HOUSE OF REPRESENTATIVES

Friday, July 04, 2003

The House met at 1.30 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communication for leave of absence from the Member of St. Augustine (Mr. Winston Dookeran) from today's sitting. The leave of absence which the Member seeks is granted.

JOINT SELECT COMMITTEE

(APPOINTMENT TO)

Mr. Speaker: I have also received communication from the President of the Senate by letter dated July 03, 2003, which I would read. It is addressed to the Speaker:

"Dear Mr. Speaker,

Resolution — Joint Select Committee

I refer to your letter of June 30, 2003.

Please be advised that at a sitting held on Tuesday July 01, 2003, the Senate agreed to the following Resolution which was moved by the Honourable Minister of Public Administration and Information and Leader of Government Business in the Senate: -

BE IT RESOLVED that a Joint Select Committee be established to consider and report on the Bill entitled the Occupational Safety and Health Bill, 2003;

BE IT FURTHER RESOLVED that this committee be mandated to publish the Bill and receive public comments within two months.

Accordingly, I respectfully request that you cause this matter to be placed before the House at the earliest convenience.

Respectfully,

Dr. Linda Baboolal

President of the Senate."

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, I wish to advise that the appointment of Members to the committee would be taken at an appropriate stage later in the proceedings.

PAPERS LAID

1. Annual Administrative Report of the Tunapuna/Piarco Regional Corporation for the financial year October 01, 2000 to September 30, 2001. [*The Minister of Health (Hon. Colm Imbert)*]
2. Annual Administrative Report of the Tunapuna/Piarco Regional Corporation for the financial year October 01, 2001 to September 30, 2002. [*Hon. C. Imbert*]
3. Annual Administrative Report of the Diego Martin Regional Corporation for the financial year October 01, 2000 to September 30, 2001. [*Hon. C. Imbert*]
4. Annual Report of the Arima Borough Corporation for the financial year 2000. [*Hon. C. Imbert*]
5. Annual Administrative Report of the San Juan/Laventille Regional Corporation for the financial year October 01, 1999 to September 30, 2000. [*Hon. C. Imbert*]
6. Annual Administrative Report of the San Juan/Laventille Regional Corporation for the financial year October 01, 2000 to September 30, 2001. [*Hon. C. Imbert*]
7. Annual Administrative Report of the San Juan/Laventille Regional Corporation for the financial year October 01, 2001 to September 30, 2002. [*Hon. C. Imbert*]
8. Third Annual Report of the Police Complaints Authority of Trinidad and Tobago for the year May 01, 1998 to April 30, 1999. [*Hon. C. Imbert*]
9. Fourth Annual Report of the Police Complaints Authority of Trinidad and Tobago for the year May 01, 1999 to April 30, 2000. [*Hon. C. Imbert*]
10. Fifth Annual Report of the Police Complaints Authority of Trinidad and Tobago for the year May 01, 2000 to April 30, 2001. [*Hon. C. Imbert*]
11. Sixth Annual Report of the Police Complaints Authority of Trinidad and Tobago for the year May 01, 2001 to April 30, 2002. [*Hon. C. Imbert*]
12. The Extradition (Commonwealth and Foreign Territories) (Extraditable Offences) Order, 2003. [*Hon. C. Imbert*]

ORAL ANSWER TO QUESTION

Self-help Electrification Project

The following question stood on the Order Paper in the name of Mr. Subhas Panday (Princes Town):

165. Could the hon. Minister of Community Development and Gender Affairs state when will the Self-help Electrification Project (Ref: 121/90) be undertaken at Sookdeo and Junior Trace, Ridge Road, San Pedro and Poole?

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, as I had indicated to the Opposition Chief Whip, we wish a deferment of this one question for a period of one week.

Mr. Singh: Mr. Speaker, I wish to indicate that the acting Leader of Government Business indicated that he is only in a position to answer two of the written questions. I want to bring it to your attention that there exists on the Order Paper question No. 27, which has been on the Order Paper since February 15, 2003, some six months now and the Government has been unable to procure and to provide an answer in accordance with your ruling.

Mr. Speaker: Hon. Members, it is the wish of the Speaker that not only oral questions but also written questions must be answered in a timely fashion. [*Desk thumping*] I wish to bring to the attention of the Government Benches and the appropriate Minister in charge that as stated by the Opposition Chief Whip, question No. 27 has been on the Order Paper since February 15, 2003.

Hon. C. Imbert: Mr. Speaker, I wish to give the hon. Member the assurance that that question would be answered within two weeks.

Question, by leave, deferred.

WRITTEN ANSWER TO QUESTION

WASA
(List of Operations)

The following question was asked by Mr. Chandresh Sharma:

143. With reference to WASA and having regard to the answer given to question No. 66, would the hon. Minister of Public Utilities and the Environment please provide this House with:

(a) the list of addresses at which public standpipes were installed for the period February 2002 to April 2003;

(b) the list of public standpipes closed off and/or disconnected from January 2002 to April 2003;

(c) the list of contractors installing public standpipes and amounts of moneys paid to each from January 2002 to April 2003?

Vide end of sitting for written answer.

JOINT SELECT COMMITTEE

(APPOINTMENT TO)

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, I beg to move that the following Members be appointed to serve with an equal number from the Senate on the joint select committee established to consider and report on the Bill entitled the Occupational Safety and Health Bill, 2003. The Members are:

Mr. Lawrence Achong

Mr. Colm Imbert

Mr. Hedwige Bereaux

Mr. Harry Partap

Mr. Subhas Panday

Question put and agreed to.

ARRANGEMENT OF BUSINESS

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, we had originally planned to debate the amendments to the Kidnapping Bill, 2003 but we have been advised that some time is required to check the accuracy of the wording of the amendments, so that we ask that this be taken at a later stage in the proceedings.

We would therefore proceed with the debate on the Pharmacy Board (Amdt.) Bill, Chap. 29:52.

Agreed to.

PHARMACY BOARD (AMDT.) BILL

Order for second reading read.

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, I wish to thank the Members opposite for being so civilized and accommodating to our request.

Mr. Ramnath: Why “yuh” so rude?

Mr. Speaker: Order, order!

Hon. C. Imbert. Thank you, Mr. Speaker. I rise to present the Pharmacy Board (Amdt.) Bill, 2003. This Bill seeks to amend the Pharmacy Board Act, Chap. 29:52 to provide for, among other things, the creation of a new category of support staff called the pharmacy assistant, and to reduce the qualifying period for internship after registration of pharmacists from three years to one year.

This Bill has been in formation in the Ministry of Health for some time and I am certain that my predecessor would be entirely familiar with most, if not all, of the proposed amendments, and I am sure that he is also supportive of most, if not all of them, because he was responsible for most, if not all of them. Therefore, I hope and expect we shall have a very civilized and productive debate this afternoon so we could get on with the people's business.

Mr. Ramnath: You have a real complex with this "white man" business, you know.

Hon. C. Imbert: As we are all aware, the Government has embarked on a comprehensive Health Sector Reform Programme for some time now. In fact, we have been engaged in the business of health sector reform for six to seven years. The purpose of the Health Sector Reform Programme is to improve the health status of the population of Trinidad and Tobago by promoting wellness in an affordable, sustainable and equitable manner. The human resource component of the health sector reform programme is therefore geared towards strengthening the technical and managerial capabilities of staff and includes the development of the health care team in disciplines which would support the overall health care thrust.

An essential component of health care—and I know that both Members opposite have some experience with pharmaceuticals—is the dispensing of pharmaceuticals, which includes the counselling of patients on the proper use of pharmaceuticals. Pharmacists who are employed in both the public and private sector provide this essential service to the public.

The present law as it now stands requires every pharmacy to have in its employ a full-time responsible pharmacist. A responsible pharmacist is defined in the legislation to mean a pharmacist registered in accordance with the Act who has either practised or been employed for a continuous period of three years after registration. What this means is that a pharmacist who would have spent three years at the university in pursuit of his Bachelor's degree, must therefore spend another three years under the supervision of a responsible pharmacist before he could manage a pharmacy on his own.

While there may have been reasons in the past for this, the Ministry is of the view that this is an onerous provision that is causing a serious human resource

problem for the pharmacy sector and the health sector as a whole. The Pharmacy Board has, for some time, been advocating a reduction in the internship period from three years to one year.

It is important to note that when the provision for a three-year internship period was provided for in the 1981 legislation, all that was available at the University of the West Indies at that time was a diploma programme in Pharmacy. At that time, therefore, it was desirable, in the interest of the public, for graduates to be subject to a significant internship period, the three-year period. This is no longer the case, however, since the University of the West Indies now offers a full BSc degree programme for this discipline.

Over the last several months I have met with several members of the pharmacy profession and I have held several meetings with the Pharmacy Board and I am satisfied that we can give this House the assurance today that by reducing the internship period for pharmacists, we would not be reducing the standard of care delivered by pharmacists. Moreover, the public sector would benefit from this the most, since the health authorities would now have a greater number of pharmacists at their disposal to deploy to the various health centres where there is a significant shortage of responsible pharmacists. This has attendant effects on the dispensing and delivery of medication, particularly to the poor people in the rural communities where quite often the only access they have to pharmaceuticals is through the various health centres and the clinics in the community.

Accordingly, we are proposing the provision of a new cadre of ancillary staff called the pharmacy assistant. As we know, most pharmacists employ assistants, but this is an informal process. We now wish to formalize it and we intend that these individuals be trained, registered, regulated and monitored in accordance with the amendments in this proposed legislation.

Clause 5 of the Bill before the House mandates the registrar to keep and maintain a register of all persons registered as pharmacy assistant trainees, showing the name of the tutor and the name and address of the approved pharmacy where the course of training is being accomplished. The registrar must also keep a register of all persons registered as pharmacy assistants, showing the name and address of the approved pharmaceutical establishment. It is our intention over the next several months to continue discussions with the Pharmacy Board to develop an appropriate training programme. It is also our intention that persons presently employed informally in pharmacies be given priority under this new programme.

We wish to assure this House that the new category of staff is not intended to replace pharmacists but to complement and assist the work of pharmacists. To ensure that there is no abuse, clause 8 provides that, and I quote:

> "…there may be attached to a pharmacy, such number of pharmacy assistants not exceeding the ratio of one responsible pharmacist to two pharmacy assistants…"

These pharmacy assistants would be empowered to perform the following functions:

> "(a) assist in the preparation and compounding of prescriptions, medication orders and ward stock;
>
> (b) receive, check and store stock, and check for expiry dates of all pharmaceuticals;
>
> (c) assist in entering prescription orders…;
>
> (d) prepare book or computer files for keeping records such as dangerous drugs, antibiotics, controlled drugs…
>
> (e) assist in the preparation of ward-patient, medication carts and deliver same;
>
> (f) co-ordinate with pharmacists in the preparation of up-to-date available drug lists…
>
> (g) assist in the pre-packaging of drugs, including solids, liquids injectibles, ointments…"

To ensure that proper care is given, clause 8 also mandates that the pharmacy assistant must, at all times, be under the direct supervision of a responsible pharmacist. It should be noted that these pharmacy assistants would be prohibited from directly dispensing any prescription or interacting directly with patients or clients or providing counselling and pharmaceutical care to a patient. This must be stressed. We would not want any pharmacy assistant pretending that they are responsible pharmacists.

Clause 10 deals with this aspect of it and I read clause 10 into the record:

> "Any person not being a pharmacy assistant who takes and uses the title 'pharmacy assistant' or any other title or symbol calculated to suggest that he is recognized by law as a pharmacy assistant or is a person entitled to assist in the dispensing of prescriptions or the preparation of drugs for sale by retail, is guilty of an offence.

(5) Any pharmacy assistant who practices under any name other than that under which he is registered commits an offence."

Clause 4 provides that the registrar shall keep a number of records, maintain the registers, issue and revoke temporary licences, issue certificates of registrations, receive fees and keep a register open for inspection by the public at all reasonable times. The registrar shall also lodge these records with the Council of the Pharmacy Board and would cause to be published on or before January 15 of each year—and this would be published in the appropriate media, the newspapers and the *Gazette*—a list of all persons named in the register, kept by the registrar with the addresses as they appear so that members of the public would know who is a pharmacist, who is a pharmacy assistant and who is not.

The current Act also allows the registrar to issue temporary licences but there is no requirement for this information to be put on the register. We are now correcting that so that even persons who have temporary licences for registration, would be in the book that would be available to the public.

The Bill also seeks to tighten up the manner in which records are kept in terms of the name and address of licensed pharmacists and pharmacy assistants; the duration of their licence; what they are licensed to do, and so on.

Mr. Sharma: Before the Minister closes, there are a number of persons who work in pharmacies and have 10-12 years service in the pharmacy but may not have the academic background. Would they be admitted into this training programme?

Hon. C. Imbert: What we intend to do is to have some consultation with the council to determine exactly what the course of training would be in order to allow somebody to be registered as a pharmacy assistant. I certainly would take that on board. I do believe that persons who have been informally operating assisting pharmacists and who can demonstrate that they have reached a required level of skill, expertise and knowledge, should be given an opportunity to become pharmacy assistants. So that is something we would discuss with the council of the Pharmacy Board and we would see where that takes us.

Finally, we intend to increase the penalty for breaches of the regulations from the current low levels of a fine of $1,000 and six months imprisonment, to allow for a penalty of $5,000 and imprisonment for one year for any person found guilty of breach of the Act and the regulations. As I said, quite a bit of this work was done by my predecessor and I know that he has some knowledge of pharmacies,

as does the Member for Barataria/San Juan, so that I would expect that, as I said, we can have a civilized, free and easy debate on this matter today.

I thank you, Mr. Speaker.

Question proposed.

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, I am happy that this piece of legislation has finally come to Parliament after the Minister has been in office for 18 months, but I also want to mention that between the Ministry of Health and the Attorney General's department—the Solicitor General’s department—there are at least seven other pieces of legislation that were in various stages of readiness when the Minister assumed office. I would like him to give urgent attention to, at least, these seven pieces of legislation because all of them have the effect of improving the quality of health care to the citizens of this country.

Among these, the Health Services Quality Act, which I know the Minister is familiar with, is designed to legislate for standards and quality of care in the health sector. It is intended to hold practitioners in the health sector accountable for the service that they give to members of the public and it also gives to the public certain rights and responsibilities as far as their own care is concerned. It is a very important piece of legislation. I think it is a revolutionary piece of legislation in this country and the present Minister made a commitment in this House that he would bring this within his first year in office. Eighteen months have already passed and we would like to see this legislation come to this House as early as possible.

The second piece of legislation is the Funeral Homes Bill. This was laid in Parliament before, I think on two occasions, but it lapsed. This Bill seeks to regulate the operations of funeral homes and to call for standards in their operations. Of course, the Bill has provisions where the funeral home practitioners would elect their own body to regulate the affairs of the funeral homes.

The third piece is the amendment of the Public Health Ordinance. The present Ordinance is really outdated and does not adequately serve the population in its present form. With all the developments that have taken place in Trinidad and Tobago and, indeed, in the world, that piece of legislation is really very much outdated. I know that a lot of work has been done on it but much more still needs to be done in updating that piece of legislation. I think that is another piece of legislation that should be brought here urgently.

Next is the regulations relating to the tissue transplant, the Human Tissue Transplant Act. As you know, this Act was passed in Parliament a little over two

years ago and that allows for the harvesting, storage and transplanting of organs from human cadavers. This Act, as we all know, has the potential to save many lives and at present where we see so many young people dying—even though it is not something that we wish—many organs are going to waste which could be used to save the lives of other people.

For decades the doctors had been asking for this piece of legislation; particularly those who are involved in diseases of the kidneys, the heart and the eye would like to see the regulations come as quickly as possible so they can get on with the implementation with that particular piece of legislation.

The next piece of legislation is the regulations relating to the professions allied to medicine. I think the Minister said that this is already in a form where he would be able to bring this to Parliament as soon as possible. That piece of legislation had been passed, I think, in the early 1980s but it was not implemented, and when we came to office we appointed the boards of the various professions allied to medicine. We appointed a council and one of the first duties was to draft the regulations, which would give effect to the implementation of that piece of legislation. As I said, I know that much work had been done and we look forward to seeing that piece of legislation as early as possible in Parliament.

The other one is the legislation dealing with tobacco. For some time now I think the Law Commission had produced a paper on the question of tobacco and right now we in Trinidad and Tobago are lagging behind the rest of the world as far as the control of tobacco use in this country is concerned. Legislation is necessary in dealing with advertising and sponsorship of sporting and cultural events, and so on. As I said, a paper has already been prepared and I would like the Minister to move the process forward where we can have a White Paper and then whatever else is necessary to enact legislation as quickly as possible.

I would like to see the Minister, as he has brought this piece of legislation today after 18 months, work on these pieces of legislation because, as I said, they all have the effect of improving the quality of health care for the citizens of Trinidad and Tobago.

We have no great difficulty with the principle of this Bill because, as the Minister said, it was something that had been conceived by us and much of it had been drafted by us as well, but I am a little disappointed with the presentation of the Minister because I thought that being the first Bill that he was presenting in Parliament in this term he would have used the opportunity to present it against the background of developments that are taking place in the health sector and

developments that are planned for the health sector in the immediate and the medium term.

I thought that he would have outlined some of his major plans and programmes, seeing that this was the first Bill that he was piloting in this session, because the ultimate intent and purpose of this Bill is to provide a more efficient pharmacy service to the population. But even before you can get a prescription to go to the pharmacy, you must go to the institution, whether it is the health centre or the hospital as the case may be, and then there you must be seen and examined by a doctor, then you would get a prescription which you would take to the pharmacy to be filled to collect your medication.

We know that it is impossible for us as parliamentarians and for the Government, to build a health centre in every village. We know that it is impossible to build a hospital in every town, but we also we know that it is the responsibility of the Government to provide access to a basic level of health care to every single citizen in this country regardless of where they live and, particularly, in cases of medical emergencies.

This was the reason we introduced some years ago the Emergency Health Service. That service did not only involve the purchase of ambulances. That was the easy part. You can always tender and put your specifications and so on; you can evaluate your tenders and you can purchase ambulances. That was the easy part. This is why we did not call it Ambulance Service at the time; we called it Emergency Health Service, because it was much more than an ambulance service and a transport service. To establish this service we had to train emergency medical technicians, dispatchers, supervisors; we had to acquire communication equipment; we had to establish protocols for responding to different calls; we had to establish ambulance bases throughout Trinidad and Tobago; we had to establish communication centres; we had to establish a system of procurement of the consumables that had to be used; we had to establish a proper system of maintenance of the vehicles with adequate spare parts inventory; we had to have a proper system of accountability and we had, as I said, to purchase the ambulances.

Yes, during that period when we established the service we purchased second-hand vehicles because that is what we could have afforded at that point in time and, yes, we bought left-hand drive vehicles because that was all that was available at that time as well. I think the Minister only recently discovered that when the South West Regional Health Authority went out to tender for second-hand ambulances. All they received were tenders for left-hand drive vehicles.

Having established the service and provided ambulances at each of the 15 bases in Trinidad and Tobago, the EHS was responding to 200 calls a day, or more, and in the process they were saving many lives. That service had become the pride of Trinidad and Tobago and the envy of the Caribbean.

Our vision did not stop there. We had plans to expand and upgrade the service to be better able to respond efficiently to different levels of emergency, so if a person, for instance, is having a heart attack, that person would have a different level of response as opposed to a person who has a pain in his foot or something like that. That is the direction in which we were going. So this Minister of Health got a readymade service in the EHS. All he had to do was put things in place to maintain the vehicles, to replace them when necessary, to train, add or replace staff as it became necessary.

What did this Minister do? The first thing he did, as far as the EHS is concerned, was fire the management company that ran the EHS. There is a cost to the management—and while I am on that let me just say that I read in the newspapers recently that the Minister is quoted as saying that by getting rid of the management company he was saving $2 million a year. I hope that when he is winding up the debate he takes the opportunity to say that that statement did not come from him, because I think he knows that is not correct.

I am saying there is a cost to proper management and if the Minister was not satisfied with the cost of this service then they could have negotiated it downwards. But what the Minister did was to give the running of this service to the South West Regional Health Authority. There is no expertise that resides in the South West Regional Health Authority to run this service. The company that was running this service was doing an excellent job. I think it is not the Ministry of Health or the Regional Health Authorities, but the people who had been served by the Emergency Health Service itself that gave the name to this service: Angels on Wheels.

I warned the Minister early, when he became Minister of Health, that he should not take this service away from the management arrangement that had been arrived at because, as I said, it was an excellent arrangement. In the 18 months that this Government and this Minister have been in office, from the 55 ambulances that had been introduced into the service we now have six or eight in active service. Not one ambulance has been purchased and many have been run down. There is no way that six or eight ambulances can adequately respond to the emergency calls from all over the country. As I said, people have come to expect a certain level of service from the EHS and it is impossible for six or eight or even ten ambulances to respond to the calls in a timely fashion.

We recently saw the EMTs (Emergency Medical Technicians) and the dispatchers taking some kind of protest action because of the conditions under which they had to work. They had no vehicles and they said they did not have new contracts, and so on. Let me just mention that I saw some kind of—and I want to use a very polite word; I want to say—nonsense, where the Minister said that action was politically motivated. Whenever the Minister has a problem that he cannot deal with, he says it is politically motivated.

You would recall recently when the doctors went on their protest action, the Minister said: "Politically motivated". It is time that he understands that he is the Minister of Health and he must take responsibility for what is happening in his ministry. So a good service, something that this country has been proud of and something, as I said, the entire Caribbean was envious of, has now collapsed under this Government. We hope that the Minister would take whatever action is necessary to ensure that this service is put back on the road as quickly as possible, at least to give the level of service that people had come to expect while it was in full operation.

Going back to the Bill, clause 3—and the Minister made reference to this—seeks to amend the definition of responsible pharmacist. In the parent Act, "responsible pharmacist" is defined as the Minister said:

> "a pharmacist registered as such in accordance with this Act who has either practised or been employed as such for the continuous period of three years after registration as such under this Act."

What this Bill is seeking to do is to reduce the internship period from three years to one year. As I said, we have no fundamental quarrel with this because in the past pharmacists were required to do a diploma programme and now they do a Bachelor's degree instead, so we have no problem with reducing the internship period from three years to one year. But what this would effectively do is to immediately, upon proclamation of this Act, elevate a number of pharmacists to the position of "responsible pharmacist".

I wonder if the Minister—and he is not here—has thought out properly the full implications of this measure. What it would do is allow a number of pharmacists who are at present employed in the public service to become available to work in the private sector because they would not have to serve three years internship anymore, but immediately it would allow them to be able to either open pharmacies on their own or work for others in the private sector. So this amendment has the potential to cause an exodus from the public sector so that the very service that you are trying to improve could be adversely affected.

[DR. RAFEEQ]

We have seen, for instance, in the case of nurses, that as soon as they are qualified they are sought after by foreign countries and so the population does not get the benefit of the moneys that the population itself has spent in the training of these nurses. I am of the view that when taxpayers' funds are used to train professionals, that these professionals should give back some level of service to the country, once it is needed. There are various methods that you can use to enforce that, but professionals who are trained at the expense of taxpayers should give back some level of service to the community. Of course, this means that the terms and conditions of service should be attractive, especially if you want to retain these professionals in the public sector.

In this context I would like to ask the Minister what is being done, if anything, to retain the services of the pharmacists in the public sector. Right now, as the Minister mentioned, with the thrust in primary health care and so on, you need many pharmacists, not only in the hospitals but even in the health centres. Because if there are doctors and nurses alone in the health centres and patients go there and are given a prescription and the prescription cannot be filled, then it means they have to return another day. We know there are many patients who travel long distances, leave very early on mornings sometimes; get home very late after they are seen by the doctor and have collected their medication, but if they cannot collect it, that puts an additional burden on them to have to return to the hospital or the health centre on another occasion to fill these prescriptions.

The point I am making is that these pharmacists if they become "responsible pharmacists" after one year, can enter the private sector. So there must be some incentive to keep them in the public sector if you want to maintain or improve the level of service that you are providing. You must give them real and meaningful choice in the sense that you must ensure that you have proper terms and conditions of employment for them in the public sector.

From what we have seen within the last year and a half or so, when this Government dealt with the doctors' issue, we know that is not likely to happen. We have just seen recent prolonged and bitter fights between the Minister and the doctors. Thousands of patients were made to suffer hardship and some may have died before an agreement was reached for doctors to go back to work, and from what we have been reading in the newspapers there are still quite a few issues that are unresolved.

We have debated that in this House already and I would not say much on that. Suffice it to say that if you want to retain professionals in the service you have to treat them with the respect and dignity that they deserve. But the response from

this Minister of Health is: flood the country with foreign doctors. That is a very shortsighted and ill-informed approach. If you are producing professionals here and they can do the job, then give them the tools and the respect they need and they would do the job for us.

The Minister has gone to Cuba; he and his officers have gone more than once; the Minister promised six months ago that we would have Cuban doctors within the month; he has promised we would have within two weeks; he has promised that we would have them as quickly as possible; as early as possible. He continues to "mamaguy" the population. I think he has even mamaguyed the Prime Minister because the Prime Minister himself is on record as saying that Cuban doctors would be within these shores in a very short time. It is either the Minister is mamaguying his Prime Minister or the Cubans are mamaguying this Minister.

As if that was not enough, the Minister announced that he was able to source 100 volunteer doctors from different parts of the world through an arrangement with the United Nations Development Programme. Recently we saw the Minister in the newspapers—something that I must confess he does quite well' his public relations—signing the agreement with the UNDP for these doctors. The population deserves to know the terms and conditions of that agreement that has been signed because it was done on behalf of the people of Trinidad and Tobago.

We would like to know, for instance: From what countries are these doctors coming? What medical schools were they trained at? How many years experience have they had? Can all of them speak and understand English properly? What specialties do they belong to? What would be the process of registration for these doctors? How would they be monitored? Since they are being sourced through the UNDP, who would be responsible for their medico/legal issues? Are these volunteer doctors being paid a stipend; if so, how much? How long are they being employed for; and if they abscond or are unable to perform their duties, will there be replacements for them?

We are dealing with a very sensitive issue of health care and there have been horror stories all over the world as far as foreign doctors are concerned. In the circumstances, the population need to know that they would be properly served and protected. The population need to know that the terms and conditions of agreement that have been signed between the Ministry of Health and the UNDP are in their interest. I am therefore asking the Minister to lay a copy of that agreement in the Parliament.

This Bill seeks to improve the quality of service at the nation's health care centres. Now that a new category of staff is being introduced, as I said, we have

[DR. RAFEEQ]

no difficulty with that, and I am glad the Minister mentioned that this idea was really born sometime ago. It is the same way the idea of the patient-care assistants was born and I see that the Minister has embraced this concept very fully in the sense that he made an announcement recently that he is going to employ 2,000 nursing patient-care assistants. We are happy with that. We do not mind them using our ideas to improve the quality of health care because we know they have none of their own. The thing is, they protested loudly when we introduced the concept of patient-care assistants and today they have embraced it.

I want to deal with another issue, which is the pharmaceutical programme that the Minister has introduced, the one that is called Chronic Disease Assistance Programme (CDAP). That was another of our ideas but it is not implemented properly and I would tell you why and how it is different from the idea that we had when we were in government. While this programme has the potential of being a very good programme, again the Minister is mamaguying the population. I would tell you what I mean.

There is a list of 20 pharmaceutical products on this programme. I just want to mention a few: Glibenclamide, which is a tablet for the treatment of diabetes and is available at pharmacies at a cost of 10 cents each; Metformin, 500mg is another tablet for the treatment of diabetes available in pharmacies at 24 cents each; Atenolol, used for heart disease and high blood pressure, available at retail pharmacies at 20 cents each; Methydopa, 250 mg, a tablet for high blood pressure available in pharmacies at 15 cents each; Nifedipine, 20mg capsules available at 20 cents each; Digoxin, .125 mg for heart disease available at 10 cents each; Glyceryl Trinitrate for heart disease available at 10 cents each and Isosorbite Dinitrate, another medication for heart disease, available at 15 cents each. That is what this Minister has made available to the population. These prices can be had at any pharmacy. You can also get this at Apex Pharmacy in Freeport.

The point I want to make is that the cost of these drugs has already been reduced to affordable levels. However, there are many patients who use on a regular basis, medications that are quite expensive. Many of them cannot afford to buy them so they simply have to do without and continue to suffer and in some cases, die. Many of these medications I am speaking of are not even available in the hospital pharmacies. So when this CDAP was introduced, what the Government was virtually saying to the population is: "We will supply you with the cheap drugs and you buy the expensive ones." That simply does not make sense because, as I said, there are many people who cannot afford the expensive drugs—they can afford the cheap ones—so what you have done is of very little

benefit to a lot of the population. We are saying that what you should have done was to make the expensive drugs free, or if you cannot do that, at least subsidize them to the point where patients can afford to buy them.

The second thing is that when patients go to the doctor at the health centres and they get a prescription for these drugs, they have an option. They can collect them either at the pharmacy in the health centre or at a private pharmacy without cost. But on most occasions many of these patients get prescriptions with at least one drug which is not on this programme, so you still have to remain at the hospital pharmacies or at the health centre pharmacies to collect your medication. It does not make sense, therefore, to collect one set of tablets at the health centre or the hospital and then take your prescription to a private pharmacy to collect the rest. It simply does not make sense. What ends up happening is that whenever these prescriptions are given at the public institutions, many are still being filled at the health centres or at the hospitals. So again you have done no favour, or the programme is of very little benefit to patients who seek care at the public health institutions.

The programme also gives access to patients who get a prescription from private doctors but with the cost that I read out here a while ago, if a patient is on two or three of these medications for the month, that would cost him \$25-\$30, but if that person had to go to the pharmacy to get this free, he has to go to a private doctor and pay about \$60-\$70 to get a prescription for between \$20 and \$30. It simply again does not make sense. He is paying between \$60 and \$70 to get a prescription which he would get free—a prescription which he could have got on his own for \$25-\$30.

The point I am making is that this programme is not really giving the kind of benefit that it has the potential to give. What we are saying is, put the expensive drugs on the programme and if the Government cannot afford—and I do not see any reason why not—to give all of these expensive drugs free, then at least subsidize them to the extent that most of the population would be able to afford them.

The other point I wanted to raise, as we speak about pharmaceuticals, pharmacy and pharmacy assistants, is that there is a proliferation of herbal products on the market. We see on a daily basis, advertisements—and if you go to a pharmacy you would see many of them—of herbal products that lay claim to doing all sorts of things. Some of these herbal products are extolling as having the virtues of curing all kinds of sexual problems; some of them even make the claim of curing cancer and other chronic illnesses. Some lay claims to allowing people to lose weight very rapidly.

While we do not discredit or discount the value and efficacy of some of these herbal products, by and large we have in Trinidad and Tobago a very gullible population which is looking for instant results and instant cures. The point is that while some of these herbal products have beneficial effects, there is need for regulations because some of the claims that they make, of course, are quite outrageous. I know again that much work has already been done in this area and I am asking the Minister to continue this work as quickly as possible because right now there is a flood of herbal products on the market.

Mr. Ramnath: You have anything against "bois bande?"

Dr. H. Rafeeq: Once it is properly regulated and you get the proper dosage and so on, I have no problem with it.

The other issue is one of compliance. We know that there are many patients who collect drugs at the pharmacies, whether it is the hospital or health centres, go home and park up these drugs; they do not take them as they should and their chronic condition, whether it is diabetes or high blood pressure, tends to get out of control. That has to do with compliance. I hope that when the pharmacy assistants are employed and they take up some of the slack, as far as the work is concerned, the pharmacists would then be freed up to do a lot more counselling, because we know that is one of the very important functions of a pharmacist and we hope that they would be able to engage in much more counselling so that patients would not take their medications and park them up at home but use them in such a way that would benefit them in the short and long run.

The other issue that I wanted to raise is that I have hardly seen for the last few months, or for the last year and a half, any activities relating to proper health education. We know that many of the chronic illnesses that people in this country suffer from—diabetes, high blood pressure, heart disease, cancer, kidney failure and, of course, HIV/AIDS—are related to lifestyle and we need to have much more aggression in our health education programme because that is where the greatest benefits to the health sector would come. We need to see many more activities in that area.

There is much to be done in the health sector, but right now the health sector is in crisis. There seems to be no vision, no new programmes. The existing programmes are collapsing: the Emergency Health Service; primary health care. The surgical lists are now very long, two to three years sometimes. This morning at 4 o'clock a patient came to my home. The relatives went to the Couva district health facility before he came to my home.

2.30 p.m.

This is something that stunned me. When they went to the Couva district health facility, the gate was closed and a security guard came out and told them that this place was closed. That institution is supposed to offer a 24-hour accident and emergency service. I do not know what has happened. The health sector is in crisis. There is an emergency centre, the gate was locked and a security guard told the patient that the place was closed and they did not have any staff so go somewhere else. The relatives took the patient to Chaguanas and the patient was seen there. When the relatives came home to me, they said the patient had died. That happened today at 4.00 a.m.

In 2001, when we were about to leave office, the Ministry of Health was buzzing with activity. Now, nothing new is happening. Many projects were being implemented and many more were to be implemented in a short time. Today, the whole health sector is in crisis and everything is collapsing. I am saying to this Minister, that in the health sector you do not have the luxury of time. Everything is an emergency in the health sector. I warned this Minister early in his term that "PR" would not help him for long. I am saying to this Minister, "Get up and do the job." If he cannot do it, then, let someone else do it.

Dr. Fuad Khan (*Barataria/San Juan*): Mr. Speaker, I thank you for allowing me to participate in this debate on the Pharmacy Board (Amdt.) Bill. I congratulate the Member for Caroni Central on a well put and accurate contribution on what is occurring in the health sector. The Bill deals with the introduction of "pharmacy assistants" to assist the "responsible pharmacists." The farmer's internship would be decreased from three years to one year. That would increase the number of pharmacists in the country.

I should like to say to the Minister of Health that the concept is a good one. It was formulated under the UNC government. There were numerous complaints that there was a serious delay in obtaining drugs from the pharmacies. The pharmacists were either closing for lunch or complaining of being overworked. My colleague the Member for Caroni Central dealt with that problem. It is unfortunate at this time when the health system is in a state of collapse—we see it in different ways such as with the Emergency Health Service (EMS) and others—that "PSA Jennifer" is not saying anything. I remember quite clearly when we were in office, that if there was no Panadol in the hospitals, "PSA Jennifer" would have led a protest on the street. I remember her saying that she wanted to make it hotter than a "chulha," these kinds of emotionally charged words for the Member for Couva North.

[DR. KHAN]

The pharmacy assistant is a very good idea. When you look at the criteria of importance from zero to 10, the introduction of pharmacy assistants might be at level 2. What is more important is not only the repair of the emergency medical service—The Minister of Health has said that UNC protesters are behind the EHS protest. Speaking at a PNM public meeting at Dinsley Junction, the Minister claimed that UNC activists had been advising the EHS medical technicians to walk off the job in protest against poor working conditions and the absence of contracts.

The Minister said that it was a high level UNC activist—I wonder if he saw his party card—who is now the official industrial relations adviser to these protesting workers. When you look at that, people are not supposed to protest against poor working conditions and the absence of contracts. Once the PNM is in office, you are not supposed to protest against that; when the UNC is in office you are supposed to walk the streets with "PSA Jennifer."

The Bill is a good one but the level and criteria of importance is not what it is supposed to be. What is more important in the health sector is the ability to achieve good health care. In the *Sunday Guardian* dated June 29, there is an article by Robert Clarke about an interview with the learned professor Vijay Naraynsingh, my good friend.

"Limping towards…Fewer diabetic amputations

> If Dr. Vijay Naraynsingh is right, hundreds of diabetic amputees now lying in bed or sitting in wheelchairs could have kept their legs.
>
> In an interview at his Medical Associates office on Tuesday, Naraynsingh began with distressing news: Only four per cent of some 210 annual diabetic amputees walk after surgery…
>
> 'It's a higher death rate than almost every operation we do in surgery…
>
> If we had a free system where they can access experts,' Naraynsingh says, 'the salvage rate (number of legs saved) jumps astronomically. We are losing maybe 90 per cent of the legs we could save.'
>
> Private health care institutions save eight times as many legs as public health institutions."

We have a learned professor stating that the people who are now lying in beds or sitting in their wheelchairs are losing their legs as a result of the negligence of the public health system. These people could sue if they need to, but this is another matter. As a result of this, you are opening up a host of medical negligence

litigation with this simple article. This is a professor of vascular surgery who is indicating that. I go to something else.

This is the *Trinidad Guardian* dated 22 02 03:

"Funny man needs financial help

> Patrick 'Funnyman' Glasgow once known for his comedic acts that thrilled audiences across Trinidad is not laughing these days. He needs assistance to undergo reconstructive surgery of his knees…
>
> Glasgow said he was told that reconstructive surgery could not be done at the San Fernando General Hospital because the hospital does not have the necessary equipment and so too Port of Spain, 'my friends have told me'."

I remember that months ago the Minister said there were orthopaedic supplies and equipment. MRI, CT scans and whatever you needed were available to prevent this kind of thing happening, but here we see that people cannot get surgical correction because there is not enough equipment. People are calling daily for CT scans. They cannot afford the CT scans and the Minister promised free CT scans and MRI. We go on and on.

To me, that is the criteria of the importance of health care in this country, which might be about 10. If you are looking at criteria of importance to bring to Parliament, you would try to organize these systems. When we look at the whole aspect of health care in this country, you would see two things occurring especially with the pharmacy legislation. I would go into Nipdec and C40 and the supply of these drugs. There have been allegations of impropriety and gift giving in the acceptance of the supply of these drugs. I want the Minister to look at that.

The Minister comes in at each level such as the EMS, doctors. What has happened to the regional health authority boards? Are they defunct? Do they not have a voice? Do they not say anything? There is a total collapse of the health system. The regional health authority boards are twiddling their thumbs, leaving the Minister to take all the flak and say everything.

As far as I remember, the ministry was for regulating and monitoring the activities of the regional health authorities and not for micro management. This is well put in an article by the Chamber of Commerce, "Business and Beyond," of Thursday July 03.

"Towards decentralization

> The PNM administration conceived the regional health authorities and the UNC gave birth to them subsequently in an effort to decentralise the delivery

of health care. All this was done with great fanfare—change of names, establishment of boards, recruitment of staff, cutting of ribbons and speeches galore.

While the purse strings of the Ministries of Health and of Finance may not have been as jealously fastened as they were for the regional corporations, can patients who routinely require health care services truly assess them to be efficient, reliable and competent?

Has the taxpayer acquired added value or any reduction in the cost of delivery of such services? Can the RHAs and Ministry of Health boast of a committed, dedicated, consumer friendly staff, efficient plant and equipment and a high quality of service?

What the Chamber sees is a constant stream of medical personnel to countries with more attractive employment opportunities and better working environments, promises by Minister Imbert of doctors from Cuba, the United Nations agencies, charges of corruption against employees of the RHAs and frequent interruptions in delivery of services to a line of humanity which is as long as it is wide.

The Minister has talked about some kind of privatization of health care, performance-based subventions and out sourcing. The Chamber's opinion is that the Government must accept that the present system has failed the consumer miserably and were it one of private enterprise, it would have long been bankrupt and replaced.

Any policy of privatization cannot be half-baked like the local government..."

I read this because the concept of the regional health authorities, like London's, was a good one. London has gone the way of disallowing the regional health authority boards from the financial aspect of it. The boards are there to monitor and regulate. The ministry of health is there to look at the finances to be given in small adequate proportions to the management system. We have a managerial system in the regional health authority that is deficient and not fully qualified.

The Minister puts an advertisement for 500 patient-care assistants and people applied. The advertisement indicated that they needed recommendations. You want a good buffer in the nursing crisis, but the recommendation that the patient-care assistants are seeking are not being given by the nursing homes that they are working at because they are afraid to lose them. I suggest to the Minister that there be an examination process because the good nurses would not be given proper recommendations. If you go on recommendations, they would not be given proper ones.

In the managerial system of the regional health authorities, there are people who are anti-UNC for human resources. Anybody who is thought to be possibly a UNC activist or has some sort of association with the UNC would be denied employment. That is wrong. I want the Minister to address that kind of discrimination.

If we had the equal opportunity law we could have brought that to the Commission, but we cannot do anything about it. The equal opportunity legislation that we are trying to obtain is there to protect the people of Trinidad and Tobago but we need to implement it. The need for patient-care assistants and the upward mobility to nurses would be given some trouble by the Nursing Council. That is the way you have to go.

The pharmacy assistants would be obviously young people coming in with one or two O levels, English or maths. They should be given the opportunity somewhere in the regulations to sit certain exams by the Council, so they could have upward mobility to become pharmacists. So too, the patient-care assistants should be given exams by the Nursing Council and directed upwards, so they could aspire to become nurses.

Clause 4 states:

"The registrar shall on the direction of the Council—

(a) establish, keep and maintain the registers set out in section 17;

(b) issue and revoke temporary licences to practise pharmacy;"

I suggest—it may not be right—that it should also be to monitor and regulate the conduct of pharmacy assistants and to advise the Council. There should be a clause where you can regulate and monitor the conduct of pharmacists and pharmacy assistants.

Clause 8(6) states:

> "Nothing in this Act shall be construed as permitting a pharmacy assistant to directly dispense any prescription to or interact directly with patients or clients or to provide counselling and or pharmaceutical care to a patient or client."

The pharmacy assistant is there to assist the responsible pharmacist. There are pharmacies where the responsible pharmacist is not there and the pharmacy assistant dispenses the drugs. This will be in keeping with the possible exam status or where after someone serves a certain time, he can then interact directly with a patient. He would then have the supposed qualification. It is a tried

[DR. KHAN]

approach. If not, you would be subjecting pharmacy assistants to being under a responsible pharmacist indefinitely. As they say, vision 20—20, should not only be for CEPEP and NEDCO movements, but also for professional movement onwards over that period.

Although we are talking about pharmacy assistants, I want to talk about the public health system in the supply and distribution of pharmaceuticals and medical devices to the public health institutions. This is done once a year by Nipdec. They call for suppliers. Certain suppliers apply and there are certain items they write in. When I was in the ministry I tried to get into the system, but my time was a bit short. You have to look at how the suppliers are chosen. There have been numerous innuendoes where C40 is the beneficiary of certain gifts. With the drugs of certain suppliers, even if the efficacy is not as good as it is supposed to be, they are chosen.

By efficacy I mean that sometimes there is a generic drug and you may need five to 10 tablets to be equivalent in action to one of the brand name drugs. It has been shown that certain people who use diabenese for diabetes, the generic chloropropamide, depending on what labs supply this drug, you may find patients taking one or two of this drug which is equivalent to 250 mg. as the diabenese, but no control of the diabetes. Sometimes you may take one, two, three, four, five and you may get some control. Those decreased efficacy drugs are cheaper than the brand name or higher level efficacy drugs.

Some of these cheaper drugs are chosen as a result of certain movements in the Nipdec management in the supply of drugs in the C40 movement. We have obtained pharmaceuticals and devices that do not work. The catheter is one example. Sometimes catheters come from very bad suppliers. The catheters stick in the patients and you have to cut the patients to take them out. That hardly occurs with the proper catheters. One may cost about 10 cents and one may cost $1.00. Those that cost 10 cents may be cheaper initially, but if you have to add the cost of removing them, it may cost $500 or more per patient.

The Minister has given us an opportunity to indicate the negative aspects of the health system. Although he would be bringing doctors from Cuba and the United States, he can change the Medical Board Act and that is his right as a Minister. It is our right as the representatives of the people of Trinidad and Tobago to direct the goals of health care. What is the goal of health care? The goal of health care at any level is that the people who can or cannot afford it can enter the public health system, get a proper service and be treated adequately for their illnesses. They are taxpaying citizens. Even if you are unemployed, you pay VAT.

I go now to cardiac care. In this country cardiac care has been monopolized in the public health institutions by a certain firm. There is no proper programme for cardiac care in the public health institutions that somebody could obtain cardiac surgery or cardiac angiogram for free. If you need it you have to come up with half the amount, then apply to the ministry to get back half. Instead of bringing a pharmacy assistant bill, we should be hearing more about programmes which can be set up in the public health institutions where young doctors can be trained in cardiac care and people in Trinidad and Tobago can access freely these clinics and surgical movement. Even if it takes you five years on medication, you know that there is hope at the end of the rainbow where cardiac surgery can be done freely for pe0ple who cannot afford half of it. I make this point because I have many constituents who come to me and cannot afford. They are sent down to Mount Hope and left with medication and some die or some might go to Port of Spain to get something done. There is a dance. If you cannot come up with half the amount which I think is about $55,000 to $60,000, there would be no cardiac surgery for them. An angiogram costs about $8,000 to $10,000. Instead of bringing a bill for pharmacy assistants why not come with programmes for health?

Today, I heard about a young lady with kidney failure because she had kidney stones which blocked both kidneys. She was in the public health institution, denied access to surgery and kept off the waiting list. She could end up now with possible renal failure. Although the Minister indicated last year when I mentioned it, the lithotripter is an advanced piece of equipment. That is almost 20 years in vogue. I recommend to the Minister that he gets lithotripter instead of looking at the pharmacy assistants. The pharmacy assistant is good but one needs to cure our population instead of giving them cheap medication that may not be efficacious. It costs 10 cents for certain items.

There is a time when politics and political action have to take second place to our nation's well-being. The concept of health is one of them and education is the other. It is very unfortunate that "PSA Jennifer" and "TTUTA Oliver" are not acting in the best interest of the total population. It is time that we look at this in the manner that it deserves and prevent a learned professor from saying that people could have kept their legs if not for a deficiency in the health system. As I said, if you say that you are opening up a flood of litigation against the Government. Mr. Glasgow is looking for reconstructive surgery to his knee, a young man who cannot walk again. People for cardiac surgery cannot obtain proper cardiac care because they cannot pay for it. Instead of bringing a pharmacy assistant bill, why not bring the patient care assistant bill? Then we would know you would be making a proper effort to determine the movement of health care in our country. I

would not go into the EMS movement, but I tabled a question and it would be answered.

On the *Trinidad Guardian* dated July 03, 2003, there is an article which states:

> "Caroni Central MP Hamza Rafeeq said today it pains me to see there is less than 10 EMS ambulances in service. What was once the pride of Trinidad and Tobago is now rundown. The programme started with 60 ambulances which were designed to ensure everyone had access to emergency health care. Remember we were beating Kentucky. We were reaching the patient before 30 minutes when UNC was in office."

Right now I do not see them on the road, Mr. Speaker. Do you? When you go on like that you only open the door for this. Health care at you doorstep; same day surgery; when it comes to sophisticated diagnostics, we have the most caring and qualified, et cetera. This is a private medical centre advertising. This Minister should be careful that due to the action being taken and the lack of movement of the criteria of importance in our health care, we do not have a mushrooming of all these private health care institutions.

Thank you.

Dr. Adesh Nanan (*Tabaquite*): Mr. Speaker, I rise to make a few important observations in the Pharmacy Board (Amdt.) Bill. The last time I spoke on the Pharmacy Board (Amdt.) Bill I was accused of speaking on behalf of the pharmacists of this country. I was told by the Member for Arouca South that I had no *locus standi* because I did not pay my fees and I am not a practising pharmacist. I am a licensed pharmacist. In 1985, I became a pharmacist. I could take you through the bowels of the pharmacy diploma programme and lead you to the pharmacy bachelor programme. I would do so to give you some idea of the importance of this Bill before the House.

Before I do so, I want to respond to the Minister of Health, the Member for Diego Martin East. He spoke about standards. We have no problem with this Bill. This Bill was brought forward by the former Minister of Health, Dr. Hamza Rafeeq under the UNC administration. We have problems with the Bill coming from the present administration. How can we trust the PNM administration? We have seen deception at all levels in this House. We have seen an Attorney General come to this Parliament and speak untruth.

Mr. Speaker: You cannot say that about a Member from the other place. Withdraw it.

Dr. A. Nanan: I withdraw that, Mr. Speaker.

Mr. B. Panday: What nonsense is this?

Mr. Speaker: Order please, Member for Couva North.

Mr. B. Panday: Order what? You cannot speak about the Attorney General in this House?

Dr. A. Nanan: The Member of Parliament for Diego Martin East spoke about standards. I want to take him back—[*Interruption*]

Mr. Speaker: Member for Chaguanas, you cannot sit there and cross-talk to another Member here indicating that she lied.

Dr. A. Nanan: In the 1980s, the Member for Diego Martin East, the Minister of Health would recall, because his occupation is an engineer, that the programme maintained at the University of the West Indies had to be approved by the Institute of Civil Engineers for people to apply for post graduate studies in the United Kingdom and elsewhere. When we look at standards we have to recognize that they are important. In his contribution he flippantly passed through that he accepts the standard with respect to the pharmacy programme. That is the main point in question in this debate. We are dealing with a reduction in the years for a responsible pharmacist from three years to one year. What will happen with that one year? What is the difference between the one-year internship and the three-year internship? How would the programme at the university for the bachelor degree compensate?

He said that the degree program for engineering is basically theory and there is a four-year training period for engineers before they can be registered in this country. [*Interruption*] *Hansard* would reflect whatever he said. He spoke about the life and death in terms of engineering science. I also want to remind him about the applied profession. Pharmacy is also an applied profession just like medicine and dentistry. Standards at the university are very important. We want to hear about that programme at the university from the Minister. We have seen at the veterinary hospital and we have heard reports about the dental programme that the standards are dropping. We have to ask the question about the programme for the bachelor degree in terms of pharmacy which is run by the University of the West Indies.

Initially, before 1995, there was the pharmacy diploma programme which I entered. That was a part-time programme where you would be assigned to a pharmacy and go to classes twice a week for three hours. You went Monday and Wednesday—[*Interruption*]

Mr. Speaker: Order please.

Dr. A. Nanan: There is a fundamental situation here. I hope the Member for Laventille East/Morvant would explain to his constituents, why when they go to the health centres, they are not receiving medication, rather than come to Parliament and make a joke about the issue.

In the pharmacy diploma programme there was part-time training as well as the academic aspect. The student would be involved and have hands-on experience in the pharmacy arena and attend classes for the theory. After the three-year programme you would come out with practical experience, although at that time you would still have to wait the three-year period to become a responsible pharmacist. During that period it was a very difficult exercise. You had to assign yourself to a pharmacy. It was not when you enrolled to do the course you would be guaranteed a pharmacy where you could work and be an intern. I remember walking from pharmacy to pharmacy to ask to be assigned to a pharmacy to get into the course. You would have to go to a number of areas and probably out of your district just to be attached to a pharmacy to be enrolled as part of the requirement of the programme. Eventually, the bigger pharmacy chains like Ross Drugs and Disdrugs at that time, got involved and employed student pharmacists. They had a specific salary range for student pharmacists. Beside those big chain drugs stores at that time, you had to go around and ask and practically beg to be an intern. In terms of pharmacy assistant in this new category, we are seeing a very important area. You would be assigned to the pharmacy and attending classes at extra mural at the University of the West Indies and have your practical experience.

The role of a pharmacist is a life and death role. The pharmacist is the last check on the doctor. The pharmacist has the theoretical knowledge and knowledge at hand in terms of drug interaction. We heard from the hon. Member for Barataria/San Juan in terms of efficacy, generic drugs and brand names. I do not know how many people are aware. I remember when the Member of Parliament for Fyzabad was accused of giving people expired drugs. There is a three-month to six-month period where a drug can still be used. The drug would not be 100 per cent; it could be 70 to 80 per cent but it can still be used. The expiry date is not a cut-off date; it is a check on the efficacy of a drug. It is important for the pharmacist to be on the premises.

The overheads are increasing in pharmacies and they are being opened longer hours. With the rising crime situation in this country, pharmacists must now spend more money to put up burglar proof and a monitoring security system in place.

We have heard reports of pharmacies being robbed time and time again. Pharmacists are overworked because they are working these long hours and there is little time to go to the bank and do things they would do on a daily basis. This amendment would provide a certain amount of leeway for the pharmacists. More pharmacists can now become responsible and there would be more of them in the system.

We heard of the possible exodus from the public sector to the private sector. There is the fact that there would be more pharmacists in circulation so others can get some free time to do their normal duties.

I spoke about the importance of the pharmacist and the life and death situation. Based on theory a number of drugs can interact. Some of them are very simple medication. You can have codine linctus, per teaspoon, it is on the shelf, but if you give more than the required dosage that could have a toxic effect. The pharmacist would have that intimate knowledge of the drugs and would be able to monitor those that are being distributed to patients.

When my colleague spoke about counselling, that is a very important aspect of a pharmacist's duty. When a pharmacist is bogged down with other areas that would now be a part of the pharmacy assistant regime, such as assisting in the preparation and compounding of prescriptions, medication orders and ward stock. In many areas in pharmacy today, the degree of compounding has decreased considerably. There is more dispensing of medication without compounding. In the olden days you had your mortar and pestle and doctors would write prescriptions where they would prefer that the particular drug be made up using certain ratios. Today, we are fortunate to some extent that much of the medication is prepackaged. The last time I spoke about ointments that can cause serious damage to someone if they are not used properly and if you are not advised properly. The role of the pharmacist would move toward more counselling.

Let me give an example. In the retail pharmacy outlet, a patient would bring a prescription to a pharmacist who would read the Latin and translate it into English. The pharmacist would look for the particular drug. If it is in tablet form he would count the number of tablets based on the prescription directions and give it to the patient. Many times doctors write in simple style such as one tablet three times a day for one week. I would not speak of the Latin terminology. You would have one "bid" for a period of five days or one "tds" as the case may be. If the doctor is writing a powerful painkiller, the pharmacist would advise the patient to take the pain medication with or after a meal. That is a very important consideration because these strong painkillers can cause intestinal bleeding because of bleeding from the stomach walls.

The role of the pharmacist is important in guiding the patient with medication. If you take iron tablets with a particular drug, it would reduce the efficacy of the drug. Many times you take Vitamin C for absorption of a particular drug. The pharmacist would guide the patient on how to use the particular drug that is recommended by the doctor. The doctor would go according to the regime in terms of one tablet or capsule three times a day. The onus is on the pharmacist to ensure that the medication is taken as prescribed. When you speak of twice or three times a day, it is a 24-hour day.

Another classical example is if you are taking sulphur drugs. Many times the doctor does not tell the patient to drink much water when taking sulphur medication. If that is not done you would have crystallization and end up with calcium deposits and probably kidney stones. That counselling takes place by the pharmacist. The pharmacy assistant would give the pharmacist the freedom to do more counselling.

As the Member of Parliament for Diego Martin East spoke about the pharmacist having more time, with respect to this amendment, I agree it would improve the standard of delivery of medication to patients.

I move on to vocational training. Part of the programme with the diploma course was vocational training, that is what you would get hands on in the pharmacy. You have to determine where the training is taking place. You can have a pharmacy that receives five prescriptions on a daily basis and another one that does more selling of merchandise than drugs. You would have another pharmacy doing over 15 to 20 to 30 to 40 prescriptions. You would see clearly that the person in a pharmacy that is doing quite a brisk prescription turnover would get more experience than the person in a pharmacy with a lower prescription flow. You have to factor in that equation when dealing with vocational training. What are we going to put forward in terms of the one-year period? The Minister has not said anything with respect to that one-year period. The Minister must tell us what would happen during that one-year period. Where would the training take place? Would the training take place in the hospitals or specific pharmacies, or would there be specific training centres throughout the country to train these students to give them the one-year internship, so when they come out they can be responsible pharmacists?

The Minister must tell us about the degree program. He said that he is satisfied. We are not satisfied because we have seen that that administration is lowering standards in this country. We have seen the Advanced Level Examination which we are proud of in terms of our student representation

worldwide, they are now introducing the Caribbean Advanced Proficiency Examination. We ask: Where is the recognition? Are our students being recognized internationally? With Grade III admission in the public service is being lowered. We are seeing the lowering of standards. How can we trust the Minister of Health with respect to increasing standards?

We have heard from other speakers before me about the crises in the health sector and the education sector. We saw a delay in the results of the Secondary Entrance Assessment examination and now we are hearing so many complaints. The Minister of Public Utilities and the Environment is not bringing the legislation to Parliament. The Attorney General is the head of the Legislative Review Committee. The water pollution rules are very important in this country. Apparently, the Minister of Public Utilities and the Environment does not use the bus route; probably, only certain people use it. If he uses the bus route on a regular basis he would see the water in Beetham Gardens turning blue. Once the rules are enforced the EMA would be able to deal with environmental problems in this country. I am hearing murmurs on the other side. We have to recognize whether you are on this side or that side, the environment is non political. [*Desk thumping*] When we are talking about standards, we must ensure that we keep a watchful eye on the government. We are not satisfied.

The Minister of Science, Technology and Tertiary Education could say that he would ensure that there is a person in every home attending university. We said that there would be a computer in every home. I do not know if that is why he said that there would be a tertiary level student in every home by 2020. We are dealing with facts and results and not visions. The Minister of Health has shown that he is a minister with very little vision for the health sector. We have seen crisis after crisis in the health sector. Every day we are seeing confrontation in the health sector. There is no medication in the Williamsville and Gran Couva health centres. The people in the rural communities are suffering and the Minister of Health is not doing anything about it. I think that the Minister of Health is still the acting Minister of Education, so he must deal with that problem. There is already a crisis in the education sector so he cannot create any more.

Getting back to this particular amendment, it is important that with respect to vocational training, the Minister of Health must talk about the degree programme. They started in 1995 and moved away from the diploma programme which was very successful. I do not want to be personal but I came out of the diploma programme. [*Desk thumping*] We are not against the bachleor's programme. That particular programme would give the students wide experience. We want to know

about the practical and academic aspects of that programme. We want to know the ability of the programme to transcend the boundaries into post graduate. I have asked about training centres.

The other area I wish to deal with is the amendment to the Medical Act. The same Minister of Health, the Member of Parliament for Diego Martin East accused the Member of Parliament for Caroni Central, at that time the minister of health—that he would amend the Medical Act and the State would control the registration of doctors. He accused the Member of Parliament for Caroni Central and he is proposing to do the same thing. He is proposing to amend the Medical Act to bring foreign doctors. Double standards by the Minister of Health. That is another lowering of standards. Standards in this country under the PNM administration have dropped. In every area we are seeing that. We have to question.

The Bill speaks about bringing pharmacy assistants. We recognize that the pharmacists in this country are overworked. There are 235 retail pharmacists in this country. We also recognize that once this Bill is passed there would be more responsible pharmacists in this country. More pharmacists would come out of the degree programme into the system. We would like to know if the regulations would refer to the training of pharmacy assistants. What cost would be put forward and what kind of certification is being envisaged for the pharmacy assistants? We want them to put proper rules, regulations and procedures in place so that the vocational training would not be a mamaguy.

In his contribution on the dental bill, the Minister of Health spoke about people having friends who would sign off on the particular student and he or she would be able to go through. I did my research before I came to Parliament. The hon. Member for Diego Martin East said that in terms of rules and regulations we must have those in place for vocational training. In the Minister's wind up we would like to find out what is in place for vocational training.

The new landscape for pharmacies would be one responsible pharmacist to two pharmacy assistants. We have heard about the upward movement of the pharmacy assistant to the pharmacist. Early in my contribution I spoke about what happens when a prescription comes into a pharmacy and the dispensing of medication. If the prescription deals with compounding medication it would be made up. Behind the scenes the pharmacist would have to enter that prescription in a prescription book. You do not always have all the medication on a prescription. If it is not an antibiotic, a controlled drug or a narcotic, the pharmacist would dispense what is available in that pharmacy and give you back the prescription so you could get it elsewhere.

3.30 p.m.

Mr. Speaker, the pharmacist would keep a record of that prescription either electronically or in her own handwriting in a particular book. So, the pharmacist would have the records in case someone comes to query what happened at a particular time. When the pharmacist has to record the prescription in the book it is a time-consuming exercise, and that is one area where the workload of the pharmacist could be reduced and the pharmacy assistant would be able to help out.

The other area is the actual taking of numbers from the prescription—the antibiotics or the narcotics—and putting it on the record card to say that number was dispensed and the levels are now dropping, so that when inspectors visit the pharmacy they would be able to match what is on the card and what is in the cupboard, because there must be a record of out-going narcotics and antibiotics.

The area with respect to control led drug is a very important area. For example, if a person gets more than two valiums it could have a very potent effect on that person, so the pharmacist would have control over that particular area in terms of control led drugs. The pharmacist would be monitoring the antibiotic and narcotic levels in terms of the recording. The pharmacy assistant would now be able to do that and free up the time of the pharmacist.

Many pharmacists are also pharmacy managers, so if stocks are coming in—like drugs and other merchandise—to a particular pharmacy, the pharmacist has to go out and check the merchandise. Sometimes the pharmacist is the only one available to go out and check the merchandise, and she also has to attend to persons who need to fill their prescriptions. Again, the pharmacy assistant could assist in that area and help out with that aspect of the transaction in terms of receiving the goods coming into the pharmacy. The pharmacy assistant could go about on the floor and assist people who need information with respect to herbal products on the market. As stated in the legislation, the pharmacy assistant would not be able to counsel any patient, but to some extent if a person wants to buy listerine or scope mouthwash, much assistance would not be needed there. In terms of this legislation, I think there is a certain leeway where the pharmacy assistant could go. To say carte blanche that the pharmacy assistant must not counsel the patient, I think there is some leeway here where the pharmacy assistant could play a simple role on the floor.

There are certain products in a pharmacy that a pharmacy assistant could advise people on when they come to purchase products. It is not a matter to just saying that the pharmacy assistant must not counsel the patient, because a patient

might just be coming in to fill a prescription. In fact, when a patient goes into a pharmacy 5 per cent to 10 per cent of the work is really to fill a prescription, and the patient would also shop around in the pharmacy and buy other merchandise such as toothpaste, mouthwashes, pain killer, nose drop or an eye lotion. I think the pharmacy assistant could help in that area, because that would again free up the pharmacist, because the pharmacist would have to leave the prescription counter area and run down to that particular area to assist the consumer. So if you really want to free up the pharmacist, there is some leeway which could be given to the pharmacy assistant, and that should be built into the particular training that the pharmacy assistant would get.

There are certain areas in a pharmacy—and I am sure that the Minister of Health understands the role and function of a pharmacist by now, since he had so many meetings with the Pharmacy Board and pharmacists. It is not only a dispensary in a pharmacy that the pharmacist has to deal with, but there is a whole range of other products in addition to the dispensary area.

Mr. Speaker, many people go to a pharmacy for pregnancy tests and also for glucose testing. The pharmacy assistant could do glucose testing as well as the pregnancy test, so what is the Minister saying? Is the Minister saying that a person could go to a pharmacy for a pregnancy test and the pharmacy assistant could do the pregnancy test with a particular device? Is the Minister saying that the pharmacist should now go and tell the person whether she is pregnant or not? What is the Minister saying? The counselling could come now from the pharmacist who would say, okay yes or no the person is pregnant, but the pharmacist cannot go any further. The pharmacist cannot prescribe any drug for an abortion. That has to be done by a doctor. So all that could happen is that the pharmacist could tell that person whether or not she is pregnant. There is no leeway for a pharmacist to tell a particular person to take a certain medication or prescribe a medication for an abortion. That is the role of a doctor. So there is a clear line between what a pharmacist could do and where a pharmacy assistant could assist.

In the case of glucose testing, I must agree that if there is a certain level of glucose in the system, there would be the need for a certain level of counselling. If a person's blood sugar is high then the pharmacist could recommend a dietary regime.

Hon. Member: This is not a school.

Dr. A. Nanan: I know it is not a school, but what I am trying to do is to show—

Dr. Rowley: Nonsense!

Dr. A. Nanan: Member for Diego Martin West, this is not nonsense. [*Interruption*]

Mr. Speaker: Do not be distracted, please continue.

Dr. A. Nanan: Mr. Speaker, I was speaking about the glucose testing before the golf-playing Member for Diego Martin West interrupted me. [*Interruption*] I think the Member got jittery because I was speaking about pregnancy testing. I think there is where the Member got a little annoyed. The Member of Parliament for Diego Martin West sprung to his feet when I was speaking about pregnancy testing, but I would not go there. [*Desk thumping*]

Mr. Speaker, with respect to glucose testing there are rapidnost and pen stick glucose strips. I have been out of the profession but I still remember basic things. These glucose strips have a special range and the pharmacist would be able to tell a person that his blood sugar level is at a particular range—that is whether it is high or low—and the person could use a diet to control the glucose level, or the person may need to see a doctor.

Mr. Speaker, there are certain areas in the pharmacy where the pharmacy assistant could assist. The pharmacist within the confines of this particular legislation—well, I ask the Minister of Health if he knows what is the role of a pharmacy assistant, because he said he held discussions with the Pharmacy Board and pharmacists—is really to help pharmacists. This is what this legislation is before the House within terms of providing more pharmacists in the country and relieving the burden on the pharmacists themselves.

Glucose testing and pregnancy tests are available in pharmacies, but what about condoms? There is no need for any kind of medical knowledge for condom sales in pharmacies and the pharmacy assistant could also assist in that area. Many of the bodybuilding products are sold in pharmacies. There is no need for a medical background in terms of the selection of bodybuilding products. Again, the pharmacy assistant could give advice there because there is no toxin effect once a person follows the regime. There are a number of products on the pharmacy shelves for example, dieting products, and people may want advice with respect to these products. In fact, when I was a pharmacist, I spent the majority of my time counselling patients on these over-the-counter medications.

Hon. Member: That is why the Member got fired.

Dr. A. Nanan: I would not respond to someone who did not pay his mortgage for so many years. There are many products for dieting that are on the pharmacy

shelves. Within the dispensary, there are medications that need to be administered by the pharmacist. There are many appetite suppressant products that have side effects, and there are also the high fibre diets outside of the dispensary and the pharmacy assistant could give some assistance in that area.

I was trying to show to this House, in terms of the retail pharmacy environment—I will get to the hospital environment shortly—that there are areas where the pharmacy assistant could be at a considerable advantage to a pharmacist like in the selection of and paying for medication over the counter. One would recall that when we brought the amendment for supermarkets to be allowed to sell listerine and other packaged medication, in my contribution, I showed where sulphuric acid, which is aspirin, and some of the other expectorants—in terms of the drugs that are within these expectorants—how they could be harmful to people. Simple medication like antihistamines, over-the-counter medication, if a person takes more than the average dose that was prescribed—in fact, if someone takes one piriton that person could sleep for two days.

Mr. Speaker: Hon. Members, the speaking time of the hon. Member for Tabaquite has expired.

Motion Made, That the hon. Member's speaking time be extended by 30 minutes. [*Mr. G. Singh*]

Question put and agreed to.

Dr. A. Nanan: Mr. Speaker, what I did this evening was to show the House, and to demonstrate to the Minister of Health that we support the amendment because it would bring relief to pharmacists in this country. In terms of the pharmacy Assistant that particular area in the amendment would have an influential effect on pharmacists. I also showed that within the environment of the retail pharmacy, there are areas where a pharmacy assistant would be able to go outside there and help the pharmacist.

In terms of the curriculum for the degree programme and the vocational training for that one year period, we need to know what is going to happen, and how it is going to be different from that three-year period. That is the particular area of concern and, of course, the standards in this country.

Mr. Speaker, I thank you. [*Desk thumping*]

Mr. Chandresh Sharma (*Fyzabad*): Mr. Speaker, I do not want to be denied my right to speak in this House even if I have nothing to say. [*Laughter*] [*Interruption*] I want to follow in the footsteps of the Member for Diego Martin

West who just confirmed that oftentimes he has nothing to say, but makes the point of saying it. Mr. Speaker, I just want to obtain the Minister's guidance on a few matters.

What are the considerations for phoning in orders to a pharmacy or obtaining orders by e-mail or fax? Is it legal and, if so, how are patients guaranteed that they are, in fact, obtaining the goods ordered since those requests must come from a practitioner? In addition, lately, a number of health centres and public institutions, including public hospitals—and I think other speakers have indicated that—sometimes close before 4.00 p.m and patients who are admitted after 4.00 p.m. are denied the right to obtain medication at the public health pharmacies. In this context, what provisions are there to encourage private pharmacies to open late at nights and what kind of incentives are being encouraged for these pharmacies to provide that area of service to patients?

The other area where there is some concern is the area of generic drugs. In terms of cost, we are seeing that a number of patients are unable to purchase drugs as indicated by the Member for Caroni Central. Are there any areas of encouragement for that? In addition, what kind of assistance is the Ministry lending to encourage healthy lifestyles so as to reduce the dependency on drugs? We are also seeing a number of drugs coming into the country without the approval of the Ministry of Health Food and Drug Division and these drugs are sometimes seen on the shelves of some pharmacies—not necessarily through the large companies, but sometimes through suitcase traders. The fact of the matter is that these drugs are available and people see them on the national television since there are a large number of channels available to them, and they are ordering these drugs. Sometimes these drugs come through the airport and other ports of entry. What kind of protection could citizens obtain from that? Those are the few points that I wanted to raise and I hope that the Minister would respond intelligently.

Mr. Speaker, thank you. [*Desk thumping*]

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, thank you and I also want to thank the Opposition Chief Whip for allowing me to complete this legislation. The Member for Tabaquite is allegedly a dentist, and he is therefore allegedly trained in easing pain, but that was not evident in his contribution. It would have helped us all, if Members had read the legislation that is before us—I am speaking here with regard to the matters raised by the Member for Tabaquite. If the Member had looked at clause 11 he would have seen that the Act was amended in section 40 to insert a number of clauses to deal with pharmacy assistants. If the hon. Member had also taken the time to go and get a copy of the parent Act, he would have seen that section 40 reads as follows:

"Subject to the approval of the Minister, the Council may make regulations for carrying out the purposes of this Act and for giving full effect to its provisions; and, without limiting the generality of the foregoing, with respect to—

(a) the qualifications for admission of persons to training as pharmaceutical apprentices;

(b) the course of training to be followed by pharmaceutical apprentices to prepare them for registration as pharmacists;

(c) the conditions under which candidates may take examinations;

(d) the standards of proficiency which candidates must reach in the examinations before they may be registered as pharmacists under this Act;"

Clause 11 of this amendment Bill adds after (b) the following new paragraph:

"(i) …'the course of training to be followed by Pharmacy Assistants;';

(ii) in paragraph (e) by deleting the words 'and by pre-registration pharmacist' and substituting the words…pharmacy assistants and holders of temporary licences to practice;'; and"

In paragraph (h)(a), it inserts a paragraph dealing with the issue of certificates for the registration of pharmacy assistants. The simple point is that this amendment would provide for regulations to be drafted by the council, and then to be submitted to the Ministry for the approval of the Minister to be published or laid in Parliament in the usual way before anyone could be qualified to become a pharmacy assistant.

In other words, although today we are amending the legislation to create the position of pharmacy assistant, we must first receive regulations from the council, which would define in detail, the cost of training for pharmacy assistants, and these regulations would then have to be published by order and so forth. So that it is not a free for all. It is not a wild situation as the hon. Member for Tabaquite sought to give that impression, but it is a simple amendment to the existing legislation where a number of things have to be done before this new amendment becomes operational. It was clear to me that the Member was either absent, or he was not listening when I presented this Bill, because I stated this and I would repeat it—for the defective memory of the hon. Member for Tabaquite—that clause 11 of this Bill provides that the Minister may from time to time, after consultation with the council make regulations for the course of training to be undertaken by pharmacy assistants.

In addition, I have also pointed out to the Member for Tabaquite that the parent Act deals with the course of training that is required for persons to become registered as pharmacists. So everything has been taken into account in this Bill, and it is regrettable that the hon. Member for Tabaquite did a diploma at the University of the West Indies some years ago, and was unable to do a degree programme. There is now a Bachelor of Science degree programme in pharmacy, and anyone who has been involved in any form of tertiary education would know that the level of training that is involved in a Bachelor of Science programme is considerably more than what is involved in a diploma programme.

Previously, in the 1980s, there was a diploma programme in pharmacology, and there is now a bachelor of science degree which is a much longer course and it is a much higher standard, and that is why we are now able to reduce the level of internship from three years to one year. It is logical; it is ABC; and it is almost primary school—it is elementary, and one wonders whether the Members on the other side even bothered to do any research into this matter.

This whole question of reducing the internship period from three years to one year is an idea that was developed by the Members on the other side. All I have done today—since they were a "coulda, woulda, shoulda government" and I hear all this old talk about this and that and so forth—is what they could not do when they were in office.

When I went into that Ministry I found a number of matters gathering dust on the shelves and we are picking them up one by one; we are cleaning them up; we are amending them as necessary and modifying them where there are defects and limitations; and we are now dealing with a number of issues that they "coulda, woulda, shoulda", do but never did. The question with respect to the three years to one year, is something that was developed by the hon. Member for Caroni Central which I agree with and, therefore, it is ludicrous for a measure to be developed by a UNC administration, and for another Member of the United National Congress to come here and question it when we on this side pilot it. It was their legislation. I hope that dispenses with the foolishness that we heard from the hon. Member for Tabaquite. Absolute rubbish!

I would now deal with some of the issues that were raised by the hon. Member for Caroni Central. With regard to the quality legislation, a draft was developed by the former administration, and earlier this year I took the precaution of re-circulating the legislation to private hospitals, because there are some very funny people in this country.

I received a letter from an individual who is now a local government candidate for the UNC in San Fernando. One wonders if people have amnesia or chronic amnesia. This particular individual wrote me as Minister and told me that he heard that the Minister of Health had been very selective in circulating its proposed quality legislation, and that I gave a copy of the proposed legislation to a private hospital in north Trinidad. He implied, of course, that the Government was discriminating against private hospitals in south Trinidad, one in which he has a substantial interest. The candidate wrote me this foolish letter, and we had to go back into the records and determine whether, in fact, the hon. Member for Caroni Central had been involved with consultation with the same private nursing home that the candidate has an interest in, since the Member had circulated copies of this very said quality legislation two years ago to the same individual and nursing home. I politely reminded the candidate of this matter in a piece of correspondence and sent him another copy of the Bill.

There are some funny people in the system. There are people who have been ringleaders in industrial actions and ringleaders in doctors' strikes over the last 18 months or so, and who are now candidates for the United National Congress in this local government election. The doctors were saying at the time—while they were leading the strike—that it was not political. This candidate is now writing me letters saying that I want to introduce quality legislation that he has never seen, although the hon. Member for Caroni Central gave him a copy two years ago, when they were engaged in extensive consultation with private hospitals and private nursing homes.

Mr. Speaker, when we bring this quality Bill—because I agree in principle with it—we will be making a few changes to it but nothing significant, because it is important that we establish standards for health care in Trinidad and Tobago. I am at one with the former minister on that matter. It is important that all these jokers who exist within the system would be able to say truthfully that they were consulted. The reason I have not brought the quality legislation to this House is that I have re-circulated this legislation to all the jokers that the hon. Member is so friendly with, so they have received another copy so they would not say that the proposed quality legislation was not circulated. The Government would be coming to this House with that legislation very soon.

With regard to the legislation relating to the Tissue Transplant Bill, recently I saw the final version of the legislation. In fact, I was very pleased to see them because the legislation relating to tissue transplant is important, especially with critical areas of health care such as renal failure, where there are a number of

people in this country on dialysis machines and who would be saved if they could get a kidney transplant, and this is an area which I consider to be very important. I could assure the hon. Members of this House that we will soon be bringing the legislation relating to tissue transplants so that we could proceed with the very laudable concept of harvesting organs from persons who may have passed away, unfortunately, thus allowing other persons to have a fair chance at a healthy and productive life. That is another important piece of legislation that we will be bringing to this House very soon.

With regard to the professions allied to medicine, again, learning from my experience from that joker—who is now going for office—I had a meeting with representatives of the Board of Professions Allied to Medicine. Again, I did not want to be accused of going ahead with legislation without consulting the relevant association. I am happy to report that I have met with the representatives of the profession allied to medicine such as the physiotherapists and so forth. Just a couple weeks ago we went through the proposed legislation, and I was able to get confirmation from them that they are in agreement with the proposed legislation, and that would be brought to this Parliament very shortly.

With respect to tobacco, as the Member for Caroni Central would be aware, it was only this year that the World Health Assembly—which is the assembly of all nations involved in the World Health Organization—in Geneva unanimously agreed to ratify the International Convention on the Control and Regulation of Tobacco. In fact, we have authorized our ambassador in Geneva to sign that agreement on behalf of Trinidad and Tobago. Cabinet had agreed to that a couple weeks ago, and if it is not signed already, it would be signed very shortly. As soon as that convention is signed by the Republic of Trinidad and Tobago in Geneva, we would then be looking at legislative action flowing from that convention, which would lead to the prohibition of advertising of tobacco products, and strict control on tobacco products, especially as they affect minors and so forth. I am very well aware of that and I am in total agreement with the views of the Member for Caroni Central. This is one area where we have consensus that tobacco is a very dangerous product, and it is responsible for many of the problems that we are having in our health care system.

Dr. Rafeeq: I thank the hon. Minister for giving way. All I was saying is that I do not think that you should wait for the signing of the agreement before you begin the process.

Hon. C. Imbert: I have no problem with that at all. As I said, the agreement may be signed already since we have authorized our ambassador a couple weeks

ago to sign the agreement, and he has the instrument of authority. If the agreement is not signed already it could be signed tomorrow. So this is something that we are moving on very swiftly. As I said, there was consensus between the former Minister and myself on the control of tobacco. Tobacco causes all sorts of problems. In fact, it is believed that in one cigarette there could be up to 300 poisons—including poisons that are used for rodent control—so, I totally agree that we have to deal very decisively and seriously with tobacco. If the hon. Member for Caroni Central wishes to assist I would be most happy to get his recommendations and proposals for the legislation—

Dr. Rafeeq: For a fee? [*Laughter*]

Hon. C. Imbert: I am sure the Member does not mean that. If the hon. Member wishes to assist us in terms of dealing with our tobacco legislation—I know that this is something that is very important to him—I would be most happy and I would welcome any proposals that he may have. What I could say is that—I understand that the Members opposite have to sing for their supper and they have to pretend that they were doing things while they were in the Ministry of Health, but it is under the PNM administration that the construction of the Tobago Regional Hospital has commenced; a $135 million facility. [*Desk thumping*] For six years the hon. Members opposite dilly-dallied, pussyfooted and played the fool with health care in Tobago, but it is under the caring hands of the People's National Movement that we have put that project to rest, and we now have the construction of a regional hospital in Tobago. [*Desk thumping*] They have fooled around with the Tobago hospital for six years, and they want to come here now and say that there was a beehive of activity. It is under the People's National Movement that this is happening.

Mr. Speaker, next week Tuesday we will be commemorating—it is under the People's National Movement that we were able to accelerate and push forward—the start of construction of the surgical suites, the burn centre and the other areas with regard to the upgrade of the San Fernando General Hospital. [*Desk thumping*] That could not be done under the United National Congress, but that is being done under the People's National Movement. We are doing that and on Tuesday in San Fernando, I would have the honour to join the Member of Parliament for San Fernando East, the hon. Prime Minister, to commemorate the commencement of the $33 million upgrade of the surgical suites and wards in the San Fernando General Hospital; and this is just phase one. There are four phases of construction and upgrade for the San Fernando General Hospital, all of which would be done by the People's National Movement administration. [*Desk thumping*]

Mr. Speaker, under their administration, they did some work in the Princes Town area and it was incomplete as usual. They built a facility that could not be opened. There was no equipment in it; they did not organize any staff for it; and there was no water supply for the facility. It was under the People's National Movement that we have staffed that facility; procured the equipment; and we have dealt with all the infrastructure problems—the mess that they left for us. Now there is a fully functional Princes Town District Health facility, and this is as a result of the work done by the People's National Movement. [*Desk thumping*] That is what the PNM is doing.

It is under the People's National Movement that a district health facility would be built in Chaguanas, because they were in power for six years and Chaguanas is their heartland—that is why former supporters of the UNC are running over to the caring PNM in thousands, because they know that under this administration we are going to do the things that they could not do—and we will be building a district hospital in Chaguanas. That is what they could not do. [*Desk thumping*] We would be doing it.

Mr. Speaker, the residents of Point Fortin were victimized for six years. We will be building a brand new state-of-the-art facility hospital in Point Fortin, because that is what they could not do because they were victimizing the people of Point Fortin and La Brea. [*Desk thumping*]

The Government will be doing a $66 million upgrade of the Sangre Grande Regional Hospital. [*Desk thumping*] That is what the PNM is going to do, what they could not do when they were in office. It is amazing when one hears the old talk. They bought 50 old foreign used ambulances. You ever hear about a country that wants to move into the 21st Century—a country as rich as Trinidad and Tobago with an oil economy—buying foreign used ambulances? That was their idea of vision. They bought a whole set of old vehicles into this country—old buses. I remember the rural transport service when they brought 20-year old buses into this country, and within a couple of months all the buses were breaking down. They also brought a set of used ambulances into this country and paid a pound and a crown for them.

Mr. Speaker, the Member should not raise these issues. When we took over the Government of this country in December 2001, it did not have 50 ambulances on the road, it barely had 20 old bang-up ambulances. In fact, all those ambulances that we are seeing in the media where ambulances were mashed up, those accidents and damages with respect to these ambulances happened under their administration. We met a graveyard of ambulances when we came in. [*Desk*

thumping] It is the caring PNM that is going to buy a fleet of 40 brand new ambulances for the citizens of Trinidad and Tobago. We are not buying any foreign-used junk and using that to provide health care for the people of this country. They should not talk! It is so coincidental that we have a local government election in a couple days.

Mr. Speaker, for three years there was a pilot programme in the Ministry of Health, and that pilot programme was supposed to train nationals of Trinidad and Tobago and counterpart staff in the Ministry of Health, so that there would be technology transfer, skill transfer and knowledge transfer. There was supposed to be the creation of an ambulance authority since the year 2000. When we went into the Ministry of Health, we found that this pilot programme with the ambulance service had a life of its own. So, instead of having technology transfer, knowledge transfer and the creation of an ambulance authority and an emergency health authority in Trinidad and Tobago, so that the citizens of Trinidad and Tobago could manage and deliver their own emergency health services, we found a self-perpetuating system where every three mouths we had to continue extending the pilot programme, because there was no technology transfer; no knowledge transfer; they bought no new ambulances; and there were no replacements for ambulances. They ran the system into the ground and that is what we have had to deal with.

I am happy to report that when we realized that this system was a self-perpetuating incestuous matter that had a life of its own—just going in a circle like this—the counterpart staff in the Ministry was totally frustrated. There is not one single person in the Ministry of Health—it does not matter what political party they support—that was in support of it. I have all the reports that were on the desk of the Member for Caroni Central before I went there. The audit report of 2000/2001—it is a shame. The Minister was aware of the ambulance service and all the irregularities that were uncovered in that ambulance service under his watch, and the Member had the report and he buried it. The Member knew about the report and he comes now into this Parliament and saying that they had a perfect emergency health service under his administration. The Member is very well aware of what was going on inside there. The ambulance service was being run into the ground but we are going to deal with it.

I am happy to say that we handed over a number of ambulances to the Vehicle Maintenance Company of Trinidad and Tobago (VMCOTT), and as of today, we have it back up to 15 ambulances; by next week we would have eight more ambulances, and within a couple of weeks we would have it up to 25 ambulances.

The Government is preparing a request for tenders for 40 brand new ambulances, so within a relatively short period of time, we would have a modern state-of-the-art emergency health service in this country, and not the inferior junk that was handed over to us when we went into office, and there are many more things that I could say.

Mr. Speaker, just 10 days before the election, a former UNC activist—one of the sidekicks of a Member in another place and who is well known to the national community and has been in this Parliament on many occasions and acted as a Senator in this Senate—suddenly he is the advisor to the technicians who are on strike. Just so! Ten says before the election, a high-level UNC activist appears out of the blue advising workers on how to strike; how to protest; how to work-to-rule; and how to work in a sit down strike. He also advised them to go and sign on and sit down and do not work; the workers must say that their working conditions are no good, and when the working conditions are fixed, they must say that there are no supplies in the ambulance; and when the ambulance supplies are fixed, the workers must say that there is no gas in the ambulance. That is what is going on in this country. A former high-level UNC activist is going up there and interfering with the health of this country just for political reasons, to create a political crisis before local government election.

Dr. Rowley: Name him!

Hon. C. Imbert: Do you want me to name him? He is well known, he is always in the newspapers. Look in the newspaper and you will see his name. His name is Vincent Cabrera. Nonsense! But they are not catching us with that. I am happy to report that the workers have been advised that they are engaging in illegal action, and I am happy to report that they are returning to work and we are running the service and we will continue to run the service to ensure that this country is provided with proper health care. [*Desk thumping*]

I heard all sorts of things coming from the hon. Member for Caroni Central and the Member for Caroni Central is an experienced Member and he knows very well that when there is a question on the Order Paper, or a question is lodged with the Speaker and approval is received from the Speaker, it is out of order to introduce these matters into a debate. The Member is an experienced Member and he has a number of questions on the Order Paper relating to United Nations doctors, Cuban doctors and their terms and conditions and so forth. The Member lodged all those questions. I saw the questions today and yet the Member comes in this House today, knowing fully well that one cannot lodge questions on the Order Paper, and then introduce them into the debate before the Member gets the

answer. The Member knows that. He is an experienced Member, but it does not matter. His inexperience, ignorance or lack of knowledge is irrelevant.

They are systematically seeking to sabotage and undermine the health system, but we are systematically and creatively dealing with them. Over the weekend, the Permanent Secretary and the Human Resource Manager of the Ministry of Health went to the Republic of Cuba and they have returned with a signed agreement for the engagement of Cuban medical personnel. [*Desk thumping*] I am happy to report that the people who would be coordinating the work of the Cuban medical professionals will be arriving in this country on July 10, 2003. The Members want to know when they are coming so I am telling them now. The coordination team would be coming on July 10, 2003, and the projected date for the arrival of the first batch of medical professionals is July 23, 2003. Those are the dates.

Mr. Speaker, I am also happy to say that the United Nations doctors are already gathering to assemble in Grammy, which is the control point, and we expect them to arrive early in August. I am happy to say that we are making arrangements for accommodation. We have already worked out which parts of the country we would be placing our United Nations volunteer doctors, and our professionals from the Republic of Cuba. You see, while they are systematically trying to undermine the health sector, we are quietly and systematically coming up with strategies to deal with their sabotage.

What the hon. Member did not say is that there is a chronic shortage of medical doctors in this country. There is a shortage of 250 doctors in this country, and for six years there were two doctors in the Ministry of Health and what did they do about the shortage of medical professionals in the public health system? They did absolutely nothing. In fact, what they did was presided over the destruction of the public health system in order to encourage a private health system to mushroom and develop because that was their plan. Their plan was to downgrade the public health system and encourage the private health system so that people would have to pay through their noses for health care. That is what they were all about, and that is why they did not do anything about the shortage of doctors in this country.

Mr. Speaker, for six years they created a shortage of doctors and in 2002 there were 250 vacancies in the public health system for medical doctors. The rate at which the University of the West Indies is producing doctors it would take 15 years for the Government to fill those vacancies, and no responsible government, being aware of the rate of the production of doctors at the University of the West Indies is going to sit and twiddle its thumbs. We have a responsibility—especially

to the poor people of this country—to deliver health care and if we cannot produce doctors in Trinidad and Tobago fast enough, we are going to get them from somewhere else, because the man in the street and the very poor old lady waiting on a hernia operation—I heard some rubbish about a waiting list.

It is under the People's National Movement that there are now three fully equipped and operating surgical theatres at the Port of Spain General Hospital. [*Desk thumping*] When I went inside there it had one and a half surgical theatres operating at the Port of Spain General Hospital. Port of Spain General Hospital was doing a minimal number of operations. Over a period of time we were able to refurbish the surgical theatres at the Port of Spain General Hospital. We have appointed an experienced nurse as the theatre manager and there are now three theatres operating at Port of Spain General Hospital, and before there were one and half theatres operating under the hon. Members opposite. We are reducing the waiting time for surgeries and the backlog for surgeries. The doctors are telling me that they could now do their surgical lists, which they could not do under the administration of the hon. Members opposite. I have it in writing. They could not do it!

Mr. Speaker, recognizing also that the capacity of the public health system is such that at the present time with all the malpractice that has been taken place in that system, over the six-year period that the hon. Members opposite were in power—when they destroyed the public health system—the malpractice that now exists inside of there is going to take us some time to rebuild, to re-motivate health workers; to re-energize and re-engineer the health sector. So we are not waiting. In the same way we are not waiting on the University of the West Indies to churn out 250 doctors for us, which we know they cannot do under 15 years.

What we are also doing with regard to surgeries and the backlog of surgeries—because there are old people in this country who have eye problems and need cataract surgery and they are at the age of 65 or 70 years old, and they only have a few years left to go. We have found a situation where the waiting list for cataract surgery is three and four years. So what this caring PNM administration did was invited proposals from all private hospitals in Trinidad and Tobago because we are practical. While we recognized that it was their plan to destroy the public health sector and to enhance the private health system, we are practical.

We believe that there is a place for both the public and private hospitals. We have invited tenders from all the private hospitals in Trinidad and Tobago to provide cataract surgery for poor people, and the Ministry of Health will pay for the surgeries, and these surgeries would be free of charge. We expect these

proposals to come in very shortly. Within a couple of months we would erase the entire backlog of surgeries, and we are not going to make the mistakes that they made.

We are going to make arrangements for post-operative care because that is very important. As part of the contract, the same private hospitals would be required to provide post-operative care for these persons who would be getting their cataract surgery—courtesy the caring PNM—free of charge under this administration. We would be doing the same thing for prostate surgery, hernia repair and all the routine operations and surgical procedures that poor people of this country have been denied under the six-year regime of those Members opposite. We in the PNM are coming up with practical solutions to deal with all of these problems so that our poor and suffering population would finally get the quality of health care that they deserve and they could see some kind of return coming for the tax dollars that they paid.

With regard to the Chronic Disease Assistant Programme (CDAP) for the first time over 80,000 persons would have easy and free access to medication. They could have done that but for six years they fooled around and they did not do anything. It took a caring PNM administration to come, in a matter of months, to establish a programme of free medication for the elderly. We have already reduced the age from 65 to 60. I would announce today in this Parliament that from August 01, 2003, in addition to glaucoma, hypertension, diabetes and cardiac disease, we are adding arthritis, asthma and depression—a revolutionary and far-reaching programme. Six years they were in office and they spent $3 billion building a cowshed in Piarco and "thief" half of the money, but it takes the PNM to come in with far-reaching and visionary programmes to establish a free medication programme.

Mr. Speaker, the way we are going with this, as I said, from August 01, 2003 it would be free medication for glaucoma, diabetes, hypertension, cardiac disease, arthritis and depression. By September 01, 2003 we would be bringing in a programme for all children under the age of 16 years. We are dealing with our target population one by one. We have started with the most disadvantaged, people on the disability grant; old age pensioners and now we are moving to everyone over the age of 60, senior citizens, and the next phase would be everyone under the age of 16. Before the end of this five-year term of the PNM administration, every citizen in Trinidad and Tobago would be entitled to a range of medication for the most common chronic diseases, from cradle to grave. That is PNM! [*Desk thumping*] And they are saying that we have no vision and things were buzzing under them. Things were dead under them!

When one looks at the Health Sector Reform Programme, the Health Sector Reform Programme was financed by the International Development Bank (IDB) programme and should be finished this year, 2003. We went inside there and we found that they had only implemented 25 per cent of the Health Sector Reform Programme. In the six years that they were there they were just fooling around and doing all kinds of foolishness and wasting time with massive incompetence and mismanagement. They were only able to implement 25 per cent of that Health Sector Reform Programme, and it took the PNM to come in and re-access that programme.

We already have experts from the Pan American Health Organization who would be looking at our Health Sector Reform Programme and would be advising us on how to deal with the mismanagement, which took place under the former Members opposite. We went to the IDB and they were very concerned about the incompetence of the former administration with respect to the Health Sector Reform Programme, but we have managed to convince them that we should get a three-year extension. So that while they took six years to do 25 per cent of the Health Sector Reform Programme, we are going to take a further three years to do the remaining 75 per cent. That is performance PNM style. [*Desk thumping*]

Mr. Speaker, I could talk for 75 minutes about the nonsense that I have heard on that side—whining and moaning—talking about herbal products and so forth. For six years they were in the Ministry of Health and what did they do about herbal medication? Absolutely nothing! What did they do about a national drug formulary? Nothing! We do not even have a formulary in Trinidad and Tobago. They just twiddled their thumbs and wasted time doing foolishness during that six-year period. As I said, I could go on for 75 minutes but it is quite all right. We are here today to deal with pharmacy assistants and to reduce the time of pharmacist from three years to one year. All the talk that they were talking; all the noise that the hon. Member for Tabaquite made, when he was finished talking his foolishness he said it is a good Bill and they agree with it. The Member could have said that at the beginning and spared us the pain, or at least send us some novocaine to deal with the pain that he was delivering on this side.

Mr. Speaker, I am glad, that despite all the prattle and the gabbling that came from the other side, they are in agreement with this legislation. I beg to move.

Mr. Speaker, I thank you. [*Desk thumping*]

Mr. Speaker: Before I put the question it is just about 4.30 p.m. so I would suspend the sitting of the House until 5.00 p.m.

Hon. Members: No.

Mr. Speaker: Is there an agreement?

Hon. Member: Yes.

Mr. Speaker: Okay, by agreement between both sides of the House I would put the question.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole House

House in committee.

4.30 p.m.

Clauses 1 to 4 ordered to stand part of the Bill.

Clause 5.

Question proposed, That clause 5 stand part of the Bill.

Mr. Chairman: Hon. Members, we have an amendment to clause 5.

Mr. Imbert: In clause 5(f) the proposed paragraph is not necessary because it is already contained in section 27 of the parent Act. So we need to delete the proposed paragraph 5(f). In paragraph (c), subsections (5) and (6) we need to delete the words "under this section". In subsection (6), after the word "persons" in the fifth line, we wish to add the words "and pharmacies"; and in subsections (5) and (6) the words "under this section".

Mr. Chairman: Hon. Members, the question is that clause 5 be amended by deleting subclause (b)(f).

Mr. Singh: Mr. Chairman, I just take it that the reason for the deletion is that it is already covered in the parent Act.

Mr. Imbert: Mr. Chairman, the instruction I have is that the provision from a register is already contained in section 27 of the parent Act.

Dr. Rafeeq: Mr. Chairman, with respect to the same clause (5)(a) I see a small editorial coming and I do not think that there is need for paragraph (a) at all. What has happened is that I think there was an (a) and a (b) but now all of these have been added the "and" comes at the end of paragraph (e), and that "and" would suffice.

Mr. Imbert: Mr. Chairman, we are actually amending section 17 of the parent Act, so let us take a look at section 17 of the parent Act. Mr. Chairman, could you just give us a few seconds to check it? Could you repeat your point, please?

Dr. Rafeeq: I am saying that I do not see the necessity of having paragraph 5(a); because you are putting in an "and"; and the "and" is already catered for in paragraph (e), so there is no need to have another "and" there.

Mr. Imbert: Could I ask if you are looking at the amended version of the original Act?

Dr. Rafeeq: Mr. Chairman, the amended version of the original Act has subsections (a), (b) and (c), and this amendment is saying that after paragraph (c) you put an "and".

Mr. Imbert: Mr. Chairman, there is no "and" in the amended version because we are amending section 17 of the amended parent Act. Do you follow?

Dr. Rafeeq: Mr. Chairman, the hon. Member is not following me. I am saying that in the amended Act section 17 has subsections (a), (b) and (c). The hon. Member is saying in this Bill that is before us now, to add the word "and" after the word "pharmacy" in subsection (c), and then there would be subsections (d) and (e) because we have taken off (f). So there is no need for "and" there.

Mr. Imbert: Agreed.

Dr. Rafeeq: Mr. Chairman, since we have taken off subsection (f) then the "and" would come after subsection (d) instead.

Mr. Imbert: It would come after "e".

Dr. Rafeeq: Are you not taking off subsection (f)?

Mr. Imbert: It would come after (d). How are we doing that?

Mr. Chairman: Hon. Members, the question is that clause 5(a) be deleted.

Hon. Members, the question is that in clause 5(b), which is now renumbered clause 5(a), after the word "establishment" in the last line, we add the word "and".

Hon. Members we have already dealt with clause 5(f), so I would move on to clause 5(5).

Mr. Imbert: Mr. Chairman, as a consequence of that amendment, after clause 5(b)(e) we would have to delete the word "and".

Mr. Chairman: Hon. Members, in clause 5(a)(e), after the word "accomplished" we delete the word "and" and replace the semi-colon with a full stop after the word "accomplished".

Mr. Chairman: Clause 5(c)(5) reads as follows:

> "The Registrar shall cause a copy of the registers under this section to be lodged with the Council."

So we are deleting the words in the second line "under this section".

In clause 5(c)(6), in the fifth line, after the word "persons" we are adding the words "and pharmacies"; and in the seventh and eighth lines we are deleting "under this section".

Question put and agreed to.

Clause 5, as amended, ordered to stand part of the Bill.

Clause 6 ordered to stand part of the Bill.

Clause 7.

Question proposed, That clause 7 stand part of the Bill.

Mr. Chairman: Is there an amendment to clause 7?

Dr. Rafeeq: Mr. Chairman, I think there is a mistake in clause 7(b); it is not subsection (5), it is subsection (6). .

Mr. Chairman: Do you have an amendment to clause 7?

Dr. Rafeeq: Mr. Chairman, clause 7(b) says:

> "in subsection (5) by deleting the words 'any person'."

Subsection (5) does not have the words "any person"; I think it is being referred to subsection (6).

Mr. Imbert: Mr. Chairman, we would simply delete clause 7(b). Because to put it in clause 6 which says "any person broader than any pharmacist"—we prefer to keep the flexibility in the Act and leave it at "any person". So we would simply delete the proposed clause 7(b).

Dr. Rafeeq: Mr. Chairman, that certainly does not solve the problem. Are you saying that section 19(A)(6) takes care of this provision in clause 7?

Mr. Imbert: It is clause 7(b).

Dr. Rafeeq: So you are deleting subclause (b) and leaving subclause (a)?

Mr. Imbert: Yes.

Mr. Chairman: Hon. Member for Caroni Central are you happy with that?

Mr. Ramsaran: Yes.

Mr. Chairman: Hon. Members, the question is that clause 7 be amended by deleting little (a) and (b) and the word "and".

Dr. Rafeeq: Mr. Chairman, I still have a little problem with this. I now understand the amendment that is being proposed. In subsections (1) to (5) where you add "pharmacy assistant to pharmacist" that is okay. But section 19(A)(6) says;

> "while any person"—

and that cannot refer to a pharmacy assistant as well—

> "—is so suspended that person shall be deemed to be registered as a pharmacist but for any other purpose of this Act shall be deemed to be not so registered."

Mr. Imbert: Yes, clause 6 would only refer to a pharmacist, but subclauses (1) to (5) would refer to a pharmacist or a pharmacy assistant.

Question put and agreed to.

Clause 7, as amended, ordered to stand part of the Bill.

Clause 8.

Question proposed, That clause 8 stand part of the Bill.

Mr. Chairman: Is there a proposed amendment to clause 8?

Dr. Rafeeq: Mr. Chairman, with respect to clause 8(6) where it says;

> "Nothing in this Act shall be construed as permitting a pharmacy assistant to directly dispense any prescription to or interact directly with patients of clients…"

I am not in agreement with the words "interact directly with patients or clients". I think you would still achieve what you want to achieve if that is deleted. "Interacting with patients" can mean anything, and I do not think that enhances this Bill.

Mr. Imbert: All right, we would accept the amendment.

Mr. Chairman: Hon. Members, in clause 8(6), line 3, we are deleting the words "or interact directly with" and after the word "patients" the word "of" is deleted and substituted with the word "or".

Question put and agreed to.

Clause 8, as amended, ordered to stand part of the Bill.

Clauses 9 to 12 ordered to stand part of the Bill.

Question put and agreed to. That the Bill, as amended, be reported to the House.

House resumed.

Bill reported, with amendment, read the third time and passed.

ADJOURNMENT

The Minister of Health (Hon. Colm Imbert): Mr. Speaker, I beg to move that the House do now adjourn to Friday, July 11, 2003 at 1.30 p.m. at which time we would do the Senate amendments to the Kidnapping Bill, 2003; the Act to amend the Customs Act Chap. 78:01 and the Extradition (Commonwealth and Foreign Territories) Extraditable Offences) Order, 2003.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 5.00 p.m.

WRITTEN ANSWER TO QUESTIO

The following question was asked by Mr. Chandresh Sharma (Fyzabad):

WASA
(List of Operations)

143. With reference to WASA and having regard to the answer given to question No. 66, would the hon. Minister of Public Utilities and the Environment please provide this House with:

(a) the list of addresses at which public standpipes were installed for the period February 2002 to April 2003;

(b) the list of public standpipes closed off and/or disconnected from January 2002 to April 2003;

(c) the list of contractors installing public standpipes and amounts of moneys paid to each from January 2002 to April 2003?

The following reply was circulated to Members of the House.

The Water and Sewerage Authority has advised as follows:

(a) A total of Five Hundred and Eighty One (581) public standpipes were installed for the period February 2002 to April 2003. Details of the addresses of the 581 installations are provided in Table 1.

(b) A total of seventy (70) public standpipes were disconnected over the period January 2002 to April 2003. Details at the addresses of the disconnected standpipes are provided in Table 2.

(d) The list of contractors utilized for the installation of public standpipes over the period January 2002 to April 2003 and sums of monies paid are provided in Table 3.

TABLE 1

LIST OF ADDRESSES AT WHICH PUBLIC STANDPIPES WERE INSTALLED FOR THE PERIOD FEBRUARY 2001 TO APRIL 2003

NO.	ADDRESS
1	#1 WATERLOO & EASTERN MAIN ROAD ,D'ABADIE
2	10 CAURA ROYAL ROAD, EL DORADO
3	32 ST JOHN RD ,TUNAPUNA
4	123 GUAICO TAMANA RD. GUAICO
5	COR LITTLE COORA RD & CUMUTO MN RD ,CUMUTO
6	965 EASTERN MAIN ROAD, SANGRE CHIQUITO
7	878 EASTERN MAIN ROAD,SANGRE GRANDE
8	32 COALMINE RD, SANGRE GRANDE
9	104 CUNAPO SOUTHERN RD,COAL MINE
10	56 SHADEEN TRACE, TOCO ROAD, SANGRE GRANDE
11	14 TOCO MAIN ROAD, SANGRE GRANDE
12	58 TOCO MAIN ROAD, SANGRE GRANDE
13	6 1/2M GUAICO TAMANA, GUAICO
14	RECREATION GROUND, DABADIE
15	51 SEEJAGATH, TUMPUNA ROAD
16	16 REID LANE, DABADIE

NO.	ADDRESS
17	58 SOOKAN TR CARAPO, ARIMA
18	134 OROPOUCHE RD, SANGRE GRANDE
19	1 LITTLE COORA, GUAICO
20	T39A SAN CARLOS RD, ARIMA
21	344 TALPARO MAIN, TALPARO MAIN ROAD
22	600 TAMANA RD, TALPARO MAIN ROAD
23	TODD'S STATION ,TODD'S STATION ROAD
24	ROWLAND CLEVELAND & MALABAR EXT RD ,MALABAR
25	82 MALABAR EXT RD ,ARIMA
26	4 HARRIS HILL, LAVENTILLE RD ,SAN JUAN
27	58/2 BASEMENT TR., 7TH AVE ,MALICK
28	4 SAWMILL AVE ,BARATARIA
29	CHANKA TR & PARRAY LANE ,SAN JUAN
30	60 BLANC ST ,SANTA CRUZ
31	33/5 CENTRE HILL, UPPER 7TH AVE ,MALICK
32	6TH (UPPER SIXTH, MALICK ,UPPER SIXTH AVE.
33	NORTH SIXTH AVE ,BARATARIA PROPER
34	COR. 7TH (BARATARIA) & 6TH AVE. BARATARIA PROPER
35	54 JO JO LANE ,EL SOCORRO
36	33/5 CENTRE HILL UPPER 7TH AVE ,MALICK
37	58 SPENCE VILLE UPPER 7TH AVE ,MALICK
38	CLIFTON HILL ,LAVENTILLE
39	32 THOMASINE ST ,LAVENTILLE
40	34 ST FRANCOIS VALLEY RD ,CHINA TOWN
41	OPP 25 ST FRANCOIS VALLEY RD ,BELMONT
42	lp 89 LAVENTILLE RD ,LAVENTILLE
43	5 BROOME ST ,DIEGO MARTIN

NO.	ADDRESS
44	6 MERCER RD ,DIEGO MARTIN
45	60 COVIGNE RD ,DIEGO MARTIN
46	COR SCHULLER & LA COULEE ,EAST DRY RIVER
47	BELLE VIEW RD ,LONG CIRCULAR
48	5 PICTON RD ,LAVENTILLE
49	ARIAPITA ROAD ,ST. ANNS
50	COR HAIG & WESTERN MAIN RD ,CARENAGE
51	DURANT ST ,BELMONT
52	26 LA RESOURCE NORTH RD ,DABADIE
53	COR WARREN & WARNER ST ,ST. AUGUSTINE
54	BOWEN & SAPODILLA ,TUNAPUNA
55	3 CAURA ROYAL RD ,CAURA
56	CENTENARY ST EXT OVER H/WAY ,TUNAPUNA
57	KNOWLES ST & STELLA ST ,CUREPE
58	55 LOWER DOOKIESINGH STREET ,ST. AUGUSTINE V'GE
59	13 UPPER SPARROW DR ,PETIT VALLEY
60	111 MORNE COCO RD ,PETIT VALLEY
61	53 SIMEON RD ,PETIT VALLEY
62	65 COVIGNE RD ,DIEGO MARTIN
63	6/2 FOURTH CROSS ST,SPARROW DR ,PETIT VALLEY
64	7/4 HUMMING CIR. ,SPARROW DR. ,PETIT VALLEY
65	OFF62 I.D.C. ESTATE ,
66	SPARROW DR ,PETIT VALLEY
67	SANDALE AVENUE & DIEGO MARTIN MAIN ,DIEGO MARTIN
68	VANDERPOOL LANE ,DIEGO MARTIN
69	52 ROXBOROUGH EXT ,DIEGO MARTIN
70	4 CAMERON, PETIT VALLEY

NO.	ADDRESS
71	SCHULLER & RODNEY ST ,POINT CUMANA
72	17 LA HORQUETTE ,GLENCOE
73	WESTERN MAIN RD. ,CHAGUARAMAS
74	LA HORQUETTE VAL RD. & RIVERSIDE DR ,LA HORQUETTE
75	RODNEY & SCHULLER ,CARENAGE
76	MACQUERIPE RD ,CHAGUARAMAS
77	56 LA PASTORA ROAD ,LA PASTORA
78	RAYMOND STREET ,CARENAGE
79	12 GOYA TRACE ,CARENAGE
80	55 BENEDICTINE ST ,CARENAGE
81	3 SMITH HILL ,CARENAGE
82	LP 2 SCHULLER ,POINT CUMANA
83	SHULLER ST ,POINT CUMANA
84	9 LANSE MITAR RD ,POINT CUMANA
85	6 LANSE MITAN RD ,POINT CUMANA
86	BENEDICTINE ST ,CARENAGE
87	64 SEA TRACE ,DIEGO MARTIN
88	52 SEA TRACE ,DIEGO MARTIN
89	CRYSTAL STREAM ,DIEGO MARTIN
90	1 HAIG ,CARENAGE
91	68 ABBE POUJADE ,CARENAGE
92	58 CEMETERY ,DIEGO MARTIN
93	53 TEXEIRA ST ,DIEGO MARTIN
94	56 SEA TRACE DRIVE ,DIEGO MARTIN
95	56 BLUE BASIN RD ,DIEGO MARTIN
96	54 BLUE BASIN RD ,DIEGO MARTIN
97	59 BLUE BASIN RD ,DIEGO MARTIN

NO.	ADDRESS
98	67 BLUE BASIN RD ,DIEGO MARTIN
99	54 CICADA RD ,RIVER ESTATE
100	56 UNION RD. FOUR ROADS,DIEGO MARTIN
101	52 QUARRY ST,DIEGO MARTIN
102	61 NORTH POST RD ,DIEGO MARTIN
103	53 RAYMOND ST ,CARENAGE
104	7 BEARD ST ,CARENAGE
105	54 WINNIE MOHAMMED RD ,DIEGO MARTIN
106	FIELDSCAPE DR & UNION RD ,DIEGO MARTIN
107	2 CAMERON RD ,PETIT VALLEY
108	63 UNION RD ,FOUR ROADS
109	63 BLUE BASIN RD ,DIEGO MARTIN
110	62 COVIGNE RD ,DIEGO MARTIN
111	RAVINE RD ,PETIT VALLEY
112	62 COVIGNE RD ,DIEGO MARTIN
113	55 GOPAUL AVE ,DIEGO MARTIN
114	72 LA PUERTA AVE ,DIEGO MARTIN
115	NORTH POST RD ,DIEGO MARTIN
116	RIVER ESTATE ,DIEGO MARTIN
117	34 LA HORQUETTE VALL RD ,LA HORQUETTE
118	51 BENEDICTINE S ,CARENAGE
119	3 WILLIAM ST ,PETIT VALLEY
120	51-52 CEMETERY ST ,DIEGO MARTIN
121	CRYSTAL STREAM ,DIEGO MARTIN
122	64 COVIGNE ,DIEGO MARTIN
123	3 SHULLER ,CARENAGE
124	143 DIEGO MARTIN MAIN RD ,DIEGO MARTIN

NO.	ADDRESS
125	61 UNION ROAD,FOUR ROADS ,DIEGO MARTIN
126	55/2 CULTBERT CIRCULAR,FOUR ROADS ,DIEGO MARTIN
127	124 DILLON ST ,DIEGO MARTIN
128	17 ANDREW TR ,DIEGO MARTIN
129	7 SEA TRACE,BAGATELLE ROAD ,DIEGO MARTIN
130	2 HAIG ,CARENAGE
131	50 HOPE ST ,CARENAGE
132	62 COVIGNE ,DIEGO MARTIN
133	78 LA PUERTA ,DIEGO MARTIN
134	60 SARGANGO TR ,PETIT VALLEY
135	59 CEMETERY ,DIEGO MARTIN
136	62 COVIGNE ROAD ,DIEGO MARTIN
137	52 3RD AVENUE ,BARATARIA
138	20 STELLA ,CUREPE
139	LP 60 LONDON STREET ,AROUCA
140	OFF 3 POINSETTA EXT ,MORVANT
141	MISSION RD ,CANE FARM
142	bet COLLEGE & FREEMAN ,ST. AUGUSTINE
143	9 bet COLLEGE & FREEMAN RD.,TACARIGUA
144	OPP 81 SAUT D'EAU RD ,PARAMIN
145	OPP 78 SAUT D'EAU RD ,PARAMIN
146	OFF 70 SAUT D'EAU RD ,PARAMIN
147	52 SHELDON TRACE, AROUCA
148	COR COCOA & FATIMA ROAD ,PARAMIN
149	COR COLLEGE & ORANGE GROVE RD ,ST. AUGUSTINE
150	FATIMA TRACE ,PARAMIN
151	COR SADDLE ROAD & PORK CHOP HILL ,MARAVAL

NO.	ADDRESS
152	7B UNITY ST ,BEAU PRES.
153	SAWMILL ST ,TUNAPUNA
154	COR CENTENARY & BOODOO ST ,TUNAPUNA
155	42 TUNAPUNA RD ,TUNAPUNA
156	14 RIVER SIDE RD ,CUREPE
157	59 AGOSTINI ST ,ST. JOSEPH PROPER
158	GUARATTA TR & MARACAS ROYAL RD ,MARACAS
159	57 LA MANGO ,MARACAS
160	2 ECCLES ST, E.M.R ,CUREPE
161	COR MT D OR & SPRINGVALLEY RD ,MT. D'OR
162	62 PETIT CURACAYE ,PETIT CURACAYA
163	SAVANNAH ,ARANGUEZ
164	CONCESSION AVE ,SEALOTS
165	CONCESSION AVE ,PORT OF SPAIN PROPER
166	CONCESSION RD ,PORT OF SPAIN PROPER
167	47 RACE COURCE RD ,CARAPO
168	10 JOKHAN RD ,CARAPO
169	DEMERARA RD ,ARIMA
170	BLANCHISSUESE MAIN RD ,MORNE LA CROIX ARIMA
171	186/4 WOOD ALLEY, OFF LAVENTILLE EXT. ,MORVANT
172	STRAKER LAND ,PICTON
173	PASHLEY ST ,LAVENTILLE
174	3 LEON ST ,LAVENTILLE
175	22/2 MANGO ALLEY ,LAVENTILLE
176	GARRICK, CALEDONIA NO. 2
177	PELICAN EXT RD ,MORVANT
178	186 NEVER DIRTY, MON REPOS

NO.	ADDRESS
179	COR PASHLEY & OLD ST JOSEPH RD, LAVENTILLE
180	OFF 51 PUMP TR EXT., LAVENTILLE
181	6 ROMAIN LANDS ,MON REPOS
182	4 PASHLEY ST ,LAVENTILLE
183	POINSETTA EXT RD ,MORVANT
184	4 - 5 TROU MACAQUE ,LAVENTILLE
185	COR LA PINA JUNCTION & THOMASINE ST ,LAVENTILLE
186	13 UPPER THOMASINE ,LAVENTILLE
187	13 UPPER THOAMSINE ,
188	19 UPPER THOMASINE STREET ,LAVENTILLE
189	52 VILLAGE COUNCIL ST ,TROUMACAQUE
190	4 GRANADO ST ,CALEDONIA NO. 2
191	4F WHARTON ST ,LAVENTILLE
192	22 ROCK CITY ,LAVENTILLE
193	8 POINSETTA DR ,MORVANT
194	13 POINSETTA DR ,MORVANT
195	UPPER WHARTON ST ,LAVENTILLE
196	86/A BUS ROUTE ,LAVENTILLE
197	188 LAVENTILLE EXT RD, NEVER DIRTY ,MORVANT
198	24 ROMAIN LANDS ,MORVANT
199	2 GRANADO ST ,CALEDONIA NO. 2
200	OFF 3 LANGE ST ,GONZALES
201	D-5 READYMIX PRIVATE ROAD ,LAVENTILLE
202	6 KERR RD ,LAVENTILLE
203	54 MENTOR ALLEY ,LAVENTILLE
204	56 MENTOR ALLEY ,LAVENTILLE
205	11 WHARTON ST ,LAVENTILLE

NO.	ADDRESS
206	4B WHARTON ST., EXT., LAVENTILLE
207	52 PICTON RD, DAN KELLY, EASTERN QUARRY
208	KELLY VILLAGE, EASTERN QUARRY
209	10 WHARTON ST ,LAVENTILLE
210	4 PLAISANCE ROAD ,LAVENTILLE
211	11 MON REPOS RD ,MORVANT
212	11 MINACHY ALLEY ,EAST DRY RIVER
213	AUGUSTINE LANE ,GONZALES
214	JERMINGHAM ST ,PETIT BOURG
215	10-11 HUTTON ST ,ST. JOSEPH PROPER
216	LA BAJA EXT ,LA BAJA
217	GARICK & GRANADO ST ,SAN JUAN
218	6 BOWEN ST ,MARAVAL
219	COR REGENT STREET AND BELLE EAU RD ,BELMONT
220	2 HARPER LANE ,BELMONT
221	#89 LAVENTILLE RD. ,LAVENTILLE
222	6 ALBERT LANE ,BELMONT
223	3 MC KAI RD ,BELMONT
224	18 ST BARBS RD ,BELMONT
225	COR BELMONT VALLEY RD & MARYLAND HILL ,BELMONT
226	ST PAUL ST ,EAST DRY RIVER
227	PLAISANCE RD ,EAST DRY RIVER
228	SIMEON VALLEY RD ,ST ANNS
229	#15 HUTTON RD ,ST. ANNS
230	#21 - 22 HOLOLO MOUNTAIN RD ,CASCADE
231	SERANEAU STEPS ,BELMONT
232	SEA LOTS ,PORT OF SPAIN PROPER

NO.	ADDRESS
233	76 CASCADE RD ,CASCADE
234	14 BELMONT VALLEY RD ,BELMONT
235	MILLING AVE. ,SEA LOTS
236	LP 14 BELMONT VALLEY RD ,BELMONT
237	bet 20&21 UPP ST FRANCOIS VALLEY ,BELMONT
238	71 BELLE EAU RD ,BELMONT
239	4A ST PAUL ,EAST DRY RIVER
240	59 MT D OR ,MT. D'OR
241	50 CULTBERT CIR. ,DIEGO MARTIN
242	63 LA PUERTA AVE ,DIEGO MARTIN
243	100 MORNE COCO RD ,LE PLATTE
244	76 MORNE COCO RD ,MARAVAL
245	COR MORALDO ST & SADDLE RD ,MARAVAL
246	BEAU PRES RD ,PARAMIN
247	BEAU PRES ,PARAMIN
248	139 SADDLE HILL ,MARAVAL
249	CLOUIS TR,MORNE COCO RD ,MARAVAL
250	64 MORNE COCO RD ,MARAVAL
251	51 VALARIE RD ,MARAVAL
252	7B UNITY & BEAU PRES RD ,PARAMIN
253	UPPER PARAMIN HILL ,MARAVAL
254	16 FRED CIRCULAR ,BELLE VUE
255	PRODUCTION AVE., SEALOTS ,PORT OF SPAIN PROPER
256	SAUT D'EAU RD ,PARAMIN
257	26 LA RESOURCE RD NORTH ,DABADIE
258	MALABAR & LA CHANCE RD ,MALABAR
259	COR LYNDON & JOGON ST ,

NO.	ADDRESS
260	336 CARMICHAEL VILLAGE ,CARMICHAEL
261	353 CUMUTO ROAD ,CARMICHAEL
262	4 CEDARWOOD DR ,VALENCIA
263	SALAMAT ALI ,MALABAR
264	QUARE RD ,VALENCIA
265	5TH ST ,PEYTONVILLE
266	5TH ST ,PEYTONVILLE
267	50 RACE COURSE RD ,CARAPO
268	51 LITTLE COORA RD ,GUAICO
269	59-60 LP RACE COURSE RD ,ARIMA
270	167 LP TODD'S STATION ,TODD'S STATION ROAD
271	4 LP opp. ARENA RD ,SAN RAPHAEL
272	210-211 lp TALPARO MAIN RD ,TALPARO
273	253 CUMUTO MAIN RD ,CORYAL
274	JUNCT. MAMORAL RD & BLANCHISSUESE MAIN RD ,MORNE LA CROIX
275	LP 6 TEMPLE STREET ,ARIMA BOROUGH
276	lp 4 &5 JOKHAN TR ,CARAPO
277	385 CARMICHAEL VILLAGE ,CORYAL
278	460 MARTIN RD ,FOUR ROADS TAMANA
279	43 HEIGHTS OF ARIPO ,
280	RIGHTEOUS LANE ,PINTO
281	3 BLANCHISSEUSE RD ,MORNE LA CROIX
282	UNITY LANE OFF JOKHAN TR ,CARAPO
283	50 ALEONG STREET ,ARIMA
284	1147 EASTERN MAIN ROAD ,SANGRE GRANDE
285	PLANTATION RD , COR VALENCIA OLD RD ,VALENCIA
286	11-12 HEIGHTS OF ARIPO RD ,HEIGHTS OF ARIPO

NO.	ADDRESS
287	08 HEIGHTS OF ARIPO ,HEIGHTS OF ARIPO
288	04 QUARRY ST ,CALVARY HILL
289	JOKHAN TR ,CARAPO
290	476 FOUR ROADS ,TAMANA
291	UNITY LANE OFF JOCHAN TRACE ,CARAPO
292	93 KANGALEE ,VALENCIA
293	59/2 COFFEE LANE ,CANTARO
294	WATER RESERRVE RD., LA FILLETTE ,SANTA CRUZ
295	56 OLD MARACAS BAY RD ,MARACAS
296	56 LA PASTORA RD ,SANTA CRUZ
297	MAIN ROAD ,BLANCHISSEUSE VILLAGE
298	JAGGAN ,SANTA CRUZ
299	28 LA PASTORA RD ,SANTA CRUZ
300	DOOKHAN & LA CANOA RD ,SANTA CRUZ
301	LAVENTILLE RD & LA FORTUNE RD ,FEBEAU - SAN JUAN
302	56 LA PASTORA ROAD ,LA PASTORA
303	4 HARRIS HILL ,FEBEAU VILLAGE
304	60 LA CANOA RD ,LOWER SANTA CRUZ
305	LP 54 REAL - BEFORE MOSQUE ST ,SAN JUAN
306	BLANCHISSEUSE MAIN ROAD ,BLANCHISSEUSE
307	56 MC CARTHY ,CANTARO
308	1 LA HOE RD ,LAVENTILLE
309	SANTA CRUZ OLD ROAD ,SAN JUAN
310	1 CONRAD ST ,CANTARO VILLAGE
311	MARAJ TR ,CANTARO
312	49 LA CANOA RD ,LA CANOA
313	51 MUNROE RD ,SANTA CRUZ

NO.	ADDRESS
314	PRIZGAR RD ,SAN JUAN
315	54 PRIZGAR RD ,SAN JUAN
316	51 CIPRIANI CIRCULAR ,SANTA CRUZ
317	34 RINCON ROAD ,LAS CUEVAS
318	67 BAGATELLE EXT ,SAN JUAN
319	54 SHENDE ST ,SAN JUAN
320	62 SHENDE ,SAN JUAN
321	7 RAMDASS ST ,SANGRE GRANDE
322	998 EASTERN MAIN ROAD ,SANGRE GRANDE
323	13 UPPER CUNAPO RD ,COAL MINE
324	69 RAILWAY RD ,SANGRE GRANDE
325	50 PROVIDENCE ST ,SANGRE GRANDE
326	52 EVELYN ST ,SANGRE GRANDE
327	443 TAMANA ROAD SEC. 2 ,TAMANA
328	52 &53 CIRCULAR RD ,PEYTONVILLE
329	476 CUMUTO MAIN RD ,TAMANA
330	418 CUMUTO MAIN RD ,CUMUTO
331	CUMUTO MAIN RD & MALONEY RD ,TAMANA
332	100 CAIGUAL RD ,SANGRE GRANDE
333	288 GUAICO TAMANA ,TAMANA
334	11 1/2 GUAICO TAMANA ,TAMANA
335	469 CUMUTO MAIN ,TAMANA
336	23 CUNAPO SOUTHERN ,COAL MINE
337	1/2mm NARIVA RD ,MANZANILLA
338	34mm NARIVA RD ,MANZANILLA
339	MOONOO & MOSES ,SANGRE GRANDE
340	878 EASTERN MAIN ROAD ,GUAICO

NO.	ADDRESS
341	112 RAILWAY RD ,SANGRE GRANDE
342	46 LP VEGA DE OROPOUCHE ,SANGRE GRANDE
343	117 GUAICO TAMANA RD ,SANGRE GRANDE
344	SAHADEEN TR ,VEGA DE OROPOUCHE
345	50 A BALGOBIN ST ,KANDAHAR
346	38 SANTA CRUZ OLD ROAD ,SANTA CRUZ OLD RD
347	12 UPPER PASHLEY STREET ,LAVENTILLE
348	11-12 RINCON ROAD ,LAS CUEVAS
349	BOURNES RD ,ST. JAMES
350	5 C/I FRED CIRCULAR ,BELLE VUE
351	117 MARACAS ROYAL RD ,MARACAS
352	14 OLIVER TRACE ,MT DOR
353	60 SETTLEMENT CIRCLE RD ,MARACAS
354	50 CORNER OLIVER TRACE & MT DOR RD ,MT. D'OR
355	64 SPRING VALLEY EXT ,CHAMPS FLEURS
356	ST JOSEPH ,ST. JOSEPH PROPER
357	11-12 ABERCROMBY ,ST. JOSEPH PROPER
358	WILLIAMS ST ,CHAMPS FLEURS
359	11 BLUNTON TRACE, MOUNT HOPE PLACE ,MT. HOPE
360	116/2 WHARATA RD ,MARACAS VALLEY
361	3 RACE COURSE RD ,ARIMA
362	5/C/1 FRED CIRCULAR ,BELLE VUE
363	FRED CIRCULAR RD ,ST. JAMES
364	COR BELLE VUE RD & DUNDONALD HILL ,LONG CIRCULAR
365	14 FRED CIRCULAR RD ,BELLE VUE
366	14 FRED CIRCULAR ,BELLE VUE
367	57A COCORITE CIRCULAR ROAD ,ST JAMES

NO.	ADDRESS
368	UPPER BOURNES ROAD ,ST JAMES
369	PROVIDENCE ESTATE UPP BOURNES RD ,ST. JAMES
370	3/2 WOODBINE ESTATE ,ST. JAMES
371	5/C FRED CIRCULAR ,BELLE VUE
372	COR ESCALLIER HILL & WALCOTT LANE ,BELMONT
373	2E ISAAC TERRACE, UPPER BOURNES RD ,ST. JAMES
374	BELLE VUE ,BELLE VUE
375	50 KATHLEEN ST ,ST. JAMES
376	7 QUAMINA ST ,ST. JAMES
377	65 ANGLAIS ,CUMANA
378	999-1000 PARIA MAIN RD ,TOCO
379	51 PARIA MAIN ROAD ,TOCO
380	T395 TOCO MAIN ROAD ,CUMANA
381	38 LARIS NOIR ,TOCO
382	384 TOCO MAIN ROAD ,CUMANA
383	53 GEORGE ST ,SAN SOUCI
384	235 & 236 TOCO MAIN ROAD ,MATURA
385	1ST JEROME ST ,RAMPANALGAS VILLAGE
386	FORDE ST ,AROUCA
387	6 OLD GOLDEN GROVE RD ,AROUCA
388	36-37 MACOYA SETTLEMENT ,MACOYA
389	8 ST CECELIA ,EL DORADO
390	6-7 BAZILON ST ,TUNAPUNA
391	WILKINSON & CLEMENTY STS ,EL DORADO
392	12 CENTENARY EXT ,TUNAPUNA
393	5 MAINGOT ,TUNAPUNA
394	COR EASTMAN & AUZONVILLE ,TUNAPUNA

NO.	ADDRESS
395	COR CENTENARY EXT AND PASEA EXT ,TUNAPUNA
396	5A MAINGOT RD, TUNAPUNA
397	COR MANORAM ROAD & CROWN ST ,TACARIGUA
398	BAMBOO SETT. NO.1 ,VALSAYN
399	lp 12 2ND CALEDONIA ,CALEDONIA NO. 2
400	COR BOMBAY ST & HUTSON ST ,ST. JAMES
401	COR RAMJIT KUMAR & GEORGE CABRAL ST ,ST. JAMES
402	COR. REGAULT ST. ,LAVENTILLE
403	22 LOPINOT RD ,AROUCA
404	16 4TH STWEST CANE FARM ,TRINCITY
405	lp 100 LAVENTILLE RD ,LAVENTILLE
406	13 JUNCTION RD ,SANGRE GRANDE
407	QUASH ,SANGRE GRANDE
408	VALENCIA JUNCTION ,VALENCIA
409	72 FOSTER RD ,SANGRE GRANDE
410	15 TOCO MAIN ROAD ,SANGRE GRANDE
411	52 LP SAN LOUIS PARK ,SANGRE GRANDE
412	RIVER RD EXT ,GRAND CURACAYA
413	22-24 BRAITHWAITE STREET ,BELMONT
414	RINCON ROAD ,LAS CUEVAS
415	RINCON ROAD ,LAS CUEVAS
416	55 GOPAUL AVE ,DEIGO MARTIN
417	NABBIE ST ,BAMBOO SETTLEMENT NO. 2
418	388 MUNDO NUEVO ROAD ,TALPARO
419	57 VALENCIA OLD ROAD ,VALENCIA
420	PICTON RD ,SANGRE GRANDE
421	BLAKE AVE EXT ,SANGRE GRANDE

NO.	ADDRESS
422	BLAKE AVE EXT., SANGRE GRANDE
423	BLAKE AVE EXT., SANGRE GRANDE
424	BLAKE AVE EXT ,SANGRE GRANDE
425	QUASH TRACE ,SANGRE GRANDE
426	COR LAVENTILLE RD & BROWN VILLE ,MORVANT/LAVENTILLE
427	BASEMENT DR ,MALICK
428	56 SEA TRACE EXT, RIVERESTATE ,DIEGO MARTIN
429	ADJODHA ST ,SAN JUAN
430	6/2 SPARROW DR. ,PETIT VALLEY
431	52 SEA VIEW ST ,CARENAGE
432	BRIDGE RD ,SILVER MILL
433	BRIDGE RD ,SILVER MILL
434	58 PETIT CURACAYE ,PETIT CURACAYA
435	4C WHARTON ST EXT. ,LAVENTILLE
436	MUNROE ROAD ,SANTA CRUZ
437	NORTH COAST ROAD ,MARACAS
438	26-27 RINCON ROAD ,LAS CUEVAS
439	5 RINCON ROAD ,LAS CUEVAS
440	SCHOOL ST ,LAS CUEVAS
441	3 QUEVEDO CIR ,EAST DRY RIVER
442	DESPERILLE CR ,CLIFTON HILL
443	DESPERILE CR ,EAST DRY RIVER
444	CONCESSION AVE ,SEALOTS
445	CONCESSION AVE ,SEALOTS
446	CONCESSION AVE ,SEALOTS
447	CONCESSION AVE ,SEALOTS
448	CONCESSION AVE ,SEALOTS

NO.	ADDRESS
449	CONCESSION AVE ,PORT OF SPAIN PROPER
450	MENDOZA ST ,BELMONT
451	62 A3 PIONEER DR ,SEA LOTS
452	62E PIONEER DR ,SEA LOTS
453	62 C2 PIONEER DR ,SEA LOTS
454	62 AC PIONEER DR ,SEA LOTS
455	62 C2 PIONEER DR ,SEA LOTS
456	PIONEER DR ,SEA LOTS
457	DESPERILE CR ,EAST DRY RIVER
458	4TH ST ,MARAVAL
459	15 SAGE ST ,COCORITE
460	4 GUERRO RD ,AROUCA
461	70 LOPINOT RD ,AROUCA
462	9 & 10 QUINAM ROAD ,SIPARIA
463	KROOMEN SETT, ST JOHN'S RD ,SOUTH OROPOUCHE
464	GEORGE (80m from main) ST ,CALCUTTA #3
465	KHANNICAL ROAD (end of) ,WOODLAND
466	ALEXANDER ST, ST JOHN'S RD ,SOUTH OROPOUCHE
467	OPPLP10- KROOMEN SETTLEMENT, ST JOHN V'GE ,
468	OPPLP10- KROOMEN SETTLEMENT, ST JOHN V'GE
469	LP61 BERRIDGE TR, MONDESIR ,DOW VILLAGE
470	LP62 BERRIDGE TR, MONDESIR ,DOW VILLAGE
471	BAMBOO TR, ST JOHN (260' INSIDE) ,SOUTH OROPOUCHE
472	LIZAMA TR, ST JOHN (300' INSIDE) ,SOUTH OROPOUCHE
473	LP54/3 BERRIDGE TR, MONDESIR ,DOW VILLAGE
474	TURPIN ST, ST JOHN ,SOUTH OROPOUCHE
475	SUDAMA TR (400' INSIDE) ST JOHN V'GE,SOUTH OROPOUCHE

NO.	ADDRESS
476	LP72 BERRIDGE TR, HARRIS V'GE ,SOUTH OROPOUCHE
477	LP70 BERRIDGE TR, HARRIS V'GE ,SOUTH OROPOUCHE
478	THOMPSON TR, PEPPER VGE ,FYZABAD
479	136 CHIN CHIN ,CUNUPIA VILLAGE
480	PAUL ST, OLD SOUTHERN MAIN RD ,MC BEAN VILLAGE
481	LP5 SONNY LADOO TRACE EXT ,MC BEAN COUVA
482	RIVERLET (By SIS Contractors Ltd) RD ,COUVA
483	32 MC LEOD-entrance to Jr Sec TR ,FREEPORT
484	COFFEE ST (near Family Value) ,SAN FERNANDO
485	CIPERO ST (opp. Neal & Massey) ,SAN FERNANDO
486	LP 54/3 BLITZ V'GE ,PLEASANTVILLE
487	LP 54/6 BLITZ V'GE ,PLEASANTVILLE
488	LP 11 BLITZ V'GE EXT V'GE ,PLEASANTVILLE
489	LOT 203 BLITZ EXT. V'GE ,PLEASANTVILLE
490	LP 1 MANJACK ST ,VISTABELLA
491	LP 1 MANJACK (Basketball Court) ,VISTABELLA
492	61 RAILWAY RD UNION PARK EAST ,MARABELLA
493	GRANSAUL/CIPERO ST ,SAN FERNANDO
494	MON COJO SETTLEMENT ,MON REPOS
495	MON COJO SETTLEMENT ,MON REPOS
496	LP 62 CIRCULAR DR ,PLEASANTVILLE
497	LP 62 CIRCULAR DRIVE ,PLEASANTVILLE
498	BLITZ VILLAGE EXT ,PLEASANTVILLE
499	CIRCULAR DR,CIRCLE GARDEN SETTLEMEN ,PLEASANTVILLE
500	LP 55 UPPER HILL SIDE ,SAN FERNANDO
501	COR NEHRU & TRAINLINE ,MARABELLA
502	LP 10 RIVERSIDE RD ,MARABELLA

NO.	ADDRESS
503	LP 59 RAMDASS STREET ,MARABELLA
504	LP #482 NAPARIMA MAYARO ROAD, NORTH TR. ,TABLELAND
505	LP #51 DINDIAL TRACE ,PASCALLE ROAD
506	78-79 ECCLESVILLE RD ,RIO CLARO
507	121A GUAYAGUAYARE ,RIO CLARO
508	LP #27/1 LA SAVANNA EXT. ,LA SAVANNE
509	GUARACARA TAB (OPPO. ATTAGUAL #2) RD ,GUARACARA
510	GRANGER ST, OLD GUAYAGUAYARE RD ,RIO CLARO
511	464 NAP MAYARO RD ,NEW GRANT
512	LP #52 BUEN INTENTO BRANCH ROAD ,PRINCES TOWN
513	#6 FAIRFIELD ROAD ,PRINCES TOWN
514	LP 14 BROTHERS ROAD ,NEW GRANT
515	LP CORIAL RD ,IERE VILLAGE
516	LP #71-72 MAYO ROAD ,MAYO
517	#278 MAYO ROAD ,MAYO
518	LP 21 BUEN INTENTO ROAD ,PRINCES TOWN
519	LP 184-85 LA LUNE ROAD (LA LUNE SILVER TANK) ,MORUGA
520	HUDLIN TRACE, ROCK RIVER ,MORUGA
521	LP 400 ROCK RIVER VILLAGE ,MORUGA ROAD
522	LP 146 ROBERTSON TR & ,LA FORTUNE
523	LP 9-10 QUINAM ROAD ,SIPARIA
524	LP30-31 QUARRY RD CADDIE TR ,MORNE DIABLO
525	COORA (in front of Coora W/Wks) ROAD ,SIPARIA PROPER
526	LP 25-26 MENDEZ TRACE SCOTT'S ROAD ,MORNE DIABLO
527	LP 68-69 SCOTT'S ROAD ,MORNE DIABLO
528	358 SS ERIN RD ,SIPARIA
529	SIPARIA MAIN RD AND GRELL ST ,SIPARIA

NO.	ADDRESS
530	MARVIN CRESCENT ,POND RD
531	KROOMEN SETT, ST JOHN'S RD ,SOUTH OROPOUCHE
532	RAMDASS TR, STANDARD RD ,THICK VILLAGE
533	58 COR CHURCH & CEMETRY ,LA BREA (PROPER)
534	LP53 DUNCAN ,DUNCAN VILLAGE
535	ALLAN LUCKY STREET ,BY THE SEASIDE
536	7 CHURCH ST ,DIAMOND VILLAGE
537	2 CHURCH ,RAMBERT VILLAGE
538	COQUETTE ST EXT ,STE MADELEINE
539	127 SPRING TRACE ,WARDEN ROAD
540	LP 51 GEORGE ST ,CEDROS
541	JOHN BLAKE ST ,PARRYLAND
542	COR CAP DE VILLE ERIN & CAP-DE-VILL ROAD ,CHATHAM (PROPER)
543	FILTRATION PLANT RD. ,GUAPO
544	FYZABAD MAIN RD ,
545	112 PICTON SETTLEMENT, DIAMOND VILLAGE ,DIAMOND
546	COKER ST ,SOUTH OROPOUCHE
547	BEN ST ,SOUTH OROPOUCHE
548	COKER ST ,SOUTH OROPOUCHE
549	COCKETT ST EXTENTION ,STE MADELINE
550	COCKETT ST EXTENTION ,STE MADELEINE
551	BAY ROAD ,CARAPICHAIMA
552	GOODWILL (by Redman shop) EXT ,ENTERPRISE
553	63 WALCOTT (psp) LANE ,ENTERPRISE
554	SCHOOL (250 ft inside) ST ,ENTERPRISE
555	61 CHRISSIE TERRACE ,ENTERPRISE
556	4 CONSTRUCTION DR ,ENTERPRISE

NO.	ADDRESS
557	CONSTRUCTION (2nd psp) AVE ,ENTERPRISE
558	BLITZ V'GE ,PLEASANTVILLE
559	LP 55 MARRYAT ST ,MON REPOS
560	LP 1 ROMAIN ST. OFF UPPER HILLSIDE ,SAN FERNANDO
561	LP 83 LADY HALE AVENUE ,SAN FERNANDO
562	LP 84 CIPERO ST opp Neal & Massy ,SAN FERNANDO
563	CIRCULAR RD opp OWTU ,SAN FERNANDO
564	GRANSAUL & SUTTON ST ,SAN FERNANDO
565	# 76 PLESANTVILLE CIRCULAR ,PLESANTVILLE
566	COR PLESANTVILLE CIRCULAR & ZINNIA DR ,PLESANTVILLE
567	#9 SYLVAN ST ,CEDAR GROVE
568	PASCAL TR, OLD GUAYAGUAYARE RD ,RIO CLARO
569	COR MORA & OLD GUAYAGUAYARE RD ,RIO CLARO
570	LP A53 PERRY YOUNG ROAD ,INDIAN WALK
571	ERIN BEACH (by Fishing Depot) ROAD ,CARAPAL
572	BENN (middle of cemetery) ST ,SOUTH OROPOUCHE
573	BAY ROAD ,OTAHEITE
574	RED BRICK TR ,SOUTH OROPOUCHE
575	BAMBOO TR ,HARRIS VILLAGE
576	REDBRICK TR, OTAHEITE ,SOUTH OROPOUCHE
577	LP 10 ALLAMBY ST. EXT. ,COCOYEA
578	LP 7 ALLAMBY ST. EXT. ,COCOYEA
579	BOBB(by the end of street) ST ,LA ROMAIN
580	SOUTH TRUNK (Opp. Coconut Dr.) ROAD ,LA ROMAIN
581	JACKSON TR ,CHATHAM SOUTH

TABLE 2

LIST OF PUBLIC STANDPIPES CLOSED OFF AND/OR DISCONNECTED FROM JANUARY 2002 TO APRIL 2003

NO.	ADDRESS
1	NORTH & BACK, ST. JOSEPH PROPER
2	6 ALBERT LANE BELMONT VALLEY ROAD, BELMONT
3	2 PLAISANCE TERR, EAST DRY RIVER
4	59 ABOUD CIRCULAR ROAD, ST. JAMES
5	388 CUMUTO MAIN ROAD, CARMICHAEL
6	55 LP opp KELLY ST., PEYTONVILLE, CARAPO
7	946 LP MANZANILLA MAIN ROAD, SANGRE CHIQUITO
8	949 LP MANZANILLA MAIN ROAD, MANZANILLA
9	1148 LP EASTERN MAIN ROAD, MANZANILLA
10	KANGALEE STREET, VALENCIA
11	BRUNTON & QUAMINA STREETS, ST. JAMES
12	QUARE LOCAL ROAD, VALENCIA
13	1032 LP EASTERN MAIN ROAD, SANGRE GRANDE
14	54 LP MC GILVIRY ROAD, SANGRE GRANDE
15	93 KANGALEE, VALENCIA
16	SAHADEEN TRACE, VEGA DE OROPOUCHE
17	52 LP SAN LOUIS PARK, SANGRE GRANDE
18	68 SOUTHERN MAIN ROAD, SPRING VILLAGE
19	CHURCHILL ROOSEVELT, MACOYA
20	WILLIAM STREET, CHAMP FLEURS
21	DALIPSINGH STREET, PASEA VILLAGE, TUNAPUNA
22	JOHNSON STREET, VALENCIA
23	MEADE STREET, ESTANSIA
24	32 CUNAPO SOUTHERN ROAD, SANGRE GRANDE
25	LAVENTILLE ROAD, SAN JUAN

NO.	ADDRESS
26	5 ST. FRANCOIS VALLEY, BELMONT
27	BLENMAN LANE & GONZALES, BELMONT
28	BOURNES ROAD, ST. JAMES
29	55 KNOWLES STREET, CUREPE
30	999-1000 PARIA MAIN ROAD, TOCO
31	212 LP TALPARO MAIN ROAD, TALPARO
32	#101 MORNE COCO, LE PLATTE
33	COLUMBUS STREET, ARIMA
34	04-05 JOKHAN TR, CARAPO
35	THOMAS STREET, AROUCA
36	65 LP ANGLAIS ROAD, CUMANA
37	#50 CLOVIS TRACE, MARAVAL
38	999-1000 PARIA MAIN ROAD, TOCO
39	JOHNSON STREET, VALENCIA
40	COLUMBUS STREET, ARIMA
41	04-05 JOKHAN TR, CARAPO
42	5 ST. FRANCOIS VALLEY, BELMONT
43	BLENMAN LANE & GONZALES, BELMONT
44	LAVENTILLE ROAD, SAN JUAN
45	68 SOUTHERN MAIN ROAD, SPRING VILLAGE
46	CHURCHILL ROOSEVELT, MACOYA
47	WILLIAM STREET, CHAMP FLEURS
48	BOURNES ROAD, ST. JAMES
49	DALIPSINGH STREET, PASEA VILLAGE, TUNAPUNA
50	MEADE STREET, ESTANSIA
51	THOMAS STREET, AROUCA
52	32 CUNAPO SOUTHERN ROAD, SANGRE GRANDE
53	65 LP ANGLAIS ROAD, CUMANA

NO.	ADDRESS
54	#252 WATERLOO ROAD, CARAPICHAIMA
55	114 OLD SOUTHERN MAIN-DEONARINE JUNCT., MC BEAN VILLAGE
56	RIVULET, COUVA
57	187 DOW VILLAGE, CALIFORNIA
58	LP #53 THORNE STREET, SAN FERNANDO
59	LP37-38 CUNJAL ROAD, PRINCES TOWN
60	LP #12 LOTHIANS ROAD & LOTHIANS BR, STREET, PRINCES TOWN
61	LP #74 IERE VILLAGE BRANCH ROAD, PRINCES TOWN
62	143 ST. CROIX, PRINCES TOWN
63	LP #18 REALIZE ROAD, PRINCES TOWN
64	54 OGIR STREET, BICHE
65	LP #25 CLEARWATER ROAD, RIO CLARO
66	LP 34 SIXTH COMPANY, CIRCULAR ROAD
67	LP #4 TABAQUITE MAIN ROAD & QUARRY JCT., TABAQUITE
68	16 MORNE DIABLO QUARRY ROAD, MORNE DIABLO
69	115/1 BOIS BOUG, CEDROS
70	LP 2/4 PITTAN ST., PICTON SETTLEMENT, DIAMOND VILLAGE

TABLE 3

LIST OF CONTRACTORS INSTALLING PUBLIC STANDPIPES AND AMOUNT OF MONIES PAID TO EACH FROM JANUARY 2002 TO APRIL 2003

No.	Contractor	Sum Paid
1	Alves Easteel Industries Limited	$1,938.50
2	Construction & Maintenance Plumbing Company	$11,720.00
3	Capital Plumbing & Sanitation Works Limited	$5,380.00
4	CME Services Space Limited	$4,250.00

No.	Contractor	Sum Paid
5	Corneal Engineering & Surveying Services Limited	$2,400.00
6	Caribbean Wells	$620.00
7	Charles Duncan & Sons	$5,356.00
8	F.M. Enterprises Company Limited	$63,000.00
9	Phoenix Construction & Supplies Limited	$15,565.00
10	Sanitank Limited	$48,960.00
11	Sherman Plumbing	$9,900.00
12	Uniform Builders Construction Limited	$18,420.00
13	Sieunarine Dwarika General Contractors	$9,240.00
14	Asson & Sons General Contractors and Wastewater Limited	$600.00
15	Industrial Systems and Control Limited	$1,020.00
	TOTAL	**$198,369.50**