government has emphasized poles of economic growth. In some areas like Couva you may have something. In Chaguaramas you may have some things. I think each hospital in the country should be a pole of excellence for something. We do have a teaching hospital, one teaching hospital, but I do not see why medical students cannot be rotated to work with the specialist hospitals across the country, including in Tobago. If we have a burns hospital somewhere in the oil belt then let the students be rotated to the burns hospital so that they will understand what it is to deal with high specialists in their field.

We need, not only to decentralize our administration, but we need to rationalize. We need to look at our health care dollars and to ask ourselves, given the brilliance that we have in health care, it is not easy to get into medical school. You require, I understand, AAA—maths, physics, chemistry—and sometimes they discriminate on the As. There is a big A and a middle A and a small A. It is only the big As can get in. The medical profession is dominated by the brightest in our society. I am hoping that the economics profession will attract some of these people, but the medical profession—[*Interruption*]

Sen. Ramnarine: Hardly likely.

Sen. Dr. D. Mahabir: No, no, no we will inspire them because it is more exciting being an economist. I mean, look at how many things you can talk about. A medical doctor would talk on the duodenum for hours but after a while he will exhaust—but the reality is this, let us—we understand we attract the best into the medical profession. It is not as if our medical doctors are of subpar quality. They are of the highest quality, international standards specializing in international institutions abroad.

I think, in order to make the best use and in order to instil into them a level of comfort that you are working in a pole of excellence, a good professional just does not want to earn an income, an income in only 10 per cent of the income of a professional. He wants to know that when he does that piece of surgery nobody else could better that. He wants to know that when he puts on that bit of splint on the orthopaedic, that steel he puts in there, that is the best piece of steel that could be put in a human body. It is the level of professional pride. You want to see the success of your work.

I think if we could raise the morale and create centres of excellence in health care, not only will it be good for the citizens of Trinidad and Tobago, citizens of the Caribbean should be looking at Trinidad's hospitals when problems arise in St. Kitts, Nevis, Anguilla, elsewhere. They are small countries, so someone with a kind of a serious problem there should know that Trinidad is the place to come for this type of problem. That does not mean that we specialize in all diseases. We

still have this programme where children from Trinidad have to go to Miami to get treatments for certain types of diseases. The reason is you may only have two or three children like that in the country and our health dollars are better spent on the majority of cases and let the foreign institution do these minor cases because they are pooling from around the world too and they are located.

The United States has these centres of health care. US health care is interesting, some of the best health institutions in the world, but yet not available to the poorest citizens. They need to look at their delivery as well and they have been. We need to look at our delivery.

But I promised my colleagues I shall not be long. So much to talk about. Final point, decentralization alone would not help. It is reprioritization, redeployment, economies and efficiencies, motivating our staff. That, I think, is really where we have to go if we are to have a world-class health apparatus in this country. But one thing that is missing, really, is the ageing of our population. My colleague, Sen. Dr. Balgobin, said yesterday 75 is the new 50. Soon 80 might be the new 50. But we are going to find not all 80-year-olds are like the people in Okinawa in Japan. At 90 and 100 they are moving like my old rear-wheel-drive cars. They are going and going and going and not seeming to stop. We are not that fortunate. We want to get there.

While we are getting there we do need to understand that geriatric care is going to become a major problem because we are getting more and more people entering the retired pool, living longer and there are some peculiar geriatric problems. Unfortunately it used to be that our parents held the view that the children will look after them. We now know our children are a little more vocal and honest. They are saying they want nothing to do with old people. The reality is the extended family system has deteriorated. We are now on our own. Our children have taken and they have disappeared. So we do need to look at geriatric care.

I do not know how many geriatricians there are in this country. We do need—I am speaking about geriatricians in the medical training, colleague Sen. Prescott. Sen. Prescott has some concerns. Do not display your age and your concerns. Declare your interest. We do need the specialist geriatric care. We have problems such as Alzheimer's. We are seeing it in the advanced countries, dementia. These are problems which would require specialist care. But as we start to look at the quality of life, having extended life, what we need is to examine whether health care delivery now will not consider facilities for assisted care, where people who can no longer live in their homes, because they cannot look after—or who can live in their homes, they may need assisted care from people who are coming to help them.

The Minister of Tertiary Education and Skills Training maybe has a role here; that is, I see a programme where people who are given a six-month training on geriatric care, they are not nurses, they are not doctors, they are trained to look after the elderly, similar to how Servol trains teachers to teach little kids. So, a system certified, I do not know if it would be GATE-approved but we do need people trained by the Ministry of Tertiary Education and Skills Training.

Sen. Robinson-Regis: That exists already.

Sen. Dr. D. Mahabir: We need these people now available to assist private individuals in their homes.

Sen. Robinson-Regis: We have that already.

Sen. Dr. D. Mahabir: Well let us advertise it because I have asked for that and I have not gotten it, not for myself.

Sen. Karim: This is very futuristic.

Sen. Dr. D. Mahabir: Very good. In that situation we may need facilities. We do have what—people can assist individuals. But I am looking now at individuals who cannot live in their homes, they are unable to look after themselves. Right now many of these people find themselves in the public hospitals where they stay. That is not where they should be. What we need are really institutions of assisted care for people who cannot look after themselves. They are not in need of medical care on a daily basis. That is required, say, on a monthly basis but they may be in need of people to look after them and we cannot lean on our existing nurses to do that. They are trained for the health care system. We need people who can look after the elderly; the elderly problems with mobility, medicines, who can ensure that they are adequately sanitized and so on, entertained. This is the kind of programme I see that we need in the future to run these new types of institutions.

I think, Madam President, if we look at our health care needs and the changing needs of our elderly population, which already exists in other countries but which will become more of a reality here, we would go a long way towards making better use of our health care dollars and I therefore commend my colleague Sen. Dr. Wheeler for bringing this issue of health care reform before us, so that we can ensure that the basic need of health care for our citizens of Trinidad and Tobago can be satisfied now and in the future.

I thank you and I support the Motion of my colleague. [*Desk thumping*]

The Minister of Trade, Industry, Investment and Communications and Minister of State in the Ministry of Finance and the Economy (Sen. The Hon. Vasant Bharath): Thank you, Madam President, for the opportunity to contribute to this debate that, I think, we have all agreed is a critical one and certainly critical to the quality of life of our fellow citizens.

I want to start by thanking Dr. Wheeler for bringing this Motion to the Parliament, because it gives not just Senators in the Chamber the opportunity to contribute to the debate, but it also gives the listening public an opportunity to understand the work that the Kamla Persad-Bissessar Government has undertaken in the last five years with regard to reform of the health sector. I want to say that the reform of that sector, of the health sector, started on our first day in office and it will certainly continue for at least the next five years. [*Desk thumping*]

Madam President, it is instructive to note that this Government's first Cabinet Note, Note No. 001, was a Note dealing with saving the lives of children in Trinidad and Tobago who are perilously ill and in need of life-saving operations. In fact, the Children's Life Fund was this Government's first Cabinet Note and to date we have saved the lives of over 130 children—[*Desk thumping*]—who otherwise would not be with us today.

So today, in my capacity I rise to speak in my capacity as Chairman of the National Health Council to update citizens, through you, Madam President, on the work that the Government has embarked upon in the last five years. I want to also be certain that we are realistic, in terms of our aspirations and what our expectations are, simply because we are dealing with a sector that has suffered many, many, years of neglect and it is almost impossible, looking at the existing landscape, to recover in a very short space of time. But I think, by the time I am completed here today you would have seen a full picture of the work that the Government has embarked upon and how we intend to take the health sector into the future.

I want to start, Madam President, with the formation of the National Health Council. I think it is important that we understand, and I think we all appreciate that people in need of care, treatment, surgery, testing are at their most vulnerable and feeble and they want to, obviously, have confidence in the system that they will be met with a certain degree of care and dignity when they attend any of these health institutions.

Madam President, it is with that in mind that the hon. Prime Minister formed the National Health Council and the Council was mandated by Cabinet to ensure that we always stayed connected and focused on those who needed care the most, to provide health care and oversight of the health sector to those, that I have said, who are most

disadvantaged. The National Health Council is meant to support the Ministry of Health in overcoming the bureaucratic hurdles in our advance on health reforms. It was set up to review and advise on strategies to support delivery of health services and it was also set up to build new non-medical strategies that will support the Minister of Health in his response to health care needs.

These recommendations emanated out of the Prime Minister's National Conversation Initiative and the issues, as have been highlighted in many of the contributions prior to me, related to long waiting times at hospitals and institutions, the quality of medication being dispensed, the issue of clean surroundings, beautification and maintenance of these surroundings and the fact that there was very little room for complaints by patients when in fact they were badly treated and there was no feedback mechanism within any stipulated period of time for these patients.

Quality customer service has been mentioned already. On many occasions it was one of the top priorities and the issue of attitude as has been mentioned again by Dr. Mahabir and others has also proven to be an issue.

Madam President, in moving this Motion for debate Dr. Wheeler gave quite a comprehensive overview for which I thank him. He harked back to the period in 2003, when the then Minister of Health, a Member of the Opposition in the other place today, collaborated with the United Nations to develop a programme that was called the Institutional Strengthening and Support to the Ministry of Health.

But he lamented 10 years later that many of the complaints that this was supposed to have resolved remained. Long wait times for treatment in accident and emergency clinic and some surgery, doctors being able to see you but not being able to accommodate you for lack of beds, junior doctors complaining of long working hours with no meal breaks and unsatisfactory accommodation for doctors working long spans.

Dr. Wheeler suggested, amongst other things, a forensic financial audit, human resource audit, with emphasis on senior management positions, clinical audits, a revamp of the annual services agreement. He said that efforts should be made to hire experienced, qualified staff, analysis to see if we really need four RHAs in Trinidad and Tobago and proper performance management systems.

Madam President, I want to give a broad overview of how the Government, through the Ministry of Health, has approached reforms aimed at fixing many of the problems that have been highlighted by Sen. Wheeler.

We have embarked on some legislative advances, namely the Regional Health Authorities (Amdt.) Bill, 2011, which was brought to this Parliament, to allow firstly, one Regional Health Authority to procure goods and services on behalf of all five

RHAs, which was passed in 2012; to achieve economies of scale and timely and cost effective procurement of goods and services. Also, to meet the needs of another important aspect of health care, the emergency ambulance services and emergency medical personnel regulations was brought to the Parliament in 2012.

12.00 noon

I must also add that, giving support to the legislative framework guiding the operations of the health sector will be the procurement legislation. And this will serve to enhance public procurement in a manner that gives Government foresight on issues rather than hindsight on audit procedures. That is not to say that the audits called for by Dr. Wheeler are not important or we will not consider them. Of course we will. Rather, however, it is to say, Madam President, that our approach to build the audit function is at the front end of delivery and not at the tail end. This means, of course, that services are delivered, they are cost effective, they are entirely beneficial to citizens and they are operationally efficient, having already rigorously been assessed on the basis of strong procurement procedures.

So, Madam President, having indicated how we sought to improve legislative and regulatory governance for health and the RHAs, we also looked at other critical areas of needs. One of the issues topping the list was the issue of staffing of the health system. And again, that has been an issue that has been spoken of on several occasions. And we tackled the issue of staffing in two ways: one, short term and, of course, there is a longer-term measure that needs to be sustainable.

Locally, we established the Academy of Nursing and Allied Health in El Dorado, under the auspices of the Minister of Tertiary Education and Skills Training, to ensure that we expand our health system at the community health facility and general hospital levels. We also expanded the capacity of the training of skilled medical professionals. To date, that particular institution which started in 2013 has turned out over 250 nursing graduates, Madam President, in the areas of radiography, medical laboratory technology, pharmacy assistance, ultrasound and phlebotomy since its opening in 2013. And another 550 with associate's and bachelor's degrees in general and psychiatric nursing. [*Desk thumping*]

In addition, Madam President, the same Ministry, the Ministry of Tertiary Education and Skills Training, and the Schools of Nursing and Midwifery in 2013 committed to training two additional batches of basic general nurses, RNs as we know them, direct entry midwives and post-basic RN midwife and specialist nurses. And together with COSTAATT they forged an agreement to have students in health programmes intern at health facilities and RHAs. And that comes back to what Dr. Mahabir was talking about of direct intervention with these young people entering the health sector.

There has also been ongoing negotiations and discussions with the Faculty of Medical Sciences of the University of the West Indies to expand the range of postgraduate medical specializations. Actually, this is how we have addressed the capacity and skills requirement for the longer term. But we also appreciated the need, Madam President, for short-term measures through agreements and partnerships. Cabinet approved in 2013 a wider scope of recruitment of medical professionals. This followed efforts initiated in 2011 which saw 446 health professionals recruited in Trinidad and Tobago, Madam President. Two hundred and twenty-eight Cuban nurses; 109 Cuban doctors; 17 Cuban pharmacists; one biomedical engineer; 35 Grenadian nurses; 74 St. Vincent and the Grenadines nurses; and 19 St. Lucian nurses.

Madam President, we also tackled this issue of staff shortage on a bilateral and multi-lateral front. Through the United Nations Volunteer Programme, an agreement between the UNDP and the Ministry of Health was signed on June 6, 2014, and 14 doctors were interviewed and selected.

We also entered into a Memorandum of Understanding with the Government of the United Kingdom to promote trade and investment in technical and infrastructural services. An MOU, Madam President, as Sen. Cudjoe referred to earlier on, was signed in July 2014 emanating out of the hon. Prime Minister's visit to China for 10 health care professionals to be assigned to Trinidad and Tobago:

- 1 anesthesiologist;
- 1 operating room nurse;
- 1 vascular surgeon;
- 1 vascular ultrasound technician;
- 1 interventional cardiologist;
- 1 general surgeon;
- 1 neurologist; and
- 2 neurosurgeons.

And it is interesting because of the technical nature of the operations that these Chinese doctors have performed. They have been able to save lives that otherwise operations would not have been able to have been performed in Trinidad and Tobago. In fact, I am just going to read, if I may, just very briefly from the *Express* newspaper, January of this year. It said:

"On January 13, a 37-year-old woman spent 20 hours under the knife at the San Fernando General Hospital to remove a brain tumour almost the size of a table tennis ball.

The high-risk surgery was performed by specialist neurosurgeons who came from the other side of the world—a team of Chinese medics who have been operating out of the hospital since last year.

The patient, a mother of two, survived the surgery and is recovering well. She owes her life to the people she may never meet again."

And it goes on to say, Madam President that:

"Last August, ten Chinese medical professionals left China…to come to Trinidad and Tobago"—to work.

And it was prior to them coming, the hospital only had one neurosurgeon, a Cuban doctor.

What is interesting here, Madam President, is the speed at which these doctors operate, the number of operations they can perform and, of course, the cost at which they can perform it, saving the Government of Trinidad and Tobago millions of dollars.

In fact, 30 of these procedures have now been completed, but they were very high in praise:

—Professor—"Zhang"—who actually leads the team—"had high praise for this Government, specifically the Ministry of Health and its line Minister, Dr. Fuad Khan. Contrary to what some citizens may think, he said the Government was trying its best to develop the health sector. "

He was also very:

"…high"—in—"praise for the staff at the SWRHA and Mt. Hope…he said"—they—"were always ready to assist. "

But he also went on to talk about some of the challenges that were involved in improving the health care system in Trinidad and Tobago. He said:

"Some"—of the—"challenges are not isolated to Trinidad and Tobago alone, like the global rising costs for medical care. Zhang said: 'Trinidad and Tobago developed very fast in the recent'—last few years—'"But the improvement of the health care cannot be so fast. "'

He gave some reasons related to training, human resources, equipment, space and facilities and then, of course, he lamented the fact that there were only 10

neurosurgeons in Trinidad and Tobago, and, of course, based on the amount of work required it was just not enough. He ended by saying:

> "'…We came to help the Trinidad and Tobago Government save money, so they can use that money to help save more lives. '"

So, a lot of work has been going on in terms of recruiting the staff that is required to be able to fulfil our mandate which is providing proper health care and efficient health care to all of the people of Trinidad and Tobago. But we understand, Madam President, very clearly, that because of the backlog that we have inherited, because of the facilities that we are working with, we understand very clearly that this is not a short-term fix. So therefore, to be able to alleviate a lot of the problems that patients suffer, we have started something called the External Patient Programme. I know some of the contributors prior to me would have talked about the backlog. Dr. Mahabir, in particular, would have spoken about the backlog of patients. And I just wanted to give you an indication of the External Patient Programme and how it has cleared a significant number of the backlog that would have existed in 2010.

The External Patient Programme is really essentially a public sector/private sector initiative. And it is meant to facilitate patients whose procedures cannot be accommodated at public institutions in a timely manner. These are some of the operations that have been performed in the private sector on behalf of the Ministry of Health through the External Patient Programme:

Cataract Surgery: In the year that we have launched this programme, Madam President, 1,393 patients have applied for cataract surgery, 981 of them have been approved thus far and sent to institutions. The cost to the Government thus far, $5,298,000 for the 735 patients who have already had, in the last year alone, cataract surgeries.

Joint Replacement Surgery: To date joint replacement applications have been 391 patients making application, 228 of them have been approved thus far, 75 patients have already had their operations at a cost of $3,998,000.

Radiology services, Madam President, 1,461 applications have been received, 1,217 have been approved and 851 have already had their procedures at a cost of $2,342,000.

Angioplasty: To date angioplasty applications have totaled 14 patients, and the estimated cost for those 14 patients—sorry—approximately 152 applications and the estimated cost will be $10,032,000; 14 of them have already had their procedures.

Prosthetics: We have had 200 applications, 83 patients have already been seen, and the estimated cost for the 200 applications will be $20,500,000.

Adult cardiac: We have received 489 applications and the estimated cost $29,844,000.

Cancer treatment: Dr. Mahabir raised the issue of cancer treatment. We are performing cancer treatments at two centres across Trinidad and Tobago through this public sector/private sector partnership, at a cost of $23,177,000.

Renal dialysis: A total of 1,900 patients currently receive renal dialysis. And this figure is, the estimate is approximately $46,000,512.

And any other surgery, Madam President, that is deemed to be urgent will be taken care of under this medical aid programme, and we have set aside $20,500,000 to be able to provide these services to the people of Trinidad and Tobago.

So a lot of the backlog now is being cleared. In fact, I remember very clearly when I was Member of Parliament for St. Augustine, and one of our national cricketers actually came to me, his grandfather who was about 85 years old needed a cataract operation. And they gave him a waiting time of three years. Okay, three years to have the operation. I called the then Minister of Health, I was in Opposition at the time, I called the then Minister of Health and he was able to assist with this elderly gentleman who may not have survived a further three years. And what happens also, Madam President, is by the time the operations come around the condition has gotten so bad that even the operation sometimes fail to give the patient back good eyesight.

So what we are doing now is we have a situation where cataract operations and many of these operations will have a waiting list of no more than maybe two to three months. I think when one considers where we started off in 2010, this is a remarkable achievement. Also, Madam President, I talked about patients coming into health facilities and hospitals and being greeted by, sometimes, very grumpy workers, and it has been talked about before, people with attitude.

12.15 p.m.

When you are ailing, Madam President, when you are sick, when you are vulnerable, the last thing you want is to be greeted by people who are "hoggish", as we say in Trinidad and Tobago. They do not care; they seem unconcerned. And, so, therefore, the Government launched something called the Customer Service Representatives where we have rolled out over 700 of these Customer Service Representatives across Trinidad and Tobago in all of our health facilities, all young people, all, actually on the OJT programme from, again, the Ministry of Tertiary Education and Skills Training, and we have employed them across all of the RHAs.

They are essentially trained in customer service, professionalism, deportment, confidentiality, effective communication, dealing with difficult people, telephone and office etiquette, health and safety procedures and patients' rights and obligations. And when you go to any of these health facilities, Madam President, today, you will see them all dressed in a specific uniform that identifies them immediately as a customer service representative, with a badge that says: "How can I help?". This has gone a long way to creating a link between the patient and the health institution. [*Desk thumping*]

Dr. Mahabir mentioned the issue of the elderly. I want to say that we have found, Dr. Mahabir, that there are many patients who live in the hospitals because they have nowhere else to go. You said their children have sometimes abandoned them and they have become very comfortable. We have had patients who are in hospitals for more than 10 years. There is nothing wrong with them, but they have nowhere to go. And I want to let you know that through the Ministry of the People and Social Development we started a programme a few months ago where we have now moved close to 20 of these long-stay patients out of our facilities and we have placed them in places like St. Emmanuel's Home for the Aged, the Dar Al Hanan Home for Seniors, the Couva Home for the Aged, amongst others.

Some of these patients, as I said, have spent more than 10 years in hospitals. And, of course, the intention is that we will now, not just find a home for these people, but we are going to free up beds that they were occupying and have been occupying for many years. [*Desk thumping*] And I want to thank my Minister colleague here, Sen. Christine Newallo-Hosein, for being very flexible in being able to find homes for these people over the last few months.

So, Madam President, the foregoing that I would have mentioned, tells how we have approached reforms on the legislative, on the procurement and on the staffing fronts. I want to turn now to the infrastructure side of health care by relating how we have enhanced the existing facilities and the construction of new modern facilities. I think there can be no doubt when one looks across the landscape of the country—not just in specific areas but across the country—there have been unmistakeable advances in the health sector. [*Desk thumping*] The vision guiding public health and private health sector reform in Trinidad and Tobago was the creation of a service that delivered access to quality care for citizens at more geographic locations and closer to their own communities.

Madam President, it is worth taking careful note of the progress being made, especially, of course, coming on the heels of a government—in 2010— who had been in office, I think, for close to 40 of the 50-odd years we have been an independent nation, and they have always been a very promising Government. You know, they

promised a lot of things but they have not delivered. In fact, Sen. Cudjoe was talking about people sleeping in tents and so, and I want to tell her, that is a PNM horror of the past. That is no longer existent in today's world of health care in Trinidad and Tobago. [*Desk thumping*]

You know, many, many promises that they have made in the past—you know, it is interesting. I came across some documents recently, going back to 1961 and the promises that the PNM has made, not just in health care; it is a whole thick dossier of promises in many, many different areas. The first one, just as a matter of interest and off the point completely, but in 1961 they made a promise to build a highway from St. Mary's to Point Fortin. In the 1966 manifesto it was stated at page 9 that:

> Studies and surveys are in progress in respect to the highway from St. Mary's to Point Fortin.

Sen. Hadeed: "Nah, dah cyar be true."

Sen. The Hon. V. Bharath: 1961.

Sen. Hadeed: Nah!

Sen. The Hon. V. Bharath: I am just putting it in perspective. But I will also tell you in 1961 a promise was made for expediting of the Rio Claro Hospital, Madam President. In 1966, the manifesto then said:

> Work on the Rio Claro Hospital is about to begin.

Sen. Hadeed: What?

Sen. The Hon. V. Bharath: 1961, Madam President. And it goes on. In 1966, Rio Claro Hospital update. In 1966 the PNM promised provision of a new 20-bed maternity ward at Couva and Arima, reconditioning of the Cedros Hospital and rebuilding of the Mayaro Hospital.

Sen. Hadeed: "All ah dat" was when?

Sen. The Hon. V. Bharath: 1966, Madam President. I am really just trying to get us to a point so we understand where we are today and how we have arrived here. In 1981, the PNM pledged expansion of the Port of Spain General Hospital, which is what we are doing today. Completion of new facilities at the San Fernando Hospital to increase bed availability from 674 to 900. Never done. Appropriate steps for a new hospital to meet the needs of the southern region beyond 1985; institution of open heart surgery at the Caura Hospital; increase in the number of beds at the Arima Hospital, Sangre Grande Hospital; construction of a new hospital at Arima—1981.

Hon. Senator: What?

Sen. The Hon. V. Bharath: Increase in the number of beds in Couva, from 72 to 200; a new hospital to specialize in industrial medicine, Point Fortin—Point Fortin! It is this Government, Madam President, [*Desk thumping*] two weeks ago, just turned the sod to build the Point Fortin Hospital.

Expansion of the Mayaro Hospital to provide 50 beds, blah, blah, blah. And so it goes. It goes on; it is a whole list. I have the—right up until 2010 when they demitted office they were making promises about health care facilities in Trinidad. In 2007, the PNM promised the completion of the Scarborough hospital, and I have a little bit to say about that in a little while—and the new wing of the San Fernando General Hospital. Construction of hospitals—again—at Point Fortin, Chaguanas and Sangre Grande, and construction of additional health centres at strategic locations throughout the country. And also, by the way, the establishment of a National Health System.

So all of these have been promises that they have been making. This is just the health sector, of course, but there are many, many promises they have been making since 1961, that we are now delivering—or the People's Partnership is now delivering on. [*Desk thumping*] Some of them, of course, the Scarborough General Hospital, which we have delivered on; the National Oncology Centre that Dr. Mahabir talked about. After the PNM spent $100 million and all we could see was grass and a big hole, the National Oncology Centre now is rising up into the air like a phoenix from the ashes. [*Desk thumping*] The Port of Spain General Hospital upgrade, which we have now embarked upon, as I mentioned; the Point Fortin General Hospital and the Arima Hospital, for which the hon. Prime Minister has turned the sod in the last few weeks.

So promises are great to make, but they are worthless if there is no intention of carrying them out. In fact, this is the Government that has kept over 90 per cent of its promises. [*Desk thumping*] We have completed the upgrades of 105 community health facility centres across Trinidad and Tobago—105. [*Desk thumping*]

Let me tell you some of the work we have done in those health centres: We have completely upgraded the electricals in the health centres; we have repaired roofs and soffits guttering; we have removed debris; we have repaired all of the toilets and all of the bathrooms; we painted; we have completed drainage works; we have resurfaced their carparks; we put up new signs that are lit at nights. They are electrical signs and they are all across the country.

We have extended, also, the opening hours of these health centres. So at 46 of these centres they are now open longer hours than they were before. They are now open on Saturdays, they are open on Sundays, they are open on public holidays. They are no longer at the convenience of those who ran it, which was just 8.00 to 4.00. They are now for the convenience of the population [*Desk thumping*] who want to attend these centres.

Madam President, one of the big issues that has troubled us, as it has troubled the people of Trinidad and Tobago, is the issue of the availability of pharmaceuticals run through a programme called C40. In April of 2011, the Ministry of Health undertook an audit of the operations and the management of the Central Stores Division, known as C40, responsible for the procurement, storage and distribution of pharmaceutical and non-pharmaceutical items in the public sector, and they found several flaws. They found, for example:

- the existing policies and procedure manuals were not approved;
- limited audit tracking of the procurement, storage, distribution and usage of items, an absence of health and safety officers to ensure quality control and assistance;
- an ad hoc busy process that is not defined at the RHAs;
- the lack of maintenance of stock within each RHA;
- the under-utilization of installed inventory systems at the RHAs to track and monitor usage;
- the lack of proper record management for purchases and the lack of proper accounting procedures and adherence to standard practices.

Madam President, after this report was received, there was a stakeholder consultation—there were several stakeholder consultations, actually—to discuss and attempt to resolve these inherent issues that were endemic in the system. Although there were some improvements, the fact is that there were still major issues with regard to the distribution of items, the issue of stock-outs, the issue of wastage, the issue of unfulfilled orders, and there were several deficiencies in the system that persisted and, of course, the attendant patient complaints as a direct result. As a result, the Ministry of Health hired a consultant to conduct a comprehensive assessment of C40 and of the needs of the RHAs, and this is what they found:

1. The lack of a comprehensive supply chain management that traces the procurement and movement of stock from suppliers to C40, the Regional Health Authorities and the usage by patients. This has resulted in several leakages and mismanagement of stocks in the system.

2. The lack of visibility across the entire chain of operations that resulted in stock-outs, unfulfilled requisition orders, unreliable delivery schedules and funding constraints.

3. The lack of standard procedures and guidelines in management and operations of the inventory management system.

4. The lack of accountability and sharing of data among all agents in the system.

5. The lack of approval for purchase of drugs.

6. The lack of communication that resulted in the mistrust and the hoarding of items by institutions.

7. The lack of stock availability, ad hoc timing delivery and unfulfilled back orders that have resulted in an overstated value of RHA requisitions in the next cycle.

8. Multiple data entry of same data for requisition requests from the RHAs at the Central Stores Division—multiple data entry of the same data.

9. Evidence that doctors issued multiple prescriptions to the same or non-existent patients for pharmaceutical items.

10. Excessive stock-outs and expired items that resulted in the increased wastage and patients' complaints.

11. The lack of a proper estimation of needs and a gap in the budgetary allocations.

12. The inability to adhere to OSHA requirements.

These were the findings of the consultant in 2014, looking at C40, Madam President, and it has been determined by the Ministry of Health that—or they are proposing, at least, now, as a result of all of these inherent, endemic, institutionalized issues, to outsource a pharmaceutical supply chain management to deal with the issue of customer relationship management, reliability and sustainability of pharmaceutical and non-pharmaceutical items in the public sector.

Madam President: Hon. Senators, it is 12.30 p.m. We will take the lunch break and resume at 1.30 p.m.

12.30 p.m.: *Sitting suspended.*

1.30 p.m.: *Sitting resumed*.

Madam President: Sen. Bharath.

Sen. The Hon. V. Bharath: [*Desk thumping*] Thank you, Madam President. Before we broke for the luncheon interval, I was discussing the issue of C40 and the fact that a recommendation has been made for Cabinet to accept, and Cabinet has accepted the engagement of services of a provider to upgrade, manage and operate the procurement, storage, distribution and usage of pharmaceutical and non-pharmaceutical items for the public sector using an open tendering process through the National Health Services Company Limited or any other recommended special-purpose state enterprise.

I dare say that these are deeply embedded inadequacies in our system that go to the heart of providing adequate and efficient health care to our population. In fact, not long ago, maybe about three or four weeks ago, I paid an impromptu visit to the Eric Williams Medical Sciences Complex and there were several patients—it was actually a day unfortunately when the doctors were all in black and they seemed to be on a go-slow and several clinics were cancelled, but the major problem that most of the patients were having was the fact that there was an inadequate supply of pharmaceuticals and had been for many months.

In many instances, some of the more important pharmaceuticals are not always available. In fact, in many instances they are not available at all and patients are having to use substitute drugs, or in fact not use any at all and these are deeply embedded inadequacies— some might venture to say caused, to a large extent, by fraudulent practices over the years, and the outsourcing of this particular aspect of the health sector will go a long way. As I mentioned before we broke as well, this is a system that has been practised in many other countries including Canada, Australia, the United States and New Zealand as examples.

Madam President, based on the above, the Ministry of Health obviously recognizes the drastic need for change in the inventory management system, and therefore, proposes the following:

1. the revision of the list of drug items as contained in the national drug formulary and the criteria used for approval through the national Drug Advisory Committee that is based on disease prevalence and comparative efficacy, safety and cost effectiveness;

That is another issue that has plagued the health sector over the years where there are just a number of pharmaceuticals that are approved for usage, and in many instances the national Drug Advisory Committee does not meet on a regular enough basis to be able to approve new drugs.

2. the timeliness and transparency in the requisition and completion of the tendering process for appropriate suppliers of pharmaceutical and non-pharmaceutical items as defined by the Ministry and the RHAs;

3. the use of a comprehensive pharmacy-based supply chain management system that links and manages all aspects of procurement, inventory, storage, distribution and usage of pharmaceutical and non-pharmaceutical items in real time with supporting tools that allow for:

    - strategic relationships with suppliers to effectively meet demand;
    - faster and more accurate order processing;
    - better management of inventory levels;
    - quicker response to patient order fulfilment; and
    - lower transaction and material cost.

Madam President, in many instances when the RHAs order pharmaceutical and non-pharmaceutical items from C40, which is based as you all know in a warehouse in Chaguaramas, there is no system to determine which product leaves C40 on a first come, first served basis, or even on a last in, first out basis. So, in other words, there is stock there that might leave immediately as it comes in and it leaves behind product that is older and older and gets to a point where over the years, I believe, if my memory serves me well, that we have been writing off close to about $20 million per annum in pharmaceuticals that are not being utilized because—it is claimed that they are out of stock, in fact, because of the poor stocktaking mechanisms that are in place, they are actually not out of stock but they are just not being used because you cannot find them. They are stored in corridors, some of them are outside in sheds, in the rain. It is a complete and total disaster.

Again, coming back to what the Ministry proposes, it proposes:

- the development of an e-order and distribution system to facilitate the distribution of items to chronic disease patients to their homes;
- the development of customer relationship management systems to assess the needs of all stakeholders including patients through surveys and assessments in the prescribing practices and use of pharmaceutical and non-pharmaceutical items; and lastly
- monthly and quarterly reporting on the procurement, storing, distribution and usage of pharmaceutical and non-pharmaceutical items in the public sector under the core areas of inventory, human and financial management, cost analysis, auditing, prescribing practices, expired stock, efficacy, safety and cost effectiveness.

And just to complete this item on C40 because it is so critical, to give an indication of the key benefits of implementing a system such as this will be:

- a one-world view of the inventory and the operations from the Central Stores Facilities, the Regional Health Authorities and the Ministry of Health to determine the status of orders, distribution, usage rates and wastage;

Madam President, like in a grocery where everything is barcoded, there is absolutely no reason why pharmaceuticals and non-pharmaceuticals cannot be barcoded, computerized and put on a system such that immediately as it is used or it is sent to an RHA, immediately C40 understands very clearly what their economic order quantities are and they can reorder in good time.

- the use of Radio Frequency Identification to track the transportation of items during procurement and distribution to RHAs and patients;

As I said earlier, there seems to be major leakages in the system whereby those who are accountable for stocks are ultimately unaccountable, completely and totally unaccountable; not held accountable in any way at all.

- the elimination of stock-outs through the minimum reordering process;
- the delivery of pharmaceutical items to chronic disease patients based on a fixed cycle; and lastly
- the analysis of the use of pharmaceuticals to determine its impact on the quality of life, prescribing practices, expired stock, efficacy, safety and cost effectiveness.

And, Madam President, as I mentioned, this is a Note that was approved by Cabinet only two weeks ago, so therefore the Ministry of Health will now be going out for open tender for this particular process. So as we take up Dr. Wheeler's call for answers, what I brought today hopefully is a clear articulation of how Government's policy will chart progress in the health sector in the years to come.

We have addressed the needs of the citizens of our country in health services by sequencing initiatives in a manner that has created both short-term benefits as well as long-term sustainable benefits. We have looked at ensuring that administrative issues were unified in a way that creates greater economies of scale and a level of independence in the procurement by the RHAs. We have looked at ensuring that a programme of expansion of access to health services has been initiated, and as we did that we looked at measures to fill immediate needs through partnerships.

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. G. Singh*]

Question put and agreed to.

Madam President: Please continue, Minister.

Sen. The Hon. V. Bharath: Thank you, Madam President. Thank you to my colleagues as well. And as we did all of those things, we have also looked at measures to fill immediate needs through the partnerships I talked about, both internationally and locally, and simultaneously we have looked at sustainable strategies to build capacity through our academic institutions locally. So when you line up all of these factors, Madam President, when you look at what the health sector looked like five years ago—and we understand the progress that has been made in the last five years of polices this Government has put in place—the environment clearly looks very favourable for the future.

Madam President, there is one more item I want to mention because there is a lot more to discuss and we can do that at other times, but there is one more item I wanted to discuss before I concluded. Having looked at all of the legislative issues, having looked at the regulatory issues, the administrative issues, the operational issues, issues of training and infrastructure, I want to just mention one last issue and that is to network all of these efforts, to expedite delivery and make monitoring of all of the issues that we discussed much easier, the Government plans to launch the National Health Card in just about two or three weeks' time. [*Desk thumping*] This card will be for all citizens of Trinidad and Tobago to greatly enhance the dispensing of prescription medication. The health card will serve very clear efficiency-driven purposes.

1. register and record of one's prescriptions which is an innovative programme that allows pharmacists to more efficiently access prescriptions, particular prescriptions history using a secured electronic card;
2. improve the quality of care—the National Health Card will allow for easier management of the drugs that the patient takes;
3. efficiency and effectiveness—the card will track any patient as far as locations and effectively reducing time to find people in case of an emergency;

4. easy collection of CDAP medications—The National Health Card will let the patient collect CDAP drugs or a nominee of the patient collects CDAP drugs and other items from any approved pharmacy in Trinidad and Tobago; and
5. improve record-keeping and reduce waste, enabling a positive visual identification of the patient at registration and at a point of care will reduce the risk of errors and fraud.

Madam President, as I conclude, I just wanted to address one point that was made earlier on by Sen. Shamfa Cudjoe and it related to the Scarborough hospital, and she talked about the fact that it was under the previous regime, a glorified or a large health centre— I want to just remind ourselves that this in fact started under the PNM Government in February 2003. The sod for the institution was turned in February 2003—this is actually off the website of the Tobago House of Assembly—by then Minister of Planning, Dr. Keith Rowley, then Minister of Health Colm Imbert and THA Chief Secretary Orville London.

It was originally estimated to cost $135 million for construction through a loan from the IDB Health Sector Reform Programme. However, there were several delays in construction and the project stopped in 2006 in a dispute between the project managers. In fact, the records will show that the long overdue Scarborough hospital, which was delivered by this Government [*Desk thumping*] actually ended up moving from a budgeted cost in 2003 under the then PNM Government of $136 million to $719 million, [*Desk thumping*] a cost overrun of $584 million for this particular facility.

1.45 p.m.

I also want to remind Sen. Cudjoe that the THA Secretary, Orville London, described the Scarborough hospital—this is back on August 24, 2005—as a frustrating experience. In fact, he said he was very concerned about the level of unpredictability associated with the project and the relevant agencies needed. And he also reminded everyone that he was a Tobagonian 50 years before he became a PNM and therefore, he was very concerned for Tobago at the slow pace and the resultant overruns related to the Scarborough hospital, which, as I said, was completed by this Government.

So, in conclusion as I wind up, I do hope that Dr. Wheeler and others and indeed, the citizens of Trinidad and Tobago, are more at ease now that they are aware of the programmes that this Government has put in place over the last five years and the steady progress that we have made in many of the areas that have afflicted our citizens for all these years.

Have we made good progress in five years? Of course, the answer is a resounding yes. [*Desk thumping*] Are there still many things to do? Of course, the answer is also yes. [*Desk thumping*] But we have shown through the work that we have done in the last five years that we are up to the job to complete the work that we have started. Health sector reform is a continuing effort and even as we talk glowingly of our efforts and the work that we have done and the achievements we have made in the past years, you will also hear us speak with good detail about our plans for the future.

This Government is very at ease with talking about its vision and its plans for the future because we are prepared to be held accountable and we are prepared to be held to our word. [*Desk thumping*] As with every other area of progress that we have embarked upon in the last five years, health remains a priority that is top of our list, and we will continue to build a sector that we can all be proud of and that is second to none.

Madam President, I thank you very much. [*Desk thumping*]

Madam President: Senator Al-Rawi. [*Laughter]*

Sen. Faris Al-Rawi: Thank you, Madam President. For a moment there, I was a little confused, but I am guided, thank you so much. In the five years of appearing in Parliament, I am accustomed to not having to sit before you acknowledge me, but I am guided.

Madam President, today is May 26, 2015. We are now one year and one day depending upon how you calculate it, away from the events of five years ago which took us into the custody of a new government. We have just heard from a frontline Minister of the People's Partnership, the UNC Government, Sen. Vasant Bharath. The man who wears multiple hats. Indeed, he, certainly, is the Minister with responsibility for trade and investment, he is a Minister in the Ministry of Finance and the Economy, he is reputed to be deeply involved in the Ministry of Health, also in the Ministry of Food Production, and so he is often referred to as the "super Minister".

Trinidad and Tobago, certainly, is very fortunate to be debating a Motion such as this, and I wish to commend Dr. Wheeler for bringing this Motion to the attention of the Parliament for Private Members' Day. We have certainly been debating this particular Motion for the better part, if not all, of this particular session of the Tenth Republican Parliament that we now sit. I had not intended on participating today until I realized that today is the last day for participation on this Motion, and certainly Sen. Bharath encouraged me to stand up and give some reflection.

Suffice it to say, if one were to listen to the very charming and eloquent Sen. Bharath, as he is, you would be tempted to believe that we live in Paradise Lost; you would be tempted to believe that all is well in Rome. Many of our citizens say that Rome is burning while Nero plays his fiddle. Certainly, we are encouraged to have different perspectives. The Constitution allows us as a people to have the freedom of political thought and expression. Under section 4 of our Constitution, we have the right to life and liberty. Life may therefore imply, as we use our economic good for all citizens, that it is incumbent upon Government backed by Government and changes of Government to look after its people. Indeed, looking after the most vulnerable in our society, be they children or the elderly or the sick and infirmed, is perhaps the greatest cause which we can all collectively consider.

But Sen. Bharath's reflection had me almost in disbelief because it was on May 29, 2012, when we, as a Parliament, we as a Senate, stood and debated an amendment to the Regional Health Authorities Act which specifically dealt with the Government's—then, three years ago—stated intention of improving the health system in Trinidad and Tobago. Madam President, I must say that I was very pleased to have had the lunch break, if only so, that I could get to the library to pull that debate as I did.

In 2012, by House of Representatives Bill No. 23 of 2011, which was dealt with on the last day, May 29, 2012, we saw this RHAs 2012 (Amdt.) Act and that was assented to on June 06, 2012. Back then, the Minister acting for the Minister of Health, Minister Tim Gopeesingh—another gentleman whom I have a lot of regard for as a person, who I am very happy to cross swords with politically, but whom I have a lot of regard for as a person as I do for Sen. Bharath. He had a lot to say in piloting that Bill. And specifically, Dr. Tim Gopeesingh in the Senate on April 17, 2012, went through chapter and verse as to why the RHA Act needed to be improved in the fashion then proposed and since made law, so that we could move from the position of a 1994 RHA system, a decentralized system and bring forward:

> "…efficient health care, all the systems working in the hospital have to be functioning effectively, like a chain all linked together…no weak links must be in that chain."

So said Dr. Tim Gopeesingh at page 399 of his *Hansard* contribution.

He said at page 401:

> "In other words, the Regional Health Authorities are empowered to follow their own rules when purchasing goods and services. The Central Tenders Board Ordinance does not apply…"—to—"Regional Health Authorities…The RHAs are empowered to follow their own rules when purchasing goods and services. The rules and regulations are stipulated in the…"—RHA—"Act. "

He went on to talk about pharmaceuticals. He went on to talk about the RHAs coming together. He went on to talk about the human resource element across the four RHAs. He said the Ministry of Health was asking for this Bill

> "…asking for the support of this honourable Senate, to facilitate—allowing the…"—RHAs—"to come together…"
>
> "…less time-consuming to purchase in bulk because four Regional Health Authorities have to do the same thing. It involves a lesser number of personnel in procurement processes. Four groups of personnel with…"—different—"specialties…"

He said and he advocated that the Government was advocating for patients' rights, et cetera.

We went through as a Senate and as a Parliament every bit of promise that Sen. Bharath now reflected upon, saying what his Government is going to do, and I had to wonder whether there was a time warp between 2012 and 2015. Three years short by three days only. And here is what Sen. Bharath said. Sen. Bharath has said that the C40 system is supposed to be better managed now by an outsourcing, by a national health services company which could engage in open tendering, and he is suggesting that there is now to be a harmonization of purchasing and procurement.

Well, what then did we spend time as a Parliament doing in 2012? Why has the Government not even had the courtesy to come forward in terms of its—Sen. Bharath makes the boast, "we are not afraid of our accountability". Well, where is the accountability to be had today after we have spent hundreds of millions of dollars in health care?

Let me remind the nation, Madam President, through you, most respectfully. Act No. 16 of 2014; Act No. 14 of 2013; Act No. 16 of 2012; Act No. 19 of 2011; Act No. 7 of 2010, saw the approval for expenditure under Head 28, Ministry of Health, of $4.5 billion; $4.234 billion; $4.363 billion; $3.89 billion; $3.67 billion; amounting to a total—not including supplementary appropriation, I only took the budget figures alone—$20,696,660,181. Twenty-one billion dollars nearly, and Sen. Bharath said, towards the end of his proposals, that we are prepared to be held—that we are comfortable in our accountability.

He put forward positions saying that the PNM was somehow profligate in spending $719 million for the Scarborough General Hospital—a cost that went up from $138 million. He did not factor for the people of Trinidad and Tobago that if one took 100 beds which exist at Scarborough General Hospital and divided that

into the entire cost of the hospital, we are looking at $7.19 million a bed. Some people might ask: how can you say that? That is assuming the entire cost—operating theatres, staffing, outfitting. Everything that is included in a specialist hospital, or a general hospital, is lumped together by total; divide by the number of beds, you get $7 million odd a bed; but he did not tell us that the San Fernando Teaching Hospital cost $15 million a bed. That did not come out of his mouth, that we instead saw under his Government's watch $15 million a bed at the San Fernando Teaching Hospital.

The gloss did not include how much we had in terms of value for money for expenditure because let us not make any bones about it. This Government has spent the equivalent of 15 years of budget moneys added back to back in five years. This Government has spent 15 years of expenditure in five years. And Sen. Bharath says that there is nobody sleeping under tents. Really? When last did he go to San Fernando General Hospital? When last did he walk through the wards and corridors there? Does he know that the San Fernando Teaching Hospital is grossly understaffed? Was there any value for money by saying what the manpower audit of the health care has shown? It is not something to be hidden. How many doctors short are we? How many nurses short are we? How many health care assistant providers short are we? After 15 years of budgetary money having been spent, that is the question. Where do we stand as a people in terms of what we have purchased?

Let me put this into context. Trinidad and Tobago has a population of 1.3 million-odd people. We have spent $20 billion in five years under this Government, nearly $21 billion. Dubai has a population of 2,106,000 people. They have spent 10 billion dirham which is the equivalent—it is 27 cents US to one dirham—dirham versus US dollar—and therefore, in Dubai, they have actually spent some US $37 million odd.

2.00 p.m.

Madam President, you mean to tell me, that Trinidad and Tobago with less a population then Dubai, spending more money than Dubai, cannot show in its current system, under a Government that promised change—came to Parliament in 2012, to specifically modify the procurement of goods, services and other items, gave chapter and verse promises in 2012, that we are supposed to believe now the gloss-over by my learned friend, Sen. Bharath? I respectfully wish that he had not made the contribution that he did, because Trinidad and Tobago is a little bit more discerning than that, Madam President.

The fact is this that we as a nation have the ability to check fact. We as a nation have the ability to check expenditure. Are we now to just simply allow a simple statement as the one that we have just heard? Trinidad and Tobago is to have a national health card. Really? Everybody is going to have a national health card, as so I understood it. He can correct me if I am wrong, hon. Senator. It will track patient locations. It will assist with record keeping. It will reduce waste. Sure. What are the protection mechanisms behind that? What is the state of proclamation of the Data Protection Act? Why does it lie unproclaimed as to the most essential protection measures required, from a public entity perspective? What is the state of proclamation of the Electronic Transactions Act? Why does that lie in a state of lack of proclamation as it relates to consumer protection provisions?

Madam President, in my own constituency of San Fernando West, members of my constituency have received calls to say: "Come and collect your UNC membership card". I am informed, and I verily believe, from the people that informed me of this, that they never even applied for a UNC card. It turned out, that they are persons employed in the public sector, and their personal information has been utilized to be offered membership cards. Let us draw this into the example of a national health card.

Sen. Maharaj: Madam President.

Sen. F. Al-Rawi: Standing Order?

Sen. Maharaj: Standing Order 34.

Sen. F. Al-Rawi: Sure, Standing Order 34, what?

Sen. Maharaj: The hon. Senator is indicating—

Sen. F. Al-Rawi: Sorry, Madam President, Standing Order 34, what?

Sen. Maharaj: Standing Order 34(b).

Sen. F. Al-Rawi: (b)?

Sen. Maharaj: Point of—

Sen. F. Al-Rawi: Standing Order 34(b), Madam President. I await your ruling.

Sen. Maharaj:—elucidation.

Sen. F. Al-Rawi: There is no Standing Order 34(b).

Sen. Maharaj: "Ah have it here, doh worry."

Madam President: You wish to clarify some matter?

Sen. Maharaj: Yes, Madam President. I know the Standing Orders, Senator.

Sen. F. Al-Rawi: I will give way if you ask.

Sen. Maharaj: Thank you very much.

Sen. F. Al-Rawi: Sure.

Sen. Maharaj: Sen. Al-Rawi indicated that his constituency—as far as I understand, this is the Senate, and none of us own a constituency at this point in time. So if you could provide clarification, which constituency you are representing here in the Senate?

Sen. F. Al-Rawi: Sure, sure. Thank you for that most lucid and valuable contribution, Sen. Maharaj. You have lifted the entire Parliament in this debate. If only by the content of your humour.

Sen. Maharaj: You have failed to answer.

Sen. F. Al-Rawi: So Madam President, I do not even think that that deserves an answer, but being a person [*Desk thumping*] in Trinidad and Tobago, with serious concern for San Fernando West, owning property, living there, hoping to aspire to be its Member of Parliament, I make no bones about calling San Fernando West, my constituency. [*Desk thumping*] It is my constituency.

Madam President, what concerns me—[*Interruption*]

Sen. Maharaj: "Doh count it yet."

Sen. F. Al-Rawi:—is that my learned colleague, Sen. Bharath, stands and says something like, "He does not know the last time he saw tents. There are no tents. That is a sordid thing from the PNM past". It then anchors home the absolute truth that San Fernando West has been rejected, and there has been no service by this Government to that constituency, [*Desk thumping*] because it is a fact that the San Fernando General Hospital is in a dire state and condition. What I want to know—I mean, I do not want to reduce the Parliament to trite politics. We can do that on the public platform.

Let us talk about the law here, seriously, Madam President. In 2012, we came here and we discussed the RHA (Amdt), 2012. A very simple piece of law which was promised to make a difference. In fact, it was just two clauses long. There was supposed to be an amendment to section 20, to say:

> Notwithstanding subsection (1), where it is economically expedient to do so, a board may, pursuant to an agreement with any other authority, in accordance with regulations made under this Act, for the purposes of the subsection, and acting on behalf of the authority, and authority referred to in (a), invite, consider, accept or reject offers and enter into contracts for the supply of goods, or the undertaking of works or services necessary, for carrying out the objectives of respective authorities.

As a parliamentarian sitting in the Senate three years later, I would like to know on behalf of the citizens of Trinidad and Tobago, having heard from a Minister who has multiple portfolios under his belt, where has the $20 billion gone to in the health-care sector? [*Desk thumping*] What happened to the working out of this legislation made law in June 2012? Why do we now hear about a national health card system? What are the procedures behind this? What is the prejudicial versus beneficial consideration in that system? How is consumer protection ensured without the Electronic Transactions Act, without the Data Protection Act? How do we get there?

Sen. Bharath says that the nation must accept that this Government has achieved 90 per cent of its promise, perhaps he is right. If only one were to consider the tick the box formula. Data Protection Act, debated. Electronic Transactions Act, debated. Are they proclaimed fully? No, two examples alone. Regional Health Authorities legislation, 2012, put into effect. Have we seen value for money improvement? No. Have we had accountability from the Government? No.

Madam President, I do this not to burden my learned colleague's back, you know. They have the responsibility of accountability. They have an opportunity in a Motion such as this, to come to say, your $21 billion has purchased the following material improvements. Not to engage in sleight of hand, $719 million for a Scarborough General Hospital. I am extremely pleased that we spent $719 million—better than the half a billion dollars we spent in LifeSport, better than the half a billion dollars we spent in the Ministry of Sport. [*Desk thumping*] Accountability, Madam President? I beg to disagree with my learned colleagues. There is no accountability here, and I am very concerned to hear from someone opposite, in this debate, in this Motion, what the full parameters of this national health card system involve? How much will it cost us? Who will be the participants and beneficiaries?

Sen. Bharath used an example a little while ago. He said, "the national oncology centre was promised by the PNM, and all they had was blades of grass". And I ask him, when Dr. Moonilal, Leader of Government Business stood and said, "1,057 homes in Trestrail Lands", and the reporters went rushing to Trestrail Lands, and realized they had two backhoes and plenty blades of grass, what did that mean?

Because, Madam President, Sen. Bharath suggested that the PNM was in power 40 years continuously prior to 2010. Fact one, that is not true. Fact two, you want to know what the achievement of the PNM most respectfully in my humble view was, that is to be centred upon? We have the privilege of saying that there was education for all. We have the privilege of saying that we saw and birthed the industrialization of Trinidad and Tobago, and that we moved away from [*Desk thumping*] the plantation environment. We were beaten when we passed the Industrial Stabilisation Act or the Education Bill. My own grandfather voted against his party and voted with the PNM, opposite to the PNM then, and was vilified for passing together with the PNM Government, those pieces of legislation which ensured that cane cutting Indians' children, stopped going to the fields and went to school by law. [*Desk thumping*] And that resulted in a material improvement in the lives of a vast sector, an important sector of our society. That ensured as Sen. Ramkhelawan, when he once sat as coordinator of the Independent Bench, that he was able—[*Interruption*]

Sen. G. Singh: Would the hon. Member give way?

Sen. F. Al-Rawi: Sure.

Sen. G. Singh: Thank you, hon. Member for giving way. I think that when you pass legislation, legislation has no ethnic dimension. So when you say cane cutting Indian, it meant all those who were engaged in the cane cutting cultivation or harvesting.

Sen. F. Al-Rawi: Sure. I accept my learned colleague's bettering of the position. Certainly, it was not meant to be a pejorative expression on my part. Thank you, Leader of Government Business, but what I mean is that we often hear from the voices opposite—indeed my learned colleague, Sen. Maharaj in particular, that the PNM somehow had a hand in destroying Caroni (1975) Limited in particular, and we hear this cry and prejudice.

Now, forgive me for calling part of my own heritage being half Indian, half Arab myself. I make no distinction as to race or otherwise, but these are the expressions used in Trinidad and Tobago. The fact is that what we saw birthed in this country at the behest of PNM policy, for 40 years interrupted prior, is a significant amelioration and benefitting for the people of Trinidad and Tobago. [*Desk thumping*] When one has the ability to count the revenue earned off of gas, counted off of methanol, counted off of petroleum production, and diversification that follows from that, I think that Trinidad and Tobago would be very pleased with what it has purchased by PNM policy.

What I am interested in understanding in the context of this Motion, Madam President, is where is the value for money under the Regional Health Authority system, as it has been born and exercised in the period 1994 to 2010, and in particular 2010 to 2015?

You must remember, I find it quite interesting to watch my learned colleagues opposite, now speak and list and enumerate the number of Cuban doctors and nurses coming to Trinidad and Tobago, you know. Because it is not so long ago that the very Members opposite took great pride in saying, "How could you bring foreigners to Trinidad and Tobago and put them to work in the public health care system?" [*Desk thumping*] Well, Madam President, what happened between the cries then opposite, and the cries now of success in bringing people in?

The *Hansard* is a very interesting tool. It provides perspective of word recording. It is interesting to see how we label our own words. Let us talk value for money. Let us look at the report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago, for the financial year 2014, October 01, 2013 to September 30 2014; dated April 29, 2015. Auditor General's Report at page 51 focuses on Head 28, Ministry of Health.

It says:

> Expenditure control, from the sample of nine payment vouchers selected, authority for four payments totalling $337,883.19 was not provided; prior year commitments relating to payments, not brought forward; contract agreements, three service providers, not produced; over payment register to monitor existence and recovery of overpayments, not maintained; register of contacts as required by financial regulations was not produced; particulars of all contacts awarded and relevant amounts outstanding, could therefore not be established.

What do contracts have to do with this—talking about efficiency in the RHA system?

You say contracts and you think, right, no real concern; cannot be that many contracts, but Madam President, when you look to the detail, listen to what it says under contract employment at page 31:

> The Ministry of Health has by way of contract, under employment, 735 persons employed, touching up to 1,000. The cost in 2014 for contract payments, $127,154,294. 84.

But, Madam President, we know that this Government came in to rise, and to change things; it was new politics; efficiency was promised in 2012 in the amendments for procurement of services and goods, by Ministers Gopeesingh and Dr. Khan, both doctors.

2.15 p.m.

Madam President, 735 people—here is what the Auditor General says further:

"Development Programme…

Suppliers' invoices to support the sample of 6 payments totalling $18,944,977.05 were not produced for audit…

Equipment costing $4,965,345.00 which was paid for by cheque dated 1st July, 2014 had not been received…

Special Programme—Renal Dialysis

Cabinet approval for the provision of renal dialysis services by private institutions and health care providers beyond 22nd November, 2013 was not produced. Amounts spent under this vote during the year totalled $28,530,400.00."

But yet Sen. Bharath could roll up here with Cabinet Notes in his possession. Perhaps they should have just asked Sen. Bharath to produce the Cabinet Notes. They may have solved a huge hole in the auditor's provisioning of the accounts of Trinidad and Tobago.

Rental of unoccupied properties features in other areas, contract labour features in other areas, but I am giving you a sampling of what easily $28 million plus $5 million plus another couple hundred thousand dollars plus $33 million—contracts not produced for $33,983,310 in the Ministry of Education. I mean, these figures, by the 10s, 20s, 30s, 40s of millions of dollars are recurrent in the financial analysis from 2013 to 2014 alone.

So, really, Madam President, is the glossing by my learned friend, Sen. Bharath, to be accepted? Is it really that we have purchased value for money and proper accountability and proper procurement systems? I note this Government uses the passage of the procurement legislation to no end. It does not focus upon the fact that we have not yet implemented public procurement legislation, yet hundreds of billions of dollars have been spent—upward of $300 billion has been spent by this Government under questionable procurement circumstances. Did the Government promise better? Yes. Did it pass law specifically in relation to the RHAs on this? Yes. When did they do so? May 29, 2012. When was it assented to? June 06, 2012. Did anybody come forward to give us any kind of analysis of value for money by the Government? No, resounding no, Madam President. So, where are we as a country? Is it true that the Chinese's reflection that Trinidad and Tobago is a wonderful place and the Minister is to be complimented is the experience of the average citizen?

People come into the public health care system and are told for critical illnesses, including tumours, cancer, all sorts of life-threatening injuries and ailments: "Here is your appointment to come to clinic one year later". Life of injury, life of terminal prospect, future longevity estimated three months: "Come back one year later." In other words then, bring your ashes back when you are coming. That is what many people in this country suffer. Has it been only under this Government? No. Has it been under every Government in Trinidad and Tobago? Yes. Has it been that any one Government has spent close to $350 billion in five years, 15 years of expenditure in five years? No.

Look at another comparator! Look at the housing programme where your sick and infirmed going to. By way of answer on the Parliament record, we have in question time, the Government certifying that 3,000 homes were built for $7 billion under this Government. We know that the PNM engaged in the tenure prior to this Government in the construction—houses completed, houses started, starting projects—of 26,000 projects for a cost of $5 billion. [*Desk thumping*] So 26,000 at a cost of $5 billion versus 3,000 at a cost of $7 billion. Is that new politics, Madam President? Is that value for money? Have we ever spent $21 billion in health care in five years in this country? No, we have never done that. And as Sen. Henry often says, if you cannot see any kind of progress, even by mistake after that kind of expenditure, then something is wrong with you. [*Desk thumping*]

Madam President, what do we need to do as a nation? Where do we stand? What is required to be done? Has the Government come here to tell us that they have standardized contracts for health care workers? Have they come here to tell us that different departments in different divisions of the RHAs, clinics, et cetera are understaffed and there is a lack of efficiency through coordination because there is a non-standardized environment?

Sen. Bharath boasts gleefully that clinics are now open 24 hours a day. Ask him if doctors are in those clinics 24 hours a day. No, Madam President. The fact is we have empty clinics.

Sen. Bharath: Senator, would you mind giving way for a second? No health clinics are open 24 hours a day. The extended hours latest opening time is at 8.00 p.m. and they are open on Saturdays and Sundays as well.

Sen. F. Al-Rawi: I stand corrected. Thank you, hon. Minister, but the fact is that under the extended hours, I am informed, I verily believe that there is an under-resourcing of doctors present on those occasions and, to me, I feel a little

bit hard-pressed to agree that there is better efficiency in services if there is no one there to attend to you and, therefore, the standardization of work hours through contracts, et cetera, is a critical improvement factor to the RHA system.

Madam President, our doctors work under what I call war-field operation systems. It is as good as if they are in a tent in the middle of a battle zone at war. There is not enough blood; there is not enough equipment; there is not enough nursing staff; there are not enough beds; there is not enough plasma. There is sometimes very often not enough equipment, yet our doctors and nurses go forward and perform yeoman service for Trinidad and Tobago and they do so at severe risk. What is the risk? The risk is civil prosecution; the risk is now criminal prosecution.

Has the Government come here today to tell us anything about the provision of adequate medical indemnity by way of insurance for both criminal and civil prosecution? No, Madam President. Is there anything in place right now for our doctors to be indemnified against civil or criminal prosecution even by way of cost? No, Madam President. What is the system utilized by this current Government? The system utilized right now is where there is one legal representative acting for both the RHA and the doctor in what is a conflict of interest position at law [*Desk thumping*] and doctors have to suffer that. That is a legal anomaly. It is to be frowned upon because there may be divergent positions in law, but yet our doctors are told: "Come to work, come and face persecution, come and face threat of civil and criminal prosecution", and there is no adequate indemnity insurance for them or coverage, notwithstanding the fact that their contracts specifically provide for same.

Madam President, salary structure and benefits: what have we done with that? We saw Sen. Bharath alone tell us that doctors had come forward wearing black. They did a lot better than the police who went on total policing. At least, we did not have total medical services day, because then I wonder what would have happened. Madam President, where are we going as a nation where we continuously suffer under-employment, under-payment, on the one hand, and, at the same time, a desperate need for productivity and efficiency? Because it is one thing to be employed and another thing to be productive, Madam President.

We have a Government that is on a platform on a constant basis talking about some supposed sin in paying people properly, including parliamentarians. Madam President, I ascribe to the belief that people must be productive and properly compensated at the same time. It is a basic requirement that if you are to give of yourself you must be productive and that you must also be efficient and well paid, and our doctors and nurses are respectfully not well looked after in that regard.

Madam President, a simple item like security in the RHAs, is there adequacy in protection of the physical being of our doctors, nurses and patients in the RHA system? One would certainly walk away with the impression that there is inadequate security and threat to life if you were to read the newspapers alone: murder in car park, body found, attacks on the ward. We are talking about cohesiveness and great government glossing programmes by my learned colleague, Sen. Bharath. Well, how come that could be true by his submission and then Dr. Khan, again, the Minister of Health, my good friend, could be in the public domain changing hours of work, changing visiting arrangements, seemingly by himself against the consultation provision where the Government constantly says: "Serve the people, serve the people after consultation". Really, Madam President, there is some degree of coordinate exercising in the Government at hand? I beg to differ, Madam President.

What is the position with auditing on wards? Do we know what a physical infrastructural audit requirement in terms of the equipment and manpower is on the wards? Has the Minister with responsibility come to address this Parliament to tell us anything about that? No, Madam President? What about continuing medical education? We saw in the Nurses and Midwives Registration amendments that we did, that piece of legislation, the concept of continuing education come up. We saw the requirement for continuing education in other areas, but what are we doing in terms of the medical aspects of that? Minister Fuad Khan, Minister of Health, when we dealt with the amendments to the RHA Act, said that we could not engage in outsourcing of backlogs for certain reports by "telemedication"—what is the proper term? By telemedicine.

Sen. Maharaj: Where he said that?

Sen. F. Al-Rawi: He said that in the Senate in 2012; it is either May 08, 2012 or April 17, 2012. You could read this if you wish, Sen. Maharaj.

Sen. Maharaj: I just wanted clarification.

Sen. F. Al-Rawi: In saying that, Madam President, he specifically said that there were medical legal liabilities involved in implementing that system, yet Sen. Bharath arrives today and he says: "Well, we are putting all of this outsourcing in place without any form of reflection on the very words of his Cabinet colleagues that there are legal aspects to be considered. Well, how have we come over those legal aspects? What has been done? Are we just to tick the box and say that that is done and the population runs away with that idea? I think that that is what we are being fed. I think that the gloss is unfortunate. I think the truth is that $21 billion spent in the last five years—and that is the low figure. I have not added the supplementary appropriation figures—I think that that money has not purchased efficiency for us in our system.

Madam President, where are we in terms of the medical board, its functionality? Is this not the Government that witnessed in 2014—I believe it was for the first three months of 2014—is this not the Government that presided over a medical board not properly constituted, because three members of the medical board were not constituted by the Government appointment? Is it that management should happen by way of proper supervision particularly when one advocates an RHA model as amended 2012 by this Government? How could this be the same thing that Sen. Bharath has spoken to us about?

What about the synergy between the graduates of the University of the West Indies or those who matriculated on scholarship programmes: how many of our scholars do not return to this country? How many? Why do they not return to this country? Why is it that our best and brightest do not persist in our country, particularly, as it comes to operationality in our medical health care system? How come?

2.30 p.m.

Sen. Maharaj: "The first time it happening?"

Sen. F. Al-Rawi: Sen. Maharaj has—very sensibly this time—asked a question: Is it the first time that this is happening? No. Is it the first time that we have spent $21 billion in five years? Yes.

Sen. Maharaj: I am not sure about that.

Sen. F. Al-Rawi: Add it up, Sen. Maharaj. He says he is not sure about that. For a front-line Cabinet Minister like Sen. Maharaj to be unaware of how much his Government spent tells me "Nero is fiddling while Rome is burning". You see, some people live on champagne parties in this country, you know, Madam President, and other people "cyah even mix mauby to drink." I sometimes wonder if this Government understands the plight of our most impoverished people. They talk about it, you know. People talk about it who fly in helicopters, and, Madam President, I want to know which constituent sees the Members opposite us—[*Interruption*]

Sen. Maharaj: "Look who talking about it, Mr. Nahous."

Sen. F. Al-Rawi: Look who is talking about it?—my name is Faris Al-Rawi, Sir, I work hard for what I do. I make no apology for wanting to reach for the stars. [*Desk thumping*] The PNM wants to reach for the stars. We want to get there by hard work, by accountability. We are not glibly making jokes out there while people suffering, Madam President.

Sen. Maharaj: Yes, "big people party".

Sen. F. Al-Rawi: "The day I wearing Louis Vuitton track shoes and flying in helicopter then I will talk about big people party", Madam President. [*Desk thumping*] The day I am doing that, the day I am living in a palace and a mansion and talking about poor people, that is the day I will do that, Madam President.

You see, we could do all of these, we could do all of these, Madam President, all day long, but this Motion before us is about efficiency and accountability, and this Government has spent the largest share of the national pie in the history of Trinidad and Tobago in a five-year period, $21 billion, and they have nothing to show for it. Smoke and mirrors—Scarborough General Hospital cost $719 million and LifeSport cost the same thing, which one is better? Ask the people of Tobago. "Yuh happy with yuh $7.19 million ah bed? Or yuh happy with de zero dollars yuh earned on LifeSport?" Ask the people of San Fernando if the beds cost $15 million down there and if they have doctors to work next to the beds.

You see, Madam President, trading insults all day long takes us only to the proof that the system is broken, the system is in need of reform.

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. The Hon. D. Maharaj*]

Question put and agreed to.

Madam President: Please continue, Senator. [*Desk thumping*]

Sen. F. Al-Rawi: Thank you, Madam President, and I thank my learned colleague, Sen. Maharaj, for rising to move my extension. You see, Madam President, it is true that as people we like each other. There is no personal animosity to anyone opposite.

Sen. Maharaj: "You hear that Shamfa?" [*Laughter*]

Sen. F. Al-Rawi: Sen. Maharaj may or may not have a crush on Sen. Cudjoe; who knows, he may just admire her beautiful attire today. But the fact is, when we come down to accountability and analysis of value for money, I am deeply concerned that this Government has fallen far from the mark, Madam President—far from the mark.

The RHA system is in need of a significant amount of tweaking. It is not a stand-alone system that can survive—that is, you pour enough money behind it that you will fix all of the woes in the health care system. No, Madam President. It involves an inter-articulated purpose. We in the PNM believe that a shift towards expenditure, on the ground basis via a reformed Ministry of Local Government poured into a municipal corporation model, will result in better targeting to assist in this reformation required.

Let me explain to you what I mean, Madam President. There is an area of San Fernando known as Bayshore, or the Marabella "Train Line"; there is a gentleman there who lives on the train line who is paraplegic. He left the San Fernando General Hospital a year and a half ago, he cannot move from the neck down. Trinidad and Tobago has a system specifically in place for people in this condition, we have health care workers, the Ministry of the People and Social Development has targeted expenditure—there is assistance available—has he received the assistance? No. Why? Is it because his companion who lives with him has not been to the relevant authorities 100 times a month? No, she has been. Is it because our health care system does not properly target our most needy and track it from a preventative or curative basis, Madam President? Yes.

The targeting is wrong, and in the philosophy of the PNM, which we will articulate more specifically when we come to a general election platform, we are suggesting that the Regional Health Authority model can be materially assisted by proper targeting through the municipal corporation having at its disposal social workers who will conduct social surveys, who will identify people most in need of targeted assistance, that that relay can go back to authorities that have the coordinated expenditure in place to make sure that our most vulnerable achieve the money that our patrimony of state is meant to offer. You see, Madam President, what is wrong in Trinidad and Tobago is the leakage or corruption in our system. It is unacceptable. It is unacceptable that National Quarries Company Limited could put in a procurement for tractors, that one tractor could arrive at National Quarries and the other tractor could arrive in the compound of Gopaul and Company, and that the Minister of Energy and Energy Affairs could do absolutely nothing about it, that—[*Interruption*]

Sen. Maharaj: Madam President, 35(1), we are talking about RHAs, now I am hearing about Gopaul and tractor—is the tractor being used in the RHA?

Madam President: Hon. Senator, try to link your point.

Sen. F. Al-Rawi: Thank you. I thought I had linked the point in advance, perhaps I ought to repeat it, Madam President. I was talking about procurement leakage, corruption in the system of the RHAs, and its being a problem in Trinidad and Tobago. And I was drawing a live example of it in the National Quarries and that the Government sat down and did nothing about it.

Sen. Maharaj: You are reaching too far.

Sen. F. Al-Rawi: It is not overreaching, because that money, if spent in the health care system, would definitely go to serve other people.

Imagine if we spent close to $1 billion which we have spent between the Ministry of Sport and the LifeSport programme in the Ministry of Health. Imagine if we did that. Imagine if we were not supposedly causing criminal, or rather, encouraging criminal conduct in Carapo. Imagine if somebody was not murdered on their bed involved in the LifeSport programme, because the money never passed there, and, instead, we saw the money going towards people being treated in the RHA system. The point is, Madam President, until we as a country decide to be productive, disciplined, tolerant, and to have the courage to change the systems, in action not in words, we are doing the definition of insanity over and over again. We are practising insanity. We are practising insanity because we are expecting a different result while engaging in the same activity constantly.

Madam President, our simple submission is that the reform of the public health care sector is overdue. There are some easy and quick wins. The wins include manpower and physical audit in the RHA systems, standardization of contracts, an open and transparent procurement system, not by word of mouth but by action, not after you have spent $350 billion but before, and, Madam President, implementation of the laws of Trinidad and Tobago. How can we have a national health care identification card for purchasing CDAP drugs and other events when the Electronic Transactions Act is not fully proclaimed?—when the Data Protection Act is not fully proclaimed, when there is no accountability from the Exchequer and Audit amendments that we made.

Madam President, we are in trouble. We have crossed five years. The people of Trinidad and Tobago have to worry about a budget meeting us in an election month. That will be the first time that Trinidad and Tobago has done that. I heard the Prime Minister say it is not the first time we called an election in September. That may be true because the budget was in January, not in September as well.

Sen. Maharaj: No, that is not true.

Sen. F. Al-Rawi: 1971.

Sen. Maharaj: No, the year after that.

Sen. F. Al-Rawi: Yes, Madam President, Trinidad and Tobago is under siege. We need to be straight with our people. The Government has overstayed its welcome. We are under siege [*Desk thumping*] by the Government of Trinidad and Tobago. We are being dealt with—let me put it politely—we are being badly treated.

It is time to have the courage to stand up and face the electorate. We call for the Government to do the right and honourable thing, and to rid Trinidad and Tobago from the burden of their yoke. I thank you, Madam President. [*Desk thumping*]

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

Sen. Anthony Vieira: Thank you, Madam President. Madam President, my esteemed colleague, Sen. Dr. Victor Wheeler is a kind, thoughtful and compassionate gentle man, who cares about people and about this country. It comes as no surprise therefore that he would be the mover of a Motion such as this—a Motion which requires us to take stock of our country's health care delivery system to consider what is working and what is not, and to contemplate where we want to go.

The challenges and problems arising in our health care system have been well articulated, not only in this debate but in a number of national health plans and reports over the years. In piloting this Motion in November last year, Sen. Dr. Wheeler, someone who has had a very distinguished career practising medicine in this country, and who, later this year—I am going to tell stories—will have further accolades—I will not say what—he identified a number of problems in the RHA system, problems including poor planning in the execution of projects, staffing problems, difficulties in disciplining underperforming workers, inadequate infrastructure, chronic shortages of blood, drugs and basic supplies, ineffective quality of control mechanisms, weak management, the lack of a performance management system and administrative inefficiencies, employment uncertainty, and instability for medical professionals working in the public health sector, a lack of continuity in policy, because every time there is a change in Government there are changes in board appointments and policy.

He spoke about the embarrassing maternal and infant mortality rates when compared to our smaller, less wealthy Caribbean neighbours. In Dr. Wheeler's estimation the RHAs do not really have proper control over the provision of health services even though they are supposed to be responsible for providing health care in the country. He laments that notwithstanding the massive increase in expenditure in the health sector it has not really translated into the kind of improvement in quality of care that one would have expected. He surmises that while the RHA concept might have been good at one time, it is not working now and it needs a major overhaul. I agree.

2.45 p.m.

In his contribution, the hon. Minister of Health also seemed to be in agreement with Sen. Dr. Wheeler, when he mentioned the constraints in the delivery of public health care under the current legislation. The need to increase our ambulance fleet and that he had recommended Cabinet should look at the system. Among other things, the hon. Minister wondered whether there were too many RHAs, whether we were getting value for money and whether we could make the system simpler and more efficient. One observation I found particularly telling was when he said that as institutions the RHAs were not very flexible and seemed devoid of any human elements where staff is concerned.

Sen. Bharath spoke of the deeply embedded inadequacies in our system and the deficiencies which have persisted. Sen. Ganga Singh gave a historical analysis of the health sector and identified many recurring problems which have led to the situation we are experiencing today. I do not propose to repeat his comprehensive listing, but I do want to agree with him that there was a conceptual embryonic flaw in the dual tracking system, which allowed personnel from both the Ministry of Health in the public service to exist alongside personnel employed by the RHAs. As he put it, a systemic flaw which has resulted in severe discipline and morale problems affecting the RHAs and their functioning.

Sen. Singh spoke about the Moyne Commission of Enquiry of 1938; the Julien Commission of 1957 and the 2007 Gafoor Commission which has confirmed that many of the problems previously existing, still exist now. I spoke with Commissioner Gafoor recently and she feels that little has changed in the past decade. In fact, she feels that the whole system is in shambles. That is the considered view of someone who spent three years delving into every nook and cranny of the system. Someone who visited every hospital in the country, as well as the schools of dentistry and veterinary science, the prison infirmaries and numerous health centres. The whole system is in shambles, this is the considered view of someone who has held high public office in a number of prominent positions, including a stint as Director of Public Prosecutions. Commissioner Gafoor also attributes a large part of the breakdown to the fact that once a government comes in, it tries to undo whatever else went previously.

I wish to put on record that Commissioner Gafoor was not paid anything for the time and effort she put in, in producing her very comprehensive report.

Sen. G. Singh: That wrong should be corrected.

Sen. A. Vieira: A document comprising three volumes with hundreds of recommendations. She regards the report as public service and her contribution to the national good, but she is bemused about the failure to implement what the commission regarded as the key initiatives; in particular, firstly, the setting-up of an oversight commission mandated to ensure that strategic development of the health care delivery system does not go awry. Secondly, the introduction of patient advocacy services and the office of a health services ombudsman to whom citizens can go when they have complaints.

I will quote at page 23 Volume I of the report:

> "High quality health care is not just about accurate diagnosis and effective treatment. Not only do patients have a right to care, they are entitled to receive that care with courtesy, respect, dispatch, informed consent, and compassionate support. Where these are not forthcoming, they should have recourse to competent help in getting the apologies, explanations, and, where warranted, the compensation to which they are entitled.

> …in Trinidad and Tobago, the health sector is large enough…and, beset with so many instances of poor quality service and sub-standard care, that the introduction of a Health Services Ombudsman is warranted and necessary. ”

The commission also spoke about the establishment of a “No-Fault Compensation Scheme” to expedite payments to victims of medical errors, and again quoting from pages 23 and 24 from Volume I of the report:

> “In tandem with Patient Advocacy Services and a Health Services Ombudsman, the Commission recommends the establishment of a No-Fault Compensation Scheme.
>
> In Trinidad and Tobago, the health sector exhibits all the worst features of the adversarial system of seeking compensation, viz. prolonged wrangling, at the end of which only a small minority of patients gets any compensation; rising costs of litigation with only the lawyers getting a regular return from the exercise; long periods of stress and often undeserved scrutiny suffered by medical professionals; unpredictable and often unjust outcomes for patients, and perhaps, most significantly, no evidence whatsoever that any of this is serving to improve the quality of service that patients receive. ”

The main goal of the proposed No-Fault Compensation System would be:

> “…to shift the focus from finding fault to establishing cause, and ensuring that, where medical error is the causative factor, regardless of who is to blame, the needs of the patient are quickly and fairly met, without prejudice to all efforts to identify negligent professionals and ensure that they face disciplinary action. ”

As evident from previous contributions and numerous reports, it is clearly beyond dispute that there are serious problems in our public health care delivery system. Sen. Dr. Wheeler’s Motion should therefore be hailed as a call to action. It occasions an opportunity for us to consider what our health care delivery system could and should become, as opposed to what it is.

Madam President, the future can be shaped by what we do today. I would like us to imagine what our health care delivery system might look like 10 or 20 years from now. This matters a lot because that will be the system taking care of me in my old age. I sincerely hope that within this decade we can substantively move from the same old, same old, and that 10 years from now, others will not be reporting that problems which existed then still exist now.

We live in a time of great opportunity, a time seeing great advances in medical technology and science. For example, researchers are trumpeting that we are closing the cancer gap and soon we will be winning the war against cancer. Survival rates are climbing because of advances in bioengineering, nanotechnology, gene technology, remote surgery, new drug compounds and data gathering.

Indeed, in a recent article entitled the Longevity Report, *Time Magazine* has written that:

> "…thanks to medical and scientific advances that even a generation ago would have sounded like science fiction, our lives are getting longer."—A—"baby born today has a projected…lifespan 20 full years longer…"

That is why we were joking yesterday in the debate about 70 is the new 50, but we are not talking about 70, we are talking about 142 years as I will tell you. But the Longevity Report also says this:

> "…our aging society presents challenges every bit as fundamental and pervasive as climate change and globalization. If we address the reality of longevity, we will avoid a crisis—and improve the quality of our lives at all ages.
>
> Biologists are beginning to understand, at a molecular level, the processes by which aging increases the risk of a whole range of diseases and…how to slow and even reverse those processes. The very nature of chronic, degenerative diseases is being revealed"—and this is paving—"the way for therapies and…cures that were scarcely imagined a generation ago. "

Futurists predict that we will live longer. Some claim that new compounds like rapamycin which seems to slow aging will make 142 years the new lifespan norm. But is this a good thing? [*Crosstalk*]

How will we fare if our health care system continues to underperform? How will we fare if there are not sufficient skilled health care professionals to take care of us and our ageing population? [*Interruption*] How will we fare if the country is divided whether by race or class or the gaps between the well off and the less well off, or the skilled and the unskilled, and those gaps keep growing? What is the benefit of living longer if there is a shortage of well-trained persons willing to take care of you or if the health care delivery system and its institutions are not working as they should?

We tend to focus on buildings and infrastructure, rather than on systems and people. But the health care system is very much a social issue and it behoves us all to ensure that we come up with something sustainable. It is not enough to have the right infrastructure and access to the right drugs and technology and equipment. Equally important is having a cadre of dedicated health care professionals, but this means having the right policies in place.

Madam President, I do not want to die "in foreign", holed up in some hospital, retirement community or geriatric home because there is nothing comparable here. I want to die in my homeland, and if my eyesight does not fail me, like Sen. Hadeed, "watching sweet Trini woman, [*Laughter*] eating sweet Trini food—you doh get buljol and macaroni pie and stew chicken away". Let us die happy and surrounded by the things we hold dear and we have loved all our lives. This is my wish, not just for me and for Sen. Hadeed, but for all "Trinis to de bone".

But for that to happen it means having in place a proper health system appropriate for the 21st Century—one that provides consistent high-quality medical care for all citizens; one that is better managed and coordinated; one that is able to effectively utilize the advances in medical science and technology and which can meet our future health care needs as our population ages and lives longer.

The system I envisage is not overly devoted to dealing with acute episodic needs, it must also be able to handle the common chronic conditions which plague us. Sen. Dr. Mahabir spoke about it this morning: high blood pressure, high cholesterol, diabetes, heart disease and our other lifestyle diseases. It would have clinical programmes with the multi-disciplinary infrastructure required to provide the full complement of services needed by people with common chronic conditions. The system I envisage may require a fundamental sweeping redesign of the entire health system. It will require changing the structures and the processes of the environment in which our health care professionals function. And, I dare say, making incremental improvements will not suffice.

3.00 p.m.

In its report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the US Institute of Medicine put forward an action plan and comprehensive strategy which is worthy of consideration. One aspect of that report which particularly resonated with me was the call for:

> "…all health care constituencies—health professionals…policy makers, public and private purchasers of care, regulators, organization managers and governing boards, and consumers—"—all to commit—"to a national statement of purpose for the health care system as a whole. " That report behoves everyone concerned to—"accept as their explicit purpose"—the need—"to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of"—all citizens.

Now, that shared vision should have six specific aims for improvement:

First, the system should be "Safe". That is to say, it should avoid—"injuries to patients from the care which is intended to help them."

Secondly, the system should be "Effective". That is to say, it should provide—"services based on scientific knowledge to all who could benefit, and"—it should refrain—"from providing services to those not likely to benefit."

Thirdly, the system should be "Patient-centred". That is to say, it should provide—"care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."

Fourthly, the system should be "Timely". That is to say, it should actively seek to reduce—"waits and…harmful delays for both those who receive and those who give care."

Fifth, the system should be "Efficient". That is to say, it should avoid—"waste, including waste of equipment, supplies, ideas, and energy."

Sixth, the system should be "Equitable". That is to say, it should provide—"care that does not vary in quality because of personal characteristics such as"—race, geographic location, class or gender.

In other words, we need to design a system which is congruent with human rights, and human rights do not pertain only to civil and political rights. They also include social and economic rights, such as the right to health care. While no direct reference is made to a right to health care in the Constitution, that right is implied, having regard to the steps successive Governments have taken over the years in meeting statutory obligations to citizens of the country. Indeed, since independence, Parliament has passed many measures demonstrating that public health has always been a matter of paramount importance. Such measures have led to a legitimate expectation that health care has become more than a mere prospective entitlement.

Former Chief Parliamentary Counsel, Monica Barnes articulated this in a segment she wrote on Trinidad and Tobago in a publication put out by the Pan American Health Organization in 1989 entitled *The Right to Health in the Americas: A Comparative Constitutional Study*. Miss Barnes wrote as follows:

"In the field of public health, and especially where contagious and communicable diseases are concerned, the citizen has a well established right to be protected by the edicts of the State for the good of the general welfare.

> The State also has a responsibility…that all receive treatment, whether in hospitals, clinics, sanitoria, or nursing homes, in a manner that ensures equality of treatment.
>
> Any examination of the right to health as a constitutional right must necessarily go beyond the traditional parameters of health as it is narrowly construed and extend to those other areas of life and human endeavour that affect the citizen's well-being and day-to-day existence. In Trinidad and Tobago, the nation's concern for the health of its people is reflected not only in the constitutional provisions and health policies, but in the legislation that provides the machinery for the implementation of those policies.
>
> Because sovereign countries have traditionally endeavoured to provide these facilities with care and solicitude, we must conclude that they see the citizens as being entitled, as a matter of settled, executive practice, to the right to health. "

So, Madam President, I wonder. I wonder how is it that even though we recognize the right to health as an important economic and social human right, even though billions of dollars have been spent on the health sector, even though we have some of the finest doctors and nurses in the world—one of them sits on this bench with us—good enough to deliver royalty even, as occurred recently by the Trinidadian midwife, Arona Ahmed, who featured prominently in the delivery of the princess born to Prince William and the Duchess of Cambridge. I cannot help but wonder how is it, why is it we continue to have so many problems in our public health sector. For example, as we have heard, patients on trolleys are being treated in corridors. That is a human rights issue.

The shortage of bed space is unacceptable and it needs to be addressed. So, what is the missing ingredient? Is it an absence of political will? Is it because of outdated laws? Is it a lack of foresight or coherent policy making? Or is it something cultural, something rooted deep in our psyche which is preventing us from realizing our full potential?—notwithstanding the country's many gifts and resources. These are troubling questions, and yet as it turns out, most of the key issues recognized by Government and the Ministry of Health and the various reports, the key issues are systemic and they are fixable.

The need for legislative reform of the Public Health Ordinance, the public health Act, RHA procurement and the Nurses and Midwives Registration Act, the need for a human resource development strategy, and the need to strengthen the financial and accountability systems. Issues pertaining to laws, systems and

institutions are all fixable. But I think there is a deeper problem, and this relates to the fact, and Sen. Singh put his finger on it, that the RHA system was skewered from the start, because it was geared towards circumvention and avoidance rather than towards inclusiveness. To my way of thinking, the RHA system was doomed from the get-go, because it lacked the buy-in and support of the key stakeholders, the doctors, the nurses, administrative and other staff.

I believe the RHA system has failed to live up to its potential and will never do so unless and until those who work in it feel they have common ownership and responsibility for it. When structures and processes are primarily designed to bypass bureaucratic red tape, professional associations, unions, and public service formalities and requirements, as opposed to responding to real needs, it comes as no surprise to read reports in the media, such as a letter of the day in the *Daily Express* of Thursday, May 14, 2015, page 14, a letter from Philip Ayoung-Chee, headed "T&T doctors working with 2008 salaries", and I quote:

> "THE basic salaries of doctors need to be compared with other professional staff within the Public Service—teachers, judiciary, legal profession, etc."—will these salaries encourage—"our younger doctors to leave our shores?"

—in search of higher more attractive salaries. He writes at the end:

> "The future of health care in Trinidad and Tobago is in jeopardy!"

Or, at page 15 of the *Guardian* of May 14, 2015, an article entitled "Retired nurse reflects on career choice: No easy job"—written large. This was an interview with nurses at the commemoration of International Nurses Day. Nurses who reported that even though they loved their jobs, they were working in deplorable conditions. One nurse saying:

> "I like my job but Port-of-Spain is"—a—"hellhole.
>
> The patients complain to us that they paying their taxes but they can't even get treatment. "

Another nurse complained about pieces of the roof falling on her head and the president of the Registered Nurses Association complained about the lack of medical equipment and supplies at the nation's hospitals. Or, again, look at page 10 in the *Newsday* section, dated Monday 01, 2015, which reported that:

> "The Medical Professionals Association (MPATT) is requesting an urgent meeting with Health Minister…in an effort to avoid stalled wage negotiations from being referred to the Ministry of Labour as an industrial dispute…MPATT…stated it was utterly disgusted…with the apathetic approach to implementation of new salary packages for doctors…noted that as a mark of exceptional good faith, doctors have continued to perform duties at health institutions despite working with 2008 salaries."

But, something is wrong here, how can we expect our health care delivery system to work when doctors and nurses involved feel disenfranchised.

Health care is not just another service industry. Its fundamental nature is characterized by people taking care of other people in times of need and stress. Health care depends on a well trained, balanced and motivated workforce, and the current disconnect between staff and institutions must be resolved if the system is to work. And if it is resolved there will be no need to be importing medical personnel from Cuba, St. Vincent, Grenada and China.

Now, I recognize the logic behind the decision to create the RHAs, and that it would be difficult, if not impossible to offer a high performance health care delivery system under Civil Service Regulations. But the RHA system is not working either, and I think we need to go back to the drawing board. And in this regard, let me say, I am not all doom and gloom, eh, do not get me wrong.

I recognize that we have seen good improvement in health care over the last 20 years. For example, as Minister Bharath has reported, in cardiac surgery, hip and knee replacements, cataract, renal dialysis, and I recognize that there are many aspects to the system which are working well. I know several people have gone to Mount Hope, for example, and they only have good things to say about it. I also acknowledge that we have created several institutions which can serve as models for the rest of the world: the Industrial Court, the University of the West Indies, the Unit Trust Corporation, the FCB, our Family Court and the Caribbean Court of Justice.

So, I have no doubt that if we put our minds to it we can design a high performance health system, one that will address the lack of stakeholder buy-in and the fragmentation in the delivery system which currently exists, one that can offer better overall quality of care and access for all citizens. Now, we all know that even the best systems can have problems, and tune-ups are necessary from time to time, but it seems to me that a tune-up for the RHAs' system will not suffice. The nation can no longer tolerate the status quo of poor health system performance. What is needed is an overhaul, and in carrying out that overhaul, some of the things I would like to see include: Policymakers paying greater attention to the plight of people with devastating long-term illnesses and the limited options currently available to families.

3.15 p.m.

I have cared for aged relatives and I could tell you, caring for an ageing, infirmed relative day in and day out is not just expensive and beyond the pale of many but physically and emotionally draining as well. Caregivers often neglect their own health and risk ending up getting sick. So support is desperately needed in that sector. And as our population ages, and we see more cases of dementia, Alzheimer's, and adult mental incapacity, shortfalls and gaps in the courts' powers under the Mental Health Act, the rules of court and the Supreme Court of Judicature Act become glaringly apparent.

We need to shore up the legislative framework to allow for faster, cheaper and greater access to the courts so that families can effectively manage the estates of the mentally incapacitated. We need to provide for enduring powers of attorney. I have written to a number of Attorneys General saying that this is legislation we need to bring, because under the common law, which currently obtains, a donor's subsequent mental incapacity will revoke any power of attorney he might have given. So ironically at a time when you most need the power of attorney, the law as it stands renders it unusable and useless. We also need statutory guidelines and regulations governing the use of living wills and advanced medical directives.

We have to address the serious shortage of medical mental health officers. I understand that while several have been trained, they are yet to be hired. We need to expand our mental health institutions and to provide for more and better out-patient care. And, as we have heard, and I agree with all the Senators who said this earlier, there needs to be a greater emphasis on primary health care.

I would like to see our policymakers embrace what Dr. Dean Ornish calls lifestyle medicine and what has been dubbed the most compelling trend in health care. Our health system responds to illness rather than prevention. Resources are concentrated on three things: the symptoms of illness rather than their causes. Lifestyle medicine recognizes that our lifestyles are creating an epidemic of largely avoidable chronic conditions such as high levels of stress and other anxiety disorders, diabetes, obesity, heart disease and sexually-transmitted diseases.

And it turns out that the best cure for most of these chronic conditions will not be found in hospitals or in expensive pharmaceuticals but through changes in lifestyle, proper diet, the encouragement of breast feeding, stress management techniques, regular moderate exercise and social support. Lifestyle medicine is the best treatment for most chronic diseases and it comes with lower cost and no side effects. So I would very much like to see a health delivery system which embraces prevention, one that actively supports and encourages positive lifestyle changes for citizens, including community health programmes and facilities which will enable citizens to exercise, enjoy recreation activities and to just recharge.

Another thing I would like to see is modernizing the system, making greater use of the information communications technology. Clinically relevant patient information should be available to all providers at the point of care and to patients through electronic health record systems.

We should be able to computerize inventories. I like what Sen. Bharath said about the barcoding system. Patients should be able to communicate with health care professionals through email and access GP services online. This is happening now. According to the UK Health and Social Care Information Centre, in England around 55 million people can now use electronic media to book and change GP appointments, order repeat prescriptions and review summary medical records. Access to digital health care is not the future. It is happening now and we need to get with the programme. We should be looking to build an information infrastructure which can support health care delivery, quality measurement and improvement and clinical education.

There also needs to be better policing in the system. As it stands, there are just too many slackers at all levels, not just among staff but doctors who fail to come to work or do not stay in the hospitals when they are on call—Sen. Cudjoe talked about it—heads of departments and consultants who often are unavailable to supervise.

We must find a way to stop the high levels of absenteeism, late-coming and indiscipline in the sector. There has to be effective policing if the system is to work. A human resource manager cannot just be sitting in an office or behind a desk and trying to measure productivity. He has to be on the floor. If we are to get proper value for money then each manager must be held accountable. Consultants have to be accountable. All senior managers should be on the floor 24/7. Heads of departments must be present because they set the tone. Young qualified doctors cannot do complicated difficult cases if their specialist supervisors and consultants are not available to consult and to supervise.

We talked about security. We heard about attitude and the "hoggish" behaviour. Sens. Cudjoe, Mahabir and Bharath all talked about it. I want to talk about that too. There needs to be better training and supervision of security guards. Guards at the RHAs can be impolite and aggressive. Often they are confrontational with families of patients who are upset and emotionally strained and fearful for their loved ones. We do not need Rambo and Robocop at our health centres. We need people who are attentive and supportive, and receptionists, nurses and clerks are just as bad. Even if you do not care, at least be polite. Berating a patient or his family is not acceptable behaviour.

I think also there needs to be less duplication of services in the system. Think about it, under the current system everything is replicated. Everything is multiplied by five: five boards, five heads of department, five general managers, five MRIs, five CT scans, and so on and so on. This is not cost effective. In the old

days we had a specialist hospital for chest, TB and chronic lung diseases at Caura. A better deployment of resources might be to scale down to three RHAs: one in north Trinidad, south Trinidad and Tobago; and then have specialized facilities working in tandem with the private sector, serving the entire country.

We have to find ways and means to maximize and make use of limited resources. Another point, every hospital should have a helipad for emergencies. But most important of all, we need a shared vision for the future, one based on analysis of data and with the buy-in and support of all stakeholders.

So in conclusion, I ask this honourable Senate: what do we offer the future? What kind of health system will we leave our children and grandchildren? Will we stay with the same old, same old, or are we prepared to revamp our laws, systems, and institutions to bring them in line with 21st Century norms, medical science and best practice?

We are the ones in the driver's seat. This is not something that we can delegate, nor should we be content to simply pass on to our successors a poisoned chalice or a system which we all have acknowledged is inherently flawed. We need to man up to the challenges and responsibilities. This duty falls to us. It is why we hold public office and it is why we are here. I have no interest in fault-finding. My concern is what is happening now on our watch and what we are going to do about it.

Now is the time. Now is the time to reinvent our country's public health care delivery system. That is the significance and value of Sen. Dr. Wheeler's Motion and that is why I support it. I thank you. [*Desk thumping*]

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

Sen. The Hon. Kwasi Mutema: Thank you, Mr. Presiding Officer, for allowing me the time to contribute to this debate here this afternoon, a most important and significant debate to the future of our country.

I also would like to commend and thank Sen. Dr. Wheeler for moving this Motion here within the Senate, because it was Winston Churchill who said that healthy citizens are the greatest asset any country can have. If we look at the Government's strategic objective it states health care is a basic right and that the economic development of a country is dependent on the physical well-being of its citizens. Therefore, we recognize from both those statements that there is that intrinsic link between the health of a nation, its level of productivity and its level of economic development. Hence the reason I commend Dr. Wheeler for bringing this Motion to the Senate.

Mr. Presiding Officer, the major difference between what existed before 2010, and what exists now, after 2010, under this current Partnership Government, is that there was a major shift in policy from a system based on a curative—or what you would call a reactive approach—to a system which seeks to emphasize wellness and a preventative approach to medicine, one what we would call being more holistic. Sen. Vieira used the term "lifestyle medicine".

Sen. Vieira also spoke of fundamental change within our health sector, which I agree with totally. In fact, if I am to quote the National Joint Action Committee since 1986 stated:

> The basic problem in our country's health sector is that preventative medicine is not given as high a priority as curative medicine.

It goes on:

> We no longer have a holistic view of health and human life. Our health tradition is now the western clinical tradition which has done miracles but which is also very expensive and tends to ignore the importance of certain fundamentals in healing.

This was NJAC in 1986.

Eight years later we saw the coming of the Health Sector Reform Plan which gave rise to the RHA Act, which has led to this debate. And from the Health Sector Reform Plan it states, the major aspect of that plan speaks of preventative medicine. It is a pity that we had to wait so long—in fact, I would say maybe for 21 years—for this current Partnership Government to attempt to implement this policy. And I will quote. We have heard much reference this afternoon to the Gafoor Commission. I would also like to quote from the Gafoor Commission, the correct name being the Commission of Enquiry into the Operation and Delivery of Public Health Care Services in Trinidad and Tobago. And it states, I quote:

> The Commission is cognisant of the fact that it would be well nigh impossible to solve all the problems plaguing the health sector at once. However, a realistic time frame must be set for the implementation of changes.

I also quote, it says:

> Many of the recommendations which were suggested in the earliest stages of the development of the health sector are still applicable today.
>
> The recommendations discussed in this report are in many respects identical in nature to those submitted in past reports.

We heard mention of the Moyne Commission of 1938, the Julien Commission of 1957. When you go to these reports you see a lot is said, a lot of the comments made, in terms of what we are discussing, a lot of recommendations were also made.

One can only surmise that many of the ideas, suggestions and recommendations from previous reports which preceded this commission, that is the Gafoor Commission, were either not fully implemented or were overlooked altogether. And this is the basic problem that has existed. I do not think there is need for us to reinvent the wheel. In fact, I would dare say that we should not have been here, having this particular debate, maybe a different debate. But a lot of these problems, there have been recommendations there lying on the shelf. In fact, taxpayers' money was paid for some of these. We heard former Judge Gladys Gafoor did it as a public service and that has just been left lying there with a lot of recommendations. I think therein may lie a lot of our problems that have brought us to where we are at today.

We heard Sen. Bharath speak in terms of a lot of the promises that were made over the years, a lot of plans signalling a lot—I suppose, maybe I would not doubt that the past government, in terms of the PNM regime, may have had very good intentions to carry out a lot of these plans but the fact is they remained intentions, just intentions. I would remind my goodly people on the other side that the road to hell is paved with good intentions. And it seems to me that sometimes the PNM tends to remind me of that movie *To Hell and Back*.

But let us look at what I mentioned, in terms of this approach and what Sen. Vieira referred to as that fundamental shift that is required, in terms of that policy of wellness and preventative medicine. I would seek to quote, Mr. Presiding Officer, if you would permit, from an article entitled: "Preventative Health Care Helps Everyone", written by the World Research Foundation and I quote:

> "Learning about and practicing preventive healthcare, i.e. maintaining your body and good health throughout your entire lifetime, is properly the best method to prevent disease from happening in the first place. "

It goes on:

> "Preventive health care must be planned and executed ahead of time, even when illness is absent. You must build healthy habits even when it's not convenient. You must believe that maintaining a health, lifestyle is important enough to make a few sacrifices. Eating right, getting exercise and avoiding destructive substances like tobacco, alcohol and excessive amounts of sugar and salt are crucial, as is getting enough sleep each night. Healthy habits are an 'automatic' defense against most illnesses and can provide us a long, healthy—and…happy—life. "

It goes on here:

> "Another aspect of preventive healthcare is finding and treating disease as soon as possible. Some sort of illness hits everyone eventually, but many, many diseases - when caught early - can be nipped in the bud and full health returned quickly. So it is important to become educated about illness and their symptoms, and what it takes to maintain good health overall. "

It continues:

> "Preventive healthcare provides many direct benefits to the individual: Not having to deal with uncomfortable or painful symptoms, feeling more energetic and just being able to fully enjoy your daily activities. However, our health care system is geared to treating illness after the fact. . . "

—a point that was also made by Sen. Vieira, which I agreed with. I think this was a point that was also made by Sen. Dr. Mahabir as well. I think the problem, as I mentioned before, is that our system is patterned as one of a reactive approach to find the medicine to cure the illness, rather than attempting and focusing more on preventing that illness from taking place.

But I am not finished with the article. I continue. It says:

> "Secondary benefits also result from all of us dedicating ourselves to maintaining a healthy lifestyle. No one can argue that medical care is expensive, and preventing disease can help avoid a large financial loss or bankruptcy. "

This is a challenge being faced by, not only our citizens as individuals but our society as a whole. It goes on:

> "Interestingly, as more and more people get on the preventive healthcare bandwagon, we will also be benefitting all of us collectively. By minimizing our individual demands on the health care system, we contribute to keeping the system efficient, affordable and functioning smoothly"

How many times have we heard mentioned here, in terms of the demand and the stress on our health institutions? How much have we heard in the debate here about the level of expenditure that has been taking place and the continuing demands for more and more expenditure?

It says:

> "On the other hand, if too many people wait too to get treated (when the illness or injury is most likely more serious), the burden becomes much greater on the system overall, and the quality of everyone's health care suffers and medical expenses rise. The inevitable result will be higher health costs, higher health insurance premiums, poorer medical services for each individual, and a highly-taxed medical system."

Mr. Presiding Officer, I dare say that is the very situation that we have been confronted with for quite a period of time, quite a number of years. Therefore, I am saying if we are to see a change, some kind of correction, that fundamental shift is necessary and we have seen that shift later on. I will show evidence of such, where we have seen that shift in policy taking place. But the reality is, this is a change that will take time because some of the disadvantages of such a fundamental change and shift, one, is that it is a long-term approach. There is no quick fix method to this.

Also, what is important in order to bring about such change is that there needs to be a focus on a change in culture and habits, particularly our eating habits, and so on. Because, Mr. Presiding Officer, I dare say that our country is in a very serious situation where these problems are concerned, particularly amongst our children, and if we continue along this road, in a few years' time I do not know where we would be able to find the money to be able to take care of the illnesses that would arise as was termed earlier by other Senators, that you are dealing with lifestyle illnesses.

For example, in reference to our current situation as it exists particularly amongst our children, if we look at statistics and some of reports that have come out internationally it says in Trinidad and Tobago research has shown that as much as 25 per cent of our schoolchildren between the age of five to 18 years are overweight or obese, 25 per cent of our children, five to 18 years. Think about what impact this will have on our health system in just a few years, about five/10 years from now, if we do not ensure we make these changes.

It says one in four children is overweight. One-third of our children so far have a cholesterol level over 200. These are not 40-year-olds and 50-year-olds, these are children between the ages of five to 18 years having cholesterol levels over 200. It says this country has been termed now the fifth fattest nation in the world, according to a recent report from the Food and Agriculture Organization.

So, Mr. Presiding Officer, that is not a very pretty picture to be painted here of our situation within Trinidad and Tobago. So that what we have been faced with, in truth and in fact is a very challenging task, which has arisen because of the decimation of our health sector over the years, under the previous regimes and we now have to deal with a lot of those legacy issues.

I want to deal also with a statement that was made by Sen. Al-Rawi earlier, when he mentioned, in terms of the Partnership spending 15 years of finance in five years. What he failed to appreciate is that what you are trying to cope with is 45 years of problems within that five years. That is what we are trying to cope with and that is what you have to understand. [*Desk thumping*]

So I go to deal now with some of the decisions that have been made by the Partnership Government which have been implemented, in an attempt to deal with this situation to transform our health sector with that policy, as I said, of a holistic approach to our system.

One, the first I speak of is a special focus on the health of the child. Sen. Bharath earlier referred to the establishment of the Children's Life Fund which has been responsible for saving the lives of quite a number of our children who were threatened with illnesses that they would not have been able to grow beyond the age of nine, 10, 12 years, and through this Life Fund was able to ensure that they were able to bring happiness to their family and at least for them to be able to get that extension and live a normal life.

3.45 p.m.

Again, we heard earlier from our goodly Senator opposite, he dealt a lot with a lot of figures and figures, but I will deal with some of those figures. You know, he tried to mesmerize our minds with a lot of figures here this evening. But there is one question I ask, he spoke about value for money and so on, but the question I ask to the goodly Senator, what really is the value or what is the cost of saving a child's life? That is the question I would like to ask my goodly Senator opposite. What is the cost of saving a child's life?

I do not know if he feels it is about $60,000, because this was the limit that the past PNM regime placed on assistance to any child that had a life-threatening illness. The limit you could have got in terms of assistance to seek whatever surgery, was $60,000. [*Crosstalk*] And you had after that to be—various efforts, barbecue, selling this, begging here, seeking donations.

What this Government attempted to do was try to make life easier [*Desk thumping*] for our people and by implementing this Children's Life Fund. Yet I hear talk about millions spent here, millions spent there. I do not know, well, what they expect in terms, what is the cost of a lot of these surgeries that a lot of which has to be—children have to travel abroad with their parents to seek such surgeries.

But more interestingly I go to a second implementation of the Government, and this one is very interesting, that of the children's hospital at Couva. Because I have heard a lot of criticisms made of the construction of that hospital by a lot of the Members of the Opposition. You were hearing things like, the Government is only placing emphasis on development in central and south. Why they build that hospital down there in Couva? You were hearing things like, the Government building a hospital where it will not even have patients, look quite where they build that. But when I turn to the same Gafoor Report from 2007**,** and I go to page 46, under the heading, "Child Health", vii. It said the recommendation here is to:

> "Construct a paediatric hospital in the southern region fully staffed with its own Accident and Emergency Department…"

Note, Sen. Mahabir, they recommend an:

"…Accident and Emergency Department and specialist medical and nursing staff."

This is the recommendation of the Gafoor Commission.

This is not a member of the People's Partnership speaking. And this is since 2007, which was lying there to be implemented. I do not know what happened. Maybe they had other priorities, because you passed that, you dismissed this and you go to Tarouba to build a stadium costing over, in fact, $1 billion, right?—and still lying there. I cannot even say a white elephant, I do not know what colour it is. I am seeing green on it now, an elephant standing there, no use to the population, but yet you criticize a hospital being built for children to save their lives, where parents who have children in need of life saving surgery will not have to leave to travel abroad, they will be able to stay right here and be able to gain that service to save the lives of our children and I hear criticisms from the Opposition.

Mr. Presiding Officer, sometimes this is very difficult to bear.

Sen Hadeed: They have to go to confession. They have to go to confession.

Sen. The Hon. K. Mutema: But I go now to the second decision that was implemented by this present partnership Government. And it says here, Tobacco Control Regulations, 2013, again trying to see how we will be able to allow our population to make those lifestyle changes, because I think this is where the emphasis ought to be. Unless those changes are made, Mr. Presiding Officer, we will be fooling ourselves. You can speak in terms of whatever human resource issues at the hospital. You can speak in terms of whatever operational issues. You can speak in terms of whatever financial issues, but unless these changes are made these issues will continually face us over years and they will keep rising and rising. We will not be able to deal with it. To be able to deal with that situation we have to come to terms with these lifestyle changes that are necessary in our approach to help, that holistic approach that is required.

And so, this regulation that was passed, the Tobacco Control Regulations that was passed in 2013 along with the Tobacco-Free Lifestyle Campaign, and this is what it says. It says:

"In Trinidad and Tobago, 21.1 per cent of our population smokes. Smoking contributes to several chronic non-communicable diseases, such as, heart disease, strokes, cancer"—of various parts of the body. 15.6 per cent of smokers are between the ages of 15—24 years…"

The prime of their youth, 15 to 24 years, 15 per cent of smokers:

"…of which 22. 9 per cent are men. "

It says:

"In fact, the average age of smoking"—for those within our population is 17—"years. "—the average age of 17 years.

We have so many, particularly our young men who start smoking.

And so this Government sought to have this campaign, as I said both from a legislative standpoint in terms of the Tobacco Control Regulations that was passed in 2013 along with a public awareness campaign. We heard some of our Senators also speak of the need for education, it said:

"…No Ifs, No Butts"—and—"Tobacco-Free Lifestyle"—campaign.

The third, again, you have the:

"Fight The Fat Campaign…"

Again, earlier on I spoke of the problem of the obesity, and this "Fight The Fat Campaign" has been implemented also to deal with that as well. There was also another campaign termed the:

"Love Yourself Campaign"

—which again sought to try to encourage our people to adopt a new lifestyle. Some of the messages that came out of that through the Ministry of Health was:

- "Eat Right
- Drink Responsibly,
- Make Time to Exercise"—and so on.

—where you would have seen even within our major festivals, like Carnival and Emancipation and so on, where they sought to integrate some of these activities, where they felt it would have been easier to reach our population, looking for creative ways to try to persuade and encourage our population to adopt some of these lifestyle changes.

The other was the creation of more education and training opportunities. This was a direct result of the Gafoor Commission. If I turn to page 41—sometimes I wonder what those on the other side were doing all the time. I hear someone spoke about fiddling fingers while Rome burned. I wonder what were they fiddling. It says here, again, page 41, under "critical", it says:

"Critical recommendations from the Report of the Commission of Enquiry"

"Critical", it says here, and I turn to page 44, iv:

"A need for more education and training opportunities to allow for the continuous development of health care providers."

It took again—this was in 2007. It took this Government eight years after, under the leadership of our goodly Senator and Minister, Fazal Karim, our Minister of Tertiary Education and Skills Training, to implement a lot of these in collaboration with the health sector. For example, you have the nurses' academy, in El Dorado. [*Desk thumping*] Let me quote from, again, what we have been doing.

It says:

"A major collaborative effort was undertaken in 2013 with the Ministry of Tertiary Education and Skills Training and the Schools of Nursing and Midwifery (which…fell under the Ministry of Health) to train"—our nurses at the COSTAATT, I mentioned El Dorado.

It goes on to say that:

"Similar discussions for the signing of an MOU…also being held with the University of Trinidad and Tobago (UTT) concerning the Biomedical Engineering Bachelor's degree programme."

It says:

"UTT has also acceded to a suggestion by the Ministry that there be an introduction of a diploma level course in biomedical engineering. This programme is currently proceeding through the process of approval at the University. "

Now, the other thing about this, Mr. Presiding Officer, is that what has been able to come out of all of this, as I would have had a personal experience, is that we have a lot of nationals who are living abroad, who are eager and willing to return to make their contribution here. A lot of them within the health sector.

Only recently I had the experience of meeting one such person by chance. He visited here, he was at the Port of Spain General Hospital, I knew a member of his family, his brother, and we spoke. And he was a graduate, in fact, a PhD in health management, a very critical area that is needed. And he expressed his desire to return, but he said he has been frustrated over the years in his attempts. And I was able, to be able to speak at UTT in terms of the leadership there at UTT, and been able to establish that communication and linkage, and only recently I received an email where he was telling me, thanking me that he had been accepted to come to UTT in order to be part of their staff there to lecture at the university. [*Desk thumping*] And this is thanks to the initiative that occurred through—

Sen. Maharaj: Fazal Karim.

Sen. The Hon. K. Mutema:—our Minister of Tertiary Education and Skills Training who has been doing so much—

Sen. Maharaj: Member of Parliament.

Sen. The Hon. K. Mutema:—in terms of development of this knowledge.

Sen. Maharaj: What constituency?

Sen The Hon. K. Mutema: I turn to another decision that was implemented by this administration, and this is the decentralization of services and increased community outreach.

4.00 p.m.

Again, this evening we heard from our Senators. I think it was Sen. Cudjoe who spoke about this aspect of decentralization, and this, again, is a programme that this Government, through our Ministry of Health, has embarked on because this is very important if we are to be able to achieve the objectives that are outlined. Because, one, you would be looking at the ability to be able to empower the members of the various communities throughout who would be able to develop that relationship with institutions within there, again, which can lessen the demand on our major health units, our major hospitals, and which would be able to allow these hospitals to provide a better, more efficient service to the population.

Now, I spoke earlier in terms of the kind of cost that we may have been experiencing at these institutions, and earlier on, again, I come back—return—to my good friend. Brother Faris—Sen. Al-Rawi, who is very eloquent in his delivery but who, again, tried to mesmerize us with all these numbers. And I think—to even borrow a term from him—the only thing, I think it lacked substance. I think there was need for more substance within that because he alluded to this—in fact, he accused the Government of spending $20 billion in five years and went on to use, I think, Dubai as an example to show, well, look where that amount could have been spent. What he did not reveal, however—in fact, we have to even question the figures that were provided because, in truth and in fact, what Dubai spent in 2012 alone, Dubai spent TT $17 billion when you convert it—TT $17 billion in 2012.

But also, what we need to recognize is that out of that $17 billion, the population—the people themselves—had to pay 22 per cent of that out of their own pockets. The population paid 22 per cent out of their own pockets.

Hon. Senator: "Faris didn' tell we dat."

Sen. The Hon. K. Mutema: Yes, we may criticize the quality of the service that exists, but our people are provided with free health care within Trinidad and Tobago.

Sen. Maharaj: Faris, shame on you.

Sen. The Hon. K. Mutema: And if I could also assist him with some figures—I could also give him some figures to assist him as well. In the UK, for example, the budget that exists in the UK for 2015 to 2016 is for £115.4 billion. This translates to a figure of £2,177 per person. If you would extrapolate that—you convert that—in terms of TT dollars, you are talking about $28 billion for the year. But it shows you—[*Interruption*]

Hon. Senator: The equivalent.

Sen. The Hon. K. Mutema: No, equivalent. We broke it down to the 1.3 billion. That is what I am saying, if you extrapolate.

Hon. Senator: Cost per person.

Sen. The Hon. K. Mutema: Right? We break it down.

Sen. Maharaj: "Yuh ha tuh explain slow tuh him, yuh know. Faris doh grab numbers, yuh know. Yuh ha tuh break it dong. "

Sen. The Hon. K. Mutema: But the point that I want to make here, Mr. Presiding Officer, is that while, yes, there is need—and I certainly agree with Sen. Dr. Wheeler—for a review of our health sector—in fact, what I would state is that that is a feature of the preventative approach and the holistic approach to medicine. You must have that constant review in terms of assessing your system as you go forward because what you do today, in about five years' time, may hold little relevance. So there is need for that constant review.

So I commend Sen. Dr. Wheeler for that, but the thing about it, I would like to say, in closing, is that we need to appreciate the fact, once again, as I said, that this cannot be a quick-fix method. It cannot be a quick-fix method. That is the reality about it. You are dealing here with something that is very fundamental, a lot related to the culture of our people and, therefore, it will take time but it requires the effort of all of us, all stakeholders, to be able to come to that one vision and thereby be able to ensure that we are able to make that transformation in the interest of our very children.

As I stated earlier—I quoted the statistics for you—what is happening to our children between the ages of five to 18 years. It is not a very nice picture. As I close, I repeat the words of Winston Churchill: "Healthy citizens are the greatest asset that any country can have."

Thank you, Mr. Presiding Officer. [*Desk thumping*]

Mr. Presiding Officer: Sen. Baldeo-Chadeesingh. [*Desk thumping*]

Sen. Diane Baldeo-Chadeesingh): Thank you very much, Mr. Presiding Officer. I am extremely pleased to have an opportunity to contribute to the debate on a most important topic: health services in Trinidad and Tobago. This is a most important Motion that has been proposed by Sen. Dr. Victor Wheeler. It is an important opportunity to identify and share the concerns we on this side, and the vast majority of citizens all have about health care in Trinidad and Tobago and the challenges in the system of delivery.

I listened quite attentively, not only today but in the months before when this Motion was first introduced to this House and the one thing in common was, quite a number of the past speakers referred to the report of the Commission of Enquiry into the Operation and Delivery of Public Health Care Services in Trinidad and Tobago. And I was extremely happy that the speaker before me referred to this report. But I think, perhaps, he is a bit myopic, or—pull back that word—maybe a little bit selective because he jumped from page 41—well, he started off with page 46, then he went to page 41. But, through you, Mr. Presiding Officer, I should like to refer the goodly Senator to page 39, where it refers to—this report, the Gladys Gafoor Report—spoke about some of the observations on the report of the Vision 2020 subcommittee on health.

Sen. Al-Rawi: Shame!

Sen. D. Baldeo-Chadeesingh: And I quote:

> "The Commission is of the view that the report of the Vision 2020 Sub-Committee on Health is a very important document that should play a (vital) role in the future development of the health sector. This report…captures the major objective of the Health Sector Reform Programme in its vision statement. "

A nation empowered to live long, healthy, happy and productive lives. Furthermore, the mission of those who are entrusted with the task of fulfilling this vision is clearly elaborated in the following statement:

> "To create a nation of individual, families and communities empowered to achieve and sustain the highest standards of health and well-being through the provision of efficient, effective, equitable and collaborative services that support good health."

It goes on to outline the seven goals of Vision 2020—their goals and objectives:

1. "Improve the general health status of the population
2. Enhance the management of communicable and non-communicable diseases
3. Improve the performance of health care delivery systems

4. Improve the quality of health care services
5. Unify the delivery of health care services
6. Develop"—a research agenda as the platform for—"evidence-based decision-making, policy formulation, new learning and development
7. Create a client-centred health care environment."

And you know, it is interesting—no, no, no. The speakers, Mr. Presiding Officer, referred also to the Julien Commission, and this document, the Report of the Commission of Enquiry, also known as the Gladys Gafoor Report, says that:

The Julien Commission is as relevant today as it was 50 years ago.

As a matter of fact, I just want to—Sen. Vieira spoke about the Gladys Gafoor Report and that the said person was not paid for the work on this report. My information is a bit different. She was paid for the entire enquiry, including the entire enquiry of scope, including the hearings and visits to institutions, interviews and the completion of the report—she was paid and was supported administratively by a secretariat who then put together this report. So that is just my information and I thought I will just put that on the record.

Mr. Presiding Officer, this Motion is not only important because our health is important to us as individuals, but a healthy nation is a wealthy nation. A healthy nation is also a productive nation. It has been proven that the productivity is increased in a country where the citizens enjoy good health.

Now, the speaker before me, Sen. Mutema, also spoke about the obesity concerns that we have with the younger population in Trinidad and Tobago, and he identified two programmes that the current Government is running at the moment, or ran, or it is continuing. He spoke about the "Fight the Fat Programme", and the "Love Yourself Programme". But, you know, hon. Senator, through you, Mr. Presiding Officer, how do you measure the success of these programmes? How do you honestly measure? What systems do you have in place to measure? Because after five years in Government, one would think that if you are standing up here and talking about the problems of obesity in young children, you would have, within five years somewhat monitored the success of the programmes to see whether they worked in year one, or year two, or year three, to see what you can do to revisit that, to change, perhaps, your strategy.

So I am a little concerned about what you said because objectives, in any clear—you know, simple marketing objectives must be measurable. So you have your objective but at the end of five years you are still standing up and saying that we have a problem with obesity amongst a particular age group, and you said it a couple times. So I just wanted to find out how you measure that.

Mr. President Officer, the World Health Organization is an arm of the United Nations and they say:

> "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

We are not a healthy nation. We have heard the Minister of Health mention his efforts to combat these issues: lifestyle diseases, renal challenges, hypertension and other medical challenges that face our citizens. [*Crosstalk*] Mr. Presiding Officer, I can barely hear myself, you know. Sen. Hadeed is just—you know?

Sen. Al-Rawi: Contribute instead of grumbling, "nuh man". Stand up and make a contribution. "Doh" grumble.

Mr. Presiding Officer: Sen. Hadeed, if you could allow her to proceed in silence it would be useful. Thank you.

Sen. D. Baldeo-Chadeesingh: Thank you very much, Mr. Presiding Officer. Trinidad and Tobago needs to have a health system equipped and staffed to intervene and serve effectively and efficiently.

4.15 p.m.

[MADAM PRESIDENT *in the Chair*]

Madam President, as we review the period referred to by Sen. Dr. Wheeler in his Motion prior to the introduction of the RHAs which he identified as a period where there was a centralized model of health care system, this period he referred to is one that had its roots in and developed along the UK model. When our people were served by the medical team which served communities on a cycle—the pharmacist, the dentist, public health nurse, health centre nurse, the doctor, each had a schedule in the health office as it was called at the time. This was primary health care in action. You are right. The district health services, Sen. Karim was referring to the Freeport Health Centre and that is true.

The district health services headed by the DMO, the District Medical Officer, treated citizens and referred others to the medical and surgical specialists in hospitals. The district health physician was the leader of the community medical team, but time moves on and Trinidad and Tobago, like in many other countries, experienced a change in lifestyle as a result of development and industries. Many people migrated to the urban areas from the rural communities where employment was available. Women went into the workforce and the impact of this resulted in a major reorganization of the home which had a major impact on our health profile.

Madam President, the system of health expanded in the centralized system model as the population increased and health challenges arose. Globally, there was a need for this expansion of health services and this called for a review and reorganization. The PNM undertook this reform exercise, and with collaboration from all stakeholders the Government successfully applied for the IDB reform loan. Dr. Rosemary Paul and a team of technical and administrative personnel from the Ministry of Health under Minister John Eckstein guided the loan and preparedness phase.

In 1995, the PNM demitted office and another Government was voted in as the Government of the day. Madam President, the implementation of the health sector reform under the Government between 1996 and 2001 was extremely challenging and undertakings were not delivered as outlined in the reform plan. Going further back to 1991, the health care system was training more nurses and few were leaving to be trained abroad. So competent was the School of Nursing, our medical school, dental school and other allied health care training were offered in Trinidad and Tobago and our staff numbers expanded.

In 1993, there was a major development in the US and globally, which must be factored into any discussion, into any analysis or intervention in the health system of Trinidad and Tobago. The reports of the UN showed that if primary health care is managed it would offer a better lifestyle. Introducing and implementing a quality system in health care would allow improvements to be sustained.

I know what Sen. Dr. Wheeler seeks is a state-of-the-art, efficient, committed, well-trained staff, schedules for services that work, as well as equipment and effective medications available on time. We also seek that quality system in health, Madam President. It is as a result of a global strategic plan to get the world healthy, the global health sector reform actually became a reality. What the reform embodied was focus on primary health care—that was one—and introduce a quality model for health care which would increase and nurture patient-centred management of their lifestyle to a goal of an improved overall health and wellness attitude of individuals, diet and exercise at local health centres and wellness clinics. Using this positive trend, the regions would reform their health system and use scientific-based evidence, medicine and robust health information modules.

As a result of that, Madam President, the Trinidad and Tobago health reform of the PNM sought to achieve these very goals. The lessons learnt out of that, the PNM in 1994 successfully embarked on the health sector reform as other Governments did globally. We went out of office in 1995 leaving the

implementation to the UNC Government at the time. The IDB funding was secured by the PNM administration and the roll-out of the reform was not effectively undertaken between 1996 and 2000. There was very little effective monitoring. No quality system principles were introduced to underpin the reform policies for staff nor was there any robust procurement, inventory management and maintenance of plant and equipment. Loss inventory and poor maintenance contracts challenged effective procurement.

The decentralization of the system into regions was, Madam President, an excellent reform model since it was expected that the Ministry of Health would focus on policy, payment of services to the regions' RHAs using an annual services agreement for citizens served in each region. This was not effectively managed and poor payment transfers to the regions created management, health care service issues and industrial tensions as is evident today.

The Ministry of Health was also to continue to manage the vertical services. Such was the plan, the reform plan, example, insect vector and also national services like the mental health in St. Ann's, as well as respiratory and chest care at Caura. These services which have worked in tandem with the local government corporations, thus effectively strengthening health and public health at the local level and the goal for national improvement would have been achieved. This did not occur. All other services would have been delivered by each region and a quality system would underpin the reform system with a balanced score card to measure the improvements in the system as well as the level of effectiveness of the service.

Targets, Madam President, for health statistical reductions were to be established and monthly reports produced to measure the level of success. Again, they must be measurable. A robust CSO was to be upgraded since such an evidence-based system required excellent data collection and analysis. Things fell apart and medical staff members took the period to expand themselves into the business of medicine, and Trinidad and Tobago saw a massive private medical institution growth while the improved public health system was mismanaged.

Such comprehensive damage was done to the health system between 1996 and 2004 by this parallel private system which is at the root of the challenge in management of the Regional Health Authorities. Staff were drawn from the public system into the private system while the private institutions were handsomely paid under the then Government to manage the many patients left on waiting lists which developed in the public system as a result of medical maladministration by some of the very medical professionals who are now managing private health institutions.

The ongoing issues in the RHA and at the Ministry as a result of an incomplete and poorly managed implementation between 1997 and 2000 resulted in many medical errors and poor equipment maintenance. Staff managements suffered and the citizens were caught in a failing public system. The PNM undertook the now infamous health enquiry which Senators referred to, the same way they held fast in the commitment for health care in the '60s.

Procurement and missing inventory were identified as major negative outcomes of the health sector reform period identified earlier. The Gladys Gafoor enquiry report lists the findings and recommendations, and action was to follow. However, Madam President, in 2010 none of the recommendations for health system improvement were undertaken.

I wish to refer to the Auditor General's Report of 2014, the Ministry of Health, it says:

> "…A review of a sample of 34 payments totalling $135…million revealed that invoices were not committed in the Vote Book as required by Financial Regulations 66 and 67 to allow for prudent cash management.
>
> …From the sample reviewed, one payment voucher"—of—"$1,290,167.14 was not provided for audit.
>
> …Documents required to verify the validity of expenditure of $770,611.00 for optometry equipment were not produced for audit."

It goes on:

> "During a physical verification exercise, it was noted that 21 items valued at $197,163.82 from a sample of 51 items purchased during the year did not bear marks of identification as Government property in accordance with Financial Regulation (Stores) 55."

And so, when the previous speaker spoke about where the money went to, where did it go to? Madam President, their lack of commitment to a quality health system has trapped us as we hear and read the list of medical errors and lack of service our citizens face from the womb to long-term care. The health care system requires comprehensive upgrades, and comprehensive upgrades not only for members of the public but also persons who work at the institutions.

As a matter of fact, I refer to this article published on April 24, 2015, "MPATT supports PoS nursing staff", and this is the *Trinidad Express*:

> MPATT said for years MPATT has been calling on the RHAs to provide a higher level of safety for health workers and the public they serve. Our female colleagues are particularly at risk, and more stringent security protocols must be adopted to ensure their safety.

That was at the time when the nursing staff was having an issue with security.

Madam President, we are aware of the litany of issues so well-articulated by the first speaker on this bench, on this particular Motion, Sen. Camille Robinson-Regis, and Sen. Dr. Wheeler himself, and we also heard—[*Interruption*]

Sen. Nicholas: [*Inaudible*]

Sen. D. Baldeo-Chadeesingh: He is on the Independent Bench—the quick fixes rolled out by the Minister, the horrors, however, continue and we are not receiving value for money budgeted for health care when we hear, and we listen to the news, and we read in the newspapers about mothers dying, about babies dying, about people not being treated well when they are in the medical facility, and I have one article here to prove that:

> "Mom dies 26 days after C-section
>
> "LESS than two weeks after the death of Keisha Ayers following a Caesarean section at the Mt. Hope Women's Hospital, another mother has died…
>
> …this time"—it was while under the care of doctors—"at the San Fernando General Hospital. "

Tell that to a mother who weeps to no end on the seven o'clock news that her child died. How do you explain that? Do you give them examples like that? [*Crosstalk*]

You know, the interesting thing is, Madam President, in most instances the media has been the intervening factor in seeking redress for patients, but let it be known the commitment to the improvement of health and wellness that the PNM undertook in the health sector reform remains. The health system needs to re-establish the principles of a quality system with data collection and analysis, effective annual services agreements and appropriate procurement of equipment; plant and pharmaceuticals that are approved by standards of the US, Canada and Europe; internal audit should be more robust.

4.30 p.m.

Madam President, the system Dr. Wheeler envisages, the PNM will deliver: training and improvement of staff in all areas of the health system supported with a reduction in crime which has a negative impact on the country; reduction of the current heightened sense of fear of crime that has gripped the nation; the negative effect has affected health: hypertension, paranoia, lack of exercise leading to lifestyle diseases and poor health which affects the productivity of our nation.

With a nation in crisis, this country needs a fresh start as some of the independents have called for with a quality health care system consistent with other nations of the world. We on this side believe in our people and they are our most valuable resource, and

I refer to the Patient's Charter of Rights and Obligations, and how it fosters partnership, equity and justice, and it outlines the patient's charter of rights and obligations: what rights are the patients entitled to; patient's obligations; patients must always come first, the charter says, and the patient's charter is designed to direct the—[*Interruption*]

Madam President: Hon. Senators, it is now 4.32 p.m., we will take the tea break and resume at 5.02 p.m.

4.32 p.m.: *Sitting suspended.*

5.02 p.m.: *Sitting resumed.*

Madam President: Sen. Baldeo-Chadeesingh.

Sen. D. Baldeo-Chadeesingh: Thank you very much, Madam President. Just before we broke for tea, I was saying that we on this side believe in our people as they are our most valuable resource. And I also was talking about the Patient's Charter of Rights and Obligations and I just want to, for the records, indicate that under the PNM in 2000 to 2007, the reform effort continued to rescue the reform that was derailed in 1995 to 2000, and under the PNM, the Gladys Gafoor health enquiry was fearlessly undertaken and the Patient's Charter of Rights and Obligations, a charter for Trinidad and Tobago was developed and instituted in Trinidad and Tobago.

Madam President, it was mentioned by a couple of the other Senators previously, but the offer to citizens that currently stands to go to a private institution and have the taxpayer cover the cost, we cannot blunder into such a system which will not be effective. We must fix our public system for the people of Trinidad and Tobago. We need a return to an efficient system with committed staff, goals to effectively reduce lifestyle diseases in an environment with reduced crime and corruption and where trust between medical staff and patient can be returned.

As a matter of fact, on the topic of trust and confidence, and also regarding compliance with the Regional Health Authorities Act and the Private Hospital Act in Trinidad and Tobago, I recall, not so long ago, where a patient underwent surgery in a private hospital in north-east Trinidad and he received post-op treatment as an in-patient at the Eric Williams Medical Science Centre.

With regards to—I am speaking of, you know, persons speaking about confidence in the health sector, I just would throw this out there. Written reports from my understanding are mandatory and the charting of every patient admission, emergency service, surgical procedure, laboratory reports, treatment,

details, discharge summary and transfer file, are mandated by the Private Hospitals Act. I just want to know if these have been provided to the Ministry of Health because this patient did leave the private facility and enter into the public facility. And my question is: has the Ministry been provided with or has it asked for all of this patient's files for his transfer from one facility to the other.

And when will the Ministry of Health issue a comprehensive report which, not only covers the individuals responsible at both the public and private health institutions for the admission, the surgery, the transfer, the treatment and subsequent discharge out of the health system of the patient involved in the issue of surgery for foreign objects and non-compliance of the institutions where the services were delivered. Because I have not heard anything from the Ministry of Health regarding this particular incident.

In closing, health is what every person appreciates, Madam President, and we must rebuild a system, a quality system, to care for our citizens from the unborn to the elders. Simply put: we deserve a better health care system. Thank you very much, Madam President. [*Desk thumping*]

Sen. Dr. Victor Wheeler: Thank you, Madam President. I am actually very surprised that it has taken so long for me to be able to rise seeing that I thought we would have been doing a quick wrap-up today.

First of all, I would like to thank all the Senators who contributed from all the benches. It is clear that this Motion is needed and timely considering that the health sector is increasingly in the spotlight of late. We have read in the papers about adverse events: mothers dying, babies dying; doctors upset about outstanding negotiations since 2008; medical personnel upset over attacks by patients on their staff; nurses also up in arms about lack of consultation. But, with these negative stories, there are also positive things that have been happening: new hospitals being built, expanded services starting and also complex surgeries being done particularly in San Fernando. I do agree with Minister Bharath that even though a lot of good things have happened, there is a lot more to be done.

Now, specifically referring now to the RHA system, this Motion requested support for a comprehensive review of the RHA system which is essentially a purchaser provider model, whereby the Ministry of Health in Trinidad functions in the role of the purchaser and the RHA in Trinidad functions in the role of provider; in Tobago, the Tobago House of Assembly is the purchaser, and the TRHA, the provider.

There is a major problem though that actually is a problem from the Ministry of Health in that the monitoring and evaluation that should be taking place of the RHA has not been taking place as well as it could have been. And part of this is because the Ministry of Health does not have the full capacity to monitor and evaluate the RHA, even though they have persons like a Chief Medical Officer who is a doctor and a Chief Nursing Officer who is a nurse.

The Ministry of Health does not really have any specific department that focuses on collecting data and analyzing data provided by the RHA, and the annual services agreement that exists, which is the contract that the Ministry of Health has with the RHA, is really not adequate in capturing sufficient data so that the RHAs can be properly monitored.

5.10 p.m.

Madam President, since the inception of the RHAs in 1994, there has been a focus on building facilities, and to a lesser extent equipment. I agree with Sen. Vieira in this regard, and I do thank him for his kind words, [*Laughter*] which I am a little surprised at, but there really is a focus on buildings and equipment, but one should recognize that a building by itself does not provide care. A hospital is a building containing well-functioning equipment that is operated on by well-motivated and trained staff.

Even though as I said, there has been a lot of focus on buildings and equipment, the HR focus of significance over the existence of the RHA has been on supplying additional help from foreign personnel, foreign doctors and foreign nurses. The obvious problem with this approach is that when these doctors and nurses finish their terms of service, they leave.

Madam President, the RHA system in my opinion has failed to live up to what was intended in 1994. Section 6 of the RHA Act, which identifies the powers and functions of the RHA, was to provide efficient systems of health care. It is clear from the contribution of all the Senators that it has not been provided in an efficient manner.

Section 6(b) identified collaboration with the University of the West Indies, and even though this is occurring, Sen. Bharath mentioned further collaboration with the University of the West Indies with respect to training, postgraduate training, this could be a lot better. Again, in my opinion, from instances of conflict that have occurred between the University of the West Indies and one RHA in particular, North Central RHA. It is clear that the RHAs, as a body, do not truly understand the role that the University of the West Indies can play, in truly improving patient care in Trinidad and Tobago.

It appears to me that there is no real focus by the RHAs on improving patient care, and this is because outcomes of patient care are not being measured, and important local data is not available. It was certainly a travesty when I was doing the research for this Motion last year that I actually had to go to the World Health Organization's website, to get information on data for Trinidad and Tobago for 2014. Even at that time, the Ministry of Health's website only had data going up to 2005.

The RHA as a whole does have a focus on patient complaints. They try to be more patient-centred, but if there is the absence of real data, on clinical outcomes, patients and members of the public would not really know what to expect when they access the health system. In fact, the health workers themselves are not quite clear what to expect, because the data that concerns their actual performance is not being collected and reported to them.

So, when an adverse event occurs, for example, when a mother dies in childbirth or someone goes for an operation and dies, or has a bad outcome, because the RHAs do not produce data on clinical outcomes on a regular basis, that individual's family, relatives, are then led to speculate on what should be taking place. They would go and see what happens in America and in England and say, "Well, that should be taking place here".

People complain when their expectations are not met, when their expectation is not known, that makes things even worse. The result of all of this is, the persons who actually provide the care, that is the doctors and nurses, are sometimes demonized in the public. We heard some of that during the contributions today, and this is not right. There should be a focus on clinical outcomes by all the RHAs, including that in Tobago because if there is not a focus on producing data, real data, on clinical outcomes when, for example, someone goes to have a baby or someone goes for an operation, things may get even worse.

Madam President, when I presented data in October last year to show that there was a 640 per cent increase in allocation to the health sector since 1994, I thought at least someone would—anyone in the health sector would write to me to say, "Look, Dr. Wheeler, even though you produced those figures, this is what is really going on". No one responded. In fact, there was one person who works in the health economics department of University of the West Indies, who told me he has been saying this for a number of years, but he has not been taken seriously.

Certainly, what is the cause for this massive increase in allocation for health? There is a view that part of this significant increase in expenditure is due to an increase in administrative cost in the provision of health care. Remember, we went from a system

where the Ministry of Health was the employer, had its own core staff, and it managed from a central point of view. When we decentralized, we created four regional health authorities in Trinidad, and one in Tobago; that is five RHAs.

Each of these RHAs has a CEO; they each all have general managers in the various areas; they all have support staff. Is it really necessary to have all of this increased administrative staff? The next question is, does this increased administrative staff really improve patient care? Does it make the delivery of health care better? The evidence that I was able to collect from the WHO suggests that it may not be, but this is part of the reason why I would like to have the RHA system comprehensively reviewed.

What the RHA system has, in fact, done is to create an environment where the staff feels insecure, and part of the reason for this insecurity is that you went from a system where you came into the health sector with a permanent job, and you go to an RHA system where you are given contracts. As Sen. Cudjoe said, some of these contracts are actually quite short term, three months, six months, a year. Because of this short-term contract system, there arose many allegations of victimization, and because the RHAs had the authority to function on their own autonomously, and make rules as they saw fit to carry out their duties, there were allegations of instances of persons holding senior positions who may not have the proper qualification and experience. Again, this is something that occurred both in Trinidad and Tobago. Another thing that was clear, even under the Ministry of Health and now under the RHA, there has been a history of poor record of maintenance of equipment; equipment is always breaking down.

Now, specifically to address some of the issues raised by some of the Senators. Sen. Avinash Singh had spoken of the issue of the rising caesarean-section rate in Trinidad and Tobago. I, as an obstetrician, I do share his concern. There is also a growing trend of women requesting caesarean sections for nonmedical reasons, and actually having it done. I believe that it is time for discussions between the midwives who do most of the deliveries in Trinidad and Tobago, and the obstetricians to come together and have some discussion on this problem, because at the moment it is a problem, and it is a growing problem that needs to be addressed.

Madam President, Minister Baker, when he spoke on the last occasion, raised several issues including some issues in the public domain, with respect to Tobago. Now, the THA Act, under the Fifth Schedule, does give the THA responsibility for health services in Tobago, so the assumption then would be, as the Tobago Regional Health Authority is the provider of health care in Tobago naturally, the

Tobago Regional Health Authority will come under the THA, and the reality is that the TRHA does receive funding from the THA, but the TRHA is placed under the Ministry for Tobago Development. We are aware that the Ministry of Health also still has a role in the provision of health care in Tobago. The Ministry of Health was the one that built the hospital and is putting in the MRI and CT scans.

Now, I know this is—and election is due, and I hope my comments would not be taken the wrong way, but the Tobago House of Assembly does not have the capacity to monitor and evaluate the Tobago Regional Health Authority. This is something I have said in my first budget contribution in 2010, and nothing has been done. The Division of Health and Social Services does not have the technical expertise to monitor and supervise the TRHA. The Division of Health and Social Services does not have a doctor in its structure, equivalent to the Chief Medical Officer in the Ministry of Health. The Division of Health and Social Services does not have a nurse in its employ, at a level of the Chief Nursing Officer in the Ministry of Health, and this is in spite of the THA having responsibility for delivery of health care in Tobago over the past 20 years.

Another thing that I would like to comment on is that Sen. Cudjoe had stated that the TRHA is often left out when the Ministry of Health is having meetings and discussions about health care with the RHAs in Trinidad; this actually is not correct. The TRHA is always invited to be part of these discussions. These invitations more so come from the Chief Medical Officer, and are discussions that are held at the level of the medical and nursing staff.

At the moment there is actually an accreditation consultant employed by the Ministry of Health to assist all the regions in becoming accredited, and they are using a Canadian accreditation scheme. The Ministry of Health actually employs a consultant that has been working with the Tobago Regional Health Authority.

We in Tobago—I am a doctor working at the Scarborough General Hospital—all the specialists working at the Scarborough General Hospital when they need assistance in providing care with their patients in Trinidad, we have good relations with all the doctors in the public hospitals. We frequently transfer patients who cannot be cared for in Tobago to the various hospitals in Trinidad for obstetric care, orthopaedics, paediatrics, internal medicine, trauma, ICU.

The Ministry of Health at the moment is installing an MRI in the hospital in Tobago, and at the moment is also installing cardiac-catheterization services. So, to suggest that the Ministry of Health would leave out Tobago or leave out the TRHA, when matters of health care in Trinidad and Tobago are being discussed, is actually wrong because, I do recall that—or I should say, the Minister of Health is still responsible for health care in Trinidad and Tobago.

There is also the waiting list initiative in Trinidad that the Ministry of Health started up 10 years ago; there are patients in Tobago who also access this service. I remember having patients on my list for surgery, not a long waiting list, then when time comes for surgery, they tell you, "Look Doc, I had the surgery already—went to the Ministry of Health and my surgery was done". As I said before, there are usually no problems with cooperation among the doctors working in Tobago and those in Trinidad.

There are a couple other issues raised by Minister Baker, which impact on the TRHA, which I think are important to mention. One of which is the resignation of the chairman of the board in November last year. There is also some allegations of victimization. There was a firing of a doctor, Dr. Melville, a senior doctor in the RHA in Tobago, whose contract was terminated, and to date has not been given any reason for this termination.

There have also been some problems or allegations of HR practices that are not what one would consider correct. There is another issue that was raised by Sen. Cudjoe and, I think, Sen. Baldeo-Chadeesingh, regarding maternal deaths in Tobago. In fact, this was the first time there was a maternal death in Tobago in over 25 years. A report has been—an investigation was conducted, a report has been generated, but unfortunately, to date, the contents of the report have not been made known to the public. There is a little bit of concern, because when things like this happen, it then leads to speculation of all sorts of things.

5.25 p.m.

In the absence of provided accurate information and accurate data, it leaves speculation, old talk and gossip to occur. An example of this was last year when in response to a request from the lawyer handling this maternal death, he had asked the TRHA for a list of stillbirths that occurred and that list was provided, but it was provided out of context. There was no clarification. There was no issue of okay, well these stillbirths are occurring. What the public was left to presume was that babies are dying every day in Tobago, and that is actually not so.

When the actual data was revealed and collected, it showed that the number of stillbirths that were occurring in the Scarborough General Hospital for 2014 was the lowest that it has been for the past seven years. This data was collected only because it was asked for in response to some public comment that was made. It comes back to my point, the RHAs have not been producing local data on outcomes. When you do not produce regular data on outcomes and something happens, it then allows mischief-makers and others to create confusion.

Now, having said all of that, there are many good things that are happening in the RHAs, in the health sector over the years. There has been a significant increase in employment in the health sector, significant expansion of services. There are services available to patients now that were not available prior to 20 years ago, and this is because of the waiting list initiative. There are a lot of modern complex surgeries that are taking place that were not taking place before; there has been an expansion of the ICU; there are new hospitals being built; extension of the hours as Minister Bharath said, but one concern I have with the new hospitals that are being constructed, it is known that we are short of specialist doctors in the hospital system.

So every time that you build a new hospital—we are not talking about a replacement hospital like I think in Sangre Grande it is a replacement hospital, but in the Couva district hospital and Arima—when these hospitals are built, there is a concern: where are you going to find the specialists to staff it? Now, we do not have a shortage of junior doctors. We do not have a shortage of junior nurses, because the nursing school is producing lots of nurses now—lots of young nurses are being trained—but where the shortage really occurs is at the level of the experienced specialists and also the experienced nurses. So, this is something that I hope steps will be taken to avoid a hospital being open and not being able for use.

So, Madam President, after all of those comments: what really is the way forward for us? What is the way forward for the RHA system? I would like to suggest that we would first need to review the number of Regional Health Authorities that we have in Trinidad and Tobago. If we were to have one RHA in Trinidad and one in Tobago, automatically you would have a significant reduction in administrative cost.

The other advantage of one RHA in Trinidad is that it would allow free movement of staff where there is a need for the service. Right now in Trinidad there are four RHAs, so if one RHA has, for example, four obstetricians and in another RHA two people just resigned, for the fourth obstetrician to move from one RHA to the next he would have to resign his job and then apply to get employment in the other RHA. It was not intended, when the RHA system was created, that you would have to do that. It was intended that there would be free movement of labour, but that never happened and the RHAs started to function like silos. They all wanted to do everything. [*Crosstalk*] Yes. So, if you were to have one RHA in Trinidad, then they would be employed by one body, and if somebody is going to take leave, fall sick, you would then be able to properly reassign staff to the different places.

The other thing is with one RHA in Trinidad, you would be able to have a category of staff that you could call floating staff or maybe locums; that is, on a weekly basis they would be assigned duties depending on where the need is. [*Crosstalk*] You would have flexibility as such. That is actually what happens with some of the regions in the UK where you are employed with a particular authority and they assign you where there is the need.

The other thing that has been mentioned by Sen. Mahabir and Sen. Cudjoe is the development of sub-specialist centres of excellence. At the moment, each RHA feels that they need to provide all the sub-specialist services in Trinidad and Tobago. But, at the moment, San Fernando has an excellent orthopaedic service and urology service. That San Fernando General Hospital, for example, could be considered the centre where you want to have complex orthopaedic surgery done.

Eric Williams has a cardiac categorization programme; they could be considered the hospital for cardiac categorization. Port of Spain could have, for example, neurosurgery and they could be the centre for neurosurgery. You would then be able to have—rather than having everybody doing everything, you could develop these centres of excellence where the care provided in these concentrated units would be far superior to what would happen if someone is only doing it now and again. That is the system that is used in America as compared to the English system when I went.

When I went to England, England adopted the approach that their specialists would do everything, you would not have any super-specialist, but in America the approach was: "Look, if somebody is doing this particular complex surgery every day, he is bound to do it at a higher level with greater proficiency with less complications". England is now moving towards that way.

We are making so many advances in the health sector in Trinidad and Tobago. I believe there were some Chinese doctors who came to do complex surgeries in San Fernando. That was not done in Trinidad and Tobago before. There is no reason why all the RHAs should be doing that type of thing. One RHA—and, of course, if you have one RHA in Trinidad you could have a meeting of all the specialists and decide who is going to do what and you build that capacity. [*Interruption*] Whatever term you want to use.

Now, another benefit of this development of centres of excellence is that you would then be able to develop clinical protocols of care that could be of an internationally accepted standard. You would be able to have proper training occurring. Trinidad and Tobago could become a real mecca of health care delivery in the Caribbean, because there is the finance. Funding is not a problem.

Funding clearly is not a problem in Trinidad and Tobago. So, even though there is a reduction in budgetary allocation, there is still more than enough money being spent if that money is spent wisely. To use a term that Sen. Mahabir used: "You will be able to stretch the health care dollar better". You will also be able to focus on something that is only being talked about but is not really practised: providing quality care.

One would only be able to provide quality care if you measure what care you are providing. If you measure outcome—and that could only be by measuring outcomes. Someone goes in to have a surgery: what is the likelihood they would develop a wound infection? What is the complication rate? What is the likelihood that they would die? Because we know that health care is not an exact science. Sometimes death is as a consequence of illness or as a consequence of trying to correct or deal with problems. What is important to know is: what is the likelihood of that happening? We do not have that information now.

The other recommendation that I would like to make is for the RHAs to develop further links with the University of the West Indies. Now, already the University of the West Indies trains doctors for their internship period and the Ministry of Health allocates these doctors in the various RHAs. There is also a system of postgraduate training that is taking place, but it is done at the moment in a very sporadic manner, and I believe that each hospital in Trinidad and Tobago should be a teaching hospital. This is something that was said by the Minister of Health a year or two ago, but it has not really come to fruition. I think serious discussion needs to be taken to have this a reality.

The local doctors in Trinidad and Tobago are having difficulty going abroad to do postgraduate training. When I went in 1991, the University of the West Indies was recognized internationally, so I just basically walked into a job in the UK, this is not the case now. The graduates of the University of the West Indies have to do entrance exams wherever they go now, and in some instances those exams include doing an exam in English, and you now have to compete with doctors from all over the place. So, it is not easy for a young graduate. We are training more doctors in Trinidad and Tobago and, in fact, we are training so many doctors, I foresee that in the next year or so we would have doctors leaving medical school and there will be no place for them to practise.

One way of keeping them here would be to really develop the postgraduate training programme that the University of the West Indies has in place now, and improve the capacity of each hospital in the country to offer proper postgraduate training. It would mean ensuring that you have well qualified specialists, but you

do not have to have all. If you have maybe one or two specialists in the hospital at a particular standard, they could be under the UWI umbrella and be the ones to train the junior doctors and that would help us to address the shortage of specialists. You would get a better quality of junior staff; you will improve the standard of care and you would help to counteract the criticism that is taking place now where junior doctors are sometimes unsupervised in the performance of their duties.

The other recommendation that I would like to make is that the Ministry of Health needs to further increase its capacity to monitor and evaluate the RHAs, but for that to happen the RHAs need to produce real data on clinical outcomes. As I had mentioned in some of the examples, if you have an operation: what is the complication rate? What is the length of stay, stillbirth rates and mortality rates? All of these indices that are available internationally, each RHA should be producing this data on a monthly basis, annual basis, and it is based on this that the Ministry of Health would truly know if there is proper use of the resources that the RHAs are allocated to provide health care.

If the RHAs regularly produce data on outcomes, and outcomes would include, for example, complication rates for surgery; complication rates for—for example, you are going in to give birth: what is the likelihood that you will have a live baby? What is the likelihood that your baby would die? What is the likelihood that you would have a caesarean section? What is the likelihood that you are going to have to be transfused? All of this information can be collected, and if the practice is to regularly produce this data, then when something goes wrong persons would already have a framework—okay, this is not something that usually happens—and you would then be able to proper counsel the patients and the persons would be better educated.

Now, with respect to the TRHA, as I had said, the Tobago House of Assembly, at present, does not have the capacity to properly monitor the TRHA, so it is either the Tobago House of Assembly acquires or develops this capacity or then some discussion should be had or they should seriously consider whether they would transfer the responsibility of managing the TRHA back to the Ministry of Health.

When the RHA Act came into being in 1994 creating the TRHA and then the THA Act came into being in 1996, two years after, the THA Act really addressed the decentralization of responsibility of health care from the Ministry of Health to the Tobago House of Assembly, and there was some discussion at that time as to whether you really need a TRHA in Tobago, because health care was already decentralized.

5.40 p m.

I believe it is time for these discussions to take place again with the THA, because, at the end of the day, you want a system where the body or agency that you are funding to provide care, that you are able to properly monitor and supervise this agency. I do not know if the lack of supervision that is there now may have been part of the reason why you are having such problems with the TRHA, but I think it is time for sober reflexion on what is really the desire for Tobago. Now, having said all of that, the health care provided to persons in Tobago is actually of a good standard. In fact, most of the people who come to Tobago to get health care they are satisfied with it, and Tobago, even though it is a secondary care hospital, does provide some services at a high standard.

The TRHA could also be considered to provide certain centres of subspecialists—excellent—and one area which could be considered would be dialysis, because the TRHA actually has the largest dialysis unit in the public sector with about 12 chairs. They also have an excellent eye care programme at the moment, and with respect to minimal invasive surgery, laparoscopic surgery, there is the competence to provide this type of expertise in Tobago at present. There is also the possibility to have obstetric care being one of those other centres of excellence, and I would declare my bias here because I am the head of department in Tobago. But discussions are needed, real discussions are needed on what we in Tobago would like to do.

Tobago's population is just about 50,000—60,000; in a small population it is impossible to provide all the expertise and specialist care in health that the population would require. It is virtually impossible. So there will have to be an acknowledgement that if the THA is responsible for health care in Tobago there will have to be an acknowledgment—a real acknowledgement that you cannot provide everything, and discussions take place with Trinidad about what you are going to focus on and what you are not going to focus on. If also the public is informed of this, you would then have much less anxiety and speculation and old talk when things go wrong.

Madam President, I also would want to recommend that a forensic review of all the RHAs are needed. There needs to be some review of the financial conduct of the RHAs and a review of the HR practices. Another area that I think is important, which would certainly have an impact on improving care, is there should be detailed job descriptions for all persons employed in the Regional Health Authority, and this detailed job description should also start at the level of the Chief Executive Officer. Once you have a detailed job description of what

your duties are, then this would allow the implementation of a proper performance management system to be introduced. If everyone has written clear expectations of performance and output, then when your care is substandard or not acceptable, health can be provided whether in the form of retraining, or whether in the form of some other assistance so that your performance would be brought up to standard. For those individuals that are performing above and beyond expectation they would be recognized and appropriately rewarded.

This, Madam President, is what I would view as an environment where there are serious quality improvements. You can only know if you are improving quality care, or providing quality care, if you measure what you are doing; this measurement is not taking place now. If everyone in the health sector has clear expectations of outcome, all these issues that we talk about now—people, you know, not treating patients well, some doctors who would not be there when they are supposed to, problems with equipment—the health sector right now there is a culture of true lack of accountability, nobody is held accountable for anything, but when persons are punished it is not often based on performance but on some other criteria, and this is where the victimization takes place.

The other thing that I think important is every employer of the RHA should know how their duties impact on improving patient care. The person who cleans the ward should know that if the ward is not cleaned it is likely to have infection; the plumber who is there to ensure that there is water flowing would ensure that instruments can be cleaned and washed. Every employee in the health sector should be able to say, "Look, this is my duty, this is my job", and be able to properly show how that translates into improving care. If what you are doing does not improve patient care you should be asking yourself, should you really be doing it. I think this is important because some persons in the health sector are just there coming to work every day doing a job, and when you ask them why they are doing something they would say, "Well, my boss told me to do it" or "Maybe this is what I should be doing".

Everyone, no matter what level of service they provide, what their task is, should be able to say how their task or work improves care. Another area, Madam President—this was touched on by one of my colleagues—union representation. The NUGFW is the only union that is the recognized majority union in the health sector, and that union represents only the daily-paid workers. This is not the case for monthly-paid workers. The only union that has any recognition for monthly-paid workers is MPATT, Medical Practitioners Association of Trinidad and Tobago, and it is only for workers of the South West Regional Health Authority.

In Eastern, North-West, Tobago there is no recognized majority union. This may also be the reason why—certainly for the doctors—they still have not had their negotiations completed, dating back to 2008—2009. This cannot be acceptable, and, in fact, this, as mentioned by Sen. Ganga Singh, the dual trap that was occurring for the first 10—15 years of the RHA was directly as a result of the union that represented the public servants not agreeing with the terms and conditions of the implementation of the RHA system, and that had caused problems.

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. R. Balgobin*]

Question put and agreed to.

Madam President: Sen. Dr. Wheeler, please continue. [*Desk thumping*]

Sen. Dr. V. Wheeler: Thank you very much, my coordinator colleague. So, I believe there needs to be some solving of this problem. You cannot have this large number of workers and there is no recognized majority union. We saw the instance where the PSA was trying to represent the nurses in an issue and then the Nursing Association also representing, that really is a recipe for chaos.

The other recommendation I would like to make is longer-term contracts for the boards of directors, the CEO and senior management. In the RHA Act there is provision for a board, as well as the CEO to be given contracts for as long as five years, but, frequently, the boards are only appointed for a term of two years; the CEO sometimes given a term of appointment of two years or three years, and some senior management, the same thing. Now, when you have, for example, the boards are appointed by the political directorates, so they are really political appointees, and you have Government in power for five years, then for the board members to retain their positions they would obviously feel that they are beholden to the person who put them there. With respect to the Chief Executive Officer, who is the only employee of the boards—a CEO being employed by a board and given a two-year contract—clearly, in the coming to the end of that contract you would find that they would be influenced to try to make their employers happy and that may result in some HR practices taking place that would not otherwise be taking place.

So if, for example, a CEO is appointed for a period of five years, that is likely to span one Government to the next, you are probably less likely to have them influenced in this way where you can have accusations of political interference being made. Of course, on the flipside, a board comes into office and then they may have problems with a CEO who is there that they may not be able to work with, but, certainly, at the

level of the Ministry of Health, and Chief Medical Officer is someone who is a permanent appointee, he is a public servant, and chief medical officers are there, Ministers of Health come and go. At least there is some level of protection, but, I feel, certainly, the short-term contracts that these senior positions have, and also a board, giving a board an appointment for two years—every board that comes in feels they know everything and the previous board did not know what they were doing, so you have lots of instability, lots of changing priorities that take place, and this is really not good for the workers in that region.

The other thing I would want to suggest is, maybe instead of every director of the board being given the same term of employment, maybe you consider overlapping directors on the board. Whether this is of benefit, I am not certain, but I think it is something to consider. Now, I will just touch on a couple of things raised by Sen. Vieira where he mentioned the issue of no-fault compensation. This is certainly an attractive option but there are inherent problems with it, but I think it is something that should be explored and discussed for dealing with the medical climate that we are in, because, whether we want to accept it or not, doctors are being sued left, right and centre, and because of that your practice is going to change.

As an obstetrician, I find myself, whenever I am looking after a patient who is high-risk, I am looking down the road—if there is an adverse event, how am I going to defend myself, and I find myself unconsciously making decisions in the management of that patient to protect myself from being sued. That is not the sort of climate you want someone to be functioning in, in a highly complex and high-risk situation where you have to be wondering if something goes wrong what is going to happen to you, or you find your name in the papers, or, as has been said, you find yourself being asked questions by the police, because the legal luminary who was supposed to be there to protect your interest says that, you know, this is criminal negligence and sends you to the police.

That is really not an environment that I think we should be having our health workers practising in; nobody benefits in that regard. I hope we do not find ourselves heading the way of the United States where in some states of America obstetricians just do not practise, because of litigation, and I should say that I already have colleagues who have stopped doing private obstetrics because of the climate and also the rapidly rising cost of paying medical defence union fees.

5.55 p.m.

The RHA system as planned had good intentions. In my view, it has failed to deliver what was intended; as Sen. Vieira said, it was doomed from the get-go. There are many problems in the health sector, which has experienced years of neglect. It is now time to fix these problems, and I do hope with the support of my colleagues that we do not just agree to have the RHA system reviewed, but this is actually done.

Madam President, I beg to move.

Question put and agreed to.

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.

JOINT SELECT COMMITTEE REPORT
Insurance Bill, 2015
(Adoption)

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Madam President, I beg to move that the Senate adopt the report of the Joint Select Committee appointed to consider and report on a Bill entitled: "An Act to repeal and replace the Insurance Act, Chap. 84:01, to reform the law relating to insurance companies, to regulate insurance business and privately administered pension fund plans and for other related purposes".

Madam President, this Bill has gone through very many iterations, to use my colleague's words. Thank you, that is why we have you on this side. [*Laughter*] We have sought to have a Bill that is robust, that can truly meet the requirements for proper regulation of the industry while, at the same time, ensuring that it does not stymie the growth and development and expansion of this particular sector.

When I spoke on the Insurance Bill some time ago, when we moved the Bill and put it on the agenda, we discussed at length the clauses of the Bill and many of the issues arising therefrom. Today we are meeting to discuss the report of the Joint Select Committee which had been appointed to consider the Bill that had been laid before us.

This Bill seeks to provide a new regulatory framework for the insurance industry and the continued regulation of privately administered pension fund plans, and will repeal the existing Insurance Act, Chap. 84:01.

The journey to arrive at this particular destination with this particular Bill to implement this legislation started as early as the mid-1990s, and this would have followed the financial crisis that we had somewhere in the 1980s, and followed also the collapse of Winsure which at the time affected so many people throughout Trinidad and Tobago.

In fact, as early as the year 2000, Clico itself had been experiencing difficulties, and only came out of that as the global economy continued to expand in the first decade of this millennium. Precisely what resulted in that work-out arrangement for Clico at the time was the fact that both the Republic Bank shares increased in prices quite significantly—five-fold over the period from 2000 to 2009—and also the price of methanol had moved from a relatively lower figure up to over $500 a tonne. So that the revenues which were derived from these two major investments by the CLF group resulted in the stabilization of the company at that time.

However, it was recognized that there were issues that needed to be addressed, and as early as 2001, this particular journey with this particular Bill started. So this is a period of 14 years of various types of consultations, of various types of discussions which took place within the community of the insurance industry and with the regulators over that period of time.

In fact, it could be said that having perhaps taken so long, we found ourselves in the situation in 2009 with Clico which, if we had a more robust regulatory regime, and had we been perhaps moving with greater alacrity with that particular piece of legislation, we would not perhaps have found ourselves in the situation we found ourselves in 2009, the net cost being approximately $20 billion to the economy of Trinidad and Tobago. We are in the process of collecting that back, but it certainly has created quite a hit to the balance sheet of the Government.

In 2011, a Bill was laid in this honourable House, but that Bill lapsed, and it was not until somewhere in 2013 that the Bill, further amended, was laid in this House. In fact, we did have one meeting of a joint select committee in June of 2013, but that did not go any further and the Bill was consequently re-laid when the House and the Senate came back into session in November of 2013. During that year, following the laying of that Bill, we had 13 meetings of the Joint Select Committee which began on December 03, 2013, and went to July 16, 2014.

The committee completed its work. It completed a full clause by clause examination and analysis of the Bill, but needed time to prepare a complete list of amendments, and it so reported on July 18, 2014. Subsequent to that, quite a significant amount of work was done both by the regulators and by the CPC's

office, as well as receiving feedback from the industry, and a new Bill was again laid earlier this year. It was referred to a joint select committee on Tuesday, May 05, 2015. That committee held two meetings, reviewing the Bill in detail, and this report today is the outcome of all of those deliberations going back over the past couple of years, and incorporating the work that had been done prior to that going back over the number of years while this particular matter was being pursued.

I must say that the work of the committee, both the one that was established in 2013 as well as the one that was established this year, received extensive support and afforded the ventilation of views of a wide cross section of stakeholders: insurance companies, brokers, agents, trade unions, ICATT, BATT, IBATT, ATTIC, the Central Bank and individual insurance companies, as well as the Banking, Insurance and General Workers' Union all contributed to the Bill.

So this Bill has had a tremendous amount of work. I just went through that background so that Members of this honourable Chamber would be aware that there was quite an extensive amount of work done. I think we have a Bill that is fairly robust, and which would certainly create the framework for achieving the objectives that we have.

I want to say too that I want to recognize the work of those who assisted us in getting to this point. Of course, that will include our secretariat, Mrs. Dilchan, as well as Mr. Gonzales who was a local insurance consultant who helped us; Dr. Denbow, staff of the CPC, Ms. Lorraine John and her team, Mr. Carl Hiralal and Ms. Wendy Ho Sing from the Central Bank, and we had an international expert who helped us with the preparation, Mr. Rodney Lester.

Extensive changes were made during the course of the Joint Select Committee, which was appointed back in 2013, to the Bill as it stood. The big changes which—I recall hon. Sen. Al-Rawi had raised some concerns regarding the numbering in the revised document which came forward, and a number of other issues which had come forward, and that was because there was such an extensive reworking of the Bill that came out of that Joint Select Committee.

For example, when we made the change for moving from having branches of foreign companies here to requiring that all of these companies now register as limited liability companies, it meant that there was an extensive change to the legislation which required us to remove the requirement for statutory funds, because once you are a branch office you did not have capital, and if you did not have capital we could not put a risk-based system in place for you. Therefore, we had to put to retain the statutory fund, which we did not intend to do for local companies as a result.

When the Joint Select Committee looked at it, it felt that we perhaps were having a bit of a mishmash of things in this particular Bill, and that it would afford greater control if we were to have these companies registered in Trinidad and Tobago, and if we were to require them to have capital, that would certainly redound to the strength of the local insurance sector. That was a change that required excision of significant parts of the Bill and a reworking of significant parts, and there were consequential amendments which took place as a result. So there were quite extensive changes.

Madam President, one of the things that the Joint Select Committee focused on was the issue of consumer protection. Again, a number of clauses were introduced and a number of areas strengthened because one of the big issues that always seemed to affect persons who interact with the insurance industry has been the concerns about the payment of claims and so on. Therefore it was thought that we needed to ensure that that part of the Bill was significantly strengthened as we came forward. Those were two areas that required significant changes and, as a result of that, the Bill was significantly reworked, which was the Bill that went into the Joint Select Committee that was recently formed by both Houses of Parliament.

Following the deliberations of this Joint Select Committee, Madam President, the report was submitted and the following documents were circulated as part of the final report: one, the deliberations of the committee; two, the amendments made by the committee in the committee; three, the Bill with the amendments which we made; and then, four, the Act as it would now read with all the amendments. So this is what we circulated, and in the report we identified five areas of concern which provoked quite lengthy discussions in the Joint Select Committee which was formed last month to look into this Bill.

The five particular areas, just to identify, are enumerated in the report. The first is the incompatibility and disproportionality in the penalty structure when compared with similar pieces of legislation, for example, the Securities Act and the Financial Institutions Act. We recognized that there were some areas of incongruity, and this committee sought to streamline some of those. Secondly, the committee identified ambiguity in the definitions of certain terms, and certain inconsistencies with other Acts of Parliament. We thought that that needed to be addressed, and that was addressed in this particular report that we have before us.

Thirdly, there were instances of the expansion of the powers of the regulator beyond what the committee felt were reasonable limits and, therefore, the committee sought to temper and streamline that as we went along. Fourthly, there was inconsistency in the determination of periods for reporting or completion of

certain actions, and the committee made certain changes relating to that. Fifthly, there was the area of the affirmative resolution which was required. It was felt that perhaps we could come up with a better formulation for that, which would afford the continuing ease of development of the regulations but, at the same times, would recognize the importance of this particular piece of legislation and the need for some form of affirmative resolution in certain areas.

So what we did is we went back and we looked at the English legislation. The English legislation afforded that compromise that we were looking for, and what we did is we duplicated that in this piece of legislation.

6.10 p.m.

So, Madam President, those were the areas in general that we sought to deal with and which are reflected in this report, and I think coming out of this, this Bill has a much more robust architecture than we had going into the Joint Select Committee. Some of the changes that we made, just to outline, during the Joint Select Committee on the Insurance Bill, which was held before this recent Joint Select Committee, as well as when we looked at the securities legislation, we did an entire matrix and we looked at all of the different pieces of legislation and the penalties, the fines and imprisonment that went along with the various pieces of legislation.

We sought to try and streamline what we were doing here to fit in with the penalties which existed in other pieces of legislation. Some of those were amended when they came into—following the meeting of the Joint Select Committee by the regulators, and as this Joint Select Committee went back through the final document again, we felt that those changes should have been further streamlined to reflect a proper congruence in the fines and imprisonment that would go with breaches of this Act, both within the Act itself and with other pieces of legislation.

So, for example at clause 131, an individual operating as an intermediary while unregistered you had a fine of $150,000 and 10 years imprisonment. And, I think, the hon. Sen. Dr. Mahabir said, "are you crazy, I mean, $150,000 and 10 years. I mean, that doh seem—out of proportion". And it made sense. We said, look, really, somebody made a change that perhaps should not have been made and we sought to streamline it. So, the fine was increased because we recognized that operating as an intermediary while unregistered is almost like a fraud, and we increased that to $1.5 million.

We had penalties of $10 million and 10 years and those seem kind of, you know, sort of in sync, but to have $150,000 and 10 years seems a bit out of whack, and the committee felt that perhaps what we should do is bring it back down, so we put it at $1.5 million and two years, and it seemed to be in line with some of the other pieces of legislation that we looked at.

So, what we did is we sought to streamline some of those incongruences that we noticed, and you will see that in the report as we go through. Then we also dealt with a few areas of, perhaps, ambiguity in the definitional terms. So, for example we had an insurance consultant, but it was too wide, and I think Sen. Al-Rawi was at that particular meeting where we had some long discussions on that, and it was changed because we thought that it could unwittingly refer to persons such as lawyers and accountants in addition to insurance consultants and we wanted to focus on insurance consultants. So, we amended the definition which you would see in your package relating to that.

There was an issue with respect to the definition of credit exposures, and what we did is we removed the net of—there was a requirement that said that we would have capital to cover the credit exposure net of provisions. And that is something that the regulators thought that, look, if members of the committee had a concern with, we could deal with it in regulations rather than in the Act itself, which gave us more flexibility in terms of how we deal with it, and what they pointed out, actually, was currently in the world just as we were debating it in the committee, in the world there is an ongoing debate right now under what we call BAL or Basel—there is a Basel consultation paper on that where people are agreeing to disagree, some people use it "net of provisions", some people use it "gross of provisions".

So, the world is still trying to figure it out, and we said we think it is better to take it out of the Act, put it in one of the schedules and we could always amend that as we go along without having to come back to Parliament, if Parliament agrees to treat with the resolution, the affirmative or the combination that we are now proposing, if Parliament agrees with that.

So, that was one of the areas that we, again, sort to find some kind of a balance as we went along. We amended the duties of directors to be more in line with the Companies Act, and that really came out of the recommendation of Dr Denbow, and Dr. Denbow is regarded as probably the leading insurance attorney or legal luminary, as far as insurances are concerned in the Caribbean, or one of the, I suppose, leading luminaries. And I must say that we benefited tremendously from his work. Actually, Dr. Denbow spent 32 hours of his time personally on this particular final revised Bill going through it in detail to give us quite a number of recommendations in his notes.

And one of the comments that Dr Denbow made, he said:

> Apart from the recent Clico debacle in Trinidad and Tobago there appears to be no good policy reason why directors of insurance companies should be subject to an additional fiduciary duty.

So, there was an additional fiduciary duty that was being placed here and he is saying:

> This is in conflict with the well-entrenched common-law principle that a director's paramount duty is to act in the best interest of the company. It is not difficult to predict that should this provision become part of the Insurance Act, then it will provide fertile ground for litigation against directors of insurance companies and act as a disincentive to individuals accepting such directorships. It is not advisable that that provision should remain in the Act.

I mean, he put that in here, but he did speak very eloquently to the issue when the committee met and, as a result we were persuaded and we made the amendments to the duties of directors to be more in line with the Companies Act, and we adopted the provision from the Jamaica legislation on this particular point.

PROCEDURAL MOTION

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you hon. Minister. Madam President, in accordance with Standing Order 9(8), I beg to move that the Senate continue to sit until the completion of the business at hand.

Question put and agreed to.

JOINT SELECT COMMITTEE REPORT
Insurance Bill, 2015
(Adoption)

Sen. The Hon. L. Howai: Thank you, Madam President. Another definition that we addressed was the question of an independent director, and this is one, perhaps without going into all the details, we received quite a lot of representation from the industry on. Almost every company came back to us saying they had concerns with—in a small country like Trinidad and Tobago it is extremely difficult for you to have 12 persons, and in some cases where you have a group and you did not want the director of the parent company to be sitting on the board of the subsidiary company, if you did not want someone there to be an audit director or director on the audit company of a parent and also on a subsidiary, and you require them to be certified in a particular way, and you require for them to have a certain kind of experience. They felt it would be very onerous on them to be able to structure that in that particular way.

And, therefore, we made a change which I am required that at least one of the independent directors of the audit committee must not also be a director of a connected party. So, a connected party would be a parent company and a subsidiary, and we therefore, in a sense, lightened that load a bit, recognizing the fact that they must, however, be independent of the executive of the company. We would want them to be independent in that way, but we did not require every director on the parent company to be totally independent from every director on the subsidiary company, particularly as far as the audit committees were concerned.

Therefore, in a sense this recognizes the fact that in Trinidad and Tobago, perhaps being a smaller society we need to probably recognize the fact that resources would be limited. But interestingly, you know one, of the companies that wrote to us on the matter indicated that they did not see a similar requirement in any of the other pieces of legislation that they looked at, including the English legislation, the Canadian legislation and the Australian legislation. So, in light of the fact that perhaps we might have been overreacting to what had occurred with the Clico crisis, we thought that we should make the change that we have made in the report.

We also made a change to the definition of "insurable interest", and with the addition of "cohabitational" relationships as an additional eligible relationship for insurable interest. So, we have made that change, right? [*Interruption*] The 2015 Bill allows a divorced person to remove his or her former spouse as a named beneficiary of an insurance policy, and that is what was in the original Bill but it required a consequential amendment to repeal section 11 of the Married Persons Act to avoid the legislative conflict, and we have put that into this Bill, in dealing with it.

At clause 255, we removed from the offence of financial fraud the wording of "anything which is in contravention of this Act" or the regulations "which leads to a loss to policyholders". And it was felt in the committee that this wording was a bit too broad to constitute financial fraud, and in addition it requires a reverse burden of proof, which the Joint Select Committee did not support, and hence the corresponding clause which provides a line of defence in this regard, it was removed as well.

So, what we did is we recognized the fact that perhaps this might have been going a bit too far and the committee felt it was important to deal with that. We also added the issue of due diligence to describe the way in which a liquidator should be expected to carry out their duties and so on, and the issue of the

liquidators, of course, took a lot of time in both committees because the feeling has always been that, perhaps, the only people who benefit from a liquidation is the liquidator, and we thought that perhaps we should do something to speed up that process.

There were instances of the expansion of the power of the regulator beyond reasonable limits. We changed the authority from the inspector to the Central Bank in one of the clauses. I forgot to write it down but it was one of the clauses where we had the inspector and we changed it to the Central Bank, because we were not too happy with that particular arrangement. Then there was one which allowed the Central Bank to remove directors, and the committee felt that perhaps that was a power that is better held by the shareholders and not necessarily by the Central Bank. In fact, Dr. Denbow actually in his memo to us also was very strong on this particular matter, and he referred to it that this particular clause would seem to be overreaching and smacks of being high-handed and dictatorial. That was pretty strong language, you know, for him to put into it, but he felt very strongly about it and I think the members also felt strongly about it.

Sen. Al-Rawi: What clause you are looking—[*Inaudible*]

Sen. The Hon. L. Howai: Clause 79.

Sen. Al-Rawi: Clause 179.

Sen. The Hon. L. Howai: Clause 179, yeah, thank you very much. So, it is unnecessary to achieve the purpose of removing delinquent directors from the board. The Central Bank does not have to arrogate itself powers to fire when it already can achieve that same objective under the powers in clause 65(2)(c), whereby a director who ceases to be fit and proper cannot continue to act.

So, Madam President, we recognized the point that was being made, we recognized the argument, and throughout all of this we sought to arrive at a balance in terms of how much power we give to the regulator, which we recognized the regulator needs to have the authority—they need to have the flexibility also, but we recognized the need to protect the rights, and interest, and freedoms of individuals as we go forward.

There was an issue—you will see a lot of changes with respect to business days, the Joint Select Committee had put business days, the industry spoke to the Central Bank and said, look, we prefer months, so they changed it back to months, but when the committee looked at it, we said, look, you have all kinds of issues inside of here. You have February with 28 days, September is one of those that

perhaps might be under query, but the thing is what we recognized is that, so one month you could have 28 days to do something, and another month you could have 31, and we said, look, let us put it as business days, so we went back to the original change, so you would see a lot of changes in the Bill that reflects some of those.

Then, of course, we come to the issue of the affirmative resolution, and we thought that what we would require from Parliament, and we looked at the English legislation, is that those regulations which affect constitutional rights, we should make those affirmative resolutions, and those which do not affect constitutional rights, which deal with the technical issues of the regulators in terms of ensuring that they can manage, and police, and regulate the industry properly that those be subject to negative resolution. So, we have a combination of affirmative and negative resolutions inside of there, which we thought dealt appropriately with the issue.

6.25 p.m.

So those were the changes by and large that I wanted to highlight, to enumerate for Members of this honourable Senate, this Chamber. We have spent a long day already from early this morning. I just wanted to make a final comment on taxation because one of the key issues—life insurance companies, of course, they are assessed on a rate of tax of 15 per cent on their net investment income. With respect to their annuity business, which deals with registered approved annuity, is the net investment income from investments, is held to meet future annuity liabilities, and therefore it is not taxed. So, the annuity income is not taxed, but the net investment income is taxed at 15 per cent.

When we put this new arrangement in place we had long discussions with the insurance industry, and by letter dated March 19, 2015, ATTIC wrote to us in a letter signed by their President. They wrote to us and they outlined how they thought the transitional tax arrangement should work. In the long term we will move to a tax regime which deals with the IFRS accounting, and will put taxation for insurance companies on the same basis as all other companies, which is what happens in all sophisticated jurisdictions. But we will go through a transitional period, and during that transitional period we have had some consultations with ATTIC and ATTIC has made some recommendations of basically leaving it as it is. One area that we had a bit of a difference on, related to where dividends are paid. Where dividends are paid there is an additional 10 per cent on the income that is charged at the income that relates to the dividend that is paid, once it is declared. And what we decide, we decide we would do it, we would retain that part of it going forward.

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

The industry has indicated to us that they would prefer if we did not retain that and that is subject to discussion, and when we come to the Finance Bill we can make the appropriate changes in the Finance Bill. That is not part of this piece of legislation, the taxing provisions are normally contained in the Income Tax Act and in the legislation that relates to that, Mr. Presiding Officer.

So, what we did is, we have spent some time with the industry. I would not go into all of the details of the taxing arrangements that we have discussed with them. We have come to a basic kind of agreement with the industry as how we would proceed. There is one other area in the Bill which we have dealt with, which is a sort of a taxing provision, and that relates to the investing orders. We have put an arrangement in here which allows foreign branches being converted into limited liability, locally registered companies, subsidiaries of the parent company that the transfer, the vesting order would be free of the stamp duties and so on.

So we have put some arrangements in place to facilitate that as a transitional arrangement only, and we expect that over the next 18 months or so most of these foreign companies, the largest being Sagicor, will convert their offices from being branches to being actually limited liability companies registered here in Trinidad and Tobago.

So, Mr. Presiding Officer, I just want to emphasize again that I am convinced of the rigour of the Bill. We have spent a lot of time on it. We have gone through it in a lot of detail. It has benefited from the views of very eminent professionals. Mr. Rodney Lester, who was our main consultant on this Bill, is the Head of the Insurance Practice Group of the Financial Sector Operations and Policy Department of the World Bank. He was a former managing director of both a life and general insurance company in Australia. He was the president of the Insurance Council of Australia. He has had a lot of experience in this particular field.

Dr. Denbow as I said is a leading exponent of insurance law and, of course, we had a number of people from the industry itself who were also involved practitioners who are retired now, but who had spent a lot of time in the industry and we benefited from their insights and their views.

So the industry has had sight of the legislation which we had laid, which was part of some of their comments which they wrote to us in March. So they saw the Bill before this final version, which the Joint Select Committee had made some

final changes to. So, overall, I think it is very important that the industry now start the process of implementation and compliance with the requirements and that the regulators start the process of policing and ensuring that we have a very robust insurance industry.

And, of course, we as, perhaps. the leading financial sector in the region should be in a position where all aspects of our industry are properly regulated and well regulated and are robust and strong and could stand up to scrutiny by any other regulator in any jurisdiction, who may need to review the activities of our industry here as they begin to expand outside of Trinidad and Tobago, and you have the joint regulation that will take place as a result of that, continuing expansion of our industry.

So we do need this piece of legislation, both to prevent the occurrences of another Clico on our shores, but at the same time, and for me more importantly, because I am sure that our industry is a strong and robust industry now. It is more as we start to go out, as we start to expand in the region and even beyond that, that our industry will be able to stand up to the scrutiny of any regulator in any part of the world.

Mr. Presiding Officer, I beg to move.

Question proposed.

Sen. Faris Al-Rawi: Thank you, Mr. Presiding Officer. Hon. Members of the Senate and through you, Mr. Presiding Officer, the nation, we stand here as a Senate today debating a very critical piece of law, 27 per cent of our GDP as a nation is generated from the financial sector that this industry comprises, this is therefore—in fact, ahead of the manufacturing sector. This particular sector, this particular industry constitutes one of the areas of our economy that results in the greatest employment, the greatest contribution that is of a non-energy basis and certainly one of the great opportunities for our country as a whole if we are really to give meaning to the word "diversification" away from the plantation economy that we have been generously gifted in terms of what oil and gas means for us.

Mr. Presiding Officer, today I saw my learned colleague, Sen. Larry Howai demonstrate a remarkably unusual side of his general charisma that I have come accustomed to. It is the first time I did not see him offer a compliment where I know he would normally do it. I do not know if he has been given instruction that he is to stay away from acknowledging hard work of all members, but permit me to put on record that I did enjoy sincerely working alongside Senator Howai, under his chairmanship—

Sen. Howai: May I, sorry, just apologize, hon. Senator, if I did exclude such an important contribution. I do honestly and genuinely mean it. Sen. Al-Rawi does make very significant contributions to each Bill and I do apologize. [*Desk thumping*]

Sen. F. Al-Rawi: It was not so much that I was looking for the personal credit. What I wanted to do was to step up to the plate as a parliamentarian and as a Member of the Senate in all sincerity and to say that I did enjoy tremendously working alongside Sen. Howai on this legislation for the two committees that I sat on. Certainly, I thought that we did very, very good work as a Parliament. I think that this is the way that legislation ought to be approached.

I have had two experiences, one is the Securities Bill, and certainly this one, and I think it fair to say that Colm Imbert, in particular, in the first committee, made tremendous input into the work that the 2013 (No. 2) Bill which had resulted in this 2015 Bill. And I wish to also express, just for the record, sincere appreciation to Mr. Mazely who also served on the committee, who I know the hon. Senator would have recognized when he spoke of all, as a member of the contributions.

Mr. Presiding Officer, it is also important to note that we were materially assisted as a Senate committee by the work of some of the advocates who appeared on behalf of some of the industry players. In particular, Mr. Ed Fitzgerald who appeared for the Maritime Group made very sterling contribution in respect of the excessive criminalization that the legislation brought about. Because certainly the Insurance (No. 2) Bill, 2013 was certainly burdened by excessive criminalization.

With that said, recognizing now that Sen. Howai is properly under a Government that must face an Opposition and others on the general election field, I accept the modesty of his expressions just for that. I take no umbrage from it, for the Opposition, but, Mr. Presiding Officer, what is on the table today in debating this Motion is that this Senate do adopt the document attached to the report as the Bill. In other words, the Senate and the nation are being invited to accept the work of the committee, this is the second Joint Select Committee, but the first one to consider the 2015 Bill as a fait accompli, something which has already been completed, something which is done.

And for the public record, may I say that the PNM has taken great pleasure in supporting good legislation whenever it is laid on this table. We have done so with a record, now, of 96 per cent approval of government legislation brought onto this table. And I dare say that for the record, the legislation passing through

the Chambers, be it the House of Representatives or the Senate, has certainly seen an Opposition prepared to step up to the plate to shift the political footballing aside and to deal with supporting legislation where we think that it is right to do so, and we have even done so, dare I say so now in the face of a full Independent Bench saying no.

On quite a few occasions we have done that, we have voted with the Government on three-fifths majority legislation to say yes, when every single Independent Senator had said no. That is for the record, Mr. Presiding Officer. It pains me to stand here today, genuinely, having done a vast amount of work on this legislation, having participated in the securities industries laws as I did on two joint select committees there, which is a very important articulating arm of the law. Having watched the birthing of the insolvency legislation finally in Trinidad and Tobago which was the missing arm required to our financial services sector when we deal with winding-up and receivership and other aspects of the law.

Having seen all of that I deeply regret that the Government was not able to table this particular 2015 Bill immediately upon the resumption of Parliament in this last Session of the Tenth Republican Parliament. And I say so because, when we left the Insurance (No. 2) Bill, 2013, it was specifically with the intention that the Government would have allowed the Central Bank and the CPC a short opportunity to factor the comments and amendments proposed by the Joint Select Committee for Government to consider its policy in relation to that because no committee should ever have the full authority to stymie a Government's policy in toto. They can be guided by it but certainly the Government stands the risk of an election every five years and must be allowed the privilege of implementing its policy. But the specific intention of the Joint Select Committee on the Insurance (No. 2) Bill, 2013 was that that would have been tabled.

6.40 p.m.

And it is now a matter of public record that Parliament was reconvened in August of 2014 in the middle of the vacation period, so provided for by the Standing Orders of the House of Representatives, and that, regrettably, this Bill was not tabled in this Parliament, I believe, until April of this year. This Bill was, in fact, tabled on April 21, 2015, and that was the first time that, certainly, the Opposition had sight of this Bill.

The Bill which was tabled for us and which we began debate on, on May 05, 2015—its second reading—was a Bill which had the benefit of a track change document being put into circulation, and that track change document showed, in green and in red text, representations of—in green, recommendations by the

Central Bank and in red, recommendations by the Joint Select Committee. But what the Opposition was denied an opportunity to see was the commentary in relation to this new 2015 Bill. And if you would permit me to put this on the record, the 2013 Bill, No. 2 and the 2015 Bill are materially different Bills. There is a drastic and complete policy and textual difference between the two Bills. That is a fact.

In fact, Mr. Presiding Officer, these four documents together comprise the side-by-side explanation of the differences between the Bills, and I wish to express my gratitude to the hon. Minister, Sen. Howai, and, indeed, the Central Bank team, for putting on the desk of the Joint Select Committee, on the two meetings that it sat, these four very important documents. For the record, I wish to put those in by name.

The first document is a note from the Central Bank of Trinidad and Tobago on amendments included in the Insurance Bill, 2015. It is dated May 08, 2015. The second document put into circulation—and this is for the benefit of the aid of interpretation that *Hansard* provides in dealing with legislation, so I think it important to include it in the *Hansard* record. The second document is the Insurance Bill No. 2, 2013 amendments from the LRC, the Ministry of Finance and the Economy, the Central Bank of Trinidad and Tobago, ATTIC and IBATT, dated May 13, 2015.

The third document is the Insurance Bill No. 2, 2013, amendments from the Joint Select Committee, September 17, 2014, and the fourth document is a document comprising 415 pages being specifically the amendments to the Insurance Bill No. 2 of 2013 dated April 2015, and this large 415-page document constitutes the side-by-side analysis with rationale as to where certain amendments came from.

For the public record, the 2015 Bill removes and deletes a vast number of the clauses contained in the 2013 Bill, and it introduces new provisions. When we came here as a Senate on May 05 and we looked at that document with green and red track changes, what was apparent then was that the documents, number one, did not mesh—2013, No. 2 and 2015 Bills. Secondly, that amendments had been included which the Joint Select Committee had never seen, and thirdly, that we had no understanding as to the policy or rationale for those amendments, and then lastly, we had no sight of what the industry had to say.

Now, I say with great caution that institutions ought to function such that members that participate in various arms should repose confidence in the say-so of persons who are allowed the privilege to say, "You can rely upon me". The Minister of Finance and the Economy ought to be in that position. Any Government Minister ought to be in that position because they are buoyed by the support of professional staff, and

they have the administrative capabilities and the requisite power to call for the assistance of entities. Indeed, that is where the Central Bank of Trinidad and Tobago enters the equation. That is where the Chief Parliamentary Counsel enters the equation. That is where a number of technocrats in the Ministry of Finance and the Economy enter the equation.

But, Mr. Presiding Officer, what does not come out of that is the scrutiny which Members of Parliament who, because of tenure, or because of lessons learnt, are somewhat jaded by the experiences that we have come to appreciate, or by the fact that sometimes it takes a second look to spot certain things. And when we came on the 5th of May, notwithstanding the fact that Sen. Howai attributed all of these amendments to other people, I can say, with confidence, that each one of the amendments adumbrated thus far by the Minister of Finance and the Economy, I certainly spoke to. I spoke to the intrusion into the board room; I spoke to the vesting powers; I spoke to all of these things, and I did so because I did it on behalf of an Opposition, not as "I, Faris, the id factor equation". It is not ego at all. It is the benefit of an Opposition at work in a collective whole.

Mr. Presiding Officer, for the record, as this will be viewed later on, it is important to factor that the Opposition has not had the benefit of its House of Representatives in operation, by our own choice, and that choice was triggered by what we considered to be an unconstitutional ousting of the Leader of the Opposition in circumstances which we have complained about in the public. That is our choice.

What is more important, again for the record, is that we have had two joint select committee occasions. We met on Wednesday the 13th of May and we met on Monday the 18th of May. Indeed, I was very pleased to attend the joint select meeting on Wednesday the 13th of May, but regrettably, on Monday the 18th of May I was required to be in court and I could not attend and that was a very last-minute event which arose, largely because we, in the Senate, are part-time officers in the Senate and have other lives, those of us who are without ministerial portfolio.

That being the case, I did my very best to catch up and I asked for, and obtained, the minutes of the second joint select meeting and I only got those minutes while sitting on the desk this afternoon, because *Hansard* was still preparing them. May I make a humble recommendation to the hon. Minister that the minutes of the Joint Select Committee be also tabled and obviously included in the report which is now on us for adoption as a recommendation under Motion? I think that the minutes explain important things.

May I now say, with that in gear, in summary, that the Opposition has not had an opportunity to properly interrogate the amendments which have been presented. I regret, sincerely, that the time frame afforded to us did not allow for that. The time frame could have been brought forward by the Bill having been laid sooner. I am sure that the hon. Minister of Finance and the Economy will admit in public that I have hounded him down in every corridor that I saw him. And every occasion that I saw him, I hounded him down, begging him to bring the Insurance Bill back to the Parliament so that we could do the work.

I went so far as to suggest to him that he should also make sure that he send it out to Mr. Imbert who is also a member of the committee and the industry, and I made the recommendation to him that he send out the track change versions so people could follow the policy and rationale as to the work done. I confess that I hounded him down to do that, and I did so on behalf of the Opposition because we are very keen to see an amendment to the law which affects 27 per cent of the GDP of this country.

Mr. Presiding Officer, regrettably, that was not the experience. Two days were afforded for this committee to sit and to do its work and now the report is upon us. So permit me, therefore, to now make the following observations on some of the content of the Bill. And may I make this in the context of inviting Senators, all, to exercise some caution when it is we are called to properly fulminate on this Bill and to come up with eventually a vote. Because after all, this Bill requires a three-fifths majority. We are going to be depriving rights which are afforded to individuals under sections 4 and 5 of the Constitution of the Republic of Trinidad and Tobago. We are required, if this Bill is to be made law, to have a three-fifths majority and we are also required that the law is proportionate or democratic within the meaning of section 13 of the Constitution of the Republic of Trinidad and Tobago.

Mr. Presiding Officer, the report has two very useful documents attached to it, both labelled as: "Lists of Amendments", and they are to be found, firstly at pages 24, 25, 26, 27, 28, 29 and 30, being the first list of amendments, and then page 32 to page 36 of the report which is now before us for debate. May I point out to the hon. Minister that what is reflected, too, in these columns—first column, the clause; second column, extent of amendments—is not what is reflected in the Bill in every instance, and that therefore it is incumbent upon Members to cross-check the material with a careful eye.

May I, by way of example, point out to the hon. Minister that in his piloting of this Bill, he referred to—forgive me, Mr. Presiding Officer, there is also need to refer to pages 17, 18 and 19 of the report. At page 17, when we look at clause 4, the definition section, and we are looking to the definition of "credit exposure", may I point out to Members that this definition of "credit exposure" is one which I picked up on the

second pass on this Bill. I did not pick it up on the first pass. And I want to express my public gratitude to Sen. Helen Drayton when she sat in the committee, for raising this issue because when we go to the minutes of the Joint Select Committee—and perhaps, I should be guided. Can I, at this point, refer to minutes, through you, Mr. Presiding Officer, perhaps for direction to the Clerk? I cannot? Okay. I do not want to run afoul of the Standing Orders which permit premature publication, but may I be guided as to how the publication works?

Sen. G. Singh: Thank you, Mr. Presiding Officer. I am advised by the Clerk that generally Members can access. The committee meets in private and that therefore the deliberations of the committee are in private, but Members have access to the minutes of that meeting. As to whether or not they articulate that and ventilate that in the public domain is a twilight zone area.

Sen. F. Al-Rawi: Thank you, hon. Leader of Government Business for assisting with that clarification. I know that there is generally a rule against premature publication of joint select committee reports. Insofar as the report is now on the table, I am therefore going to speak about it because it is being published on this occasion then, and, therefore, what I will say is that the minutes themselves reflect that Sen. Drayton, very fortunately, on the second of two days, met and raised the issue of section 4, the definition explanation clause of "credit exposure".

May I point out to Trinidad and Tobago this particular definitional clause which the hon. Minister noted as being removed from the section 4 itself, but still incorporated by way of reference in the schedule—and I believe it is Schedule 6 of the draft Bill—sorry, Schedule 11, paragraph 1. The hon. Minister suggested, and perhaps he ought to clarify in winding up, that that schedule still incorporated it. But this "credit exposure", let me just put it this way. This could very well have been the latest section 34, and not by way of the Government's intention to do so, no pejorative expression meant there, but what I mean is a latent defect waiting to explode.

6.55 p.m.

And let me explain why. The definition of "credit exposure" as proposed by the Central Bank of Trinidad and Tobago had no precedent anywhere in the Commonwealth, and the hon. Minister alluded to it when he pointed out that Basel is currently considering this and that it is a work in progress.

My own belief is that it ought to be excluded and properly so, but it should be excluded in both the schedule and in the definitional section because it would have the tendency to throw the industry into a tailspin. So I do hope that the hon. Minister would clarify that it has been removed from the schedule as well as the

definitional section and, more particularly, that Schedule 11 is not one of those things which can be amended in an easy fashion. May I also point out by way of example to Senators that—and let me start towards the end. Let us look at section 255 of the Bill. Section 255, the short reference to it being found at page 30 of this report. Page 30 refers to sections 250—255, the tribunal approach is seen by CBTT as an additional layer cost. Agreed.

Let us look at what 255 says now at page 15 of the second document that I referred to. This is the Insurance Bill (No. 2), 2013, amendments from LRC, Ministry of Finance and the Economy, CBTT, ATTIC, IBATT, May 13, 2015. At page 15, we see that 255, which was the old 272 of the 2013 Bill, it refers to financial fraud on policyholders. Clause 256 of the Bill makes it an:

> "Offence to induce"—a—"person to enter into contract of insurance by means of a false statement".

This section covers both insurers and intermediaries, however its scope is limited to sales process. Section 118 of the FIA deals with fraud against depositors in a more general way. As such, the Bill includes a new clause similar to section 118 of the FIA. While the provisions may appear draconian, it is tempered by the defence contained in 254(5).

Let us look now to page 78 of the third document that I referred to, Insurance Bill (No. 2), 2013, amendments from Joint Select Committee, September 17, 2014, page 78. Page 78 now says fraud on policyholders, to revisit fines. Nothing else. Let us see what page 395 of the large comparative document says, Mr. Presiding Officer. Page 395 includes the:

> "(5) …defence for any person charged with an offence under subsection (2)(d) to prove that—
>
> (a) he dissented to a decision that is material to the charge;
>
> (b) his dissent was recorded in the minutes of the relevant meeting; and
>
> (c) he submitted a report of his dissent to the Bank. "

What are we proposing today? We are proposing in this draft Bill, at clause 255, that we in fact delete the defence proposed then.

One report says no comment, revise the fines. Next one says mitigate the harshness or excessive criminalization of it by putting in a mitigating factor where you can raise a defence, and today we delete it. But I heard the hon. Minister raise it in the context of saying there was a consideration that this would require a

reverse burden of proof and that the committee for some reason removed it. What I am now concerned with, Mr. Presiding Officer, will this be met with an allegation of an excessive criminalization footing?—particularly when we look to the fact that companies versus persons versus individuals are not treated similarly.

Let us look at that. We see that clause 110 of the Bill—if we look to clause 110 of Bill, clause 110 in short reference is referred to at page 29 of the report. Clause 110 says how consistent with the rest of the legislation, given that this offence is comparable to fraud, the penalty is too low. Amend the penalty $1. 5 million and two years' imprisonment, $3 million for a company, bring (8) in line with Companies Act, do a comparison with clause 255.

[MADAM PRESIDENT *in the Chair*]

When we look at clause 110 of the Bill, Madam President—now relieving the Presiding Officer. Welcome back, Madam President—we see 110(1) refers to "no person", 110(2) "no individual", 110(3) "no person", 110(4) "A company". So we have here now, for obvious reasons, a difference of treatment between person, individual and company, but when we look now to the fines, to the penal clauses in subclauses (8) and (9):

> "A person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of…"—I cannot see what this is. I presume it is $3 million.
>
> "An individual who contravenes subsection (2) or (3) commits an offence and is liable on summary conviction to a fine of one million, five hundred thousand dollars and to imprisonment for two years."

But, Madam President, this particular clause now invites us to depart from the Interpretation Act, an offence if committed by a company where a sanction of jail term is imposed can be imposed upon its directors. Why are we, in this clause here now, treating people in similar circumstances differently?

Section 4 of the Constitution allows for the treatment of people in similar circumstances similarly—that is treatment of equality—yet I am telling a company that it should not suffer via its directors being subjected to jail term, the same kind of position that an individual would suffer. I do not think that that is in fact correct. I think that it would be viewed by a court of law, brought upon to consider this clause, that Parliament in its wisdom chose to exculpate directors from jail term and to move away from the natural meaning associated with the Interpretation Act, as opposed to expressly providing for it because if it would have expressly provided for it, it would have done so as clause 110(9) prescribes.

Madam President, let us look now to the position with clause—let me get one that jumps out with positions here. The Bill deals with the provision of notice, and in dealing with notice when one is invited to—I am looking for my note, Madam President. Forgive me for taking a little bit longer than I should. Yes, there is a provision when we are looking to the penalty clauses and permit me to get there. When we get to the penalty clauses, I believe it is close to 270, we are providing an obligation upon—oh, it is the whistle-blowing section. If I can only find that now it would be very helpful. So if I may make the points before I find it. I think—yes, it is clause 80. Clause 80 of the Bill by way of example. Clause 80 of the Bill is be found at page 120 of the Bill. Listen to this:

> "Where an auditor or former auditor of an insurer, or financial holding company or an actuary or former actuary of an insurer communicates information or gives an opinion to the Central Bank or the Inspector in good faith and—
>
> (a) he is required to give such information or opinion to the Central Bank or the Inspector under this Act or the Central Bank Act; or
>
> (b) where he reasonably believes that the insurer or financial holding company is in contravention of any written law, such auditor"—et cetera, shall be immune basically from civil action.

This section applies to any matter for which an auditor, former auditor, et cetera, becomes aware. Subsection (3), this section applies mutatis mutandis to—

> "(a)any other person...required to give information...
>
> (b)…employee"—et cetera.

But, Madam President, this clause does not lend itself to application mutatis mutandis for whistle-blower protection because the immunity for whistle-blowing only arises where you are required to give such information. So if someone comes across something that is wrong, wishes to whistleblow but is just a busybody about it, a small person in the entity, and has no official requirement to tell of the infraction or breach of the law that he has seen, he has not gained whistle-blower protection. Why? Because clause 80 clearly says that you must be required to give such information to clothe yourself with civil immunity.

Look at clause 81:

> "(1) Where the Inspector has reasonable grounds to believe that the auditor or actuary of an insurer or financial holding company—
>
> (a) has failed to perform his duties or to comply with the provisions of this Act;

(b) has been a party to the preparation of, or has rendered an unqualified opinion on financial statement that does not fairly present the financial position of the insurer, financial holding company; or

(c) is incompetent or is accused of professional misconduct, the Inspector or Central Bank shall deliver a written report to the insurer, financial holding company and as appropriate ICATT, the Caribbean Actuarial Association or such other professional association that may in the opinion of the Inspector be relevant.

(2) Where the Inspector has made a report under subsection (1) in good faith,"— there is an exculpation for liability.

Well what happened to the basic requirement at law that you must at least tell the person against whom you have made an adverse finding or something, that you found something out? Where is that? Is this an adequate clause when we consider it in greater detail? Should one not be obliged to tell John Brown who has been labelled as having done something wrong? Before I go and tell John Brown's boss alone, I must also have a concomitant obligation on me to tell John Brown himself, to face his accusers, to correct the wrong, to have the right of hearing, of due process.

Hon. Senator: I do not agree with that.

Sen. F. Al-Rawi: Well, I did not ask you to agree with it—[*Interruption*]

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

Sen. F. Al-Rawi:—in the sense that it is something that—[*Interruption*]

Hon. Senator: That is his opinion.

Sen. F. Al-Rawi: Yes, everybody is entitled. I am not asking for agreement. So what I say is, it causes me concern from a due process point of view. It is different from the whistle-blowing section which is in clause 80 of the Bill. I have my own personal view on it, but I am raising these things, Madam President, not to say that this is the be-all or end-all of any submission. Mine is not certainly the only and right way. I am demonstrating for the benefit of the record that there are concerns which I harbour. [*Interruption*] Sorry. I thought Sen. Singh wanted me to give way on something.

So, Madam President, I am setting for the record that there are concerns that I harbour and this is just on my own reflection. Perhaps it is that a deeper reflection and a massaging of these ideas would have brought out a different concept. Perhaps it is that, but what I offer regret for is being denied the opportunity to do that in an adequate time frame.

Today is May 26, 2015, we have passed five years of the Government's tenure. We have a few more weeks left of life of this Parliament before dissolution, if not dissolved prior to its automatic dissolution on June 17. What we note is that we are now required to come here in successive days at a time, which is our privilege and duty to do.

7.10 p.m.

But, Madam President, it causes me concern that as a Parliament, we are being invited to consider material which should have been considered with more fulsome approach. I humbly ask that the Government understand that it is probably not best for a country to march ahead pushing things without full consultation. This Bill is a particular tragedy, not because of the work done on all sides, but really because the opportunity for the fulsome consideration has not been given, at least from the Opposition's perspective. It may be that other Senators are prepared to give support, I wish that I could have been counted in that number.

I would very much appreciate that the hon. Minister address his mind to whether the Corporation Tax Act ought not to be amended by way of consequential amendment to this particular legislation in the same manner in which we do the schedule of amendments. In particular, section 10 of the Corporation Tax Act needs to be amended in light of the removal of the taxation system as it relates to the statutory fund mechanism in migrating from a stat fund basis of insurance calculation and protection, and in moving to a risk adequacy relationship, I think that the Corporation Tax Act being amended now, would give for a degree of predictability into the entire equation.

I would also ask respectfully if the hon. Minister could speak to when it is intended that proclamation would materialize so that the nation has some line of sight into it. I would encourage the hon. Minister to remind the population as to what the regulations that associate themselves with this Bill are. I would like him to confirm for the public record that the regulations are regulations which perhaps have been tabled already or are to be amended and put forward further. I think that it is important for the regulations to be factored alongside the Bill.

Madam President, there are a number of other clauses that I could point to, but I fear that I think it would be to only delay the inevitable of this Bill moving faster to a vote. May I state the Opposition's position in summary as follows: we regret that we would not be in a position today to support this very important piece of legislation, only because we have not had a proper opportunity for the proper

reflection into the cross-checking aspects between the 2013 (No. 2) Bill and the 2015 Insurance Bill. We think that it requires some degree of concern on the part of people who are looking over the legislation. We think that this is an important area of the economy, and we certainly would have hoped that the Government would have moved with a little more anxiety to have laid this legislation on the turn of the—or perhaps at the beginning of the parliamentary session that we now sit in, because we are fast at its end.

With respect to the remaining work that the Parliament will be invited to consider, we can only pray that the Government moves with measure and ensures that there is an adequate degree and opportunity of and for consultation.

I thank you for the opportunity to contribute. [*Desk thumping*]

Sen. Dr. Dhanayshar Mahabir: Thank you very much, Madam President, for granting me this opportunity to contribute this evening. As a member of the insurance committee drafted in mid-way in 2014 and then having been drafted whole way in the current dispensation, let me say how pleased I was to be a part of this Joint Select Committee, and to interact with a number of specialists in the field, and also to obtain the views of Members from both Houses and across the aisle. This, I think, is the way in which legislation, especially of a complex nature, should proceed in the future.

Let me at the outset say that I am in total agreement with Sen. Al-Rawi when it comes to the time at which this particular Bill was presented to us for consideration. Having concluded our deliberations last year in, I think, July, I held the view that we could have had the amended version of the Bill sometime towards the end of 2014, and it would have given us a little more time to carefully reflect on some of the changes which had been suggested.

Be that as it may, I rise to support and the reason for this, Madam President, is that having been a part of this complex process, I realize that there is no such thing as perfect law. In discussions I have had with members of the committee, the issue was, if the law is imperfect, why pass it? My counterargument, of course, was that the Constitution of a country is never a perfect document; that is why there are amendments. That does not mean that we do not need a Constitution. We have had a number of amendments, seen a number of amendments, to the US Constitution and also to the Trinidad and Tobago Constitution. Is it that some of the concerns of the Bill—remaining concerns, legitimate as they are, overwhelm the benefits to be gained from looking at an industry with a fresh perspective and attempting to regulate it in the public's interest. This is at the back of my mind.

Let me, again, examine the industry. The industry is part of a changing financial industry, not the entirety of the financial sector but an important part. We have looked at the Securities Bill and in the Securities Bill, which went through a joint select committee—I was not a member of that committee. In fact, a problem with that was identified in the other place. Because it takes some time to complete an investigation, it was recognized that the SEC may not be able to file charges because the statute of limitations would have run out; and so, that was amended.

It is an indication that good law, law that is absolutely necessary for the public's interest, can have some hiccups, but the hiccups should not control the wider benefits that we are going to obtain. And I am of the view that we will identify, as we go along—and I will have some recommendations as I come later on, on how we can proceed, not only with this legislation, but also with the Securities Bill.

The insurance industry is a very valuable one, very critical for a society such as ours. It involves three important players. The customers, we have heard a lot about the companies as a whole. The members of the industry, the firms which constitute the industry—the brokers, the actuaries—that is an important component of the industry, but no business can survive without customers, and we need to be looking at the interest of the customers as well, and we need to be looking at the Government now in the context of Trinidad and Tobago and in the context of the United States and in England.

Reason: in the United States, the AIG Group generated losses and had to be supported to the tune of US $100 billion—the largest intervention in financial history. That involved the taxpayers, it involved the Government. The Government has a key role. Trinidad and Tobago is no different. It involves a sum of some $20 billion; TT $20 billion, equal to one full year of the revenue that our Minister of Finance and the Economy derives from the energy sector had to be placed in a particular arena where we could bail out a failed insurance company. Twenty billion, a full year of our oil and gas revenue, is a significant sum and we need now to ensure, from where I sit, that this never again occurs. [*Desk thumping*]

I am willing to accept some problems in company law and so on, but I am not going to stand on the Independent Bench and make a case that, well, we should not have insurance law because of some problems, and generate a possibility that once again, sometime in the future, a future Minister of Finance who ought to take $20 billion and spend it on schools and scholarships and health care and roads and

the range of demands that we have in the country, simply to finance the financial adventurism of some managers in an insurance company given the authority to do as they please without rule and regulation. [*Desk thumping*] And we need to regulate and we need to give the regulator the powers to do that.

But by that token, Madam President, insurance regulation is not something that we have mastered. Let us look at the regulation of the commercial banks. The history of commercial bank regulation goes back centuries. The Bank of England is old. The Bank of England has centuries of experience regulating money, and it has always been recognized that money cannot manage itself, therefore there is a need for a regulatory agency to manage the money. We cannot have each commercial bank issuing its own currency as was so in the days before regulation.

We need to have one currency issuer, one agency, the Central Bank, setting the rules which will ensure that the banks operate in a manner which will promote the public interest and not create contagion, financial panic, and cause problems for the entire economy. So we have long years of experience in financial regulation. The Basel Accord has been the flagship that we used with respect to the kinds of rules we can impose on commercial banks. Insurance regulation au contraire—on the contrary—is something that is new.

If we were to examine the Bank of England, the same Bank of England, the oldest regulator in the world, we will see that they, too, are now getting into the business of the regulation of insurance. And they have realized that there is a need for the regulation of insurance. They have realized that the insurance business is one that is not going to regulate itself. Many professions do establish codes of behaviour for their members and they are self-regulating, but this particular business is one which cannot be relied upon to do that which is good for its community, and hence the Bank of England has taken it upon itself to regulate insurance and to establish the rules.

Regulation of insurance is critical because, whereas the bank normally deals with money—the bank is a merchant of money—the insurance firm is an agent that knows best how to handle risk. It deals with the risk associated with a number of events. We live in an atmosphere of uncertainty and because we need to plan for the long term, we need to know how we are going to compensate ourselves in the event of an unfortunate event occurring. This is very similar to another industry that we will have to regulate, that is the gambling industry. Insurance and gambling happen to just be the other side of midnight.

7.25 p.m.

With gambling, what do we do? We pay $5 in the hope of winning a million dollars. We hope the outcome is positive. With insurance, what do we do? We pay a premium, a small premium as determined by the actuary, in the hope that if an unfortunate event arises—we do not want it to arise—but if an unfortunate event arises, we will be compensated. In both cases, we are paying something because we believe, in the case of gambling, we could win, in the case of insurance, we believe that we can lose. So that we are looking at an industry that deals with risk. It has the experience in dealing with risk.

Now, as with gambling, which is very profitable, insurance, if well organized—Sen. Hadeed knows—should never lose money. Look at the simple economics of insurance, Madam President: as long as the actuary is able to calculate an actuarially fair premium, he should be able to say, out of the pool of individuals I have insured, the chance, given the data that I have before me, the chance of the event occurring is this amount and, therefore, I could identify the pool of premiums; from that pool of premiums, I should be able to pay all claims and still have something left over to run my business.

There is an element of profitability in an insurance business. Once the actuary does his job well, once we have no untoward events occurring and once we are able to focus on what is known as the randomness of an event that is going to be in effect, there are certain rules you do not want. It is for this reason, Madam President, that if you are going to purchase health insurance, you need to tell the insurer everything concerning health that you know, and then subject yourself to a medical examination, so that he knows exactly what your risk is going to be.

So that if you are a smoker, you need to tell the insurer, "I smoke", then he knows, based upon data, that, okay, this person can die from a certain number of complications, and he will base his premiums accordingly. The premium is based upon your risk. A low risk individual has a lower premium. A higher risk individual pays a higher premium, no different from a country which has a high rating; that is why we need to get our ratings up, back again. We need to convince Moody's that they made an error, that really, we will pay our bills and so on. When your ratings are high, you pay low interest rates. When your ratings are low you pay, of course, high interest rates.

So when your risk—because ratings are related with risk, that is why there is that relationship between insurance and the financial sector. We know that we are dealing with risks. The insurance companies are best able to assess risks, are best able to price risks, and to establish fair premiums, and they provide a service that

is critical for the modern economy. In fact, they have provided a service that was critical for the economy that was not modern. Every one of the indentured immigrants who came, had to be insured by Lloyds of London, you know, that is why we have the ship manifest. The ship manifest— Lloyd's of London will insure the ship and insure the cargo; that was in the 1700s, 1800s and so on.

So, we have had Lloyd's insuring shipping for quite a while, because there were risks associated with transport, risk associated with human cargo. That meant that the market always needed a mechanism to handle risk. Where am I going with this? The reality is, risk is profitable, and it is profitable, if you could maximize your income, and minimize your payouts. This is where insurance companies have run afoul of the people who concern me the most, the small-claims individual.

See, someone who has a large claim against an insurance company, can afford to hire senior counsel, and he can afford—because the claim might be a million dollars. He can afford to hire an attorney to challenge the tardiness of the insurance company. Or if the company is giving some undue problems and so on, and he can seek redress in the courts, in that way. The problem arises with someone who has a claim of under $25,000.

Someone, Madam President—you driving down the road, and someone hits your car, "baddang, B-A-D-D-A-N-G", and it is a big blow at the rear of your car. You file a complaint with the police. You exchange insurance policies and so on. The police officers says, "Really, this seems to be so clear-cut, the person behind was speeding". You go to your straightener/painter, you do not even go to the company. You go to a friend you went to school with, and he gives you a kind of an assessment. He says, "I will do this for a certain sum for you". You file your claim. For these small claims, you know, it is not easy to settle.

No contention, police report, everything, but because it is a small claim—I had one recently, last year, $7,200, company is Colfire. I will mention their name, Chaguanas—service was unacceptable; acting as though it is a favour they are doing me. I had to drive the car, hit from behind, to their office in Chaguanas; adjuster is too big to come down and see the car, and it is $7,200, because my friend from school said he was going to get some parts in the Bamboo, and fix it up. Do not take it to Toyota. He will get some parts in Bamboo, and he will do it for $7,000. I said, "Is that the best? He say, yeah, absolutely best". Insurance company took 90 days to settle that! No legal issues, just a straight hit from behind, and to whom do we go? They did not care whether it was Sen. Mahabir, you know. It is a claimant. "Dey doh care I will come to Parliament and report dem [*Laughter*] Dey doh care, dey are shameless", but can you shame the "unshameable"? You cannot shame the "unshameable".

What you have to do is legislate for them. You have to set laws and you have to have penalties, and you need to give your regulator the teeth. You need to have the complaints officer in your regulatory agency, to tell the insurance company—and hence the regulations, Madam President, which will accompany this particular Bill, and are going to be important. We need to have time. Should we not settle these claims in 30 days? The straightener fixed my car in five days. I had to take 90 days to pay the man, but fortunately I had to pay him before, and collect afterwards, there was no interest, $7,200. Just before the cheque was handed over, Madam President, the individual looking after the claim says, "You know, one more thing, you need to have a certified copy that is under six months. It is as if "he ketch meh"; and I just dropped the jack on him. I had the certified copy in my pocket. [*Laughter*] I had that certified copy waiting for him.

Hon. Senator: "Hang his jack. "

Sen. Dr. D. Mahabir: So I hung the jack, right. [*Laughter*] You see, these are the tales which people on the outside experience. I do not—I cannot hire a lawyer to run down the company for $7,200. My honest insurance broker is embarrassed about the thing. He says, "Dats how dey behave sometimes". This is what we want to stop. I am saying Sen. Hadeed's company is exempt from this; exempt from this. It was not Sen. Hadeed's company. It was Colfire, a subsidiary of Clico. I told the fella, I said, "But, you know, this is a subsidiary of Clico, you know, you could be kind to me. In Parliament when a Clico issue comes up, I will say a few things". It did not matter. [*Laughter*] It did not matter at all. So, we do have to look after the claims process.

You see, Madam President, we have a lot of people talking about companies, and what the industry will do. Let me tell you something about companies. Companies have power; they have power. A number of years ago a company needed to pay a claim, and because the claim was large, they went into bankruptcy to avoid paying the claim. The gentleman who was the claimant had to go on a hunger strike. I do not know if people remembered that. A gentleman from—[*Interruption*] yes, yes, he had to go on a hunger strike. That is the behaviour. It is reprehensible behaviour, but it is behaviour that can be controlled.

We need to protect the companies in this country. We need to have a framework for them, and I will come to why we need protect the companies. We do not want laws so onerous that it will stymie the growth of business, but we do not want laws so lax that the businesses will maximize profits at the expense of my fellow citizens. If it comes to the two, I always, always, will go on the side of the citizen, because he is a helpless individual. That citizen is someone we must be looking at in this Parliament, and doing whatever we can to minimize his inconvenience and his hassle, and we need to send the message.

Now mind you, this not the case across the board. I had another instance where another guy hit me "braddang" again.

Hon. Senator: Last time was "baddang". [*Laughter*]

Sen. Dr. D. Mahabir: Yeah, yeah, this time he hit me "braddang", again from behind. [*Interruption*] The second car that made a loud noise was "braddang", and the first car was an old 1982 Mercedes, that took the hit a little bit better. The sound was different, [*Laughter*] but really, the claim there was easier. The company at the time, a company called Gulf Insurance—I do not know if it is still in existence—gave no hassle. They just—in fact, their sterling services, I think, identified a $16,000 charge; that is in those days, and they were able to settle for $11,000. I was very happy, because I thought I was going to have to wait a long time. So you do get variations in behaviour.

The citizen out there is not always aware of which is the company going to be fair in its claim settlement, and which is the one going to be tardy. We need to level the playing field and tell everybody, follow the rules of the best performer in your industry. Since you would not do it voluntarily, we have to compel you to do it. You need to be compelled in order to do that. The public interest is at stake, and we need to be looking specifically, Madam President, at those small claims.

Why could we not have these claims settled in a 30-day period for auto collisions, which are straightforward? Other types of claims like fire and so on, once you can prove it is not arson, you have the staff just assess the claims, do your adjustment and pay the claim. Because you see, once an event, an unfortunate event has been experienced, the individual so adversely affected is experiencing a serious loss in welfare, and we should be expeditious in how we settle, and we should not drag this process out. We do need, Madam President, to set the rules that the companies will follow in that particular area, but since the companies do more than simply deal with risk and claims, they generate a surplus. It is in the area of the investment of that surplus, that I think, the greatest benefits will arise.

Currently, for example, the Minister of Finance and the Economy gives to the citizens the allowance of $50,000 per annum, for someone who wishes to save for his future. If you contribute up to a maximum of 50K, then your chargeable income will fall. However, the rule and the law is, that when your tax incentive savings plan has matured at age 50, you are forced to purchase an annuity with an insurance company, because the annuity is a product that is best produced by a firm in the insurance industry; reason, insurance deals with long-term investments. The banks deal with investments of a short-term basis.

You could understand why Clico got into so much trouble, because these executive premium accounts were available on call, they were like deposits. You cannot be an insurance company, relying on long-term business, and then have exposure to a lot of short-term liabilities. At some time the game will be called, you will be asked to pay, and you will have nothing to pay.

So, you do need to understand that insurance itself, deals with long-term investments, deals with long-term products, products of a long gestation. They can afford to buy 30-year bonds. They can afford to invest in real estate that will generate returns over a long period of time. They can—and the reason is simple, on an annual basis they can reasonably predict what their payouts will be, and they can invest a number of their—a large amount of their surpluses on these investments which will generate a long rate of return.

7.40 p.m.

Investment companies, for example, should be buying a lot of Government bonds, long-term bonds. They can afford to hold these bonds to maturity while, in fact, they are backing their investment portfolios by these bonds.

We need now, given the ageing of the population, when you buy annuities to know that the company that is selling you this annuity product, which is guaranteeing you an income for life, is a company that is operating along certain rules so that your annuities will be paid on a monthly basis. You do not want an annuity provider going out of business because if the annuity provider—I had conversations with the people who had annuities from Clico. When the company collapsed they were terrified as to whether their monthly payments will be terminated. Who will pay it? If the Minister of Finance and the Economy did not step in, who was going to pay these annuities? Clico had a way of offering you the best rate of return, the best annuity monthly payments from the lump sum that you gave, so it attracted a lot of people. I do hope that those retired individuals are resting a little more comfortably.

But what the Bill addresses is that there will be certain rules now which will guide the investments of the products that a firm can engage in, and we need these rules. We need the insurance firm to be engaged in investments in the country; to add to the capital stock; to engage in long-term investments—banks, finance, short-term investments—because their deposits are callable at will. Insurance can afford to finance long-term investments and we expect these insurance funds to play a role in the future diversification of the economy. It is one sector in the financial area that can really make inroads into the real sector.

Not only do these insurance companies have to invest in paper securities, they can actually invest in real securities as well, real investments, real estate, for example, and they can generate a rate of return on their portfolios that would contribute in a significant and meaningful way to the growth of the industry and to the growth of the firms, but the type of investments they engage in has to be regulated. You just cannot go into any reckless investments because it pays a high rate of returns and it happens just to be paper.

We had AIG going into these derivatives securities. It knew nothing about it. It surprises me that AIG did not know. The reason is AIG should have been a company with more actuaries in the world who would have been able to identify the mathematical bases of some of these securities which did not exist. How did they fall trap into that?—because these securities were never created by MBA finance, they were created by mathematicians. If I meet the actuaries I need to ask them: how come with all your mathematical firepower you did not pick up that this security called the CMO was a nothing security, it was just a big sham?

But AIG went into securities, $100 billion worth that it should not have gone in. You do need to now set up the rules so that these companies can invest in products which would generate a real rate of return, and not engage as gambling casinos. There must be more investment houses as opposed to casino-type gambling where you invest in something not knowing what the outcome is.

The regulation of investments will be an important component. We do need to regulate the investments. We do need to provide early warning signals to companies when, in fact, their investment profile looks a little bit slippery to let them know that they have to get back in line. This is what the regulator is going to do.

But, Madam President, I want to come to my final point and the point is this: we frequently say that we need to regulate insurance because of something known as systemic risk. Systemic risk is defined as, "a risk to one firm will affect the entire industry". This occurs in banking because once a bank fails, it interrupts the flow of money in the economy. Banks create money, and once a bank fails, it causes the money supply to dwindle and the reduction in the money supply is always going to cause serious adverse consequences for the economy as a whole, given the consequent rise on interest rates and the unavailability of credit. Legitimate businesses will not be able to access credit with the failure of banks.

Insurance companies are not like that. They are more separated from each other. The collapse of one insurance company is not going to cause other insurance companies to collapse. What happens, however, is that these companies

tend to be huge, not that they affect others in a contagion, but they tend to be very large. Clico was very large, AIG is very large. I think the one in England—the name now misses me—was also a very large company. These companies are large and they affect a number of people adversely.

Their client base can be significant—we are looking at policyholders, we are looking at the people who hold annuities and all the other products that they supply—and since we are dealing with industries where the customer base can be large, we need to ensure that these particular players operate according to rules that we consider to be judicious. No industry likes to operate with rules. They would complain about rules. They would find every mechanism to indicate that the rules are going to cause their business to decline, but we need the rules.

The type of economy we have is one which facilitates free enterprise, but free enterprise without rules can result in huge, huge losses to an economy, and this is really where the Government comes in. Since we cannot afford another fiasco as we had in 2009, we need to prevent its reoccurrence. We cannot bail out again. What we need to do is to send a signal to firms operating here, either as local entities or as branches of foreign entities, that you are responsible for your operations; you are responsible for compliance; you are responsible for best practice in your industry.

However, if you are incompetent—this is the message I think we need to send out to firms—then you should not be in this business. You should be allowed to fail, and you should be allowed to fail and people who invest with you should know that you failed, not because there were no rules, not because there were no regulations, but you failed because you did not understand the business that you were in, and you made bad decisions. I think if we can send a message to all industries that do not think that you could come to the Minister of Finance and the Economy in the future for any assistance to overcome your poor business practices, I think we would be doing the public a great service.

Madam President, I do not have too much to say, but there was an issue in the Bill that I need to address with the Minister, because in joint select on clause 255, I thought we had addressed the point of Sen. Al-Rawi, so that when he comes to wind up he would have to clarify that particular point. We do need to clarify that, because as far as I recall in the Joint Select Committee, it was always a defence for an individual who was on the board to indicate that he dissented and that since he dissented he should be entitled to a defence and be exonerated as long as we could minute his dissent in the committee. It appears to be fair to me and if, in fact, it has been removed, it should in fact be reintroduced.

But, Madam President, the issue before us is this: do we need to regulate the insurance industry? The answer is, in my mind, yes. Do we need to increase our oversight of the industry? The answer is yes. Do we need to prevent another debacle that we had in 2009? The answer is yes. Is the current Insurance Bill that has been in gestation now for over a decade perfect? The answer is no. Is it that we could live with some of the defects? As with securities, my view is this: once we have passed a Bill and it has been made into law in this Parliament, the industries which are changing—the securities industry is one—we would need to look at banking second, and we would need to be looking at insurance third.

I think we need to be reviewing these pieces of legislation on an annual basis and we should be changing as the industry changes. The reason is, we always want the regulator to be on par or one step ahead of the firms. We do not wish to pass a law—the industry changes very quickly—and the regulator finds that he is regulating an entity that is far different from that which currently exists.

So, I will support the Bill, as a member of the Joint Select Committee. I would live with some of the defects which exist, but on the understanding that we would continue to monitor the legislation governing the financial economy so that at no time in the future will firms in the securities industry, firms in the insurance business be able to get away with activities and practices which will injure the public interest and cause the economy harm. Madam President, I thank you.

Madam President: Hon. Senators, earlier today we had the opportunity to listen to Sen. The Hon. Mutema deliver his maiden address, and I wish to congratulate him. [*Desk thumping*] I recognize Sen. Small.

Sen. David Small: Thank you very much, Madam President for giving me the opportunity to join in this debate. Madam President, we are here to give attention to a Bill that is long overdue for the country. As for those one or two people who listened to the few times I have spoken here, I have always taken the position that we would never get it right 100 per cent where we are. I would always be a person to say, listen, I would accept a 70 per cent, an 80 per cent solution, put it into place and we would tweak things as we go along, because if we try to attempt to get it—it is not that we look at obvious issues and we do not try to treat with them, but there will always be things that we miss. We are all human beings, and I believe that the Bill has some issues that I would flag, but I believe that the Bill is needed.

Madam President, I believe that the basic reason we are here in the Parliament—and I feel it strongly because I had really an enlightening conversation today with what I would consider—I came and I parked and I met a random citizen who

knows me, but I had not seen him in a long time, and when he shared with me the challenges he is facing, it grounds me in understanding that there are regular people on the street who are feeling pressure and pain that perhaps other people are not feeling, and we should always be aware of that and feel for those people.

I believe the reason for this Parliament is to craft and pass legislation that seeks the best interest of all citizens. The moment we lose focus on this then we are failing in a core part of our fiduciary responsibility in this Parliament. Parliament is also here to keep everyone in check, including the businesses. This is where when I looked at the—I want to not knock the work of the committee. I believe the Joint Select Committee has done a tremendous amount of work and all the people who fed into it. I have one concern, and I play back several of the conversations and all the contributions.

I heard that ATTIC made contributions, all the various—but I did not hear who is representing the citizens' viewpoint. Was the Supervisor of Insurance invited to lay on the table the concerns expressed to him or her by citizens? Was the Consumer Affairs Division allowed to come and say: "Listen, we have received all of these various complaints on these insurance companies?" Who is really informing the committee's work from the viewpoint of the average normal citizen? This is where, for me, there is a fundamental failing that needs to be addressed, perhaps going forward, but it is important.

I believe that this issue of privileged access—ATTIC would always be able to write and would get Minister Howai's attention because they are ATTIC. Various other individuals would be able to write and get the Minister's attention because they have privileged access, but who deals with my issues?

7.55 p.m.

I do not have the "bradang" issues of my colleague Senator. [*Interruption*]

Sen. Dr. Maharaj: See you have an SUV. [*Laughter*] Drive a Yaris and you will see.

Sen. D. Small: But I believe, Madam President, that we need to have a counterbalancing in the system, and it is not that we do not treat with ATTIC issues, but when we treat with ATTIC and all the other issues, it could become skewed. It could become skewed especially for an industry that is servicing the average normal citizen in this country, and we have to be careful about that.

Madam President, I always like to keep up with this happening, I saw last week that four major banks in the world were found guilty—no, no, plead guilty and had fines of US $5 billion. The Royal Bank of Scotland, Citigroup, Barclays Banking Company, J.P. Morgan, they pleaded guilty because they were found to be colluding the issues around the foreign exchange market in various parts of the

world. I tell people, it is not that I have an issue with the Bankers Association, ATTIC here, but let us understand; the nature of the business is that once you have these big organizations working together they tend to seek their own interest to the disadvantage of the regular customer, and we should not treat it as if it does not exist—it exists. It is real, and it is a serious issue. I do not have the fix; if he made me supervisor of banking or supervisor of insurance they will not like me. They will not like me because I will make them open out the books and demonstrate the cost and strip out everything and say, "Listen, these things need fixing", but I have enough on my plate.

Madam President, permit me just to digress, King William III in 1690 introduced a tax in the United Kingdom which taxed citizens on the basis of how many windows were in their home. The rich viewed the tax as a status symbol and freely paid the tax; the poor responded by boarding up their windows resulting in the tax being described as "daylight robbery". [*Laughter and Desk thumping*] That is my segue into the fact that, from a couple of my experiences, insurances in Trinidad and Tobago is daylight robbery. Yeah. Here is my personal experience; I own a car, I go to the insurance company to get it insured, brand-new vehicle, get a premium. I am in the fifth year now, just renewed a few weeks ago; the premium from year one to year five has decreased by 17 per cent. The value of the vehicle has been depreciated by 45 per cent. So, for me, I am not a mathematician or an engineer, but something does not seem connected. The vehicle has been depreciated in value by 45 per cent but the premium has gone down less than 20 per cent.

I asked the young lady, "Help me", and here is the explanation, "Do not blame me it is the algorithm". So, I am like, "Well, we need to change the algorithm because it is not adding up for me". The other problem—it is a broker—when I ask, "Could you provide me with all the costs from all the insurance companies", you find that all the insurance companies on the listing, nine or 10 of them, they are all within the 11 per cent range in terms of the premiums. So that it suggests to me, untrained as I am in actuarial science, that perhaps the insurance companies are working together to keep the premiums in a particular range, and this is a fundamental issue. So that, for me, I do not give a damn, I take the cheapest insurance—pardon my French, Madam President—but I take the cheapest insurance, because I do not understand that this could be ever designed or deemed as fair. It cannot be fair.

I have an even worse example, Madam President, I was one of those foolish people who, in 1987, took out a Clico regular annuity—not the fancy one, I have a regular basic annuity—and after all of the chaos I went last year to just figure out what is the plan—I am 20-something years into this—how does it look? It works out for

me now, Madam President, that the projected pension that I am going to receive is less than the premium I am paying now, [*Crosstalk*] and I am like—but I am paying X amount but the projected pension is less than what I am paying now. So I am saying, "Can I have all my money back?" "Of course you can have all your money back, but you have to pay $60,000-something in charges." This is why I am saying—I understand Clico may be a special case, but that is madness.

So at the first opportunity, when I am supposed to be immune from these charges whenever I get to 50 years, I have to be withdrawing all my money, and better I go Monaco and have a time, because it does not make sense, and this is real. I am sure I am not the only person who has experienced this. The insurance companies have done things to people and citizens are feeling the pain and you have no redress, no redress, and worse, when things go bad it is the State that has to bail them out. It is untenable. So that I support my colleague Senator that regulation is absolutely mandatory, you have to regulate them, and you have to apply the penalties. There is no other way to get this moving.

So, Madam President, permit me just to share some other thoughts on this matter. Insurance is as old as human society itself. The ancient origin of insurance is somebody called Emerigon, whose brilliant and learned *traité*—the Assurances—was first published in 1783 and it is still read with respect and admiration. It demonstrated that insurance was known to the ancient Romans, and although the business of underwriting commercial risk was probably not highly developed, the records demonstrate that the basic tenets of insurance was understood from even the ancient Roman times. The modern business of insurance started with the marine business. Traders used to gather in Lloyd's Coffee House in London, agreed to share the losses to their goods being carried by ships, and, as one of my colleagues pointed out to me, one of those goods that they used to trade on ships was human cargo, slaves, and if the ship was lost at sea, they—[*Interruption*]

Sen. Maharaj: It is merchandise.

Sen. D. Small: Merchandise. Right?

Madam President, one of the important things about a contract of insurance is that a contract of insurance is a contract—and forgive my pronunciation, I think it is Latin—*uberrimae fidei.*

Sen. Vieira: *Uberrimae fidei.*

Sen. D. Small: That is right. It is a contract of utmost good faith. It is a fundamental principle of insurance law. It means that both parties to the contract are required to observe the utmost good faith and should disclose every material fact known to them—disclose every material fact known to them. Just as they are assured as a duty to disclose all the material facts, the insurer is also under the same obligation, and this last area, Madam President, is where there have been many complaints here in Trinidad and Tobago.

Madam President, my first insurance—coming more to a local experience, and this is really interesting for me— agent is now a very recent former Mayor of Port of Spain who used to walk the streets of Laventille without fear, writing policies and collecting premiums, and he was generally well-liked by the persons he ran into. Madam President, much has changed since then on how insurance is sold and how people feel about their insurance providers. The insurance sector suffers, whether rightly or wrongly, from a reputation for high costs and poor treatment of customers, and it is a perception; whether it is the reality, let us put it to test, but that is the perception out there. One of the major peeves is the issue raised around vehicle insurance rates, but, also, one of the other issues—and car insurance is something you can easily beat up on.

Madam President, I had a neighbour who parked his car on a street, went to some function, came back, someone had hit the door, went to his insurance company, and they told him, "Well, okay fine", but you lose all of your discounts. So, I am saying, "Hang on, how does that work?" How does that work? You were not even driving, someone damaged your vehicle and then you lose all of your no-claim discount? Okay, you made a claim, but something is not right with that. If someone is actively engaged in getting in an accident and is wrong in the accident, perhaps, I can see that. And this is where these instances, these things happen, and unless people understand what it means the insurance companies just do it to you and you have no—unless you have a friendly family friend who is a lawyer who can actually write a nice stern letter to them and threaten to take them court, you are stuck.

Madam President, the experience of many countries is that competition amongst profitable insurers has not driven down premiums, and legislative intervention is required to protect citizens. So, it is not a Trinidad and Tobago issue, it is a global issue. Wherever there are insurance companies they get together and they charge the highest possible premiums, and they try to pay out the minimum amount of money to claimants—that is just how it is. If governments do not get involved and try to protect citizens, the insurance companies will do as they please. I am not saying it is a bad thing, we just need to acknowledge what it is. Yeah.

The experiences of several other countries have shown that one of the best approaches to bringing down insurance rates is to take the cost out of the system. As a Member of this hon. Senate, Madam President, I agree with the structural issues contained in the Bill, but I believe it is almost "inconscionable"—[*Interruption*]

Hon. Senator: Unconscionable.

Sen. D. Small:—pardon my French—if we do not do something for this sector that eases the uncertainty faced by citizens when they have to deal with insurers. One way of doing this, Madam President, I suggest, is for there to be transparency to the regulator about the cost structure of the various insurance companies, so that a proper assessment can be made about fair premium charges.

I genuinely fear, as has been proven in the Clico case, that if someone were able to reveal and lay bare the cost structure of these companies, it may reveal that costs are being passed on to customers that have nothing to do with the coverage they are purchasing. Unless and until the Central Bank has this information and is able to act without interference, customers would never really know what additional things their premiums are paying for that have no relation to the coverage that they are purchasing. Guys going out to Monaco and having trips with blondes and your premium money is paying for that, and that is an abuse that happened but people did not know.

Madam President, if the insurance companies complain about such a measure, the obvious way for them to deal with it is to lay bare their cost structure to the scrutiny of the regulator who can opine independently. If the companies are really of the view that this is intrusive and is getting in their business, I ask, Madam President, who has to stand up and protect the citizens when there is a failure? It is the Government, using taxpayers' funds. So, I do not see any problem, anything stopping the regulator from saying, "Listen, you are offering these products, let me see the cost structure of your business. Lay it bare so that I can make an independent assessment as to whether you were charging this premium for this product", whether that is a fair and honest premium. You have to do that, otherwise what you are going to find, it remains this black hole where the algorithm churns out a number and we are all supposed to accept the number from the algorithm.

It cannot continue like this, and I am delving deep into it because this is the stuff that the insurance companies do not want to talk about. They do not want to talk—they do not want the regulator in their business examining their cost

structure, but the experience of the developed countries in the world, if you really want to get in there and protect citizens, you need to get into their core structure. Madam President, I just have a few comments on some of the clauses and a few other things before I, you know, stop everyone from going to dinner tonight.

Sen. Maharaj: "Continue man, take yuh full hour. [*Laughter*] Take yuh full hour, David, yuh have plenty to say. Dey ent good, yuh know. "

Sen. D. Small: I am supportive of my—I appreciate the—I need no encouragement to keep talking. [*Laughter*] Most people have to find ways to keep me quiet, like, "Small, yuh talk too much", but I am like, "Listen".

8.10 p.m.

Madam President, before I delve into this, we operate in a space where the insurance industry is needed. The insurance industry provides critical services to citizens and I believe that having an active and profitable insurance sector is important for the economy. I have no qualms with insurance companies making profits, but you can make fair profits and you can make unfair profits, and the only way to distinguish that is to get into how they generate their costs and how they apply their costs. There is no other way. If other countries have found ways to go in there and say, "Listen, you need to let me know your cost structure and allow me to compare the cost structure independently for the premium that you are charging for the service", then, using the regulator's own algorithms we can decide whether or not these charges are fair or not fair. And I am going to come to fairness, because fairness is a big issue here, that is non-existent in the legislation, and is non-existent certainly in the way the insurance companies in this country treat customers like myself and the good Senator.

Madam President, I believe that I like clause 14(2). I am a data person, and I have asked for this to be the norm in previous Bills, and I will continue to request this going forward.

I ask about clause 15(2). Can this also be done online, Mr. Minister of Finance and the Economy? Can I do this transaction online, pay with my debit card, credit card with electronic delivery by email? I want us to move to that. I do my fair share of moving around the planet, and I can sit here and buy travel insurance for myself when I am travelling. I pay online with my debit card and they mail me back the travel insurance policy for whichever country I am going to, and I do not leave my desk. There are things that can happen around the world, that services are offered that you can do very easily, very conveniently, and I would like Trinidad and Tobago to move in that direction—move in that direction.

At clause 22, my only concern is that the entry of new companies should not be stymied, and I say this—I want to ask the question whether or not this applies to new entrants. This is the issue of minimum stated capital. The fact is we have a close-knit oligopoly in the banking sector that has for decades through today not operated in the best interest of customers. One only has to look at the existing spread between deposits and loan rates, along with the range of bank fees and the concomitant regular quarterly reports of hundreds of millions of dollars of profit by the banks, as evidence of the systematic financial mugging of the citizens of our country. This is all in a scenario where there is over $70 billion of underperforming cash sitting in these selfsame banks.

So that I have no problem with making sure that you have a level to protect the customers from fly-by-night companies, but you also need to make sure—and I am agreeing with the legislation—that we do not do it in a way you end up with the situation that I fear we already have in place. It is already a nice, neat, tight circle that does not want anybody to come into their business sphere and come and do a Geico and then start to challenge their business model.

At clause 24, I ask a question about ensuring that existing and new firms do not have principals or shareholders who have been arrested, charged or convicted of serious crimes, with a particular focus on financial crimes. For instance, in the United States I know a person is banned from being a director on the board of a publicly traded company if he is convicted, and even if in private companies once you are convicted of any crime there are strict rules. So that we have to be careful.

We have a whole set of things here, but what if the person is someone charged? I understand that given the presumption of innocence you should at least—but I believe they should at least disclose the issue and provide a statement of circumstances if not convicted. A police certificate of character is required for all sorts of things, and I believe this is not a burdensome request.

Also they should disclose interlocking directorship and shareholdings in financial entities, and this is a particular issue in Trinidad and Tobago, where we have a small system, and there are so many interlocking incestuous relationships with parties and cross-relationships that it becomes difficult to separate who they are really representing.

At clause 65, I am very happy for this provision, but again it irks me a bit, because I ask: How many persons have been convicted or arrested for money laundering or financial crimes in this country? When are we going to get serious? What is the outcome of the FCB IPO investigation? I know there is a presumption

of innocence, but it is extremely difficult to believe that there is no wrongdoing and that persons with privileged information and access did not take advantage of the process for their own financial gains. This is like saying the majority of police breathalyser exercises occur in the Western Division and the least occur in the Eastern and Southern Divisions.

I noted in today's *Newsday*—I am very correct—there was a quote where it was stated that 65 per cent of the persons convicted of breathalyser offences are south of the Caroni bridge. So is it that more people are drinking south of the Caroni bridge than less, or is it simply that more exercises are being carried out in that area and less in this part of the area? I leave it up to the court of public opinion, but I have a clear view on it. This is where things are skewed in the country; it is skewed, and if we do not try to balance it out, why do you not do all these set of exercises in the Western Division. Do the math, and you might be surprised at what you find.

Sen. Dr. Mahabir: Send them by Anchorage. [*Laughter*]

Sen. D. Small: Madam President, I make the point to say that essentially what this leads me to is that there is no white-collar crime in Trinidad and Tobago; everybody who has ever been accused of a white-collar crime has found a way to evade arrest, prosecution and certainly conviction. My intelligence is challenged by these issues, because it literally beggars belief, and yet the silence is deafening whenever these questions are asked. Luckily I am a God-fearing man, and I verily believe that those who have and continue to contrive to evade detection will not escape.

Madam President, my apologies for digressing on this issue, but I continue to feel deeply about it and I appreciate your continued patience with me, as we attempt to deal with what I consider to be one of the fundamental flaws in our society. You have persons committing crime and disaggregating the lives of hundreds of thousands of citizens, and they get away with it, without any compunction, and then they do it again, and then they do it again and then they do it again, and then we say, "Oh, it does not exist".

I do not know when that is going to change, but until such time that as Raj Rajaratnam "dey cutting a jail—dey cutting a major jail"—then we might start to get a little turnaround. But it requires—"ah cyar use that word in this House"—some fortitude of that kind to do it.

Sen. Dr. Mahabir: Commitment to conviction.

Sen. D. Small: Madam President, clause 66, I support this provision, but I ask: How do we police that provision? I suggest a quarterly report of each such transaction, along with a notarized statement of compliance signed by all the directors involved in each one. I also suggest that in the same way as the provisions we agreed to in the Motor Vehicles and Road Traffic Bill regarding the directors of the company and their ability to be able to say, "Well, I did not know that I was a related party", and then later on it comes out they are related. The provisions that we have agreed to in draft, I suggest that those provisions be put in here also, so that the guys who sit and know they are taking part in a related party transaction, because of all the various connections that they have, and then feign innocence, we need to treat with that.

At clause 68, I support this provision, but I note the comment made by the industry on this. This is one of the few areas where I support the industry's comments. I believe we should be flexible; this has to do with the persons in the audit chair. Unfortunately or fortunately I served as the audit chair for a significant state organization for nine years, so I understand. Before entering that role, I had relatively minor auditing experience, and through experiential learning but also going to professional development training, I recognize what is required to be a person who is in charge of the audit, being the audit chair for an organization.

So I suggest words to the effect of "sound knowledge of financial and auditing principles and practice, together with exposure to related training in the reference discipline". We need to find a way to broaden the pool, because we have an issue with compliance in the country. Compliance is low, and then finding the persons with the requisite skills to fill these positions, I really believe it is going to be difficult.

I saw that the amendment dealt with my issues at clause 77(6), so I am okay with that. Clause 109 deals with the experience capability of the receiver/liquidator. In that connection, I found it interesting that when the hon. Minister of Finance and the Economy made his comments on this on May 05, I want to quote from the *Hansard*—the hon. Minister of Finance and the Economy said, and I quote:

> "Because the concern that we had, Madam President, was that the liquidator could be the only potential beneficiary by the time they take two or three or four or five years to liquidate a company, and they add their fees in, and they take fees for five years we could find ourselves in a situation where the only person that gets anything out of it is the liquidator."

This is a serious issue, and the Minister of Finance and the Economy is well aware of some of the issues facing even regulators. It is virtually a crime.

The Minister of Finance and the Economy is well aware that in one of the institutions under his purview, there is a liquidator who, by public record, that organization has spent $350 million over six years in fees for the receivership, and under the watch of the current Minister of Finance and the Economy, and after six years, the receiver has not done his job but he is still being retained. So I ask the question: How is that possible, $350 million to do your job and after all this time you are still being paid to do the job? Something is fundamentally wrong. In a situation where the company is making record losses? It cannot be.

The Minister of Finance and the Economy is well aware of the issue. I would say that while I feel for the Minister of Finance and the Economy, there is a lot on his plate, I believe that a $350 million hole in a state enterprise is a hole where something needs to go in there and get it done, get the receiver out, he is not doing his job.

Madam President, on that issue I also agree with the indemnity, but I have a question. I understand why we have to have the indemnity, otherwise probably no one would want to be a receiver. But does it mean a completely free pass for even unethical or illegal insider trading of information? Does it mean that? Can it be that a receiver because he is indemnified, he can do anything and then be permanently protected, even if he does something that is relatively illegal? Can the receiver not be subject to some kind of scrutiny of his financial dealings? There are potential conflicts that exist if the receiver has other clients who have an interest in the outcome of the liquidation, and the receiver through his action or inaction is facilitating the profiteering by other parties.

I ask simply: What if the receiver is just dirty, what if he is just a dirty receiver? How do you treat with that? I lay these questions directly at the door of the Minister of Finance and the Economy, because you may find yourself that you have a dirty receiver on your hands, but he has an indemnity. I have a challenge with this; I have a huge challenge. You cannot give somebody a free pass, completely indemnified, and they can do anything, even if it is illegal, and then they walk away with millions of dollars. It just does not add up; so I have a huge challenge with this.

Madam President, I ask at clause 121: What if a person is convicted of larceny of a motor vehicle? We list a whole set of offences at clause 121, and I ask: What if a person is charged with larceny of a motor vehicle, or sexual assault, or armed robbery, or a drug crime? I understand the focus on financial crime, but what if

they are also just a bad person doing bad things in other areas? Can it be or is there some way in which that is captured somewhere else? Because it is not spelt out in the clause, it may be captured elsewhere, but I did not get the sense of that so I just ask the question.

Madam President, I ask these questions because I believe, and my experience in Trinidad and Tobago has taught me, that there is an underbelly here where persons operate under the radar, until they run into someone brave enough to call them out publicly. If they are thieves, they are bandits, their thievery, banditry has to stop; they have to be punished—punished. They tend to survive because they have protectors who benefit from their underhand dealings and who shield them from detection.

8.25 p.m.

So, Madam President, I say that without fear or compunction because things are happening and there are guys doing wrong things but they are being protected, and they have to be rooted out, get them in there, get them out.

Madam President, I listened very carefully to the hon. Minister of Finance and the Economy when he piloted this Bill. I did not recall, and I stand to be corrected, that there was any mention of insurance companies being fair to policyholders in their dealings. This brings sharply in focus what I consider one of the fundamental weaknesses of the Bill. While I understand the need to focus on the structural issues facing the industry, at the end of the day the insurance companies are providing services to people and businesses, and the need for ensuring fairness in their business practices and providing value for money for their clients.

Madam President, in the United Kingdom, the Financial Conduct Authority's major initiatives revolve around treating customers fairly. Their core statement of policy of purpose in this area says, and I quote:

> "Treating customers fairly…remains central to our expectations of firms' conduct, that firms put the well-being of customers at the heart of how they run their businesses."

The Financial Conduct Authority is the regulator for all financial type industries and they are saying one of the core areas is that companies have to demonstrate that treating customers fairly is a core business element.

It is important to denote that in the UK, the FCA is an independent state regulator but its cost of operations are recovered from all regulated financial businesses on a pro rata business of their size, turnover and several other factors. So, what they have done in the UK is set up an independent regulator and say that all the financial businesses in the

country based on their turnover and a series of other factors recover the cost. The costs for running that organization are paid effectively by the financial sector but the persons who run the organization are appointed by the State. Other countries have adopted this strategy as everyone should be aware by now that citizens need protection otherwise bad things happen.

Madam President, in several other countries they have established an insurance industry ombudsman that is funded and supported by the State and/or the companies, but is run independently to settle personal claims, small claims, equitably and quickly to avoid the situation described by my colleague Sen. Dr. Mahabir, where we have small, relatively frivolous claims, and rather than putting small regulators through the stress of getting $7,200 running around here to there, you come to the ombudsman and he settles it, and his determination is final and it is done, and it is done within a week or two, and something like that I am not sure if it could work here, but we need to think it through and understand that is a real need.

Madam President, also in the hon. Minister of Finance and the Economy's presentation of May 5th, I want to quote where he said that:

> "The proposed amendments which are in the Bill were largely informed by the insurance core principles developed by the International Association of Insurance Supervisors…"

Madam President, I took the time to go to the International Association of Insurance Supervisors, and they have a document called *Insurance Core Principles, Standards, Guidance and Assessment Methodology*. You see, this is something that is referenced in the hon. Minister's presentation. And, Madam President, one of the core areas is what they call "Conduct of Business".

> "The supervisor"—is supposed to set—"requirements for the conduct of the business of insurance to ensure customers are treated fairly…"

And this is where I go back to my earlier comment about when we do the Joint Select Committee we get the views from ATTIC, we get the views from the learned Dr. Denbow and a whole set of other people representing sector interest, but who is there representing the customer's interest, the people's interest? Putting it that it should be up to the Government, and a lot of the burden has fallen to the Independents to raise this as an issue, that we need to make sure that the insurance companies understand that part of their role, their function is to treat customers fairly. Poor Sen. Dr. Mahabir should not be running around for 90 days to get a cheque for $7,200. [*Interruption*] That is madness. Seventy-two hundred dollars is a proverbial drop in the bucket, but they do that deliberately to stress you out, just because they can and that is not treating your customers fairly. [*Interruption*]

Madam President, at 19.2.5 of that document, and I quote, it says:

> Companies should be—"Ensuring the achievement of fair outcomes to customers will tend to require that insurers and intermediaries adopt the fair treatment of customers as an integral part of their business culture and that policies and procedures to support this objective are properly embedded in the"—insurance companies.

Madam President, this is something that the hon. Minister of Finance and the Economy quoted from. Trinidad and Tobago, I understand is a member of this organization, and if we went in there and we found things to help the businesses I think we need to make sure we capture the things that deal with customer fairness and coverage, taking care of our citizens. So, this to me is a big omission and this is not my creation, this is something I quoted from the delivery by the hon. Minister of Finance and the Economy.

Madam President, in this context the role of a regulatory compliance agency has become ever more important. Furthermore, the actions of agents and employees sometimes in years gone by can come back to haunt a company and its customers. It is very difficult for a company's board members to remain intimately familiar with the nuances of each piece of legislation, and therefore it is vital that the compliance agency provide ongoing support, guidance and instruction as needed. The insurance company has traditionally been misunderstood and is perceived by many including myself as a necessary evil, but an evil, and I would like to change that perception. The perception is largely as a result of an industry with questionable values and principles, poor market conduct and questionable offerings in many cases.

However, the industry is a key player in any successful economy. Insurance allows businesses to better manage the risk of their everyday operations and allows businesses and homeowners to recover quickly after major events and protects purchases like our homes, our motor vehicles and valuables. Given this role, strong regulatory oversight is absolutely necessary. Ultimately, the lessons from our local history are that things can go horribly wrong. It remains the responsibility of the State to institute and manage a regulatory framework to keep the system stable and protect citizens through risk edification, mitigation, reaction, and I would add here, conviction. Because unless guys understand that when they do things wrong, not that there is a penalty, that is one, that the penalty will be applied.

We have lots of things on the books—Madam President, I am driving on the road every day, I am the only idiot driving on the road, my car has a Bluetooth headset connected to the car stereo, I am the only one, people are like this driving [*Senator demonstrates holding a cell phone to his ear*] everybody is just like this driving, and I am saying where is the policeman, is that not a crime? The police are pulling up and they are [*Senator demonstrates holding a cell phone to his ear*] [*Laughter*] it is not that there is—[*Interruption*]—and this is the issue, applying the law as it already exists is a challenge. And if we do this legislation, we put these things in place and then the companies realize they make infractions and, hey, I know someone, I could make a call and things go away. We are not protecting our people.

We have to stop this telephone call issue, I have spoken about that several times, please forgive me, but it is a reality of Trinidad and Tobago, people get stuck in issues and they make a call, and all of a sudden the issue goes away. And this is not a recent phenomenon, let me be clear. This is not a recent phenomenon. This has been existing ever since, because Trinidad is a small society, I might be in a situation and I know the goodly Senator, and I know the goodly Senator knows somebody and I make a call.

What we have to say is, in the same way, Madam President, yesterday I was sitting here and I got an email from Enterprise Rent A Car, that they have charged my card US $137.50 because sometime earlier this year I was in Miami and I was driving a car and I did an infraction, and the infraction was that my car was in the box intersection. When I went online, they gave me a number, I went to the office of the traffic regulator and I punched in the ticket number, I see there is a photograph, this part of the vehicle was into the intersection [*Senator indicates with right hand*] about three feet—$137.50. And I have no problem with that, because I infracted the law and they applied the penalty, and that is the way it should be.

You should know that you do it wrong the penalty will be applied, and if that is what it is, you accept it. I get the letter and I say, "Pssh" that is what it is. So, we need to move to that model to avoid people picking up the phone and making phone calls and saying, somebody fix that up for me, make that go away. We need to get there.

Madam President, a strong, suitably skilled and independent-thinking risk management and compliance agency for the insurance sector is no longer optional. I want to give an example of what I am talking about. The insurance companies in Trinidad and Tobago make no provisions, no obvious statements of

commitment to treating customers fairly, which is the mantra of insurance companies in most major economies. Is this an oversight or is this simply buried in the system. I go on the website of Clico and here is what they say under core values, and I quote:

> "Customer and Community Focus
>
> We believe that we exist to serve our customers, and we believe in adding value to the communities in which we work and live. "

Very laudable. I go to another company Sagicor, and I quote under "Vision And Values":

> "For our customers, the vision means a commitment to deliver quality products and service that provide exceptional value. This re-emphasizes the concept of world-class products services, which are at the forefront of our operating strategy. "

Sounds lovely. Here is the difference, Madam President. Aviva, one of the biggest insurance companies in the UK, under their core principles:

> Customers rightly expect a fair deal from us, and this is enshrined in our code of ethics, our systems. our processes and our whole approach to business.

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

Motion made: That the hon. Senator's speaking time be extended by 15 minutes. [*Hon. Dr. D. Mahabir*]

Question put and agreed to.

Sen. D. Small: Thank you very much, Madam President, my erstwhile colleague and all my other colleagues in the Senate for giving me the opportunity to wrap up my contribution.

Madam President, I was just demonstrating the difference in the core value statements, and it speaks to where the companies are, and it is not that the companies here are bad, they just need help, and they need help to understand what is required. So, I want to repeat, Aviva, UK:

> Customers rightly expect a fair deal from their financial services provider and this is enshrined in our code of ethics, our systems, our processes and our whole approach to business.

The second largest insurance company in the UK called Legal and General:

We will treat our customers fairly and deliver high quality products and services, would meet their reasonable expectations through their relationship with us.

Madam President, when companies get into the business they understand that treating the customers fairly is not something they do on the side, it is the thing that they do. That is the first thing that they do. I mean, I have no problem with Sagicor, Guardian or anybody; everybody says nice, flowery, lovely things, but there is no issue that is obviously on the horizon about treating customers fairly, and if the companies do not know that, it is their responsibility, their duty to every citizen, every customer, to treat me and Dr. Mahabir and everyone else inside and outside of this Chamber fairly, then they would not do it, and it is not that they are bad, they are very good companies. I have had very good interactions with one particular company that is a shining light. [*Laughter*]

Sen. G. Singh: Beacon.

Sen. D. Small: I am saying, it is not all bad. [*Laughter*] It is not all bad, I have had a very positive experience, but there is also a lot of other not so positive experiences. And I suggest that if we want to get this legislation through, I support the fact that we are doing this to try to make sure we prevent macro major destabilizing issues. But this is a fundamental issue, treating customers fairly, because the other things flow, adding value to your communities and providing—no, all of that flows from treating customers fairly. When you treat me fairly you will get good returns because I am going to return and I am going to be happy. If you treat me unfairly you would be like me, disgruntled, wondering about what is this algorithm. The algorithm is unfair, it is wrong, it is robbery, but they are stuck.

Sen. G. Singh: The algorithm is giving you the blues. [*Laughter*]

8.40 p.m.

Madam President, I wish to, again, reiterate with my position that we operate in a system where the big guys tend to take care of each other and have privileged access when things need assistance to move. Unfortunately, regular citizens can only rely upon the State to ensure that they get value for their investments and it is our responsibility in this Senate to ensure that the companies in the industry adopt similar thinking in the approach to running their businesses.

Madam President, it is our responsibility. As I indicated earlier in my short contribution I had two conversations with what I consider normal regular people like me and shared with me their daily challenges. But within that they held themselves

proud, they said whatever we are going to—tough it out and get it through, and this is what is causing citizens of Trinidad and Tobago to not, probably, complain openly. We are resilient people in this country. We get hit, we roll with the punches and we get up and do not necessarily complain enough, but I am complaining on their behalf.

The insurance companies are an oligopoly, they are taking advantage of people, they are offering products that in the way in which the core structure—unless I can examine, or not probably me, the regulator examines the core structure—we had a bad experience with Clico and I understood that their guys take premium revenue and do all sorts of things that they should not be doing. They should not be investing in rum and whatever else and other things, other crazy things, and the Monaco trips with the boys every year. The directors and everybody having fun with the blondes in Monaco is wonderful for those who went. But that does not help me because my annuity now has a negative value after paying for 24 years, it has a negative value. So it just does not make sense.

So for me, Madam President, I support the fact that this legislation has gone through a lot of iterations, a lot of effort has gone into it. Is it going to deal with all of the issues? No. It is never going to, but right now what we have in place does not protect citizens in any way. So that you would ask me if I am going out in the battlefield and somebody said, the best way is to have a full suit of armour, but all we have is a tough piece of armour and you would not even get a sword, you will get a club. Well, okay, you have some measure of protection. You could battle a little bit.

So I believe that this legislation allows the citizen to battle a little bit, but I would like the opportunity to say that I have raised a couple of issues, fundamental to those is that a company cannot operate in the insurance industry and not understand that the core reason it is there is to treat me and all its customers fairly. The other countries in the world understand, have things in their books to say you cannot operate in this industry unless your mantra said you are here to treat customers fairly, and if you do not treat customers fairly you will be penalized. There are no "ifs, ands or buts". If you do not want to operate fairly go someplace else like Trinidad and Tobago where things could work.

Madam President, so I thank you for your patience with me. I digressed a couple of times, as I tend to do every so often, but I tried to make sure and stay on ship, and I feel this thing passionately because our citizens need protection in the same way in which I will continue to say about the daily, annual, monthly, quarterly, financial mugging of the citizens of this country but, the banking institutions. Why should it be that my savings get 0.1 per cent interest, but I want a loan, I have to pay 9 per cent? That could never be right. Why should a credit card attract 29.99 per cent interest? That is wrong, it is wrong. You look at every other market in the world.

What is the average insurance rate in the United States for a credit card? It is about 14 per cent. In the UK it is about 15 per cent. Why in Trinidad it is 29—is it that Trinidad is so risky? No, because the banks have gotten together, formed an oligopoly, have sat in a nice clubhouse wherever they sit and say, okay, we will jam the customers, because they have nothing to do. The insurance companies sit, and when I go to the broker and I ask for a quote I get all the quotes from all the insurance companies and the margin between the cheapest and the most expensive is about 10 to 15 per cent.

So it suggests to me that it is a nice orderly club that your options remain limited. So perhaps we need a Geico. We need the lizard guy to come and try to bring some sanity to the business. I feel this passionately—[*Crosstalk*]

Sen. Dr. Mahabir: Fifteen minutes or more could save you 15 per cent of your payment.

Sen. D. Small: Madam President, with these few words I wish to thank you for bearing with me and my colleagues for bearing with me while I was able to deliver this contribution. Thank you. [*Desk thumping*]

Madam President: Hon. Senators, I believe I will be calling on the Minister of Finance and the Economy to wind up, but let me take this opportunity to advise that dinner has been provided. We will not be suspending the session so you can stagger your participation in the dining room and we will continue with the debate. The hon. Minister of Finance and the Economy.

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): [*Desk thumping*] Thank you, Madam President. I would like to also thank all Senators who contributed to the debate and for the suggestions and comments which were made. I have to say that we—certainly the intention was to ensure that in coming back to this honourable Chamber with comments of the Joint Select Committee and having all of the information available, the intention was to ensure that, again, that we have the widest participation of Members here and we certainly did all that we could to ensure that our Members had sufficient time to address the issues which naturally would arise out of a Bill as complex as this.

When we went into the joint select, in fact, what I would say is that in preparing for the Bill and preparing to lay the Bill here in this honourable Senate, one of the things was that, I think the technical staff tried their best to ensure that it was as comprehensive as possible. And I think in doing that and in getting all of the communications back from the industry, in fact, Madam President, just before I came in to lay the Bill a month ago I was receiving, actually, comments still

from the industry, different things they thought should be tweaked differently, so that even though we allowed a period of time—in fact, as much as six months between the time when Parliament resumed and when we actually brought the Bill back, in fact, more than six months—the fact is that continually there continued to be comments coming back in from the industry that we had to take into account.

And therefore when we went back to the Joint Select Committee, I have to say also that we went with very comprehensive documents, and I think the Members of the Joint Select Committee will say that, in fact, they did receive quite voluminous documents. In one case, Sen. Al-Rawi pointed out that it was over 400 pages where each clause was painstakingly commented on and compared between the 2013 piece of legislation—what came out of the Joint Select Committee, the first Joint Select Committee, and what came out of the deliberations among the technocrats following the presentation by the Joint Select Committee as well as a rationale for all the changes. So we did our best to try to ensure that we were as comprehensive as possible in giving as much information to Members of the Senate as possible.

One of the issues that came up was the question of credit exposure being net of loan loss provisions, and the question was asked, well, this is sounding like section 34. I am sure Sen. Al-Rawi, it was part of his wry humour in raising that question, because certainly, I mean it is just a definition issue. And basically what it says is you have an investment, you make a provision against it, the net amount is the total exposure that you face as an investor and the question is do you make a provision against that net exposure or do you still consider the gross exposure in making the provisions? And as we said there are different schools of thought. The jury is still out on it, and rather than put something in legislation that you know is still being evaluated, let us put it somewhere in the Act where it is easy to change and it is not a problem. So, I think, certainly, I mean, I cannot imagine a situation where perhaps the concerns that Sen. Al-Rawi could possibly mention there could possibly come to pass.

One of the issues raised was clause 255, and, in fact, that change that we made to clause 255 was a change that was recommended by Dr. Denbow. I would not go into all the details of his rationale and so on, but I think there is a general acceptance, and there was an acceptance by the Joint Select Committee that that particular clause, I think it was clause 255(2)(d), I think it was, should be excluded. And basically when we get to 255(5) the exclusion that we made in 255(5) for the defence was in respect of 255(2)(d) which we had excluded. So therefore it was a consequential amendment to 255(5) that followed and not that we were taking out the concern that the defence that the hon. Senator, Dr. Mahabir raised, because that is in, I think in 254(5).

So it is in the document, it is not—so there is not any issue there as far as we are concerned. There was no attempt by us to do anything that should not have been done and so on. It was just a consequential amendment and the defence is in another part of the legislation. So I think that deals with that particular issue.

With respect to clause 80 and the mutatis mutandis issue that was raised by Sen. Al-Rawi, you know. The thing is that the mutatis mutandis I am told means the necessary changes being made. And basically what it is, it is saying that, you know, where a person in 80(3) is required to satisfy either (1):

"(a) he is required to give such information...to the Central Bank or the Inspector…or

(b) where"—the person—"reasonably believes that the insurer or financial holding company is in"—contradiction—"of any written law…"

Therefore provided that a person in 80(3) such as:

"any employee or external service provider of an insurer or financial holding company…reasonably believes—that the insurer or financial holding company is in contravention of a written law the protection in clause 80(1) will apply mutatis mutandis to such a person. "

So basically from our perspective we were not seeing that as being an issue. We are seeing that, what we are trying to do is, where you have a responsibility you discharge that responsibility. However, if you are an individual to whom the information came and you are aware of the fact that there is a contravention you are required, if you so reasonably believe that there is an issue, to bring it up, to disclose it to the Inspector and you are protected once it can be shown that you were reasonable in how you dealt with the issue.

So I think that that particular issue is something that we have been able to deal with. The Corporation Tax Act, of course, as we said, we will amend the Corporation Tax Act. We will do so as part of the changes which we will make before the actual implementation of the Act, of this particular Act, which will allow us going into the new fiscal year, which will be 2016, it allow us to be able to apply the taxes in a consistent manner to their revenues which will be earned in that particular year.

I want to say also that the regulations were tabled and these were tabled when we actually laid the legislation. So Senator, just so that you are aware that it was laid, right? In fact, I also noticed that Sen. Al-Rawi did indicate that he would not be supporting the Bill. You know, I remember, Senator, with the Procurement

Bill, I know you did not support it in both Houses although I note when you went into the Chamber you did gave an indication that you supported procurement legislation. [*Desk thumping*] I am not quite sure and perhaps you might be able to explain that for me, because I am not quite sure—[*Crosstalk*] yeah, sure, please, because I am a little bit concerned—[*Interruption*]

8.55 p.m.

Sen. Al-Rawi: Thank you, hon. Minister, for being as gracious as you have been in allowing me to put this on the record. It is a matter of record that when the Bill first came—the procurement legislation to the Senate—that we did, indeed, support it. It was only when it returned to the House and there were material observations made, in particular after Sen. Dr. Tewarie had confirmed the issue with respect to have the regulator being removed by Cabinet's decision and the subsequent decision of Mr. Justice Frank Seepersad, that we had asked for amendments to be made to entrench and better protect the regulator and also to deal with the disposal of public lands. So we were pleased to support it on the first occasion and it was only insofar as we made the observations for the two requirements: protection of regulator and disposal of public lands, that we were constrained to abstain on the second occasion. Thank you, hon. Minister.

Sen. The Hon. L. Howai: Anyway, I just want to say that with respect to—well, we note what you said and, certainly, we think that we have robust enough legislation that, perhaps, having reflected over the past hour or two while Senators on the Independent Bench spoke, that, perhaps, Senator, you may have had a second turn of mind; that we look forward to your support when we get to the time of voting for the legislation.

So, one of the things that, certainly, Sen. Dr. Mahabir raised, he raised the issue of insurance companies taking on short-term liabilities in significant amounts, and that is an absolute no-no. Insurance companies are in the business of managing long-term liabilities, long-term risk, and we have to be careful about that, and that is one of the things that we will be taking a very dim view of as we start to consider how we deal with insurance companies as we go along, and this legislation, certainly, gives us the ability to deal with that particular issue.

Now, one of the things that did come out, certainly, when Sen. Small spoke, was the whole question of the concerns for individuals, and I have to say that from day one in the first Joint Select Committee, that was an issue. In fact, one of the comments that was made by the Members of the Joint Select Committee was that this seemed to have been done by a regulator—this Bill. You know, the Bill

was prepared for people who were looking at prudential criteria and so on, and not so much for—in a sense as much concerned as we would have liked to see, and as Members would have liked to see, as far as the individual customer is concerned. And there were changes that were made as part of the discussions in the Joint Select Committee.

In fact, I should say, to be fair to the regulators, that when they started—or at least they recommenced, because they started the process quite early, many years ago. Before coming in with the 2011 Bill they did start a process of public consultation and there was public consultation with individual members of the public, advertised in the media and so on. I do not have the dates for the ads right now, but there were ads in the media. The thing with these public consultations, of course, is you do not get the same level of, I suppose, turnout and support that you would really like to see. But there was public consultation which took place as a result, in order to help to deal with some of this.

One of the big things that came out of the public consultation is exactly what the hon. Member raised, which is that the public's concern was the lack of timeliness of payment of claims, and that was a big issue which persons had raised. We have addressed this, first of all, by requiring the adequacy of policyholder liabilities to be calculated by an appointed actuary for general insurance companies as well for companies on the whole.

So the first order of business in making sure that you could pay a claim is that you are actuarially solvent. If you are not solvent, you cannot pay the claim, you are going to have problems paying claims. In bolstering this piece of legislation, what we are doing is ensuring that, in a sense, companies have the wherewithal to be able to pay.

Secondly, we have incorporated new market conduct standards for insurance companies and their intermediaries for proper disclosure and accuracy. And, thirdly, intermediaries now have to continue their professional development and the focus, so that there is an important requirement in this legislation that the people who are selling these policies have to be able to explain the policies properly to the purchasers of the policies. And not only do they have to be able to explain it—sorry, I should say, in order to be able to explain it, you need, therefore, to be properly educated in insurance principles and in the products and services that you sell, and therefore, there is a requirement for continuing professional education as far as that is concerned. So in this legislation we have put very stringent requirements for continuing professional education.

One of the things, also, that was raised was the question of, I think—well, the question of the customer service also, and the responsiveness to the customers. I think, hon. Member, if we go to clause—I think it is 34(1)(n), there is a requirement that the policy and practice of the insurer in dealing with claims, if they are unfair or that there is unreasonable delay in the settlement of claims payable under policies issued by it, they would be subject to some sanction.

So if you look at—well, you have to read the entire clause, but you will see that (1)(n) makes reference to:

> "The Board may revoke"—this is the Board of the Central Bank—"the registration of an insurer in respect of any or all classes and types of insurance business for which it is registered…"

So we can withdraw your registration where it is shown that the Bank is satisfied or the board is satisfied that the policy and practice of the insurer in dealing with claims are unfair and that there is unreasonable delay in the settlement of claims payable under policies issued by it.

So there is an attempt in here to deal with that specific issue. Now, it is, as you say, the proof of the pudding is in the eating—it is really when you start to see how we implement the legislation. But before we get to implementation we have to have the framework and that is what we are attempting to deal with here, and therefore, it is something that—also, I think I had looked at clause 209 when you were speaking, Member. And if you read clause 209, for example, you are seeing where we had put in something that says that:

> "A policy shall not be avoided merely on the grounds"—and this was in a specific case, right?—"that the person whose life is insured suffered capital punishment or died by his own hand or act, whether or not at the time of his death he was mentally ill, where, upon the true construction of the policy, the insurer thereby agreed to pay the sum insured on the happening of either of those events. "

So, even in a case like that, which normally would be a case that you would void the contract and so on, we are even putting in here that, "Listen, if it was contemplated that you would do this, and after you do your due diligence, you did not pick up any of these things, you cannot come now and say, well, the fella, he was a madman. He go an he kill himself and so on. " Right?

So as you go through the legislation—and I just happened to pick this one up as an example, but as you go through the legislation you will see that there have been a number of instances where we have tried, as far as possible, to be able to strengthen the issues which the public has been raising all along with respect to

how insurance companies interface with the public, and dealing with some of those issues which we have mentioned which, in a sense, have been the bane of the insurance industry for so many years, and why it is that we have now to put legislation in place and to speak to these things so that we could deal with it as we go forward.

There is also another requirement where the Central Bank approves new products and looks at the pricing. I know you have raised some issues around the transparency of the cost structure. So, I mean, apart from publishing their financial statements so you will see that they are making a lot of money and so on, the Central Bank itself will approve the new products and will look at the pricing.

Now, we did not put a requirement in for them to explain the structure of the pricing because I suppose they will tell people about algorithms, that "doh" make sense. But I think it is very important, though, that the Central Bank itself, armed with the resources that it has, armed with the people who understand the business, armed with the people who are capable of evaluating these things properly, the Central Bank is able to look at each of these products and the pricing associated with these products and to make a pronouncement as far as that is concerned.

That, therefore, is something that is very important as we go forward and which will continue, and we expect the Central Bank to play that role that you, as a legislator, are asking that the Central Bank does, in fact, play. And, of course, actuarial reports will be submitted to the regulator, which will include details of the expense structure, so this will allow the Central Bank to compare and benchmark companies.

So what they would be able to do now is that they will have all the information from each insurance company on the different products that they have, and on the pricing that they have for each of the products, they will be able to make an informed analysis of those products and of what is— well, I suppose to ensure that the pricing is fair and reasonable.

One of the things, too, in terms of also supporting the customers to ensure that they are treated fairly, we do, in fact, have the office of the Financial Services Ombudsman, and that Financial Services Ombudsman is, again, also someone who will pay attention to dealing with the issues that arise with respect to customers as they purchase products, or as they run into difficulties in terms of their relationship with the insurance companies.

So, Madam President, I think, you know, when we look at it on the whole, the Bill did have a very wide cross-section of inputs. When we got the information back we did seek to try to put it back in a very comprehensive way. We did seek further feedback, and my understanding, coming out of the Joint Select Committee, is that we would have had a further consultation and share the information that came out of the Joint Select Committee with the industry, which is what we did. We received their comments and we made the changes, both that the Joint Select Committee made, as well as changes that we thought were fair and reasonable in light of what was being suggested by the industry.

We have, throughout all of the Bill, had tremendous consultation. We have, as I said, throughout the Bill, tried to ensure that we deal with the concerns with respect to protection of the individual and, therefore, we believe that in this Bill we have a fairly robust piece of legislation that speaks to all of the needs of the industry going forward, and will lay a proper framework and foundation for us to take this industry forward to another level and new heights as far as this industry is concerned.

With those few words, Madam President, I beg to move. [*Desk thumping*].

Question put and agreed to.

Resolved:

That the Senate adopt the report of the Joint Select Committee appointed to consider and report on a Bill entitled, "An Act to repeal and replace the Insurance Act, Chap. 84. 01, to reform the law relating to insurance companies; to regulate insurance businesses and privately administered pension fund plans and for other related purposes".

Report adopted.

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Madam President, with the report of the select committee having been adopted by the Senate, I now beg to move that the Bill be read a third time and passed.

Question put: That the Bill be now read the third time.

9.10 p.m.

Hon. Senator: Division.

The Senate divided: Ayes 23

AYES

Singh, Hon. G.

Coudray, Hon. M.

Nicholas, Hon. G.

Howai, Hon. L.

Alfonso, Hon. Brig. Gen. C.

Hadeed, Hon. G.

Newallo-Hosein, Hon. C.

Karim, Hon. F.

Sancho, Hon. B.

Tewarie, Hon. Dr. B.

Bharath, Hon. V.

Maharaj, Hon. D.

Mutema, Hon. K.

Ramnarine, Hon. K.

Sturge, W.

Balgobin, Dr. R.

Prescott SC, E.

Mahabir, Dr. D.

Vieira, A.

Small, D.

Abdul-Mohan, Rev. J.

Roach, H. R. I.

Ramkissoon, Miss M.

The following Senators abstained: F. Al-Rawi, Mrs. D. Baldeo-Chadeesingh, A. Singh and Miss S. Cudjoe.

Question agreed to.

Bill accordingly read the third time and passed. [*Desk thumping*]

TRIBUTES
(MR MUHUMMAD SHABAZZ)

Madam President: Hon. Senators, earlier in today's proceeding I indicated that we would take tributes on the passing of former Sen. Muhummad Shabazz. We will do that at this time, so I invite Senators to pay their tributes.

Minister of State in the Ministry of Works and Infrastructure (Sen. The Hon. Kwasi Mutema): Madam President, on behalf of the Government of the Republic of Trinidad and Tobago, the Members of the Senate on the Government Bench extend our condolences to the family of former Senator Muhummad Shabazz on his passing, as we pay tribute to his contribution and his life.

As we know, he was an Opposition Senator in this august Chamber from 1995 to the year 2000. It is very instructive that we pay this tribute today, just one day after a day that is internationally observed as African Liberation Day. Two things that brother Shabazz was very passionate about was the plight of African people in the society as well as the welfare of the communities within Laventille and Morvant. He was known for being a very forthright speaker and held very strong views on issues related to Laventille and Morvant. Even though many times we disagreed on the method and approach towards achieving objectives related to both issues, however we maintained mutual respect for each other and a very good relationship.

I knew brother Shabazz personally very well. We both lived in the community of Morvant and many times we would have our debates and our discussions, sometimes very agitated debates. But despite being on the opposing sides of the political fence, in 2010 I contested the election for the constituency of Laventille East/Morvant as a candidate on behalf of the People's Partnership, and one of my strongest supporters was Brother Muhummad Shabazz. He supported me morally and I would say, materially as well.

During the period of the Trinidad and Tobago revolution, as well during the 1970s, back then he was a young policeman by the name of Lloyd Gray, I must say he was one among several policemen who was sympathetic to the cause of the movement. As many would know, during that period there were many run-ins between members of the movement and some members of the police service, where at many occasions our members were harassed and brutalized by some members of the service, but brother Shabazz was one of those who was sympathetic. He understood the cause of the movement and the messages that were given. He remained quite close to many members of the organization—the National Joint Action Committee—and over the years even though he eventually joined the People's National Movement.

To me, I would say he personified the original concept of the community activist even though it is a term that has received a negative stigma and a stain following events of recent times, however the original concept of what we know as the community activist was personified by brother Muhammad Shabazz. Many times you move through the communities of Laventille or Morvant and you will see him on the blocks speaking to the young men and women, particularly the young men trying to give them a sense of direction, trying to engender them with values particularly related to education; always trying to encourage them to better themselves through the means of education. He was very concerned about the education amongst our African youths in particular.

Madam President, I will say the passing of brother Shabazz is not only a loss to the communities of Laventille and Morvant, but certainly to the nation as well. May his soul rest in peace as he has gone to the realm of the ancestors, as he has gone to the beyond, and may his transition be a peaceful one.

I thank you. [*Desk thumping*]

Sen. Faris Al-Rawi: Thank you, Madam President. I rise on a solemn occasion to join in commending to excellent memory, a gentleman who I had the pleasure of having wonderful interaction for many years. Muhummad Shabazz was perhaps a gentleman that was known to seize life. Some say that people accept life the way it comes, and then others have the distinction of making life into what they wish it to be.

I think that the word "activism" best describes Muhummad Shabazz. I think that excellence, humility, charisma and love best describe Muhammad Shabazz. He was a man that did not greet you—he loved you and he greeted you, as I am sure Sen. Mutema would testify. You felt his warm embrace the minute he said hello to you, and somehow despite the grey on his beard, as long as it was, and his proud locks, he managed to reach past you all, with his eyes, much younger than his appearance made it out to seem.

He left this earth all too soon at 65. He left his mark on this earth certainly for his beloved wife, for his four daughters. He left his mark right here in the Senate and certainly on the *Hansard*. I think it is almost 38 Bills that he contributed to as an Opposition Member. Opposition is a wonderful place to sit sometimes because you learn what not to do watching those opposite you, [*Laughter*] but you also get a very wonderful experience. You get lots of batting practice, and I think that Muhummad Shabazz certainly was all the much better a citizen for the extent of batting practice he had in this Senate, Madam President.

We heard a short while ago that his name was Lloyd Gray. He walked in the shoes of an insurance salesman, as a policeman, as a man of the people. He walked as a Senator, he walked as a community activist, he walked as a proud member of the PNM serving in Opposition when times were lean. He knew what it was to run into the building when everyone else was running out of the building, much like a fireman would when a building is on fire.

Sen. G. Singh: Trinidadian firemen [*Inaudible*]?

Sen. F. Al-Rawi: Yes, even Trinidadian firemen, Sen. Singh. He certainly, Madam President, would be missed. I think that in a time when Trinidad and Tobago looks for people of charisma and exemplars in our society, for young, for old, when they look for people of stability and reflection, Muhummad Shabazz always comes to light, comes to mind.

Lloyd Gray became Muhummad Shabazz and he could not have chosen two better names to describe himself. Of course, we know "Muhammad" is in the state of being praised. A very famous name, of course, known to us all. Of course in the reflections of religious perspective, "Hamdu" meaning to praise, "Muhammad" meaning in the state of praise. Of course, a lesser mortal than the Prophet, "(sallallahu alayhi wa sallam)"—on whom peace should rest—but Shabazz has a very interesting name and meaning association. Shabazz means the King of Falcons. It often is done in reference to a spirit that soars high, and I think that today we can celebrate the soaring of Muhummad Shabazz's spirit on high. May God rest his soul in peace eternally. May his family celebrate in his life and not mourn him only in his death, and may we as a Senate commend him for national service that he has so willingly given to this country at every level and field.

May God rest his soul, Madam President. [*Desk thumping*]

Sen. Elton Prescott SC: Madam President, thank you very much for providing me with this opportunity on behalf of my colleagues on the Independent Bench and on my own behalf to say a few words in tribute to Muhummad Shabazz.

I had met him, and therefore, I can speak to some personal experiences. I confess that what has been said before by my other colleagues would ordinarily have rendered me speechless because there would be nothing left to say if I had not known him. Thankfully, I can contribute.

The first observation I wish to make is that a significant national voice has been silenced by his death, and I stress on the use of the word "voice" because the one instrument that I would say that Shabazz used openly and successfully for quite a long time was his voice. His ability to speak to you and to persuade you to his way of thinking, his ability to disagree with you and leave you still in a situation of amity, he did it well.

9.25 p.m.

One personal—well, pardon me, let me not say personal. One experience that I have heard him relate about himself is that when he had sat, what would have been college exhibition in his time and learnt that the results were not favourable to him, he chose St. Mary's College as his college to which he would go and be a student. And according to him—and I do not know where his parents would have been in the circumstances—found himself in the uniform of St. Mary's College, turned up in school and startled everyone. If you know St. Mary's College in those days, he would have been of the wrong ethnicity to be taking such a bold step. This would have been 1960 or thereabouts. I understand—and I am only now learning that—that Eric Williams sent him.

But he paid tribute to Ram Kirpalani. It might have been that there is where he got the khaki pants and the grey shirt. I could not say. But he gave tribute to Ram Kirpalani. Ram Kirpalani—for those of you here who are not pre-colonials as I am—was a successful businessman in Trinidad and Tobago, very, very successful and some people say he has not yet been topped in what he did.

So, this is the kind of man who was able to persuade persons of great authority that he needed to be given an opportunity to advance himself, and he advanced himself to the point where one of our outstanding political parties found such mettle in him that they placed him in the Senate in the late 1990s and from all accounts—I have the record here—he served well. He contributed to the debates on many pieces of legislation and served on select committees as well. So that, Shabazz would have managed to satisfy those who saw ambition and success in him that he knew what he was about.

I found also that insofar as he has been described as a community activist, he was indeed inclined towards social work, and so he extended his warmth and his love to many young people in the area where he lived and where he walked and outside of that area as well. He was not averse to meeting with groups of people whose views were different from his, but always sought to extend to them a new way of looking at things and, as we like to say, from the grassroots, from the ground up. So that if you had vaunted ambitions and thought that you had arrived, there was always a Shabazz to remind you that the salt of the earth does have a view as well and he did that well. So his style resonated with such persons as well as with people much younger than him.

May I also comment on the fact that, once again, his voice took him into the radio stations. He was a prolific commentator on radio, a sought-after view by many radio stations and indeed, at one time, he was a talk show host so, at the very least, he jointly hosted a long series and spoke to many issues, mainly, however, social and to, a limited extent, political.

So that, once again, I say that voice, which was his best instrument to me, has been lost to us. It is a feature of today's world that people who were born in the '40s tend to leave around this time, and he was born in 1949 so he qualified. He had qualified by 2009 to start looking towards the future. And who knows where our lives will lead us, if however we leave this sublunar plain, and are remembered by our colleagues in the way that he has been remembered today in the Senate, we would have achieved. I thank you very much. [*Desk thumping*]

Madam President: Hon. Senators, may I join you in expressing condolences to the family of the late Muhummad Shabazz. Indeed, from God we have come and to God is our eventual return. I hereby instruct the Clerk to convey to the family of Muhummad Shabazz your sentiments, the sentiments expressed by all Senators this evening. We now would stand to observe a moment of silence.

Senate stood.

Indian Arrival Day
(Greetings)

Madam President: Hon. Senators, it is also the auspicious occasion, as we celebrate at the end of this week, the historic arrival of the Indians to these shores and I, therefore, now invite you to give your remarks in celebration of Indian Arrival Day.

The Minister of Food Production (Sen. The Hon. Devant Maharaj): Madam President, I rise to join the national community, in particular the Indian community, on this observance of Indian Arrival Day 2015. This year, the nation commemorates the 170th anniversary of the arrival of Indians to Trinidad and Tobago; an auspicious occasion also celebrated in Guyana, Suriname and Mauritius.

Having been selected based on the agricultural suitability, amongst numerous other factors, socio-economic factors, the indentured Indians' sole purpose was to provide a source of labour for the sugar plantations. However, the Indian presence in Trinidad and Tobago has gone way beyond a supply of labour as they were initially conceived. This group of indentured labourers brought with them their culture and their way of life. Various forms of clothing, language, music, dance, religious customs and food made the 36,000-kilometre journey across what is now popularly known as the "kali pani". Their influence on the cultural, social, economic and political landscape of Trinidad and Tobago has become intricately woven in the multicultural tapestry of our nation.

Madam President, the most visible form of the Indian identity in this country is the rich Indian culture, entertainment and publication. From as early as 1935, there was the film the "Bala Joban", the Hindi movie brought by Ranjit Kumar, who constructed Wrightson Road. And as you know, his daughter, Catherine Kumar, is lobbying that Wrightson Road be renamed the Ranjit Kumar Road. They have also Naya Zamana orchestra founded in 1944; the Gulshan Bahar concert held in 1945; the Indian Centenary Celebration in 1945—and I think Sen. Al-Rawi's mother, Diane Suekeran, at the time, compiled a book on the centenary celebration some time ago—"Indian talent on Parade" —the radio programme in 1947; "Indian Variety Television Show" in 1962; the establishment of the BVS Cultural Arts School in 1962 as well.

Dr. John La Guerre published *Calcutta to Caroni*, a collection of essays on the Indian experience in Trinidad in 1974, much to the chagrin of the then premier Eric Williams. The Indian-oriented publication like the *East Indian Herald* in 1925; the *East Indian Weekly* in 1929; The *Spectator* in 1948 and of course, The *Observer* in 1950.

In 1970, Mastana Bahar, meaning "joyful season", was first aired. It is undeniably the longest running locally-produced television talent show in Trinidad and Tobago and perhaps, indeed, the Caribbean. Over the years, this show has become a cultural staple helping to cultivate well-known Indian cultural ambassadors including Mungal Patasar, Michael Salickram, the Shiv Shakti dancers, the Dragon Boys Tassa Group and Neval Chaitlal. Of course, the show has gone beyond the Indian community as many other nationals have emerged as top prize winners in the programme.

In 2006, an Indian Caribbean Museum at Waterloo was opened solely for the collection, preservation and protection of Indian artefacts, documenting the Indian presence in Trinidad and Tobago. I had the privilege of chairing that committee on behalf of the Sanatan Dharma Maha Sabha. [*Desk thumping*] Artefacts at the museum include a 120-year-old Ramayana, a 100-year-old Qur'an and utensils which are no longer in use such as the "sil", "lorah" and "jhata", to name a few. Many of us do not know what these things are used for today.

In 2013, the Ministry of National Diversity and Social Integration restored the buildings on Nelson Island which served as a processing station for Indian indentured labourers. I encourage the public, all members of the public, to visit Nelson Island and to take a walk down memory lane. But these examples of tangible Indian culture are not all.

Madam President, a major and active cultural reminder of the Indian presence in Trinidad and Tobago is through language. Indians introduced Urdu and Hindi in the Caribbean. According to anthropologist Dr. Kumar Mahabir, Arabic and Hindi are an important medium today in the rediscovery of an essential part of the region's religious and cultural heritage. Like Trinidad Spanish and Trinidad French, Trinidad Hindi Bhojpuri has moved from a language of the majority to a language spoken by the elderly people at least 80 years old who live in isolated rural communities. The survival of Hindi in Trinidad may be retained only in its lexical form and would persist insofar as it is used in Trinidad English.

However, it is without doubt that Hindi is the second language of Trinidad, Guyana and Jamaica. It is entrenched in the Caribbean English vocabulary. It is present in language of all nationals, regardless of race or ethnicity when they use words like roti, sari, "dulahin", "nani", et cetera. It is a living language and it is used more frequently than French or Spanish; the two foreign languages taught most in secondary schools. All Caribbean people are exposed daily to Hindi through conversations with elders at home, through sermons by pundits, imams, and through music—and there are about 10 East Indian formatted radio stations out of the 34 stations presently on our bandwidth—in the form of bhajans and qasidas, cinema, video, television and radio.

Committees such as the Mere Desh committee and again, we pay tribute to the late Ajit Praimsingh, who passed away only recently, of Mere Desh, encouraging youth development in classical Indian culture and playing a vital role in keeping the traditions alive through hosting of cultural concert, classical singing, competition, plays and poetry performances.

Even our street names bear testimony to the Indian language. For example, in St. James where a lot of the East Indians first settled as a part of their holding, several streets bear the name of places in India, such as Agra, Baroda, Benares, Bengal, Bombay, Calcutta, Cawnpore, Delhi, Hyderabad, Lucknow, Madras, Nepaul, Nizam and Patna to name a few.

Madam President, Indian immigrants and their descendants have changed our country's economy, particularly with regard to agriculture. Again, according to Dr. Mahabir, most historians believe that the arrival of indentured labourers from India, between the period 1838 to 1917, saved the failing sugar industry in the Caribbean from ruin. With the abolition of slavery and the competition of beet sugar in Europe, planters turned to Indian labourers. Their cheap, abundant and reliable labour in the field was complemented by the introduction of a variety of sugar cane from India.

Indians also contributed considerably to the expansion of rice cultivation in Trinidad, Suriname and Jamaica. As you know, we are focusing on rice revitalization right now in the Ministry of Food Production. Cocoa has also become a viable export crop in Trinidad and even surpassed sugar cane during and just after indentureship. Again, cocoa has been refocused under this Ministry of Food Production.

Indians were at the forefront of this agricultural enterprise as indentured labourers but more so as free Indians in the role of contractors and small proprietors during indentureship.

9.40 p.m.

Indian indentureds also contributed to the coconut cultivation on the coast of Cocal and Ortoire along the Manzanilla/Mayaro Road and Coromandel and Icacos, on the south-west peninsula of Cedros in Trinidad. Scores of Indians were also indentured on rubber estates in Trinidad, such as the Non Pareil Estate in Sangre Grande.

In the latter years, many Indians served as important members of the Judiciary, as health professionals, as scholars, as cultural ambassadors through literature and music. Indians have also been able to carve out their own space in the political landscape. According to Prof. Selwyn Cudjoe in his book *Beyond Boundaries: The Intellectual Tradition of Trinidad and Tobago in the Nineteenth Century*, he says:

> …having served their indentureship, by the 1890s, the East Indians moved in large numbers from the estates to the newly established villages, and emerged within that period, as a political force on the island.

In the early years, there were visits from members of the Arya Samaj and other missionaries, providing a sense of coherence to the diverse Indian identity. By 1897, the East Indian National Association was formed, and later, the East Indian National Congress, which not only articulated Indian causes, but served as brokers between the Indian indentured and free, and the colonial plantation authorities. The East Indian National Association of Trinidad became one of the major Indian political organizations during the early 20th Century. During this period, East Indians participated in mayoral politics in San Fernando, and in the movement for constitutional change.

Indians also reconstituted the "panchayat" system, which according to Gerard Tikasingh, was one of the traditional Indian social institutions, which had the potential capacity for challenging political activity. When the immigration ordinance sought to deny Indians many of the freedoms which they were entitled to, for having served their period of indentureship, their objections awakened a political fortitude, bringing them closer together.

Cudjoe further writes:

> Things reached a boiling point in June 1899, when Rev. John Morton, vice-president of the Agricultural Society, proposed that East Indian immigrants who were being recruited as permanent settler, were not to be entitled to a free passage back to India. Jugmohun Singh from Tacarigua, one of the wealthiest shopkeepers on the island, summoned a "panchayat" to consider Morton's motion, according to B. Beharrysingh, had never been submitted to the consideration of the Indian people, whom it would affect, and they could not accept it as an Act.

In the presence of at least 1,000 Indians from all parts of the island, Indians challenged Morton and let him and the island know that henceforth they would speak for themselves. By their actions, they signalled that they had become part of the national community. On June 26, 1899, Morton wrote that East Indians of Trinidad and Tobago formed a very important part of the body politic, and there was no doubt that it would not be very long before we shall find them represented in every walk of our social and political economy, and that that day is not too far distant, when they will claim, and we no doubt will successfully claim, an unofficial seat in the Legislative Council.

In 1925, the first elective legislature was established in Trinidad and Tobago. At the first election, one Indian member, Sarran Teelucksingh was selected. In 1928, Teelucksingh was joined by two other Indian members, FEM Hosein, St. George and Timothy Roodal of St. Patrick. Roodal a leading member of Cipriani's Workingmen's Association, brought a substantial section of the Indian working class into the labour movement with him. Eventually, Roodal emerged as an important leader in the Indian community.

Adrian Cola Rienzi, a fourth Indian was elected to the Legislative Council in the 1938, an important leader in the society. Rienzi worked with Tubal Uriah "Buzz" Butler and the labour movement to advance the causes of both the East Indian and labour.

Over the years, the Indian community has seen the rise of political icons such as Bhadase Sagan Maraj, Dr. Rudranath Capildeo, Stephen Maharaj, Tajmool Hosein, Indra Ojah-Maharaj, Basdeo Panday and the hon. Kamla Persad-Bissessar, the first South-Asian woman to lead an island nation, outside of India, and labelled one of the top 10 women world leaders by *Time* magazine. These political figures have risen through the ranks to a level of political ascendency, unforeseen and inconceivable, by their transient fore-parents. The Indian indelible contribution to the cultural kaleidoscope which defines our society continues to remind us through hard work and resilience, we too can accomplish great things.

As we join together to remember our past, we must also continue to sow the seeds of our future, and preserve what we can of our heritage. There can be no denying the bounteous blessings the Indian presence has imparted on our country. The wealth we have created, the artistry and sense of beauty which adds to the variety of our rich multicultural nation.

Thank you. [*Desk thumping*]

Sen. Diane Baldeo-Chadeesingh: [*Desk thumping*] Thank you very much.

Hon. Senator: I rise to join in this debate.

Sen. D. Baldeo-Chadeesingh: Yes, almost, I was about to ask for an extension, [*Laughter*] Sen. Maharaj. [*Interruption and laughter*] It was a lovely—[*Interruption*]

Sen. Maharaj: "Yuh mighta learn something."

Sen. D. Baldeo-Chadeesingh: Of course, I am always open to learning, you know. So, Madam President, on the occasion of Indian Arrival Day, I am delighted to bring greetings from the Opposition Bench. Delighted as I am today, it was far from the feeling our forefathers experienced 170 years ago. From 1838 to 1917, 140,000 Indians were brought here. The journey was long and arduous, as it was written through the Kalapani, through the black waters.

After disembarking at Nelson Island, they were fed, and after some weeks, sent to the various estates. The living conditions were deplorable. It was, as Sen. Devant Maharaj stated, called a processing station. New language, new land, new concept, renewed fear. Little would they have thought that their offspring would be so integrally involved in every aspect of societal life, and playing pivotal roles in shaping the destiny of this Caribbean island.

Their vision, 170 years ago realistically, was to amass their promised wealth and return to the country of their birth, financially better able to provide for their families, tell of their adventure maybe, and be in better standing in their various villages. That happened indeed to about 25 per cent of those who came. For those who stayed, lured by the promise of land, or prevented by broken promises, they toiled in the cane fields and built a life and a future far away, uncertainty, perhaps, being their only constant. Try as we may, we cannot realistically estimate their agonies, pains and anguish, living in ultra-primitive conditions, and reminiscing about the family and cultural bonds that would remain broken forever.

Culturally and philosophically, East Indians have always had a special reverence for the land, and for the produce of the land. Many bhajans and prayers today always pay homage to Dharti Mata.

The greater majority of East Indian descendants have moved into a wide range of endeavours, politics, law, business, IT. Some of them are contractors, teachers, you name it, and lots more. Faith, circumstances and ambitions have conjured to define a new reality for today's generation of East Indians in Trinidad and Tobago. Again, never envisioned by our forefathers 170 years ago. Chutney, for instance, is exclusively Trinidadian, progressively fusing with calypso and soca.

Food: today, Indian dishes are part of the national cuisine. Musical art forms are fundamental to our landscape, and in addition to the musical instruments our forefathers brought with them, the Indians fashioned a new instrument on the sugar estates, that of the dhantal.

Today, well, temples and mosques abound. People worship in keeping with the spirit of our National Anthem, and the freedoms enshrined in our Constitution, another reality not envisioned 170 years ago. Back then, both Hindus and Muslims held on to their values and their principles, which for centuries sustained them. These served to make the harsh daily life a little bit more bearable.

A resurgence of East Indian traditional attire is explosive today, and the numerous trade shows make them quite affordable. The fashions of the day abound with the sari, choli, kurta, orni, salwar, kameez, gharara, dupatta, gongree, pugree, dhoti. It is also fashionable nowadays to wear a nose ring. In those days it was called a nakphul, but it is quite fashionable in today's generation.

So here we are today, East Indians and our brothers and sisters of African heritage, the two major ethnic groups in Trinidad and Tobago, together we survived the history of indentureship and slavery, and worked hard to find our rightful place and identity. Much achieved over the years, there is much more to be proud of, and a destiny to continue shaping as we move onwards.

Our ethnic origins, our diverse culture, our religious orientation, and our tolerance of living in harmony and cooperation, is perhaps our best gift to the world. Alas, there is unity in diversity, these offerings should perhaps be branded and strategically marketed, as part of our tourism product both domestically and internationally.

Why not experience divali, we can say? eid-ul-fitr, phagwa and hosay, ramleela, indulge in beautiful artistic mehndi or henna designs—replay just for education, the traditional panchayat system. I think our domestic and international tourism base will be very interested in that. Descendants of East Indians have made and will continue so to do, valuable contributions towards the advancement of our beloved country.

From this side, we salute the efforts of those past and present, and applaud like I said last year, collectively, our "Trinidadianess". It is humbling to recognize and appreciate the beginning of any journey, but it is even better to celebrate the glorious destination.

From the PNM Bench, we wish all of Trinidad and Tobago, Happy Indian Arrival Day. Thank you. [*Desk thumping*]

Sen. Dr. Rolph Balgobin: [*Desk thumping*] Thank you, Madam President. In Trinidad and Tobago many years ago, Ganges met the Nile. The story of Trinidad and Tobago is a story about slavery and about indentureship. One of the most pivotal moments in the history of this young nation occurred in 1838 with the abolition of slavery. It was very quickly followed by the arrival of the *Fatel Razack*, which brought the first of many Indian labourers to Trinidad and Tobago, and that event, ushered in a rainbow era that persists to this day. [*Desk thumping*] Indians have contributed as we have heard, to the economy and the society. Their descendants accelerated this participation, eventually entering the political domain as well.

Madam President, "dey say God is ah Trini", and Trinis, we all became, regardless of where our ancestors came from, [*Desk thumping*] and few when they had the means, if any at all, migrated back to India. [*Desk thumping*] Here we came, here we all remained.

The spiritual additions, Madam President, have also been profound. Hindus, Muslims, Christians, all came from Indians as well. Had it not been so, how else could we appreciate the Yogananda, Yukteswar, Mahabharata, Babaji, Ramakrishna and his student Vivekananda? How could we appreciate Abu Hamid Muhammad Muhammad al-Ghazali and his tremendous work, the Ihya' 'ulum al-din? Or even Rev. Morton and the Presbyterian Church. [*Desk thumping*]

9.55 p.m.

More earthly, perhaps, Madam President, where would we be without dhal and rice, roti, kurma and gulab jamun? Where else in the world could cultures fuse so effectively that we could create something that no Trinidadian could live without and call it doubles? [*Desk thumping*]

Madam President, the contribution of Indians to the development and the advancement of Trinidad and Tobago is both significant and I am happy to say irrevocable. The Independent Bench joins with the national community in celebrating Indian Arrival Day and wishing all a blissful celebration. Thank you. [*Desk thumping*]

Madam President: Hon. Senators, I feel after listening to the three Senators before me that it would be remiss of me not to call some names as well. [*Laughter*] So, let me join with all of you in extending greetings and best wishes for health and happiness and prosperity for all of our citizens, and I want to do that by paying a special tribute and a special memory to a young couple who sailed from the Port of Calcutta on the *S.S. Bruce.*

When they arrived at Nelson Island they declared their names to be: Shahadut and Sundri Khan and they declared themselves to be Mussulam. They brought with them four children, three boys: Teri Khan, Bakirdan Khan, Sakridan Khan; and a young girl Putia Khan. Putia was my mother's grandmother.

So to all of our fellow citizens, to our beloved country, Trinidad and Tobago, a happy Indian Arrival Day. Thank you. [*Desk Thumpin*g]

ADJOURNMENT

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you very much, Madam President. Madam President, it has been a long session. It started at 10.30 a.m., it is now 9.58 p.m. I beg to move that this Senate do now adjourn to Tuesday, June 02, 2015 at 10.30 a.m. when it is our intention to deal with the Family and Children Division Bill, 2015 and continue the committee stages, much more clinically, of the Motor Vehicles and Road Traffic Bill, 2014. [*Desk thumping*]

Question put and agreed to.

House adjourned accordingly.

Adjourned at 9.59 p.m.