

THE
PARLIAMENTARY DEBATES

OFFICIAL REPORT

IN THE SECOND SESSION OF THE EIGHTH PARLIAMENT OF THE REPUBLIC OF
TRINIDAD AND TOBAGO WHICH OPENED ON OCTOBER 17, 2002

SESSION 2003—2004

VOLUME 8

HOUSE OF REPRESENTATIVES

Friday, March 05, 2004

The House met at 1.30 p.m.

[MR. SPEAKER *in the Chair*]

PRAYERS

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communications from the following Members for leave of absence from today's sitting of the honourable House: Mrs. Kamla Persad-Bissessar (Member for Siparia) whose father passed away recently; Camille Robinson-Regis (Member for Arouca South) and Hon. Kenneth Valley (Member for Diego Martin Central). The leave of absence for which these Members seek is granted.

JOINT SELECT COMMITTEE

(APPOINTMENT TO)

Mr. Speaker: Hon. Members, I have also received a letter from the President of the Senate, which I would read.

“Honourable Barendra Sinanan, MP
Speaker of the House,
PARLIAMENT
Red House,
Abercromby Street
PORT OF SPAIN

Dear Mr. Speaker,

Motion—Joint Select Committee

At the sitting held on Tuesday, February 03, 2004 the Senate approved the following Resolution.

‘BE IT RESOLVED that the Government arrange, with appropriate permission, for full debates and the business of both Houses to be transmitted to the public through the electronic media (television and radio) in an equitable and

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discreetly edited form on fixed days of the week and with such transmission to begin before the end of the year, 2004.

BE IT FURTHER RESOLVED that a Joint Select Committee of Parliament be appointed to consider and report on this matter so as to facilitate Government action before June 30, 2004.'

On Tuesday, February 10, 2004, the Senate also approved a Resolution appointing the undermentioned six (6) Senators to serve with an equal number from the House of Representatives on the Joint Select Committee:

Mr. Danny Montano,
 Ms. Christine Kangaloo,
 Mr. Mustapha Abdul-Hamid,
 Mr. Robin Montano,
 Mrs. Carolyn Seepersad-Bachan
 Mrs. Mary King.

These decisions of the Senate are forwarded for the attention of the House of Representatives.

Yours sincerely,
 /Dr. Linda Baboolal
 President of the Senate''

The Minister of Science, Technology and Tertiary Education (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.

ORAL ANSWERS TO QUESTIONS

Mr. Speaker: Before I call upon Members to ask their questions, I had communicated with the hon. Member for Siparia and she has asked that the two questions listed for answer in her name be postponed to next week.

The following questions stood on the Order Paper in the name of Mrs. Kamla Persad-Bissessar (Siparia):

Ministry of Education Advertisements (Amounts Paid)

57. Would the hon. Minister of Education state the total cost of advertisements placed by the Ministry of Education in the print and electronic media and the amounts paid to each media house from January 2002 to date?

**Computers in Schools
(Details of)**

58. Would the hon. Minister of Education state:

- (a) the number of schools which have already received computers as at January 2002;
- (b) the number of schools which are still without computers?

Questions, by leave, deferred.

**Special Anti-Crime Unit
(Recruitment Policy)**

61. Dr. Roodal Moonilal (*Oropouche*) asked the hon. Minister of National Security and Rehabilitation whether he would indicate:

- (a) whether there is a policy in place for the recruitment of members to the new Special Anti-Crime Unit under Brig. Peter Joseph?
- (b) If the answer to (a) is in the affirmative, would the Minister outline the policy?

The Minister of State in the Ministry of National Security and Rehabilitation (Hon. Anthony Roberts): Mr. Speaker, in response to question 61, part (a), hon. Members are advised that there is a recruitment policy in place for employment in the new Special Anti-Crime Unit of the Ministry of National Security and Rehabilitation under Brig. Peter Joseph.

Part (b): The recruitment policy requires a prospective assignee who must be either a member of the Defence Force or the police service:

1. The person must be willing to work in the unit.
2. Be qualified in a specific area required by the unit as evidenced by experience, training and academic qualifications.
3. Have passed a polygraph test.
4. Be positively vetted by the unit.
5. Have had satisfactory performance appraisal from their parent unit.

Dr. Moonilal: Could the Minister therefore confirm that there are procedures and processes in place in the police service for undertaking performance appraisals on the basis of which members are selected to that unit?

Hon. A. Roberts: Mr. Speaker, that information is not now available.

Dr. Moonilal: Clearly, for clarity the Minister indicated that according to the policy, the basis upon which persons are selected includes performance appraisals. The Minister is now saying that he does not know anything about the performance appraisals but he knows it is there. Is that the response of clarification?

Hon. A. Roberts: My response is the same, Mr. Speaker.

Mr. Singh: The hon. Minister indicated in outlining the procedure that all members have to take a polygraph test. Have these polygraph tests been conducted on all members of this unit?

Hon. A. Roberts: That is so according to my information.

**Special Anti-Crime Unit
(Police Officers reporting to)**

62. Dr. Roodal Moonilal asked the hon. Minister of National Security and Rehabilitation:

- (a) Would the Minister confirm whether or not the recruitment of police personnel to the new Special Anti-Crime Unit is being done, or has been done, on the basis of performance appraisals of those officers?
- (b) Would the Minister confirm whether Police Officers would be reporting to Brig. Peter Joseph?
- (c) Could the Minister indicate whether those selected officers would be working under new terms and conditions, and if so, what are these new terms and conditions?

The Minister of State in the Ministry of National Security and Rehabilitation (Hon. Anthony Roberts): Mr. Speaker, the response to question No. 62.

Part (a): Hon. Members are advised that assignment of police personnel to the Special Anti-Crime Unit is being done on the basis of performance appraisals of the officers, and in addition to the following criteria.

- 1. Be willing to work in the unit.
- 2. Be qualified in a specific area required by the unit as evidenced by experience, training and academic qualification.
- 3. Have passed a polygraph test.
- 4. Be positively vetted by the unit.

Part (b): Police officers assigned to the Special Anti-Crime Unit will report to the Deputy Director Investigations who is the senior policy officer assigned to the unit.

Part (c): Those officers selected to work in the Special Anti-Crime Unit will continue to work under the existing terms and conditions which they enjoy in their current unit. In view of the special circumstances of their assignment, the officers in this unit will be eligible to receive a special force allowance. Thank you.

Dr. Moonilal: Would the Minister indicate to the House which agency in the police service is currently conducting performance appraisals to qualify officers to this unit?

Hon. A. Roberts: Can you repeat the question?

Dr. Moonilal: Could you just indicate which agency in the police service is undertaking performance appraisals to appraise officers for the qualification to the unit?

Hon. A. Roberts: The administrative department of the police service.

**Special Anti-Crime Unit
(Number of Police Officers Recruited)**

63. Dr. Roodal Moonilal asked the hon. Minister of National Security and Rehabilitation whether he would indicate:

- (a) the number of police officers recruited as of January 2004 to the Special Anti-Crime Unit under Brig. Peter Joseph;
- (c) the names of those officers above the rank of Corporal recruited to the Special Anti-Crime Unit?

The Hon. Minister in the Ministry of National Security and Rehabilitation (Hon. Anthony Roberts): In response to question No. 63 part (a), hon. Members are advised that as of January 31, 2004 a total of 20 police officers have been selected to join the Special Anti-Crime Unit of Trinidad and Tobago.

In response to part (b) of that question, hon. Members may wish to note that while the names of selected officers are available, it is not considered in the interest of security to release same at this time.

Dr. Moonilal: Would the hon. Minister be in a position to indicate the number of other officers from the Defence Force in the unit at the moment?

Hon. A. Roberts: That information is not with me at this time, Mr. Speaker.

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WRITTEN ANSWER TO QUESTION

The following question was asked by Dr. Fuad Khan (Barataria/San Juan):

**Caribbean Heart Care
(Payment and Selection)**

- 59.** Could the hon. Minister of Health indicate:
- (i) how much is being paid on an average for each case to Caribbean Heart Care for free heart surgeries;
 - (ii) the number of free heart surgeries that will be done per year;
 - (iii) how these patients will be selected;
 - (iv) the criteria that will be used by the selection team to determine who can or cannot pay?

Vide end of sitting for written answer.

**URGENT DEFINITE MATTER
(LEAVE)**

**University of the West Indies
(Spiralling Incidence of Crime)**

Dr. Roodal Moonilal (*Oropouche*): Mr. Speaker, in accordance with Standing Order 12, I hereby seek your leave to move the adjournment of the House for the purpose of discussing the following matter as a definite matter of urgent public importance: namely, the failure of the Ministry of National Security and Rehabilitation to implement adequate measures to address the spiralling incidence of crime on and around the campus of the University of the West Indies, St Augustine.

The matter is definite, since it refers to the specific and heightened insecurity, trauma and agony of UWI students living on and off the campus at St. Augustine.

The matter is urgent since there is the real risk that as more students are robbed and raped other students are now contemplating vigilante action and unorthodox crime fighting options which have been announced at a press conference of students yesterday.

The matter is of public importance since it affects a student population of over 12,000 from Trinidad and Tobago and other Caricom territories.

Mr. Speaker: Hon. Members, the leave for which the hon. Member for Oropouche seeks is denied. May I suggest that this matter having been dealt with,

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to some extent last Friday, perhaps, you may wish to address it by way of a substantive motion.

Order, please! Order!

JOINT SELECT COMMITTEE

(APPOINTMENT TO)

The Minister of Science, Technology and Tertiary Education (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 to consider and report on the Government arrangement with appropriate permission for full debates on the business of both Houses to be transmitted to the public through the electronic media, television and radio, in an equitable and discreetly edited form on fixed days of the week, and with such transmission to begin before the end of the year, 2004; and that the Joint Select Committee be appointed to consider and report before June 30, 2004 so as to facilitate Government's action.

Mr. Speaker, the Members of the House shall compose of: Dr. Keith Rowley, Mrs. Camille Robinson-Regis, Mrs. Eudine Job-Davis, Mr. Edward Hart, Mr. Ganga Singh and Miss Gillian Lucky.

Mr. Speaker, I have a request from the Opposition Chief Whip, to replace Miss Gillian Lucky with Dr. Roodal Moonilal.

Question put and agreed to.

REGIONAL HEALTH AUTHORITIES (AMDT.) BILL

Order for second reading read.

The Minister of Health (Hon. John Rahael): Mr. Speaker, I beg to move, That the Regional Health Authorities (Amdt.) Bill 2004, be now read a second time.

The Bill before us is an Act to amend the Regional Health Authorities Act, 1994. This Act may be cited as the Regional Health Authorities (Amdt.) Act, 2004.

Mr. Speaker, the Bill seeks to allow for the continued recognition of the Public Services Association of Trinidad and Tobago to be the certified majority union for the monthly-paid public officers transferring to the regional health authorities and other monthly-paid employees of the authority. Notwithstanding, this Bill also provides that an application for certification of recognition under Part II of the Industrial Relations Act shall not be entertained or proceeded with

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where the application is made earlier than two years from the date from which this Bill comes into effect unless the applicant obtains leave of the court.

Where leave of the court is obtained the procedures set out under sections 38(2) and (3) of the Industrial Relations Act shall apply. So, in fact, with an application for leave of the court, once the court approves then the procedure set out under these sections will apply. Section 38(2) of the Industrial Relations Act provides that:

“Where a union desires to obtain leave of the Court,...it shall make an application to the Court for the purpose and, if the Court is satisfied that good reasons exist for the application to be made before the expiration of two years... it shall grant leave accordingly.”

Subsection (3) provides that:

“In determining whether good reasons exist under subsection (2), the question whether the union making the application before the Court has as members in good standing more than fifty per cent of the workers comprised in the bargaining unit for which the recognized majority union is certified, may be taken into account, but that may not be the sole reason on which leave is to be granted.”

Mr. Speaker, the court can determine that leave be granted to a bargaining unit that may have less than 50 per cent of the workers in the establishment. The Bill before you expressly provides that employees may form an association which may be registered as a trade union or may join a trade union.

To assist Members of this honourable House in understanding the context of this amendment, I will proceed to give an insight into the work done in the past and some of the activities now being undertaken.

As you are aware, we are now over seven years into the health sector reform. This programme aims at promoting wellness and ensuring the availability of quality health care to the people of Trinidad and Tobago in an affordable, sustainable and equitable manner.

The main objectives of the programme are:

To strengthen health sector policies and planning capabilities.

To ensure that the public health sector shift to a service that will reduce high priority health problems and to influence a similar shift in the private sector.

The Public Health Sector Reform is also aimed at providing quality health care, promoting lifestyle change and other social interventions aimed at reducing preventable morbidity and mortality. It is also aimed at achieving a high level of cost-effectiveness and to developing a high level of public awareness of the relationship between behaviour, payment for services and health outcome. Although a major thrust in health promotion and primary care, major upgrading of the primary, secondary and tertiary health facilities also form part of the health sector reform programme. I shall give a brief summary of some of the activities engaging our attention later in my presentation.

We, on this side, would do all that is necessary in order to achieve the goals of the health sector reform and this includes fostering sectoral collaboration and partnership.

Mr. Speaker: Hon. Member for Couva South, I hope you do not intend to continue as you have started.

Mr. Ramnath: But he is reading.

Mr. Speaker: Yes, I know he is reading. I have given him permission to read.

Hon. Members, please, I am on my feet. Let the hon. Member make his contribution in silence. You would have an opportunity to respond to him. Continue hon. Minister.

Hon. J. Rahael: Mr. Speaker, the health sector reform, as I said, would foster sectoral collaboration and partnership between the Government and all stakeholders including the private sector. I am pleased to announce to this honourable House that we have commenced a number of initiatives with the private sector.

On assuming office in 2001, we found that the implementation of the Health Sector Reform Programme was way behind. In fact, in order to continue with the programme we had to seek a three-year extension from the Inter-American Development Bank. This extension has been granted. Our aim is to ensure there is no further slippage and to complete the entire programme on time.

Mr. Speaker, when we came in, only about 35 per cent of the Health Sector Reform Programme was, in fact, completed. That is almost after six years. We have been able, within the short space of time that we have been in Government, to increase that to 45 per cent within the two years. As of today, we only have 32 months to complete this programme and this is a very important programme. I give this honourable House and the country the commitment that this Government would do all that is necessary to ensure that the programme is successfully completed in time.

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An area that has become almost a thorn in our sides is the transfer of public officers to the Regional Health Authorities. To this day, we have had little success in effecting the transfer. However, notwithstanding this, out of a work force of 9,000 employees, we now have approximately 4,000 officers who are to move over to the Regional Health Authorities.

The Government's policy as detailed in the loan agreement signed in 1996, mandates that when a position falls vacant due to the death or resignation of the holder, the post would be abolished from the public service establishment. It is material to note that upon such action a similar post is created and a parallel establishment of the respective Regional Health Authority. As such, due to passing of time, the Ministry of Health has been able to reduce the number of public officers in the sector considerably. Notwithstanding, the Regional Health Authorities continue to face severe difficulties in managing their organizations.

With staff belonging to two different employers, this is no easy task, as it now exists. Public officers take instructions from the permanent secretary while the Regional Health Authority employees receive instructions from the CEO of the RHA. So here it is there are two employees sitting side by side, doing the same work, the same terms of reference and yet there are two employers. Mr. Speaker, at times the same two persons doing the same work may get conflicting instructions from their relative employer, creating havoc and chaos in the health sector. What we are trying to do is to ensure that we bring harmony and rationalization to the health sector so that we would be able to deliver the quality of health care that our citizens so deserve.

If that is not bad enough you have two employees sitting next to each other, doing the same work, yet with two different salaries. How can that create harmony in the work place? How would employees feel knowing that they are getting less than their fellow employees because they have a different employer?

Mr. Speaker: Hon. Member for Couva South, I am appealing to you, please allow the Minister to make his contribution. You would have 75 minutes to rebut. Continue, hon. Minister.

Hon. J. Rahael: Thank you again, Mr. Speaker. Mr. Speaker, a pharmacist sitting next to a pharmacist doing the same job receives a different salary since they have two different employers. How can that continue to operate in the health sector? This is what we are attempting to bring under control so that we would be able to facilitate the movement of the workers from the public service over to the RHA's, so that the RHAs would be responsible for all their employees.

2.00 p.m.

I must say, however, that a substantial number of public officers from the inception of the programme have been fully cooperative with the management of the authorities. The entire sector would have crashed, but the majority of health care providers are responsible caring professionals who place the interest of their patients even above their own and for this, we, the population, owe them a debt of gratitude. It will be remiss of me not to acknowledge the contribution they, including the doctors, have made and continue to make on a daily basis, Mr. Speaker.

Mr. Speaker, it is important to understand the environment in which these employees work. Every patient considers himself as needing immediate care and one can understand that. However, the nurses and doctors have to treat patients according to the gravity of the situation. Patients cannot always appreciate this because each person believes that they need care and attention first and foremost. This can be quite trying to the average caregiver which sometimes leads to frustration. Notwithstanding this, I have no intention, of course, of condoning poor treatment of our patients regardless of the circumstances.

Mr. Speaker, to deal with the concerns and expectations of public officers expected to transfer, we have put in place and are continuing to implement various initiatives. Such initiatives include the establishment of a contributory pension plan for all permanent full-time monthly-paid employees of the authorities.

The plan was established by my colleague on the other side in September 1999. In order to come up with the best plan for public officers transferring and other employees of the RHAs, a multi-sectoral committee was established comprising public officers from various ministries and the Tobago House of Assembly. This committee deliberated for a number of years before a plan was finally approved by the Cabinet.

I am pleased to announce that I have studied the plan and feel quite comfortable to stand before this honourable House to give the assurance that the benefits of the plan are far superior to what obtains for public officers under the various pensions Acts.

In 1997 the then Cabinet agreed to the following:

- that a single pension plan for all RHAs be established under one trust deed but with flexible rules to allow each RHA to have separate contributions and benefits as well as mechanisms for dealing with special circumstances;

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- that the pension plan be established as a pension plan under the provisions of the Income Tax Act and be registered under the Insurance Act;
- that the pension plan meets the specific criteria of cost efficiency, simplicity of administration, easy transferability of benefits among the RHAs which, during its initial stage, will all be in uniformity.
- that the existing policy on the preserved superannuation benefits be maintained and the RHA pension plan would provide a level of pension which, when taken together with the preserved government benefits, delivers a total pension based on pensionable public service before and service after transfer to the RHA on the final salary earned in the RHA at retirement.
- the RHA employees presently contribute 5 per cent of their pensionable salary while the RHAs contribute 13.3 per cent of the officer's salary to the plan;

However, with respect to the transferring of public officers, the RHA would provide a salary supplement of 5 per cent to meet the payment to the plan. The RHA would also contribute 13.3 per cent of the officer's salary to the plan.

Mr. Speaker, this is to ensure that the employees who are moving across to the RHA would not lose any form of benefits whatsoever. They presently do not contribute to a pension plan so that the RHA would supplement their salary by the 5 per cent which would go into the pension plan while the RHA continues to supplement its 13.3 per cent. The design of the RHA pension plan is based, essentially, on the same benefit formulae as those of the pension Acts with the following enhancements:

- all former staff of the Eric Williams Medical Sciences Complex staff would have their services counted for pension purposes;
- in addition, on the death of an employee in service his spouse and children would receive a pension for a period of five years thereafter.
- When an employee dies within five years after retirement his spouse and children will receive a pension for a period up to five years.

This is part of the enhancement pension plan that the RHAs have put in place.

Mr. Speaker, Cabinet also agreed to the following:

- to the amendment of the Pensions Extension Act and the Regional Health Authorities Act to reflect Government's policy on preserved benefits;

- that public officers who had transferred to the RHAs and retired receive whatever benefits are available to other retired public officers with respect to cost of living allowance or other similar benefits; and
- that public officers who are now members of the Widows' and Orphans' Pensions Scheme and have transferred to the RHA may, at their option, continue to benefit from the scheme.

Mr. Speaker, in April 2000 the plan received its first member and four years later the plan now boasts of a membership of over 2,000. Presently, there are systems in place at the Regional Health Authorities to ensure that all eligible employees are registered under the plan. The current financial value of the plan is in excess of \$100 million. I am sure that this pension plan will allay fears that public officers may have with respect to their pension benefits and I give the assurance that we shall continue the dialogue with all stakeholders involved.

In order to further promote the interest of employees we have completed a human resource policy manual which will guide all the authorities. We have also drafted regulations under the Regional Health Authorities Act addressing the areas of discipline and conduct of employees. Accordingly, the authorities will be required to follow the prescribed process detailed in the manual and, where necessary, the regulations when dealing with human resources issues.

It is worth noting that no employee can be disciplined or fired without the Authority following the process detailed in the said regulations. The regulations are very similar to existing regulations under which civil servants are disciplined. This includes the establishment of tribunals and the appeal process.

Mr. Speaker, let me now turn my attention to some issues which we have dealt with and others that are receiving immediate attention. To address the chronic shortage of health professionals in the public institutions, the Government of Trinidad and Tobago—of which I am proud to be part—undertook two separate initiatives. As you may be aware we entered into a technical agreement with the government of Cuba in 2003. The main objective was to solicit the assistance of the Cuban government to provide us with medical practitioners, nurses, radiotherapists and other health care professionals. We also entered into a technical agreement with the United Nations Development Programme for the provision of medical practitioners.

I am pleased to report that through these initiatives we have received over 150 health professionals. As a result, we are now in a position to provide a wider range of services within a shorter time frame. We are also now in a position to

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extend the hours of service at the health centres. The waiting time for surgeries at the major hospitals are beginning to drop.

Mr. Speaker, for all intents and purposes, these initiatives have proven to be successful. We have received and continue to receive, in general, good reports from the public on the services delivered by these foreign professionals. At this point I wish to really compliment my colleague, the Member for Diego Martin East and former Minister of Health, Hon. Colm Imbert, for these initiatives and other programmes which he started and for his invaluable contribution to the health sector. [*Desk thumping*]

Mr. Speaker, this is no minor achievement. As you may know there is currently a serious shortage of health professionals throughout the English-speaking Caribbean. This can be attributed in part to the pull factors present in larger health care markets in the United States of America, Britain and Saudi Arabia which attract significant numbers of our local health professionals.

In addition there is a continuous outflow of young professionals who migrate to pursue postgraduate training abroad. Traditionally medical professionals used the public health sector to gain experience in their related fields before moving on to more lucrative career options at home and abroad.

Mr. Speaker, a number of training programmes are currently on the way which include family medicine, district health visiting, institutional and community nutrition and public health engineering. We are also continuing to train nurses at the McMaster University in Oncology Nursing and Therapeutic Radiographers at Michigan Institute. To address the shortage of biomedical engineering we have finalized arrangements to send three individuals to Boston University. We expect to advertise shortly for applicants.

Mr. Speaker, when I first assumed the position of Minister of Health, the first statement I made was that there would be no politics in health, that is why I recognize the work that was done by the Member for Caroni Central when he tried to facilitate the movement of staff from the public service to the RHAs. However, in order to complete that transfer we need to bring this amendment.

Further, we have increased the intake of student nurses to 300 and currently have a number of post-basic nursing programmes on stream. I am also pleased to advise that this Government approved a BSc Programme for nursing which the University of the West Indies will start later on this year.

We have also granted 23 medical scholarships at the St. Georges University where the said University is bearing 50 per cent of the cost and the Government

of Trinidad Tobago is bearing the other 50 per cent. We are also in the process of developing other programmes and strategies to deal with the current deficit of health professionals. To this end a team from the Ministry is expected to visit Cuba to interview another batch of nurses with specialty training. As a result we expect to receive at least 40 specialized nurses within the next few months.

Mr. Speaker, we have plans also to deal with the mentally challenged patients in our society. To this end, we expect to sign a Memorandum of Understanding shortly with the Dalhousie University in Canada. This Memorandum provides the framework between the parties for common activities in the field of mental healthcare. Some project activities agreed to are:

- training of general practitioners in the practice of psychiatry;
- assessment and management of psychiatric emergencies;
- clinical refresher programmes;
- medical professional/student exchange programmes;
- development and implementation of a special treatment facility at Port of Spain General Hospital.

We are currently in the process of finalizing a new mental health bill which will cover all issues affecting the mentally challenged.

Mr. Speaker, in our continuing efforts to improve the existing level of the Emergency Health Service, given the expectations of the public and its dependence on the service, we propose to establish a national emergency ambulance service which would be governed by a board of directors. The Authority shall be responsible for providing a national emergency service to the population at no cost or in some instances subsidized cost. This national emergency service would include land, air and sea transport. The legal framework provides that all emergency providers must be licensed before such services are offered to the public.

Mr. Speaker, late last year we also signed an agreement with the UNDP for the purchase of 40 new right-hand ambulances. I am pleased to announce that we have already received seven of these vehicles and another batch is expected at the end of this month and next month, completing the total of 40 new ambulances in the system that will greatly enhance the delivering of ambulance services. We expect to bring this bill to Parliament later this year.

Further, we are also in the process of finalizing a quality health services bill which would provide for the licensing of all health service providers. This, again, is to ensure that quality service is provided both in the public and private health sector.

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Mr. Speaker, the primary care service delivery network involves a series of sub regional clusters of health centres that would provide services five days per week to communities of up to 30,000 persons. What we hope to do with some of these health centres is to extend the opening hours. These health centres normally close between 3.00 p.m. and 4.00 p.m. so anyone living within that catchment area who needs service for minor injuries—dog bite, nail “jook” or whatever—after 3.00 p.m. and 4.00 p.m. would have to find themselves at the Accident and Emergency Department at the Port of Spain General Hospital or the San Fernando General Hospital and that clogs the system.

What we are proposing to do is to extend those hours from 7.00 a.m. to 3.00 p.m. and from 3.00 p.m. to 11.00 p.m. and to ensure that in these health centres there is a doctor, a nurse, a pharmacist and a security guard so that persons with minor injuries will be able to go to the health centre close to them to access service.

Mr. Speaker, the district health facilities provide a much wider range of service and we are hoping that these district health facilities are strategically located in areas where large catchments of people reside would open seven days per week providing accident and emergency services for an area of approximately 80,000 persons. Again, this would help to reduce the burden on the Accidents and Emergency Departments at our major hospitals.

Mr. Speaker, the Ministry of Health and the Regional Health Authorities have made significant progress towards achieving primary health care targets outlined in the development programme. Approximately 60 health and outreach centres have been built or upgraded and commissioned. Most of the others are scheduled for completion within the next 12 to 18 months. Work for the new Tobago hospital has commenced and this is expected to be completed and fully commissioned before the end of next year.

I am also pleased to announce that plans are on the way for the relocation of the Mount Hope Maternity Hospital to the Eric Williams Medical Sciences Complex to facilitate major works being undertaken to develop a state-of-the-art women’s hospital. In fact major works are expected to begin at the complex soon and would include the upgrade of the elevators, kitchen renovations, air conditioning systems, water and steam systems, incinerators and power systems. At the Complex, within the next month, we also expect to have a surgical ward and a step-down intensive care unit in place which would be made available to the public for the very first time.

Mr. Speaker, this surgical ward will provide for members of the public to be able to have surgery and receive intensive care. As I said, for the very first time this would be offered at the Eric Williams Medical Sciences Complex.

I am also very pleased and proud to announce that for the first time in 15 years there are four theatres functioning at the Port of Spain General Hospital. [*Desk thumping*] We have four theatres fully operational—[*Interruption*] Yes, so what. [*Interruption*] [*Crosstalk*] That is the information coming from the Medical Chief of Staff in the Port of Spain General Hospital.

Mr. Speaker: Hon. Members, it is not the first time that the *Hansard* reporter has appealed to me for assistance. Members continue to disturb the Member while he is making his contribution. The *Hansard* reporter is having great difficulty in hearing the contribution, I am in close proximity and would like to hear. The distinguished members of the medical profession in the public gallery would like to hear—

Mr. Sharma: Why bring them in here?

Mr. Speaker: Order please, I am on my feet!

Mr. Ramnath: That is all right.

Mr. Speaker: I am appealing to Members to show some civility, that is all I am asking. Please hon. Minister, continue.

Hon. J. Rahael: Mr. Speaker, we can understand why they are getting on like that. What we have been able to do in the health sector in two years and three months is much more than they have been able to do in the six years that I have been here. [*Desk thumping*] That is why they are responding in this way.

Mr. Speaker, for the first time at the San Fernando General Hospital my understanding is that at least seven theatres, if not eight theatres, would be functioning from next week. [*Desk thumping*] [*Interruption*]

Mr. Speaker: I am appealing to Members, finally, to allow the Minister to make his contribution. I do not want to invoke the Standing Order that gives me the authority to discipline Members. Please, I am appealing to you. We have distinguished members of the medical profession here, the press and the whole public is listening to this. We have just passed a motion to have the proceedings of this House televised. Please.

Mr. Ramnath: The medical profession does not run this House.

Mr. Speaker: Please, hon. Member for Couva South.

Mr. Ramnath: This is our House.

Mr. Speaker: Continue, please, hon. Minister.

Hon. J. Rahael: Mr. Speaker, we are pleased to have members from the medical profession in the House, unlike the Member for Couva South who wants to put them out. We are pleased to have them here. *[Interruption]* They are part of the health sector, Mr. Speaker. *[Interruption]* A very important part of the health sector, Mr. Speaker. I am sure the health sector will continue to do well with those medical professionals who are in the public gallery this afternoon.

Mr. Speaker, as I was saying—

Mr. Singh: Mr. Speaker, the hon. Member is indicating that the medical profession is an important part of the health sector—

Hon. J. Rahael: Of course.

Mr. Singh: —and you reiterated that. Is that why you are putting the PSA and not recognizing MPATT?

Hon. J. Rahael: Mr. Speaker, I do not know if the Member for Caroni East is apprised of what is happening. Already in front of the Industrial Court, I believe, is an application by the doctors for recognition. *[Desk thumping]* So, I do not understand what the Member is telling me. Let the Industrial Court decide who is entitled—*[Interruption]* Through the Ministry of Labour, of course, that will be determined. That is not for me to determine.

Mr. Speaker, let me come back to tell you of the many good things that are happening in the health sector. Not only do we have more theatres operating, both in Port and Spain and San Fernando, but also new equipment that has never been in the public health sector. It is our plan to have in place at the Port of Spain General Hospital a step-down Intensive Care Unit, a dialysis unit and a day surgery suite to comprise 24 recovery beds and three additional theatres to the four we have now. This project is expected to be completed next year. So, by next year we should have a minimum of seven, possibly eight, theatres operating at the Port of Spain General Hospital with a step-down intensive care unit, a dialysis unit that has never been there and a day surgery suite.

Mr. Speaker, we have also commenced major works at the San Fernando General Hospital. It is worth noting that we shall be outfitting the new wing to accommodate two trauma orthopedic wards, one surgical ward, an intensive care unit, a day surgery theatre and accommodation for such patients. This wing will also house the pharmacy, the medical labs and the mortuary.

Mr. Speaker, as you know, we are currently injecting over \$60 million worth of new equipment of advanced modern technology into the hospitals. For the very

first time there will be mammography machines in the San Fernando General Hospital, Port of Spain General Hospital and the Sangre Grande Hospital. The leading form of cancer causing death among women is breast cancer and we, being a caring government, have put a mammography system with biopsy in each one of these major hospitals so that we would be able to detect if the woman has any lumps, we would be able to do a biopsy and, hopefully, for it to be non invasive.

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Mr. Speaker, for the first time there will be C-arm and a CT scan for the San Fernando General Hospital. For the first time we are going to have one in Sangre Grande as well. We are providing our health care givers with equipment and tools so that they would be able to do their work.

Mr. Speaker: The speaking time of the hon. Member has expired.

Motion made, That the hon. Member's speaking time be extended by 30 minutes. [*Hon. C. Imbert*]

Question put and agreed to.

Hon. J. Rahael: Thank you hon. Members for the extension. As I was saying, we in the Ministry of Health and the Government, under the RHAs, want to ensure that our health care providers are given the tools and equipment necessary to carry out the service they would like to deliver. We must ensure that not only the infrastructure is there, but also that all the various support systems are in place so that all our health care providers would be able to do the job that they have taken an oath, in some cases, to provide. In others, because of their nature and their giving and caring, we must be able to provide these tools and equipment and all the support systems that are required. When we provide all that to our health care personnel then we can hold them accountable.

All of us are accountable, so even the health care providers will have to be accountable. The output from the theatres must be measured and the persons held accountable. For us to hold them accountable, they must have all the necessary tools and support systems required. Once we do that, we will be able to deliver what all of us want. Health has no barrier—no race, no colour, no politics because any one of us may need to be in a hospital at some time or another. We can never tell who is going to be the person who will require that health care from our professionals.

Mr. Speaker, by the end of this month all the pharmacies in the major hospitals will be fully computerized and operational. I could not understand how

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we could be operating our hospitals with pharmacies with all the various drugs and pharmaceuticals and yet they are not computerized. What was brought to my attention is that we were fully computerized in 1995. There were computers in the pharmacies in San Fernando and Port of Spain and in the Eric Williams Medical Sciences Complex in 1995. In the year 2000, they were non-operational. I wonder who is responsible for that.

It is now left for us to ensure that it is once more computerized so that when a doctor is on the ward and he needs to prescribe a drug for a patient, he is aware of what drugs are available at the pharmacy. It would not make sense for the doctor to prescribe a drug that is not available and that it is discovered after the doctor leaves the ward. What will happen to the patient? We must put systems in place to support the doctors and nurses so that they can provide the quality health care to the patients.

As I said, it was there in 1995 when we demitted office. We came back to office and it was not there. As a matter of fact, it was not only the computerization of the pharmacy, but also many records at the Eric Williams Medical Sciences Complex are no longer available. They have allowed the entire system to crash.

We are dealing with people's lives and we are not doing what is required so that the proper records are available. When the doctors come to check, they have difficulty in accessing the records. We will ensure that this is put in place.

Mr. Ramnath: You have no evidence.

Hon. J. Rahael: Well, the doctors have the evidence. As I said earlier, the object of this amendment is simply to allow and to encourage and to put into the Act for the smooth transferring of public officers into the RHAs, to give all the workers in the public service the comfort that when they move across they would have security of tenure, their salaries would be regularized, their pension would be enhanced; that it would be—*[Interruption]*

Mr. Speaker: The Hansard reporter is right opposite you all, you know.

Dr. Khan: Sorry. Sorry.

Mr. Ramnath: We need to relocate these Hansard reporters, you know. They disturb the Members of the House.

Hon. J. Rahael: So, Mr. Speaker, when we are in a position to provide all of these things and to deliver the kind of health care we want, then we can really say that we are a developed country.

The Bill, as I said, would ensure that the workers who are public servants today would feel comfortable; that they would be assured that when they go over to the RHAs, they would stand to benefit. There would be increased pension benefits, better wages and better service. By doing that, we are putting everyone on the same footing. No two pharmacists would have different employers. No two pharmacists doing the same job would have different salaries. They would each have the same salary with the same employer, receiving the same instructions. Those who wish to apply to the Industrial Court or to the Ministry of Labour, Small and Micro Enterprise Development for recognition to represent any group of workers within the RHA are free to do so. There is no restriction on them. It is just that the majority of workers presently coming across are being represented by the PSA and will continue to be represented by the PSA. As has happened in the past, if there is a group that wishes to challenge the PSA, they can do so. There is no restriction there. We just want to give the workers in the public sector the comfort of going across with their union.

I beg to move.

Question proposed.

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, the Minister in presenting this Bill—a one clause bill—spent three and a half minutes talking on the Bill. He went all around the place regaling us on the achievements of the United National Congress in government in the health sector. He could have spared us that and told us exactly why this Bill is before Parliament today.

This one-clause Bill before us is one of the most dangerous and oppressive pieces of legislation to come to this Parliament in a long time and I will deal with this a little later.

When the Minister was presenting the Bill, I thought he would have given us the real reason for wanting to change the existing provisions in the Regional Health Authorities Act. I thought he would have pointed out, as the lawyers would say, the mischief in the Act and say why he was trying to correct that mischief. I thought he would have pointed out the deficiencies in the existing RHA Act, which were causing problems and difficulties and tell us how the amendment he was proposing would correct these deficiencies. I thought he would have told us how the present RHA employees and the present public servants would benefit from that amendment. Most of all, I thought he would have told us how, by enacting this amendment, the hundreds of thousands of people in this country who seek medical attention in the public health care institutions would benefit. What

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we got instead was a tissue of falsehood and deceit in the three and a half minutes he spent talking about this Bill.

The Minister told us, in his presentation, that this Bill would give the employees transferring from the public service to the Regional Health Authorities continued representation by the Public Services Association, the union which represents them at present in the public services. Since the Public Services Association represents the existing workers in the health sector who are public servants, the Minister tells us that this Bill would allow them to be represented by the Public Services Association when they transfer to the Regional Health Authorities. This is where the deception comes in.

The existing provisions in the RHA Act of 1994 already give them that facility. It already gives the public servants the facility of taking across with them to the RHA their union, which represented them when they were in the public service.

Mr. Speaker, section 31 of the Regional Health Authorities Act says—and these are the existing provisions—I quote sections 31 and 32:

“31. Subject to any written law employees of an Authority who have transferred from the Public Service shall, for the purpose of collective bargaining, continue to be represented by the relevant...association that formally represented them.”

It is already a provision in the Act. It continues to say:

“32. Any agreement applicable to former officers in the public service or a statutory authority who have transferred to the service of an Authority shall be valid and binding on the relevant representative association and the Authority and shall be deemed to be registered under the Industrial Relations Act.”

This Bill, therefore, has nothing to do with workers who are transferring from the public service to the Regional Health Authorities. As I said, these provisions are already in the existing Regional Health Authorities Act.

What then is the purpose of this Bill? The purpose of this Bill is to impose the Public Services Association as the certified recognized majority trade union for the existing employees in the Regional Health Authorities, whether they want it or not. That is the purpose of this Bill.

The RHAs have been in existence for the last 10 years and during that period of time they employed thousands of workers both daily- and monthly-paid. The monthly-paid workers comprise all categories of staff—doctors, nurses, pharmacists and so on. This Bill seeks to force on these monthly-paid employees of the RHAs,

the Public Services Association as their representative bargaining body. These workers now do not have a say as to whether they want the PSA to represent them or not. By enacting this piece of legislation the workers would now have the PSA forced upon them as their representative trade union.

I am saying to the Minister that it is illegal, unconstitutional and dictatorial and in the interest of democracy, he should withdraw it immediately and let us go home. I can tell him upfront that the Government will not get the support of the Opposition on this Bill and, therefore, they will not get the required constitutional majority to get this Bill passed. I warn him that if they persist with their arrogance and pass this Bill here and in the Senate with a simple majority—which they can do because they have the simple majority in both Houses—the day after the President assents to the Bill, they will be facing the court. The legal documents for this are already being prepared.

The Minister, before coming to this Parliament, should have sought legal advice from his colleagues in the Cabinet. He could have sought advice from the hon. Attorney General, who is a well-qualified junior attorney. He could have sought the advice of the Solicitor General who is a well-qualified senior attorney. He could have sought the advice of the hon. Minister of Labour and Small and Micro Enterprise Development, who is well qualified to pronounce on these matters. He could have sought the advice of private attorneys. He could even have sought the advice of the attorney in the Ministry of Health—even the Team Unity leader.

Who advised the Minister on this Bill? On whose insistence is he bringing this Bill to Parliament? Is it on the insistence of the technical officers at the Ministry of Health? Is it on the advice and insistence of the Public Services Association? Is it on the insistence of the Prime Minister, or is it on the insistence of the Minister of Public Administration and Information? It must be somebody else. I cannot believe that he would think of something like this all by himself. He is not so bright.

Do you know the sad part of all this, Mr. Speaker? When this matter is challenged in court, as I know it will be, and when the Government loses, as I know it will, the persons who would have to pay the court would not be the Minister of Public Administration and Information, would not be the Prime Minister, would not be the Minister of Health; but we, the taxpayers of Trinidad and Tobago. We will have to pay for the folly, the hardheadedness and the arrogance of the Minister and his Cabinet.

Their attitude is: What is wrong if the Government has to pay \$300,000 or \$400,000? It is not coming from their pockets in any case and there is plenty of money in the Treasury. Mr. Speaker, \$300,000 and \$400,000 is a lot of money.

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The Minister spoke about improving primary health care and about health centres. At this time—and there are many people who can attest to this—there is not even Panadol in the health centres. Do they know how much Panadol \$300,000 can buy. The Minister buys Panadol at about 2 cents or 3 cents for one. Does he know how many Panadol \$300,000 can buy? Does he know how many sugar tablets that he buys 5 cents for one can be bought with \$300,000 and \$400,000?

It is now public knowledge that the doctors in Trinidad and Tobago have lost confidence in the Public Services Association as their bargaining body. The doctors feel that the Public Services Association has never really looked after their interests. In fact, the doctors and the Public Services Association have been in open conflict with each other for some time. The president of the Public Services Association is on record as having made some very antagonistic and derogatory remarks about the doctors. In these circumstances how can the doctors expect to get proper and fair representation from the Public Services Association—a union which they do not want to represent them, but which is being imposed on them by law?

Mr. Speaker, according to the existing laws of Trinidad and Tobago, no group within a public service can form their own union and must be represented by the Public Services Association. That is the present arrangement. Unless some other union emerges, which can command the support of more than 50 per cent of all the monthly-paid public servants, the Public Services Association will continue to represent the public servants. The doctors in the public service, therefore, as much as they did not want it, had no choice but to have the PSA represent them. However, with the doctors in the RHA that is a different matter. Not having a representative union, they can now form their own union—a right which is given to them in the Constitution and in the Regional Health Authorities Act. Mr. Speaker, section 34 says:

“Employees may form an association which may be registered as a trade union or may join a trade union.”

For many years the doctors have been trying to organize themselves into a trade union in order to bargain for the rights of doctors to represent them, but there were legal and other impediments. Finally, under the RHAs, the doctors were able, after many years of organizing and through hard work, to form and register a trade union—the Medical Professionals Association of Trinidad and Tobago (MPATT). That association has been registered under the laws of this country as a trade union. They have the documents for this. [*Holds up a document*] This is a copy of the certificate of registration:

“The Trade Unions Act

Certificate of Registration of Trade Union:

It is Hereby Certified

that the Medical Professionals Association of Trinidad and Tobago (M.P.A.T.T.)

has been registered under the Trade Unions Act, Chap. 88:02

this 27th day of May, 2002.”

So, they have already been registered as a trade union. They have been asking for bargaining status for the doctors in the Regional Health Authorities.

They have now inserted a clause saying that they have imposed the Public Services Association as the representative trade union for RHA workers and that no application for recognition by any other trade union would be entertained before two years have elapsed. There is one other provision that if they want to go before the Recognition Board before two years, they would have to apply to the Industrial Court. We know how long these processes take. If they follow these processes, starting now, the Medical Professionals Association of Trinidad and Tobago would have to wait another five years or more if they are to be granted recognition at all. [*Crosstalk*]

Mr. Speaker: Order please! Order!

Dr. H. Rafeeq: In addition to this, the PSA, by this Bill, will now represent all the monthly-paid employees in the Regional Health Authorities—those employed by the Regional Health Authorities themselves and those who have transferred to the Regional Health Authorities from the public service. This means that the entire monthly-paid staff in the Regional Health Authorities would now be the bargaining unit—the doctors, the nurses, the pharmacists, the clerical staff and all other monthly-paid staff will now form the bargaining unit. If MPATT now wants to apply for bargaining status for any group, they may have to get 50 per cent of all of the employees and not just 50 per cent of the doctors. That may very well put paid to any plan to de-link the doctors or nurses from the rest of the RHA staff for bargaining purposes because they will now form part of the larger bargaining unit.

I warn the Minister again. The doctors have worked hard and diligently to create and sustain MPATT to bring it to its present stage. They are not going to let go of that so easily. They are not going to sit by and let their efforts go down the drain simply because they are utilizing their majority in Parliament to impose the Public Services Association, even if it is illegal and unconstitutional. Remember,

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Mr. Minister, that MPATT was here long before you were Minister of Health and it will be here long after you are no longer Minister of Health.

In the year 2000, the UNC brought a bill to Parliament, to allow union successorship in the case of hourly-, daily- and weekly-rated employees in the public health sector transferring to the Regional Health Authorities. I want to point out that that case was entirely different from what the Government is attempting to do here today. I will tell you how.

The Regional Health Authorities Act of 1994 allowed for monthly-paid employees who transferred to the Regional Health Authorities to continue to be represented by the Public Services Association. That is explicitly stated in the Act as I read a couple minutes ago. However, no such provision was made in the case of daily-paid workers. Daily-paid workers represent a significant portion of the work force in the public health sector yet no such provision was made for the daily-paid workers in the RHA Act of 1994. Whether this was a case of favouring the Public Services Association and discriminating against the NUGFW, I cannot say. I can say that the Public Services Association was given successorship as far as union representation for the monthly-paid workers was concerned while the NUGFW was given no such facility. That is an anomaly we tried to address in 2000.

When we enacted that provision, we gave the same facility that was given to the Public Services Association in this Act. The amendment that was passed in 2000 allowed for two things. First of all, that all daily-rated workers transferring from the public service to the Regional Health Authorities would continue to have the NUGFW representing them, subject of course to the provisions in the Industrial Relations Act. Secondly, on transfer, all the terms and conditions of the existing collective agreement would be recognized and honoured by the RHA. These are the exact provisions that this Bill gave to the monthly-paid staff and the Public Services Association. That, Mr. Speaker, is vastly different to the Bill before us today. This Bill is imposing the PSA as the bargaining body for the existing monthly-paid employees in the Regional Health Authorities.

This now brings me to the real reason we are here today. It is indeed unfortunate that Parliament, which is supposed to be the highest forum in the land, is being used by Government to settle personal scores and to fight personal battles. The Minister comes to Parliament today to fight his personal battle with Dr. Colin Furlonge, with Dr. Lakhon Roop and with Dr. Phillip Ayoung-Chee and others sitting in the public gallery. These people had, in the mind of the Minister, the audacity to form the association, MPATT, and challenge the Public Services Association. They, among others, have been fighting for the rights of doctors in

the public service and the Regional Health Authorities as well as advocating for better conditions of service for members of the public who seek care in the public health sector. The Government views this group as a thorn in its side and has embarked on a multi-pronged attack to get rid of them and to silence them. This Government has had a long and running battle with this group of doctors and they have brought this Bill to Parliament in order to “manners” them.

As mentioned, by entrenching the Public Services Association, the Minister has virtually ensured that MPATT become a stillborn union. This is not strange. The Minister who is piloting this Bill today has the dubious distinction of destroying an entire industry in order to get rid of a union. Remember, this is the Minister who destroyed the livelihood of over 10,000 sugar workers and over 100,000 employees in the process of getting rid of a union. The Minister destroyed an entire industry in order to get rid of a union, which he perceived to be supportive of the Opposition. This Minister destroyed an entire culture in order to destroy a union.

His boss told the union that it was the history of this country that political parties opposed to the PNM came from that union and the Minister is the person, therefore, who brutalized, battered, terrorized and traumatized 10,000 workers and their families in order to destroy a union, in the same way that he is trying to destroy MPATT here today.

Let me tell the Minister that he has left a legacy of misery, suffering, hardship and tears in many areas of Central and South Trinidad. They have left families with broken homes and broken houses and pat themselves on the back for a job well done; and that is what they want to repeat here today. Let me tell you, in case you think you are forgotten in South and Central Trinidad, the people and their families whom you have brutalized over the years would never ever forget you. With every tear they have shed in Central and South Trinidad because of your action, they deliver it Mr. Minister, with one more curse at your doorstep and one day these tears and these curses will come back to haunt you. When that time comes, no PNM, no Prime Minister, no amount of power, no amount of wealth that he has and that he has access to will be able to help him. On that day, the workers whom he took pride in destroying will finally get justice.

Mr. Speaker: You are coming back to the Regional Health Authorities (Amdt.) Bill?

Dr. H. Rafeeq: Yes. I am saying—[*Crosstalk*]

3.00 p.m.

Mr. Speaker: Order please. *[Interruption]* The Minister spoke about health. That is what I heard. *[Interruption]* Order!

Dr. Rowley: Put him out!

Mr. Ramnath: You put me out!

Mr. Speaker: Would the hon. Member please continue?

Dr. H. Rafeeq: Mr. Speaker, I was trying to draw the parallel with what the Minister did in Caroni (1975) Limited and is trying to do here today. If I sound passionate, it is because I am. I am a proud product of the sugar industry. I come from the heart of the sugar belt. I see the misery and the hopelessness among these people all the time, but I am coming back.

Mr. Speaker: I allowed you to make the comparison. Now that you have made the comparison, please come back to the Bill. *[Interruption]*

Mr. B. Panday: You cannot tell him how to speak!

Mr. Speaker: Hon. Members, if Members continue to disregard the rules of this House, I will take appropriate action. This is the last warning I have given you! Continue.

Mr. Ramnath: Throw us out!

Dr. H. Rafeeq: Today, the Minister wants to come and put sweeteners and make promises to the public servants and the RHA employees in order to achieve his ends. Again, let me remind this House—I am again drawing the parallel—that in the same way he promised lands to the sugar workers, to date not one sugar worker has received one inch of land. *[Desk thumping]* From statements coming from the present Minister of Agriculture, Land and Marine Resources, they would get none. This is why this Minister can go to Jenny's and say among his wealthy friends: "We have licked up Caroni (1975) Limited and burst their throats." Having done the hatchet job in Caroni (1975) Limited, to get rid of the sugar workers and destroy the industry and the All Trinidad Sugar and General Workers Trade Union, he now comes to the health sector to get rid of the doctors and destroy the Medical Professionals Association of Trinidad and Tobago (MPATT).

Today, even at the risk of passing a Bill that is illegal and unconstitutional, the Minister has come with an agenda to destroy MPATT. He would do it by any means necessary. Again, let me warn the Minister, that this time he is not dealing with poor, illiterate and helpless sugar workers whom he can threaten and ride

roughshod over. He is not dealing with sugar workers whom he fooled with a promise of a piece of land and a \$10,000 or \$20,000 that he dangled in front of their eyes. He is dealing with a group of professionals who are far more educated than he will ever be. He is dealing with a group of professionals who are far more intelligent than he will ever be. He is dealing with a group of people whose services are far more important than his will ever be. He should not, for one moment, think that because he succeeded in destroying so many people once, he would get away with it again. The Minister should not believe that this group is going to take it lying down. This is a totally different fight. The only tragedy in this battle is that poor people will suffer and die. What does that matter to the Minister? He never had a history of care and concern for poor people anyway. Why would that matter to him? Mr. Speaker, that is the first reason we are here, for the Minister to get rid of certain doctors and destroy MPATT.

The second reason we are here today is that it is now payback time for Jennifer Baptiste. [*Desk thumping*] There are many persons in Trinidad and Tobago who helped to put the PNM in office and who have been keeping them in office. This includes the ex-President. Promises were made to all of them now and it is now payback time. The ex-President has already cashed in on his and now it is Jennifer Baptiste's time. When the UNC was in office, Jennifer Baptiste promised to make this country hotter than a "chulha". She went around the country saying so. Today she is as silent as a mouse. Many of her members want to know if she is still around. Her silence and support for the Government have come at a price. Today she is being rewarded. She is having the representation of the Regional Health Authorities' employees handed to her on a platter: something she knows she could not have achieved on her own. If Jennifer Baptiste and the PSA feel they are so strong, if she feels that her union is so great, let her go and apply for recognition for bargaining status for the RHA workers in the same way that MPATT has done. Let her go and apply and face the same process that Drs. Colin Furlonge and Ayoung Chee and the rest are facing. Why must this process be bypassed in favour of Jennifer Baptiste and the PSA? Why is the Government rendering the Registration, Recognition and Certification Board irrelevant in order to satisfy the PSA? As I said, it is payback time for the support for the Government, from the PSA and the support the Government hopes to receive in future. Once again, Parliament is being used to repay political debts incurred by the PNM in order to gain and sustain power.

I know I am speaking to you, the Hansard reporters and other Members of Parliament. I hope the doctors who are sitting there are taking note of this. Mr. Speaker, my information is that in order to get rid of MPATT and certain doctors in the system at present, the following plan would be put in place:

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1. This Act would be passed with/without the support of the Opposition. Having a constitutional majority will not matter.

As I said before, in the event that this matter is successfully challenged in the court there is plenty money in the treasury to pay for it.

2. In exchange for installing Jennifer Baptiste and the PSA as the bargaining body for the RHAs, it is hoped that she will now deliver on her end of the bargain by getting the nurses to go across from the public service to the Regional Health Authorities. If that plan should backfire and the nurses decide to hold out for a payoff and reapply for their jobs in the RHAs, that will be another broken promise.
3. The Government would then offer some incentives for the doctors to go across. Some of them may take it and others would not.
4. Those who do not take the incentive will be offered VSEP, or be made redundant, as in the case of Caroni (1975) Limited.
5. The Government would then rehire some of the doctors who have taken VSEP, at whatever point in the system they see fit, because they would now be applying as new employees.
6. They would bring Cuban and UNV doctors to fill the system.
7. Finally, they would get rid of doctors whom they see as troublemakers, doctors such as Dr. Colin Furlonge and Dr. Ayoung-Chee.

They would not employ them in the system.

Mr. Ramnath: Racists!

Dr. H. Rafeeq: That is their plan. I want the doctors and the public servants in the health sector to take note of this.

Mr. Speaker, the Minister mentioned that one of the reasons for bringing this Bill to Parliament was to facilitate the transfer of workers from the public service to the RHAs. I have already told you that this is utter rubbish because the Government already has that facility in the Regional Health Authorities Act. There is the facility of taking their representation with them. However, if the Minister would like the public servants to transfer to the RHAs, the employees must have confidence in the RHAs. The Government must build the kind of system that would give that kind of confidence in the RHAs.

Recent events involving the Government can only serve to erode whatever confidence public servants had in the Regional Health Authorities. We only have

to consider the two recent incidents involving Dr. Colin Furlonge. Dr. Colin Furlonge successfully challenged two acts of discrimination against him and won on both counts, because of the existence of the Public Service Commission. If the Public Service Commission did not exist, Dr. Furlonge would have just been another statistic in the long and growing number of persons who are being victimized and discriminated against by this Government.

In the first instance, Dr. Furlonge was bypassed for the position of acting Medical Chief of Staff at the San Fernando General Hospital in favour of Dr. Anand Chattoogoon. It is said that politics make strange bedfellows. I do not know the exact reason for wanting to install Dr. Chattoogoon, [*Laughter*] except that I know that he is seen as a strong supporter of the PNM. On the instruction of the Minister of Health, or at least with his concurrence, the Permanent Secretary in the Ministry of Health recommended Dr. Chattoogoon to act as the Medical Chief of Staff. The Permanent Secretary and the Minister violated all the rules and regulations and made that recommendation.

Thankfully, there are still some independent institutions in this country, with men and women who would not bow and succumb to political pressures. The Public Service Commission, noting that all the rules and regulations had been broken, rejected the recommendation of the permanent secretary and appointed, this time using the proper rules, Dr. Colin Furlonge, to act as the Medical Chief of Staff at the San Fernando General Hospital. This prompted an immediate response from no less a person than the Prime Minister himself and the Minister of Health, who launched a scathing attack on the Public Service Commission. Do you know the reason they gave for bypassing Dr. Furlonge? They said it was because he was not qualified. I cannot read all of this, but let me read a couple of lines from the curriculum vitae of Dr. Colin Furlonge, the person whom they said was not qualified for the post of Medical Chief of Staff.

Dr. Colin Furlonge (MB BS)

Dip DERM (Univ London)

Dip VEN (Univ London)

MRCP

His working experience is long so I would quote two for you. He was the Registrar at the Queen's Park Counselling Centre and Clinic from 1990—1996 and Specialist Medical Officer at the Queen's Park Counselling Centre and Clinic from 1996 to present. That is a period of 14 years. During the 14 years, he was the head of the clinic. During that period he directly supervised over 120 persons. He

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is a visiting scientist to many universities; has been a consultant in many countries such as Tanzania, Switzerland, the USA, Cote D'Ovoire and Chile. He had more than 120 persons who were directly under his supervision. On the other hand, Dr. Chattoogoon is a consultant and anaesthesiologist and had approximately 10—12 persons under him.

Hon. Members: Under him.

Mr. Sharma: Sometimes on top. More often, on top.

Dr. H. Rafeeq: Approximately 10—12 persons.

Dr. Moonilal: Over.

Dr. H. Rafeeq: In addition to this, Dr. Furlonge was senior to Dr. Chattoogoon and was in a higher range in the public service. Who would have been there in the Regional Health Authorities to protect Dr. Furlonge and others like him from the victimization from their bosses? The Regional Health Authorities have no Public Service Commission and is not considered as a statutory authority under the Statutory Authorities Service Commission. After you have been victimized and discriminated against by a PNM-appointed CEO or manager, your final form of redress, before you access the courts, is a PNM-appointed board of directors. Do you know who the present members of the board are? They are Imtiaz Ahamad, Chairman of the South West Regional Health Authority, a top financier of the PNM and Joel Sinanan, another PNM operative. I do not know if he is any relation to the Speaker. There is John Eckstein, a former PNM minister and former research officer of the Leader of the Opposition, when the PNM was there and Ashton Ford, another PNM operative.

Mr. Speaker, do you think Dr. Furlonge would have gotten justice from any one of these boards, when the permanent secretary, the Minister of Health and the Prime Minister did not want him appointed? Do you think he would have gotten justice there? Which one of the chairmen of these boards would have had the courage and strength to say no to the Prime Minister, knowing that would have put pain to their \$5,000 a month stipend?

Allow me to read a couple of paragraphs, with your permission, from the court judgment that was given in favour of Dr. Furlonge. This is a copy of the court judgment.

- a. “the recommendation of the Respondent that Dr. David Josa act as the Medical Chief of Staff...was illegal, ultra vires and contrary to the provisions of the Public Service Commission Regulations.

- b. the decision of the Respondent to pass over the Applicant in making a recommendation for the acting appointment to the office of Medical Chief of Staff was illegal, ultra vires and contrary to the provisions of the Public Service Commission Regulations.
- c. the Respondent acted illegally, procedurally improperly and contrary to the provisions of the Public Service Commission Regulations by failing to inform the Applicant of his recommendations and reasons (for passing over the Applicant...) within a reasonable time so as to allow the Applicant sufficient time to be heard and/or make representations..."

In his conclusion, the learned judge said:

"Clearly the Applicant felt aggrieved by the approach of the Respondent in this matter and the victim of a history of prejudicial treatment. The Applicant, through his attorneys, took every step to bring to the Respondent's attention the errors in the approach being adopted, but to no avail. Before this Court, the attorneys for the Respondent and the Attorney General have accepted the illegality and procedural impropriety of the Respondent's conduct..."

It is hoped that there will be proper compliance with the provisions of the Public Service Commission Regulations in the future. Such compliance is necessary if there is to be public confidence in the Public Service and the Public Service Commission. Failure to do so invariably results in a warranted suspicion of arbitrariness, discrimination, bias, partiality and even political interference. This is especially so in a small 'rumourmongering' society like Trinidad and Tobago, where divisions along ethnic and political lines are often determinative of the perception of reality. As it turns out, this Applicant has quite legitimately felt aggrieved.

The Respondent is therefore ordered to pay the Applicant's costs certified fit for senior and junior counsel."

What kind of protection would Dr. Furlonge have had, if he were employed by the Regional Health Authorities?

The second issue with Dr. Furlonge is that he was bypassed again as acting Medical Chief of Staff at the Port of Spain General Hospital, even though he was well qualified in terms of seniority, qualifications and experience. Several representations by Dr. Furlonge, his attorneys and the permanent secretary failed to resolve the issue. This is the one that went to court. At present, there are no rules, regulations or procedures to protect the employees in the Regional Health

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Authorities against any kind of discrimination and victimization. Until such time, we are only wasting time here.

The Minister only mentioned what the UNC government did to facilitate the transfer. He spent 15 minutes speaking about the pension plan. That pension plan was developed by us, while we were in office. That is the only achievement he can boast about, as far as getting workers to go across to the RHAs. When we were there, we started the process of putting together a human resource manual, which would have addressed issues such as the hiring, transfer, promotion, dismissal and collective bargaining. Up till now it has not been completed. That was supposed to have been a one-year exercise.

We gave an incentive allowance of 25 per cent of the basic salary to nurses in the RHAs. This was a form of encouragement for the public servants to go across. We also gave them a two-year moratorium on the pension contribution of those who opted to go across. After all of this, this Minister has done absolutely nothing to facilitate the transfer.

The Minister mentioned many things. I do not want to go into those things because there may be other speakers on this side. I just want to mention two things. First of all, the Minister should utilize his time better, rather than coming to waste our time in Parliament. He should utilize his time to draft the regulations of the Human Tissue Transplant Act and bring them to Parliament. That has the potential to save lives. We have been asking for that for the past two and a half years, since this Government has been in office. The history of that Act is that the doctors have been calling for that Act for over 15 years. When we came into office, we did all the necessary consultations. We put the Act together and it was put out for public comment. We brought it to the Parliament and took it before a Joint Select Committee. It was passed in both Houses of Parliament. Only to implement that, this Government does not want to do that.

Presently, we have a high incidence of diabetes and high blood pressure in this country. Because of those and other reasons, there is a high incidence of kidney failure in this country. There are many persons who cannot get treatment and would die because they cannot access dialysis, either in the private or public sector. The Human Tissue Transplant Act has the potential to save some of those lives. There are young people dying in the country everyday. Those people have good organs that can be used for transplant. Because this Government does not want to bring the Human Tissue Transplant Regulations, they cannot do it. I am asking the Minister to spend his time profitably, rather than wasting the Parliament's time. Bring the Human Tissue Transplant Regulations to the Parliament.

With respect to the Quality Health Services Act, when we left the Ministry that draft had already gone to Cabinet only to be laid in Parliament. Two and a half years have passed and the Government refused to bring it. I have been calling for this every time I speak in Parliament, yet the Government refuses to bring it, but they find time to bring a Bill to entrench Jennifer Baptiste.

The health sector has been singled out as the battleground for this Government. Their term in office, so far, has been characterized by crisis after crisis in the health sector. We have had the crisis where all the doctors of the RHAs have been sent on leave at the same time, with no new contracts in place. We have had the constant stalling of negotiations with doctors for the new contracts, resulting in industrial action by the doctors. We have had the crisis of the dengue epidemic in the country, where many have died. This was strenuously denied by the Government, despite a letter from the Director of CAREC, confirming that there was an epidemic of dengue. We have had two major crises last year and this year, at the Mount Hope Neonatal Hospital, in which 15 and 24 babies died from possibly preventable causes; a situation which is likely to recur. We have had a situation where sometimes there were several doctors in one health centre and sometimes there was none. We have had situations where there were no drugs in the health centres and even in the hospitals. In the midst of all of this, the Minister has come here to pick a fight with the doctors and probably the nurses.

My information is that moves are already afoot among the nurses, to form their own bargaining unit, so that they can look after their special circumstances. The Minister has come today to engage in another totally unnecessary confrontation with the doctors, because of his personal grouses and his personal agenda. I am asking the Minister to let the sector settle down. We have had too many confrontations because of the actions of this Government. Let some peace prevail in this sector, so that those people who seek medical attention in the public health sector would be well served. Withdraw this Bill today and let us go home. Let MPATT, PSA, the NUGFW and whoever else, face the Registration, Recognition and Certification Board for bargaining status for the RHA doctors, rather than come here and entrench the PSA.

Mr. Speaker, I want to say to the Minister: Do not let your personal grudge and dubious history as a “lick-up” Minister colour your judgment. If you do, you will be in for a rough, rough ride. Thank you very much. [*Desk thumping*]

Mr. Ganga Singh (*Caroni East*): Mr. Speaker, I want to congratulate my colleague, the Member for Caroni Central, on an absolutely brilliant contribution.

Mr. B. Panday: Absolutely brilliant.

Mr. G. Singh: I rise to make a short intervention on this Bill to amend the Regional Health Authorities Act, 1994. In the Explanatory Note it states:

“The aim of this Bill is to provide for the continuation of the status of the Public Services Association of Trinidad and Tobago as the certified recognized majority union for employees of the Regional Health Authorities, including public officers who have either been transferred or seconded to those Authorities, for a period of at least two years or until such time as the Association is replaced by another recognized body.”

It is clear to us on this side that this Bill requires a constitutional majority. This Bill also infringes the ILO Convention No. 87, on Freedom of Association and Protection of the Right to Organize Convention. It infringes ILO Convention No. 98, the Right to Organize and Collective Bargaining. It is also clear that this Bill infringes sections 42 and 71 of the IRA Act of 1972. It is clear to us on this side that we cannot support the Bill, because we on this side stand for the rule of law. The rule of law requires constitutional adherence.

When you look at the pith and substance of this Bill, it is merely meant to facilitate the entrenchment of their political backer, Jennifer Baptiste, in the RHA. It is meant to facilitate that kind of political payback. What we have is the Parliament of this country is being used as an instrument to facilitate the payback of the friends of the PNM. It is a corruption of the parliamentary process.

Mr. Speaker, it is clear to us on this side—when you look at sections 31 and 31A—they have subverted the institution of the Registration, Recognition and Certification Board. There is a certain procedure, before you can certify a union. Section 31A seeks to jump that process. Under the Registration, Recognition and Certification Board there is a certain practice and procedure. If a union believes that it has over 50 per cent of the bargaining unit, it can make an application for recognition as the bargaining unit to replace the existing recognized union. This Registration, Recognition and Certification Board receives the application and moves to verify the claim of majority support. This is done through discussion with both unions, in the case of one union displacing the other, the examination of the membership rule, the examination of financial membership dues paid up and the conduct of a workers ballot, to determine whether the union applying has 50 per cent plus one to claim the majority support.

3.30 p.m.

Mr. Speaker, this Bill is meant to put an obstacle in the path of the Medical Professionals Association of Trinidad and Tobago (MPATT); this Bill represents

the leitmotif of the PNM, and for the hon. Member who is not here; this Bill is part of the recurring theme of the PNM.

In the 1970s, when the Trinidad and Tobago Unified Teachers Association (TTUTA) was born, obstacles were placed in the path by the support of the PNM government of the teachers' union and comfort was born and eventually TTUTA emerged. Similarly, in the mid 1970s, the Government supported the Trinidad Island-Wide Cane Farmers' Association (TICFA) against the Island-Wide Cane Farmers Trade Union. So, you see, there is a recurring theme. The Government supports those who support them, and to hell with the Constitution and the rule of law. [*Desk thumping*]

On this side, we are saying that this represents a breach of the Constitution; it represents an abuse of power to facilitate a certain process—to facilitate legislation that will entrench their people; Jennifer Baptiste as against MPATT. When one looks at that one would understand that the abuse of power is a recurring theme of Members on that side. It was an abuse of power that the court ruled upon in the matter with Colin Furlonge, which pointed to political interference. In this Government's short stay in office, it has a history of political interference in several matters.

Mr. B. Panday: And even the Judiciary.

Mr. G. Singh: There is also political interference in the Judiciary and in the Industrial Court. This judgment, High Court Action No. 2098 of 2003 pointed to political interference, bias and procedural irregularity, and Dr. Colin Furlonge got redress. In the process of an abuse of power, it is this Government that provided Citadel with a radio licence in which the court found that there was discrimination against the Sanatan Dharma Maha Sabha.

Mr. Manning: They could appeal the matter.

Mr. G. Singh: Mr. Speaker, the Sanatan Dharma Maha Sabha could appeal the matter because that is their right. However, in the first instance, the courts have found that there was discrimination and one cannot deny that reality. It is that abuse of power that continues today in this Parliament of this country. The Government perpetuated that abuse and it is going to force MPATT to go to the courts to establish their right, when as guardian of the Constitution, the Attorney General ought to have advised the Cabinet that this Bill requires a constitutional majority in order to infringe the right of freedom of an association.

Mr. Speaker, the Members on that side do not give a damn about the Constitution. In Civil Appeal No. 11 of 1975 and No. 14 of 1975 in the matter of

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the Constitution of Trinidad and Tobago and in the matter of the application of Prakash Seereeram, if a person alleges that certain provisions of the said Constitution have been and are likely to be contravened in relation to him by reason of the enactment of the Cane-Farmers Incorporation and Cess Act No. 1 of 1965, for redress in accordance with section VI of the said Constitution, and Trinidad Island-Wide Cane Farmers' Association and the Attorney General, the rubric of the matter that is going to arise would read in a similar fashion. The names would change but the content would be the same.

Under our Constitution, we are guaranteed certain fundamental rights and freedoms and this is enshrined in the Constitution. It is clear to us that there is a blatant attempt to abridge that right in this piece of legislation. This new amendment provides for the Public Services Association to be the only recognized trade union for monthly-paid workers for at least a two-year period. So, therefore, a similar matter arose with respect to the Cane-Farmers Incorporation and Cess Act in the TICFA judgment. This Bill represents a gross infringement on the rights of the monthly-paid workers of the Regional Health Authorities. Section 4(j) of the Constitution of Trinidad and Tobago provides for the freedom of association and assembly, which gives the right to join and/or form an association of their choice as may be beneficial to their well being.

Section 5(1) of the Constitution provides that no law may abrogate or abridge or infringe the above freedoms.

Section 5(h) also states that Parliament may not deprive a person of the right to such procedural provisions as are necessary for the purpose of giving effect and protection to the aforesaid rights and freedom.

Mr. Speaker, under the current legislation, as enunciated by my colleague, Dr. Rafeeq, Member of Parliament for Caroni Central, section 34 of the Regional Health Authorities Act allows for all employees to form any association they choose, and to have it registered as a trade union, or they may in turn join a union of their choice. What this Bill before us is seeking to do is to preclude that opportunity of forming an association or joining an association of one's choice. This Bill takes away that right. Clearly, this Bill even goes against section 34 of the Regional Health Authorities Act, which was amended in 2000 to allow daily-paid workers to be part of the majority union in place as of January 01, 2000.

So, it is clear that what we have here is an abuse of the parliamentary process and an abuse of power to carry on a personal vendetta against MPATT and certain members of MPATT. What is happening in this country today is vindictiveness and

vilification, and in order to find redress and comfort, the only option available to members of MPATT would be to go back to the Constitution and seek to assert their constitutional right so as not to be deprived except by due process of law—the good question of freedom of assembly and association.

In the context of what is happening today in Trinidad and Tobago, there is political interference in the industrial bargaining process, and that political interference does not stop at the level of the trade union and collective bargaining process, but it goes and finds itself in the very heart of the Judiciary. This Government appointed several judges to the Industrial Court and they are part of the Government's political apparatus—there is a former chairman's daughter who is a judge and a former member of the Magistracy who is a judge and they are linked closely to the political apparatus.

There is a situation where there is political interference at the level of the Judiciary, and this political interference where the Government seeks to subvert and usurp institutions in this society points to an emerging incipient totalitarianism in this society. This is not creeping dictatorship but an attempt to create a one-party state in Trinidad and Tobago. This political interference is not only confined to the RHA or to the bargaining process or the Industrial Court, but it has reached the Judiciary of Trinidad and Tobago.

Mr. Speaker, I would like to make reference to an article which alleges that a Minister of Government gave certain instructions to policemen in order to ensure that litigants before the court were freed. I now point to an *Express* newspaper editorial dated Tuesday, February 17, 2004 entitled: “Really, why did those fishermen go free?” and I quote:

“Attorney Christo Gift, who was in the courtroom on February 09, told this newspaper that Cpl Morrison had indicated to the magistrate that he was acting on instructions from a government minister.”

So, here a police officer was acting on instructions from a Government Minister, so there is this level of political interference. The editorial goes on:

“Really? Since when do government ministers have the right to pick up a phone, call a court prosecutor and instruct him on how to proceed against people charged with an infringement of the law?”

Obviously, this editorial writer did not recall that the Member for San Fernando East called the Marabella Police Station and enquired as to the whereabouts of his chauffeur. The editorial writer did not remember that.

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“And if this has indeed been the case in this glaring incident, surely such a minister deserves to be seriously censured for attempting to usurp the functions of the courts.”

The editorial writer was asserting in that article the principle of separation of powers. The Executive cannot seek to usurp the functions of the Judiciary, nor could the Executive seek to come here in the Parliament and usurp the functions of the Parliament. [*Desk thumping*] In an attempt to abuse power and abuse the process this Government would politically interfere with the Judiciary in Trinidad and Tobago.

So, what do we have? We have a situation where the Director of Public Prosecutions (DPP) is calling for an investigation into this matter. There is a situation where the Minister in question has usurped and subverted the functions of the DPP. There is political interference at the level of the RHA; political interference at the level of the Industrial Court; political interference in the collective bargaining process and political interference in the Judiciary of this country. That is incipient totalitarianism. We await the findings of the DPP with respect to this matter with the Barbadian fishermen.

In order to really recognize the blindness of the Executive—the Members on that side—with respect to this constitutional infringement and to recognize the silence of the Attorney General on this blatant constitutional infringement, I will go back to the Seereeram case, and at page 408 it says:

“Both counsel for the Attorney General and counsel for the Association, on their part, contended that freedom of association and assembly is not absolute, and when the state seeks to regulate a business such as the sugar industry in Trinidad and Tobago there can be no infringement of the fundamental right of freedom of association and assembly if the state requires a person who is engaged in that business to be a member of the Association.”

This is what the judge had to say; that was the contention of counsel for TICFA and for the Attorney General.

“If this contention on behalf of the Attorney General and the Association is correct it seems to me that this can be a mortal blow to the heart of the democratic process in the country because citizens may well find themselves having compulsorily to join religious associations, commercial corporations, trade unions, trade associations and even political parties under the guise of regulating the affairs of some particular activity.”

Mr. Speaker, for purposes of reinforcement, I will read that quotation again:

“If this contention on behalf of the Attorney General and the Association is correct it seems to me that this can be a mortal blow to the heart of the democratic process in the country because citizens may well find themselves having compulsorily to join religious associations, commercial corporations, trade unions, trade associations and even political parties under the guise of regulating the affairs of some particular activity.”

What does this Bill seek to do? It seeks to compulsorily force the monthly-paid workers of the RHA to be members of the PSA because it gives them no choice and it also seeks to compulsorily ensure that the PSA alone represents those workers. That is an infringement of the Constitution of the freedom of an association yet, the Attorney General is silent on that matter. What advice did the Attorney General give to Cabinet? You see, the Attorney General is too busy talking to a forensic expert who took the advice of a senior counsel in the WASA matter that the \$19.5 million that he did not account for is in the hands of shareholders, and that forensic expert did not follow that money, but that forensic expert could now follow money all over the place. There is one approach for the PNM and one approach for others.

Mr. Speaker, this section is really an infringement of the Constitution. So, how are we going to deal with this matter in a situation where the Government says that one could go to court and seek to assert his rights? In that context, in this country, there is an emerging trend to vilify people to ensure that there is a hatred whipped up against people and to ensure that there is prejudice built against people, even before they have been arrested and charged. This brings to mind that abuse of power and political interference that I speak about.

Mr. Speaker, remember the editorial writer said how could a minister of Government give instructions to a police officer. It is clearly desirable in our society that the police be independent and impartial; it is clearly desirable in our society that the police service not beckon or genuflect before any political party, and it is clearly important for the rule of law and for the good governance of this society that the police service not become an arm of the Executive. So, when you see a minister of Government giving instructions to a police officer in the court of the land and telling him not to proceed with litigation in a matter, then you are seeing a clear intrusion of the political directorate into the Judiciary, and a clear subversion and usurpation of the police service in the country. What this is leading to is political management of the criminal justice process.

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The hon. Member for Couva North has made a very important point. If the hon. Minister could tell Corporal Morrison that he ought not to prosecute then, conversely, the Minister could similarly advise when to prosecute. So the whole independence and impartiality of the police service goes by the wayside—a subversion and usurpation of an institution.

This brings to mind a situation where there is political interference in the criminal justice system, the Government could ensure that the system is seriously impeded or prejudiced. There is a situation here where there is political interference in the assertion where there is only one worker representative body to represent all the workers, and there is no choice; choice is precluded.

In today's *Express* newspaper there is a headline "Warrants for 15 ex UNC ministers".

Mr. Speaker: I have given you some latitude to make a comparison, but that is not before the House, and I wish you would stay away from that matter, please.

Mr. G. Singh: Mr. Speaker, I take your advice, but I was making the point that where there is political interference—as there is in this Bill before us today—for purposes to serve the benefit of Cabinet where Members come from a certain political party, and they are using the Parliament of the country for payback, then by extension, the abuse of power also enters into the arena of the media.

Mr. Speaker, there is a situation where individuals are being vilified and they have not yet been charged and arrested, and there is the publication of prejudicial material which may be otherwise inadmissible. So, therefore, there is that level of political management of the criminal justice process. What we have in this situation here is political management of the bargaining process; political management of the Industrial Court, and we are now having political management of the criminal justice system. So, therefore, there are persons who are not yet charged and there is publication and this may be otherwise inadmissible.

Mr. Speaker, in the context of the industrial relations of the RHA, it is common knowledge that you have a highly competent body called MPATT, and they have sought for their membership persons who may be in the RHA or the public service to fall under their umbrella and there is a certain procedure.

Mr. Manning: We did not do anything to prejudice that.

Mr. G. Singh: The Member cannot tell me that the Government did not do anything to prejudice that matter when the very nature of this Bill seeks to preclude their representation before the RHA for at least a two-year period. Why is

the Government putting obstacles in MPATT's path? Why is the Government infringing on MPATT's constitutional rights? Justice must not only be done, but justice must also appear to be done, and when there is a contamination through publication, and the substantial risk of prejudice against people who are not yet charged, you will understand what is happening in this society; there is creeping dictatorship and incipient movement towards totalitarianism.

Mr. Speaker, it is the PNM Government that acted prejudicially against Colin Furlonge because Colin Furlonge is perceived not to be supportive of the Government. The judge found that there was bias; there was procedural irregularity and there was prejudicial treatment in that matter. In the context of what is happening, this Government is contaminating and polluting every institution of the State so that they could politically manage the process. So someone who was a plant for three years in the *Express* newspaper and is now working out of the Attorney General's Office could put a plant in the newspaper and then it acquires a life of its own. So, the Government would find itself in a similar situation where Colin Furlonge had to bring litigation against the Government.

Why is this Government proceeding on a path and a recurring theme of interference? They interfered and made allegations against the Elections and Boundaries Commission; the commission of enquiry came to naught. In fact, they made allegations about voter padding and that came to naught and Richard Bickram is now saying that there was a conspiracy between certain police officers and himself to bring matters to bear. That is political interference in usurpation and subversions of institutions. Do not play that with the health authorities. I understand that Bickram is sick, so he may have to get the services of the RHA. The Government cannot continue this process of political interference and political contamination of institutions because they do not bend to its will.

Mr. Speaker, the Prime Minister has a duty and a responsibility if there is abdication of responsibility by his Attorney General to assert the fundamental rights and freedoms of the citizens of this country, but this Prime Minister, having not learnt anything from Aristide—[*Interruption*—well, you know, you learn from Aristide what it is to take a plane ride, and I hope the Member learns from Aristide that he should not have allowed Repsol to pay the hotel bill. I also hope the Member learns from Aristide that he ought not to have taken the plane ride on British Gas and from Repsol. [*Interruption*] Aristide has no court.

Clearly, what is happening in this country is a political management, contamination and a pollution of every step of the way in dealing with issues. So, it does not matter if MPATT has to go to court; it does not matter if the Barbadian

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fishermen ought to have gone through due process of the courts and if there was political interference, and it does not matter if there is an attempt to vilify people and whip up hatred against them when no arrests have been made.

4.00 p.m.

Harlotry by the media! I would not go into that today, that there are certain members of the media who have been the beneficiaries of NEDCO loans. I would leave that for another time. But you see, those who operate within the political apparatus of the Government, they must be called to pay. What is the Attorney General talking about the contamination of the system of criminal justice? What is the DPP doing about the “Bajan” fishermen issue?

Mr. Speaker: Hon. Member, I think you are repeating yourself considerably. Please, try to come back to the Bill.

Mr. G. Singh: Mr. Speaker, having regard to the political interference by this Government in the industrial bargaining process; having regard to the fact that there is an attempt to really entrench the Public Services Association in this Bill; having regard to the fact that this Government will be forcing MPATT to face the courts of law in order to assert their constitutional right, it is clear that political interference in the judicial process, political interference in the criminal justice system is now the hallmark of this administration under the Member for San Fernando East.

It is clear, therefore, Mr. Speaker, that we on this side cannot support this Bill. We will not be able to support this Bill because it requires a constitutional majority. In these circumstances, we on this side will not be supporting it because we intend to assert the rule of law in this country.

Mr. Speaker, I thank you.

Dr. Roodal Moonilal (*Oropouche*): Mr. Speaker, this afternoon I would like to join this debate to use the opportunity to develop on a couple points made by the previous speakers, particularly Dr. Rafeeq, the Member for Caroni Central and the very distinguished Member for Caroni East. There are a couple of points I want to make in my introduction, and it appears that this Government can only be humbled, embarrassed and defeated at the court, in the courthouse.

Mr. Speaker, it is a sign of the times that every single day in this country, public officers are in the courthouse in Port of Spain, San Fernando, Arima, wherever, challenging the actions of this Government. That is a sad reality, because had this Government embarked upon a process of creating independent institutions such as the Equal Opportunity Commission, and so forth, those

commissions would have been investigating complaints and grievances by members of the public and public officers. Today, regrettably, citizens and public officers must take this Government to court and win, because they are not going to court and lose. We have heard of the Maha Sabha judgment. We have heard a startling revelation by the Member for Caroni Central.

Mr. Speaker, I did read in the newspaper some items coming from the judgment, but I sat here in awe as the Member for Caroni Central read parts of that judgment, and I could not believe that after such a judgment was delivered, the Member for Port of Spain North/St. Ann's West continued in office. In any country in the world with some semblance of decency, that Member would have resigned, failing which the Prime Minister would have fired him, because the Permanent Secretary could not have acted without the permission, direction and authority of the Minister. In another country, the Member for Port of Spain North/St. Ann's West would have been returned to his business of bartering with shoes.

Mr. Speaker, so the Member for Port of Spain North/St. Ann's West continues in office, judgment delivered. It is remarkable! In fact, that must be on the Internet so that all the citizens of Trinidad and Tobago and all throughout the world can read it. I am surprised, but this is also a pattern with this Government.

Mr. Speaker, you will recall in April 2002, Cabinet appointed a board to the Cipriani College of Labour and Co-operatives. The Prime Minister appeared at a press conference, one of these post-Cabinet press conferences in which, invariably, the Government always walks into a lamppost. At one of those conferences, the Prime Minister indicated that the Government had taken a decision to appoint a board of the Cipriani College of Labour and Co-operatives, and they had done no wrong in appointing a colleague of the Minister and a colleague of the Government as then Chairman of the board.

Mr. Speaker, the Prime Minister is on record as saying the Government did no wrong. We have the record on that. The National Trade Union Centre took the Government to court and on June 21, 2002, the court ruled on the matter, the High Court, and the court judgment stated, and I quote, "The Government's decision to appoint the board of the Cipriani College of Labour and Co-operatives is contrary to law and of no effect." This is not new.

They go to court because their attitude is Cabinet could do anything. They go to court and they lose and, as the Member pointed out, the public purse is used to fund all their legal actions and their defence. The court ruled on that occasion that the Government's appointment of the Chairman was contrary to the Cipriani College of Labour and Co-operatives Act and of no effect.

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Mr. Speaker, we are in the same position today. It appears that this is the only language the Government understands. They will come to Parliament with a Bill to confer on to their friends recognition status, bargaining status then, invariably, the doctors or other professionals aggrieved, will go to the court and win. That is the experience. That is a pattern of violating the law and then allowing the court to rule after the fact.

I want to suggest to the Member for Caroni Central and to medical professionals and to the medical professional that was involved in that case that maybe they should consider taking that judgment and sending a copy of the judgment with a cover letter to the DPP, the Director of Public Prosecutions, and indicate that this is what the court ruled on the conduct of a permanent secretary who may fall under the integrity legislation and may be liable to be fined and charged under the integrity legislation, given the outcome of that judgment.

Mr. Speaker, regrettably, it is only when a permanent secretary and other government officials themselves go to the court and are charged by the police that some permanent secretaries may learn the lesson that they cannot break the law when they follow the directives of the PNM Government. [*Desk thumping*]

Let the Permanent Secretary state on record why he—in this case he—was motivated to act outside of the law and to violate the law. He has to state that for the record. Under whose direction? And that person should also be investigated and charged under the Integrity Commission. That matter should not end there because this must be a lesson for all public officers, including permanent secretaries, that when they are asked to violate the law by their Minister or Prime Minister, there are repercussions and certain liabilities that they must face.

Mr. Speaker, on this matter before us, the Government clearly is violating certain established principles of industrial relations, but before I go to that, this country is a signatory to certain Conventions. We sign conventions, international conventions which we then make domestic law and policy to give effect to. So, this country of Trinidad and Tobago is a signatory to ILO Conventions, particularly two conventions. We have signed many, of course, but particularly two conventions.

Convention No. 98, of the International Labour Organization, and this Convention, I will read it here: The Right to Organize, and Collective Bargaining, Convention No. 98 of 1949, to which Trinidad and Tobago is a signatory, and that Convention gave all workers this right to be free to organize for themselves and bargain on their own accord without the prejudice and involvement of their employer. That is a Convention.

We have also signed the Freedom of Association and Protection of the Right to Organize, Convention No. 87, and this, as well, speaks about freedom of association as an international convention to which this Government has given life. So, they are in violation of these conventions which a trade union can now take to Geneva to the headquarters of the ILO and have the Trinidad and Tobago Government appear in Geneva at what is called the Standing Committee on Labour Standards, and they must then go along with other countries like Sri Lanka and East Timor and some states in underdeveloped countries and answer charges for violating the Conventions of the ILO. This is another approach.

There are other conventions. While I am on conventions, I must indicate that there are other conventions that may be important to the Government at this time. Incidentally, there is a convention from the Organization for Economic Cooperation and Development (OECD). A Convention on Combating Bribery of Foreign Public Officials in International Business Transactions.

Interestingly, Britain is a signatory to that Convention. It came into force on February 15, 1999, and it may be related to this. I will come to that now. So an OECD Convention on combating bribery of foreign public officials. Incidentally, that Convention of the OECD also has the force of law in Spain where interestingly, Article 445 of their code establishes the offence of bribing a foreign public official. That is Spain. And companies that are registered in Spain and in Madrid, those companies are liable to fines and jail sentences, their CEOs, and so on, for violating the Spanish domestic law which is really an expression of the OECD.

Before I leave this matter and return to the one at hand, it is interesting to note in passing that the British Anti-terrorism Crime and Security Act of 2001 in the United Kingdom gave life to the OECD Convention, and British Gas is liable in Britain for providing travel and hospitality benefits to foreign public officials, particularly when those companies registered in Britain are also doing business in another country. Mr. Speaker, I will say no more on this matter and go back to labour conventions. Let me go back to labour conventions. I think you may be less anxiety prone.

On the issue of the ILO Conventions, that is one avenue open to the trade union and the workers. Under the Industrial Relations Act, and you know, when you look at this two-provision Bill, A and B, I just want to read from the Bill. I am sure you will permit me to read from the Bill, Mr. Speaker. It reads:

“31A. An application for certification of recognition under Part III of the Industrial Relations Act shall not be entertained or proceeded with where the

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application is made earlier than two years from the date on which the Regional Health Authorities (Amendment) Act, 2004 comes into force, but an application may be made with leave of the Court although two years have not expired since that Act came into force...”

We hear two years. What is it about two years as opposed to three years or maybe one year? Where is this two years coming from?

I have to make reference, Mr. Speaker, to the Industrial Relations Act that they are referring to, section 3, because in the Industrial Relations Act, Part III, Certification of Recognition, the Act states, dealing with recognized majority unions, that where unions are granted recognition, and where there is an application for certification, and that application is entertained, under 38(2):

“Where a union desires to obtain leave of the Court for the purpose of subsection (1)(b)...”

which is to challenge that recognition—

“it shall make an application to the Court for the purpose and, if the Court is satisfied that good reasons exist for the application to be made before the expiration of two years from the date when the recognized majority union obtained certification, as such, it shall grant leave accordingly.”

This is meant in a nutshell that when a majority union first gets certification, they have a two-year period during which unions will not, the word is poach, take away one’s membership, form another union and then challenge one when one first gets recognition. So one does not change unions legally. Every two weeks the union does not change. This is meant to protect at first recognition, at first certification. This is what is meant in the two years.

When they put that in the Act, the framers of the Act, they protect the union in that sense, but not as it relates to transferring unions to successorship when they already have a collective agreement in place. So when they pass this legislation, what they are doing is breaking this law, but they are also conferring on another union an extension of this law. They are saying to the PSA, in this case, that although their first agreement was protected by the IRA, they continue regardless of when the agreement may come to an end. The agreement could be renewed but one cannot change the union. That is the purpose of this.

It is to imprison the worker in a trade union and deny that worker the freedom of association and the right to bargain collectively, a constitutional right. We have to connect the dots, because while the IRA, and the Minister I think mentioned

this, says that a union is free to go to the court and apply for recognition, and so forth, but to go to which court and apply to whom? To the judges they removed at the Cabinet? They sat in the Cabinet and removed judges, and then somebody pulled up the curriculum vitae of a founder, or certainly a Vice-Chairman of the PNM, I think his relative, out of the briefcase and appointed her as a judge.

They appoint judges in that way and then tell the workers they are free to go to the court; they should be free to go to Balisier House, because that is where the decision is made as to who is to be a judge or not. Then telling about who could read and who could write. I do not want to be unkind with that, but it is very interesting that when I read that I remember hearing something that there are other people who are at the court who themselves had the same qualification as the person in question.

They are violating principles of industrial relations, the Industrial Relations Act, certainly. They are now coming to deny workers their right to associate, contrary to the Constitution, and they do not want the constitutional majority, certainly not. They are undermining an existing collective bargaining process, which is a violation of a principle as well. They are doing all of that, because they have their friends who they want to please.

Mr. Speaker, this has to do not only with people in white. This has to do with monthly-paid, monthly-rated employees and, at those Regional Health Authorities there are people who may be there, and when this Bill is passed they are forced, they have no freedom, they are forced to pay union dues and join the trade union in support of the PNM. I am sure they will get their lawyers and go to court and defend this action.

When Caroni (1975) Limited was under the hammer of the Member for Port of Spain North/St. Ann's West, we did not hear anything about stability; when it was under the shoes. At Caroni (1975) Limited, nobody cared about harmonious industrial relations and productivity and efficiency, as we are hearing now. That is so important to the health sector. It was not important at Caroni (1975) Limited. They just destroyed the sugar industry, have persons now waiting for land after signing up forms, and the Member for Arouca North said we have to review this policy of land, but that is the conmanship of the PNM Government.

In the health sector, the Member for Caroni Central made the point. One will recall a few months ago looking in the newspaper and the health centre in Debe, in the constituency of Oropouche, they did not have basic pharmaceuticals to give the patients. In fact, there was a protest where elderly persons, pensioners had to

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protest and call TV cameras, that they did not have the basic pharmaceuticals—
[*Interruption*] Well, drugs. He will understand better if I say drugs. Let us say drugs.

Mr. Speaker, that is the state of the health sector. A citizen, someone just a couple days ago went with his mother to Port of Spain General Hospital, no medication, waiting long hours for service. That is their approach, but they will take the \$400,000 to pay senior counsel to go to court to fight doctors over this matter. That is their approach.

Mr. Speaker, when we deal with legislation in this House, I often like to remind Members and myself that legislation should be based upon equity, fairness, transparency, in dealing with people and different groups in this very pleural, diverse and conflict-ridden society.

Just today we talk about transparency, the Member for Port of Spain South came to this House on another occasion and told us there was a contract signed with a company to develop a plan for an aluminum smelter but he cannot tell us the name of the company. They signed that they cannot say that. Today, a Member told us that we in this House, the Parliament, do not have a right to know the name of police officers who are paid for by taxpayers who are at the rank of sergeant, because they are working in a very sensitive, high intelligence unit under a brigadier appointed by the Prime Minister. That is transparency.

It is no wonder, Mr. Speaker, that they will have to face the court. It is not local court alone. They made a mess out of the fishing dispute so they have to go to the United Nations now. At every point, they cannot protect fish or fowl, or good red herring. They could not protect citizens from a mosquito, now we are asking them to protect us from rapists and kidnappers.

Mr. Speaker, the state that this Government has found itself in, it is not a surprise that today we will hear about how much to be locked up. That is interesting. Every two months when the Government is in trouble, three to lock up, five to lock up, now it is 15 to lock up. That is to take attention away from their incompetence.

Governance is a serious problem in this society. The health sector is one and we are focusing on that. This Government will not listen to anyone. It is very clear, so the doctors will have to go to court. The doctor in question with that judgment will go to the DPP. Taxpayers' money will go down the drain as it did before, but that is the only way citizens may be able to deal with this administration.

It came up before in this House. You will recall, Mr. Speaker, that on another occasion, May 2003, the Civil Aviation Bill, this Government was warned. They

came with the same scheme. For one reason or another, we do not know, those workers involved there, whether or not they took legal action, but I get the impression today that the workers so affected by this Bill will not be kind to this Government. They will not be kind.

The pattern is there with the Labour College, with mismanaging industrial relations and labour matters. Mr. Speaker, you know, of course, that the Prime Minister described workers on strike at the Atlantic LNG project as a wildcat strike, while his Minister of Labour and Small and Micro Enterprise Development was down there arm in arm with those workers in support of the workers to the extent—*[Interruption]* It is as if you take an unauthorized strike.

Today in the letters to the editor there is a letter to the editor here from someone, “Continue the Fight, Mr. Achong.” The Atlantic LNG workers deserve better than the treatment meted out to them. They now form a committee of workers and they will now seek recognition. The Member for Point Fortin and Minister of Labour and Small and Micro Enterprise Development has visited the camp at Atlantic LNG, is in support of the workers, but his Prime Minister says it is a wildcat strike. The Prime Minister does not want to hear about that.

The Prime Minister is on a collision course with workers, so now they want to appease one union in the public service, the Public Services Association, at the cost of wrecking the health sector. Because they will bring Cubans. I am surprised the Member for Diego Martin East is not in Haiti already trying to give out scholarships, because that is the latest madcap plan we have heard about—giving scholarships to the people of Haiti. They should be sending food to the people. Scholarships to do what? Study English?

Mr. Speaker, I will not be surprised if the Member for Port of Spain North/St. Ann's West is on a next flight to Haiti where it is very peaceful—he should have a good time—to get medical doctors. If they speak Spanish and not English, and French and not English, it is the same effect. That is their approach. They will take the same approach on this matter of health.

This Government has lost legitimacy in dealing with the doctors and dealing with workers. This Government, by condoning crime, has lost legitimacy in dealing with citizens of Trinidad and Tobago. This Government, I want to say boldly, is a kidnapping-sponsoring and rape-authorizing Government. The Prime Minister said, “If citizens are kidnapped, it is not me, I have nothing to do with that.” The students are raped, he says, “You have to take care of yourself. Nil!” They sponsor kidnapping and authorize rape.

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Mr. Speaker, that is what I have to tell them for now. On this matter, we ask them to reconsider. Unfortunately, the Minister of Health remains. He will not resign. We ask them to consider this matter, because we are sure on this side that when this is challenged in court they will lose but, more than that, taxpayers' money will once again go down the drain.

Thank you very much, Mr. Speaker.

Mr. Speaker: Hon. Members, the sitting of the House is suspended for tea and will resume at five minutes after five.

4.30 p.m.: *Sitting suspended.*

5.06 p.m.: *Sitting resumed.*

Dr. Fuad Khan (Barataria/San Juan): Mr. Speaker, thank you very much for allowing me to enter this debate. After listening to the Member for Port of Spain North/St. Ann's West, the hon. Minister of Health, where he spent approximately two minutes speaking about the Bill in question—three and a half, sorry, I want to give him his just due—it has dawned on me this afternoon, listening to our contributions, that Trinidad and Tobago seems to be experiencing a movement into a serious democratic, distorted and factual decrease in democracy. I feel like Chattoogoon. I feel like bringing up the rear in the debate.

Have you ever seen the game three cards on the road? It is played in front of most of those Syrian stores in Port of Spain. It is a sleight of hand game where they have three cards, maybe face cards: two red and one black. Mr. Speaker, what they tend to do is show people one of the cards and then proceed to move them around the board and entice the population to put money on the card which they think is the face card. Mr. Speaker, those people are so good with the sleight of hand that they are able to move the cards around and fool people. It is an illegal game in Port of Spain but people still play it. Sometimes when people put their money on the correct card, the players shout "Cops!" and run off.

The reason I am bringing this up at the start of my debate, I seem to feel this is what is happening to the doctors in this Bill. There is a sleight of hand movement by the Member for Port of Spain North/St. Ann's West, or the PNM Government. I do not want to target him alone, because I do not think he is smart enough to bring a Bill like this on his own. He obviously had to have help from certain people in that Government. The sleight of hand that has occurred is that they are bringing a Bill, and he has indicated that it is for the good of the transfer of the movement into the RHAs from the public service. He says with this Bill, the transfer of the

personnel from the public service will be easier into the RHA, therefore, this is a good Bill and they need support.

He also spoke about the wonders of what is happening in the health institutions where everything is working, everything is fine, everyone is getting, according to the Member for Oropouche, their pharmaceuticals—and for the Member for Port of Spain North/St. Ann's West, drugs—on time, but our information is different. I would like to ask him, as of this moment, how many operating theatres in San Fernando General Hospital are working, or functioning? Zero! Patients are being shipped to Port of Spain because none of the operating theatres in San Fernando are working today. He said seven are working.

It is happening time and time again that the Members on that other side, just like their colour advertisements on the newspapers which they pay \$10,000 for per page per day, are trying their best to hoodwink the population into a certain direction. Mr. Speaker, the reason I brought up the game of three cards is because it fools people, takes their money and when people catch them they bawl cops. This is what this side is doing. When they are caught in the nonsense and corruption they are doing, they bawl “Police!”.

Then a member of the media, one Natalie Williams, had some information leaked from somewhere—either the DPP's office or the police—and we demand an investigation into who leaked that information into the TV6 newsroom. Ms. Natalie Williams has to answer. She took one bit of information and juxtaposed it on a commission of enquiry report which has never seen the light of day of this Parliament. She also, at the same time, did not read into the facts that it was supposed to be sanitized, which it was not, and tied it up in such a manner so we ended up with a headline, “Warrants out for 15 ex-UNC Ministers” . This is what this Government is capable of doing.

The reason I am mentioning this is because I am going into a direction where this Bill is concerned, if you follow the trend. I see you jumped for the Standing Orders, but you can follow the trend of thought. *[Laughter]* What I am trying to get at, here we have a Government that is trying to bring a Bill into this Parliament, to pass a Bill to transfer, as the Member said, the employees from one area to another, say it is very good with a sleight of hand three-card trick and indicates how great the health system is. But the system, I would like to know and I will ask the Government or the Member for Point Fortin, I would give way if he wants to. Could he tell me the instance when an employer chooses a union for his workers? I give way. He is the Minister of Labour and Small and Micro Enterprise

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Development. An employer cannot and should not choose the union for his workers. [*Desk thumping*]

Mr. Speaker, the Minister of Health knows this because we had very, very good legal advice in the Ministry when the Member for Caroni Central was the Minister and myself as the junior Minister. We got very good legal advice and I understand through the normal grapevine—we tend to get unsigned letters in our mailboxes—that the Minister and this Cabinet got advice from senior counsel that this Bill needed a constitutional majority.

One Member, the grey-haired fellow who runs the whole Cabinet, decided that they got away with it with the Civil Aviation Bill, they will get away with it now. This is why they brought this Bill to Parliament now, fully well knowing that it needs a constitutional majority, thinking that they brought the Civil Aviation Bill and they got through with it. The Member of Parliament for Diego Martin East knows exactly what I am speaking about, because when they brought this sleight of hand trick here, I mentioned that the reason they were doing it—this is about a year ago—they were going to bring the RHA amendment soon to make Jennifer Baptiste and the PSA the bargaining body for the RHAs. Stephen Thomas, one of the members, wrote a nasty article on the newspapers saying it is their right to get it, against me, and I remember it was carried in all the media. So said, so done. It was prophetic.

Here they have come today to determine the movement out of MPATT and the entrenchment of a person, a partisan person, somebody who assisted them in civil disobedience during the UNC term of office. That person is the head of the PSA. That person walked around the place with a mike shouting that they were going to make it hotter than a “chulha” for the UNC. The “chulha” has appeared to have gone cold. Mr. Speaker, the point we are trying to develop on this side of the House is that this Bill is unconstitutional. [*Desk thumping*] And we will not tolerate unconstitutional erosion of our democracy in this country as long as we are here. [*Desk thumping*]

We have a problem in this country and everybody is laughing, even on that side. They are laughing on that side because two, three of them might be benefiting, but the majority of them are laughing and looking at the country going downhill. The people on that side should be looking at the interest of the country, not only the party.

With Nazi Germany, before its upheaval, everybody laughed. Even some of the Jews laughed. They continued their movement. Some of the Jews who understood

what was happening took up their things and ran. Those that stayed and laughed ended up dead, but the Holocaust did not occur overnight. They did not get up one morning and there was a Holocaust. It took its time to move.

This Government, and the hon. Prime Minister for San Fernando East, I am glad he is here, has termed this Opposition irrelevant. He has said that this is irrelevant, yet there is NHA and the Minister of Housing, the previous one too, building most of the houses in marginal seats. They have already given away most of the houses to their supporters, assigned them. What they are also doing—

Mr. Speaker: Please, I know you are anticipating something that you have filed, but do not anticipate it.

Dr. F. Khan: All right. What they are doing, the NHA is renting many houses which are up for rental or being constructed in the marginal seats at whatever cost, in fact, for three and a half years they have promised these people. They are doing this to put their party supporters in that area so they could now register them to vote in the marginal seats. Mr. Speaker, the reason I am mentioning this, that in itself is unconstitutional and they do not have a problem doing that. You know it is the first time he is awake. The hon. Prime Minister is awake. I have actually got him to stay awake.

Mr. Manning: Not that I am benefiting as a result.

Dr. F. Khan: Normally he would fall asleep, but this thing has touched the core of what they are doing. Mr. Speaker, patronism started the first day that Government got into office. Do you want me to tell them how, Mr. Prime Minister? When somebody put the Minister of Education who was very close to him and gave her that portfolio, that was the first step of patronism and it indicated to us what was going to happen.

Mr. Manning: I agree.

Dr. F. Khan: That showed the signs of what was happening, the signs of what was going to occur. This Bill is just an ongoing trend and movement of what is to come. I feel sad about it. We talk about Haiti, about Guyana, but what we have to look at is the mechanism with which Castro has been able to suppress movement in Cuba, suppress the media and remove dissidents and take total control.

They do not believe me, but it is occurring very easily and very slowly. It is the same way Chavez is doing it in Venezuela. I caution the Prime Minister. If that is his modus operandi, I point him to the Constitution, because if this is their method of constitutional reform, it is wrong. *The Constitution*, this is the Laws of

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Trinidad and Tobago, Consolidated Edition prepared by the Law Revision Commission. I read, Mr. Speaker:

“1st August, 1976

Whereas the People of Trinidad and Tobago—
have affirmed that the

- (a) nation of Trinidad and Tobago is founded upon principles that acknowledge the supremacy of God, faith in fundamental human rights and freedoms, the position of the family in a society of free men and free institutions, the dignity of the human person and the equal and inalienable rights with which all members of the human family are endowed by their creator”

Mr. Speaker, this is a very important preamble because this Government is in power today because of this preamble. I will continue with your permission:

- “(b) respect the principles of social justice and therefore believe that the operation of the economic system should result in the material resources of the committee being so distributed as to subserve the common good, that there should be adequate means of livelihood for all, that labour should not be exploited or forced by economic necessity to operate in inhumane conditions, but that there should be opportunity for advancement on the basis of recognition of merit, ability and integrity;
- (c) have asserted their belief in a democratic society in which all persons may, to the extent of their capacity, play some part in the institutions of the national life and thus develop and maintain due respect for lawfully constituted authority;
- (d) recognise that men and institutions remain free only when freedom is founded upon respect...”

This is an important one for the PNM.

“for moral and spiritual values and the rule of law;”

The rule of law; not moral and spiritual values here. The rule of law. This Bill is unconstitutional.

- “(e) desire that their Constitution should enshrine the above-mentioned principles and beliefs and make provision for ensuring the protection in Trinidad and Tobago of fundamental human rights and freedoms.”

This is going out the window with what is happening in this country.

I go to section 4 of *The Constitution*: The rights enshrined.

- “(b) the right of the individual to equality before the law and the protection of the law;
- (d) the right of the individual to equality of treatment...;
 - (i) freedom of thought and expression;
 - (j) freedom of association and assembly;...
- 5. (1) Except as is otherwise expressly provided in this Chapter and in section 54, no law may abrogate, abridge or infringe or authorise the abrogation, abridgment or infringement of any of the rights and freedoms hereinbefore recognised and declared.”

I looked at section 54. The only way they could change any law that goes against the rights enshrined, they must have a two-thirds majority of the House. So, when the Minister of Health comes and says that we do not need this, when senior counsel tells them that this is a constitutional motion, and they decide not to do it, because they got away with the Civil Aviation Bill, the reason they got away with it is because nobody wanted to spend the time to carry it to court, but the doctors have decided that they are going to carry it to court.

This is going to be similar, Mr. Speaker, to that of the Maha Sabha with the refusal of the radio licence. Although the court ruled that there was discrimination and political interference, or whatever, up to now they have not got their licence. They are still waiting for it. Do you know why? Because the court could say one thing in this country, but the powers that be decide what is going to happen. It is on the road to anarchy. We are facing a serious problem. They say power corrupts and absolute power corrupts absolutely. We have to be careful.

Mr. Speaker, going into religion, people paint goodness in a nice face, when you look at the paintings around the place. When we talk about a devil, we have him with a forked tongue, a long tail and a fork in his hand, so we get the impression while growing up that something bad looks bad and something good is supposed to look good. It is entrenched in our minds as we grow up, based on propaganda.

I warn this country that something bad could look good and something good may look as if it is bad. We have to be very careful of not looking at appearances and determining. We should look at action. Once one looks at the actions of someone, someone has to be honest in actions and words and one knows he is

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honest. He cannot be dishonest in one and honest in the other and expect to be honest. When his actions and words correspond, one knows that this person is talking the truth. I am not calling anybody a liar. I am just saying that the direction that is headed in this country needs to be assessed and looked at very carefully.

Mr. Speaker, we are now faced with a problem where a court case is going to start on Monday and bam, there is a problem on Thursday where a media house throws out something into the atmosphere and reads the news, the propaganda machine of a political party starts and it continues. That is done to destabilize the whole process, and the same time a Bill like this is brought to Parliament to take away rights from a group of individuals, to determine to a group of workers who their union is going to be. The employer is saying to them, "You have to choose the union I want. Not what you want. Because if you choose the union you want, it is unrecognizable because we are the Cabinet, we are the law." "I am changing the judges at the Industrial Court. I am doing what I want. I will control that."

No matter what political party, I am dead set against that. My contribution is in a way begging the Minister of Health to give us a little reprieve and show that there is some semblance of democracy in this country. Give us some hope that we are not going down the path, the highway without a toll of destruction, Mr. Speaker.

Remember last week we got a handout in response to a question about CEPEP? A question was asked about the money CEPEP people are making and we found that once again, it was political patronage, giving people TT \$50,000 to \$70,000 in a sum form per month as a salary to supervise people to cut grass and paint stones, whereas the workers were getting less than \$1,500—the actual workers.

The only reason these people were getting that is because they belong to a political system. Mr. Speaker, 50 per cent of the country is being disenfranchised because they belong to a wrong political party, not the one in power. What they end up with is political prejudice, not racial prejudice. It is not racial prejudice in this country. Do not get fooled. It is not racial discrimination; It is political discrimination, because when these people talk about racial discrimination, they get ideas that it is Indians versus Africans. It is not so. There is a mix on both sides.

We have a problem in this country based on political prejudice and 50 per cent of the country has voted for another party and the people who are in that party are receiving a certain level of patronage. Jennifer Baptiste is obviously one of them. She is one who decided that they are going to make sure that the place becomes totally unmanageable and ungovernable to the point that everybody thought the United National Congress was a bad party. She did her job.

In fact, I remember Mr. Speaker, the animated protest by Mrs. Jennifer Baptiste-Primus in front of the Ministry of Health. Last year when my friend, the Member for Diego Martin East, was the Minister, I looked at it. That protest was so animated. I mean, even a non-politician could see it. Big noise outside the Ministry of Health: "We need to get our money!" The Minister of Health comes out in the middle of protest and both of them laughed and said they would fix it up. Within a record time they got the 13 per cent, thanks to the Minister of Health, the Member for Diego Martin East. Commend him for that! Public service!

When the United National Congress was in office, Mrs. Baptiste-Primus was a serious civil disobedience antagonist. Mike in the hand, up and down; she did her job, like the CEPEP contractors. They did their job. CEPEP was formed about two months before the election in 2000. I am sorry I did not think about that before.

NEDCO is another one. We could go into all the programmes. Why can the programmes in this country and the systems in this country not give some semblance of fair play? Some semblance that the country is going on a Vision 2020, rather than saying Vision 2020 with their mouths, but their actions showing vision 1010. It is not corresponding. If they go to Vision 2020, they are uplifting the whole country, not just their political party and people. They alone do not want houses. They alone must not get \$50,000 to \$70,000 a month more than a Minister. The only fellow I see making that now is the Member for Laventille East/Morvant.

We have to decide to put aside this partisan type of movement, change the Constitution, if they want to. Reform the Constitution to make sure that this kind of nonsense does not happen, no matter who is in power. So when they call for constitutional reform, this is what they are calling for. I do not think the Member of Parliament for Port of Spain North/St. Ann's West thought this was constitutional reform.

We go to other people. This is just one aspect of political patronage. We have Errol Grimes, Malcolm Jones, best friend; we have the travel by the PNM Ministers, \$39 million unaccounted in just travel. Mr. Speaker, this problem just reeks of unnecessary partisanism. The Minister of Health said that to facilitate the transfer of the staff from the public service, because we were very, as he said, delinquent in doing it, he said he is going to bring it across because we need the union to do it. The Member for Caroni Central showed that sections 31, 32 and 34 showed that this is there already.

They carry across their union if they want to. They can form their own if they want to, but the amendment says they cannot do it under two years. *[Interruption]*

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The court that they own and control now? Mr. Speaker, why do they not effect the transfer first before shoving the union down their throats? Mrs. Baptiste-Primus is going to face an election very soon. Stephen Thomas is coming next, so they have to court him. You see, what they have to understand is that movement of houses, political patronage is what is happening to maintain a certain vote base. Very soon, if things go as planned, they will have 24 to 25 seats on that side, not based on performance, but based on constitutional gerrymandering.

5.35 p.m.

You will have 24 to 26 seats on that side based on the first-past-the-post system, where people will have been transferred to the marginal and semi-marginal seats to vote for the political party that put them there, so you would have a constitutional majority. Then you will see action, where the media will be pushed out of existence in the same way that Castro has pushed them out of existence. The only topic in Cuba you could read about is the revolution, how great the revolution is and what it did to help everybody. That is what they got, and this is what is going to happen here. I warn you.

The Member for San Fernando East is going to be there for life, so you are going to make sure that you work under that. [*Interruption*] Predictable. When this gerrymandering of the votes takes place you will find the political pay back of the Community-based Environmental Protection and Enhancement Programme (CEPEP) and the Youth Apprenticeship Programme in Agriculture (YAPA).

Mr. Speaker: Hon. Member, will you come back to health, please.

Dr. F. Khan: Mr. Speaker, with all due respect, I do not like to disagree, so I am not going to disagree with you. The Bill says referring to the Act:

“Subject to the Industrial Relations Act, the Public Services Association of Trinidad and Tobago shall be deemed to be the certified recognized majority union, under Part III of the Industrial Relations Act, for the bargaining unit comprising the monthly paid/monthly rated employees of an authority.”

The Member for Port of Spain North/St. Ann’s West did not really understand the Bill; he spoke on health. This is an industrial relations bill; people movement. I think he erroneously misled you.

This industrial relations movement is based on people who are subjected to employer/employee relationships, people who work for a small salary, not like the

CEPEP contractors for \$50,000 to \$70,000 per month, people who are subjected to the whims and fancies of certain employers based on their work rights and work-related rules. These people provide a service; the kind of service that the Atlantic LNG workers are providing building Train 4, who have been totally “dissed” by the Member for San Fernando East.

Mr. Speaker, when I looked at this Bill, I thought of speaking on health, but then I realized that this was an industrial relations problem, about people.

Mr. Speaker: It is what you are saying, but relative to health; so, please, I am ruling that you confine your arguments to health.

Dr. F. Khan: Mr. Speaker, with all due respect to you, I do not think I could confine my arguments to health. You cannot confine my arguments to health.

Mr. Speaker: If you are going to stray, I am going to rule against you.

Dr. F. Khan: No, no, I—

Mr. Speaker: I am the Speaker, and I am ruling. I heard you say that it is an industrial relations matter; I am telling you to confine it to health.

Dr. F. Khan: Mr. Speaker, I am not questioning your ruling, but I am not being rude to you. This House—[*Crosstalk*]

Dr. Rowley: You are questioning the ruling of the Speaker?

Dr. F. Khan: You do not start. Mr. Speaker, I would like to talk about the movement and transfer of people from one trade union to another, [*Desk thumping*] one thing to another. It may be in a regional health authority, but really and truly this is not about health problems in this country. I crave your indulgence.

Mr. Speaker: Proceed, but keep it tight, otherwise I will rule against you.

Dr. F. Khan: Thank you. The Minister of Health has indicated that the transfer of staff into the regional health authorities is going to be effected in such a manner that it is going to assist the health of the people of Trinidad and Tobago—see, I brought in health there. Why does he not transfer the staff across first, and then they decide what union they would like? [*Desk thumping*] Why are you trying to give them a union first before you transfer them? That is illegal, immoral and unconstitutional, and I do not think it is spiritual either. [*Desk thumping*]

I feel it is my job to tell the Minister, with all due respect, that sometimes we all make mistakes in life. So why do we not just do the right thing for a change? I am calling on the Prime Minister to do it; just withdraw the Bill and go for the

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constitutional majority. We are not supporting it as it is; you are just going to run a movement. Mr. Minister, you are a very nice guy, [*Crosstalk*] but what I want you to understand is that you are sullyng your name. Although you did their bidding and damaged the Caroni workers, you mashed up the Caroni workers based on what they told you to do; do not do this to the doctors; they are not going to forgive you.

Mr. Ramsaran: They might inject you. [*Crosstalk*]

Dr. F. Khan: Mr. Speaker, I end my contribution by saying to the Minister of Labour and Small and Micro Enterprise Development, the Member for Point Fortin, that I see him as a man of the people. [*Desk thumping*] He went down to the Atlantic LNG workers, and told them that he understood their plight and would carry it to the Cabinet. I wonder why the Prime Minister said that it was a wildcat strike when he saw him down there; I am not too sure.

Mr. Speaker, advise the Member for Port of Spain North/St. Ann's West that an employer must never choose a union for their workers. Thank you. [*Desk thumping*]

The Minister of Health (Hon. John Rahael): Mr. Speaker, I do not have very much to respond to, but, certainly, I think I need to clear up certain matters.

Contrary to what the Members on the other side have said, the amendment I have proposed will not undermine or frustrate the collective bargaining process, rather it strengthens it. Collective bargaining presupposes that there is an employer and an employee, and those two parties are involved. At present in the Regional Health Authority (RHA), there is no recognized union, so the principles of collective bargaining are being frustrated. This is one of the mischiefs that this Bill seeks to correct.

Secondly, the principle of collective bargaining does not apply at this time. Employees in the RHA hold individual contracts. You know that it is impossible for one employer to sit—[*Interruption*]

Dr. Rafeeq: Are you saying that all the employees in the RHAs are contract workers?

Hon. J. Rahael: No, I am not saying that.

Dr. Rafeeq: You are saying that it does not apply.

Hon. J. Rahael: I am saying that there is no union presently representing the workers in the RHAs and, therefore, the arrangement between the employer and the employees is without any collective agreement, so there is no union representing

the workers of the RHAs at this time. Those who are public servants have been seconded to the RHAs, and then there are other individual contracts between the RHA and those individuals who are working in the RHA.

The point is that it is impossible to carry on in this way. As I said earlier, for nine years now attempts have been made for all the workers of the public service to move over to the RHAs. We have induced them in many different ways. The Member for Caroni Central talked about the pension plan that was approved by the then Cabinet, which enhanced the pension plan that the public servants now receive. By providing this enhanced pension plan, you still did not get the workers to come across. You also induced them by giving them a 25 per cent increase over what they were getting, and yet they did not go across. All those attempts did not get the public servants to go over to the RHAs.

In the meantime, Mr. Speaker, you have about 5,000 employees in the public service working in the RHA establishments, not taking instructions from the RHA managers, sitting next to RHA employees, getting salaries that are much less than the persons employed in the RHA, not performing because they are demoralized and demotivated, because of the fact that they do not get the same benefits as their counterparts in the RHA. We need, therefore, to carry them across and to regularize the entire health sector so that those employees will be motivated to perform their duties and deliver quality health care to the citizens of Trinidad and Tobago. [*Crosstalk*]

The Public Services Association (PSA) is the majority union presently representing those workers in the public service. Therefore the PSA will move with their workers into the RHA. [*Crosstalk*] There is no union now. We will give the PSA recognition for a period of two years. [*Crosstalk*] This is not cast in stone. Furthermore, by leave of the court, another group of workers can apply for recognition. [*Crosstalk*]

Hon. Members: It does not make sense!

Hon. J. Rahael: For nine years only the Medical Professionals Association of Trinidad and Tobago (MPATT) has made an attempt to have a union in the RHA. There are no other unions in the RHAs. Contrary to what the Members on the other side are saying, that we want to destroy MPATT and that we have a vendetta against Dr. Collin Furlonge, nothing could be further from the truth. We have absolutely nothing against any doctor in Trinidad and Tobago. [*Crosstalk*] As a matter of fact, Dr. Furlonge is presently the Chief Medical—[*Crosstalk*] [*Interruption*]

Hon. Members: In spite of you!

Mr. Speaker: Earlier in the sitting I appealed to Members to respect the Hansard reporter. I am appealing to you again to respect the Hansard reporter.

Hon. J. Rahael: Mr. Speaker, thank you; when they were speaking I sat quietly.

Mr. Ramsaran: You had to.

Hon. J. Rahael: Dr. Furlonge is now the Medical Chief of Staff at the San Fernando General Hospital. I have indicated to Dr. Furlonge and the entire fraternity of doctors in San Fernando that they have my support in order for us to work together to deliver quality health care to the citizens of Trinidad and Tobago. [*Desk thumping*] I have told them that! I do not need to tell you what I have told them! You have a misconception, and you are putting in the minds of others that the Government and the Minister is against Dr. Furlonge; that is not so.

Hon. Members: Withdraw the Bill! [*Crosstalk*]

Hon. J. Rahael: Nothing is further from the truth; there is no victimization with respect to what is being proposed here. I think that we have made the point over and over: we need to rationalize the workforce in the RHAs. The only way it seems that we are able to do so is to get the PSA to move across with all their employees, and to have recognition for a period of two years. In the meantime, if any group wishes to get leave of the court and apply, they can do so. So what is all this about?

Mr. Speaker, you know that the whole is greater than the parts.

Hon. Member: What whole?

Hon. J. Rahael: Getting the health sector reform plan moving, getting quality health care delivered to the citizens of Trinidad and Tobago must take precedence over any group of persons or individual, and that is what we are doing. I am sure that the doctors would understand that. Next week there will be some negotiations between the doctors and the negotiating team with respect to the senior doctors and the registrars. Whether we have this Bill or not, that is going to take place. What is the difference? What is going to happen differently after this Bill is passed and what is happening today, except that we are using the opportunity to get all the workers in the public sector to move across to the RHAs? Mr. Speaker, that is the purpose of the Bill.

The Member for Caroni Central touched on two other Bills that he said we should be working on: the Human Tissue Transplant Regulations and the Health

Service Quality Bill. I advise him that those two bills will be brought to Parliament within the next four months. Work is being done on them, and I hope they will be on the parliamentary agenda within the next quarter as we go forward.

I hope I have been able to clarify some of the misinformation coming out from the other side that this Government has any intention of victimizing any group of workers, especially the doctors; far from it. We continue to look forward to getting the support of the doctors. We understand that it takes many years to become a doctor, and they are giving yeoman service to the medical services of Trinidad and Tobago.

With those few words, I beg to move.

Dr. Khan: We will see you in court. [*Crosstalk*]

Mr. Ramsaran: Go and see a doctor, and get glasses.

Mr. S. Panday: You need to see a doctor!

Mr. Speaker: Order please!

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole House.

House in committee.

Clauses 1 and 2 ordered to stand part of the Bill.

Question put and agreed to, That the bill be reported to the House.

House resumed.

Bill reported, without amendment

Question put, That the Bill be now read the third time.

The House divided: Ayes 17 Noes 10

AYES

Imbert, Hon. C.

Manning, Hon. P.

Khan, Hon. F.

Rowley, Hon. Dr. K.

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Williams, Hon. E.
Boynes, Hon. R.
Beckles, Hon. P.
Bereaux, H.
Achong, Hon. L.
Rahael, Hon. J.
James, Hon. E.
Hart, Hon. E.
Callender, Hon. S.
Seukeran, Hon. D.
Roberts, Hon. A.
Job-Davis, Mrs. E.
Hinds, F.
NOES
Singh, G.
Ramsaran, M.
Khan, Dr. F.
Rafeeq, Dr. H.
Sharma, C.
Partap, H.
Nanan, Dr. A.
Panday, S.
Baksh, N.
Moonilal, Dr. R.
Question agreed to.
Bill accordingly read the third time and passed.
Hon. Members: See you in court.

Adjournment

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ADJOURNMENT

The Minister of Science, Technology and Tertiary Education (Hon. Colm Imbert): Mr. Speaker, I beg to move that this House do now adjourn to Friday, March 12, 2004, at 1.30 p.m. We shall be dealing with items 2, 3 and 4 on the Order Paper: the Metrology Bill, an Act to re-enact and revise the laws respecting Weights and Measures; an Act to repeal and replace the Sentencing Commission, and the Insurance (Amdt.) Bill. Any adjustments to this will be communicated to the Chief Whip.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 5.58 p.m.

WRITTEN ANSWER TO QUESTION

The following question was asked by Dr. Fuad Khan:

**Caribbean Heart Care
(Payment and Selection)**

59. Could the hon. Minister of Health indicate:

- (i) how much is being paid on an average for each case to Caribbean Heart Care for free heart surgeries;
- (ii) the number of free heart surgeries that will be done per year;
- (iii) how these patients will be selected;
- (iv) the criteria that will be used by the selection team to determine who can or cannot pay?

The following reply was circulated to Members of the House:

The Minister of Health (Hon. John Rahael): The amount being paid on an average for each case to Caribbean Heart Care for free surgeries is as follows:

ADULT US \$9,450

PAEDIATRICS US \$6,750

(ii) The number of free heart surgeries that will be done per year:

ADULT 120

PAEDIATRICS 60

- (iii) The patients will be selected using the following four criteria:
- Surgical eligibility as determined by the patient's cardiologist;
 - Charitable eligibility as determined by the Medical Social Worker;
 - The names of eligible patients sent to the office of the Chief Medical Officer (CMO) at the Ministry of Health for scheduling;
 - The CMO's office sends the final list to the Caribbean Heart Care Medcorp.
- (iv) The criteria that will be used by the selection team to determine who cannot pay:

A clinical approach is used to determine the psychosocial assessment of all clients.

The attached documents entitled *Psychosocial Evaluation* and *General Outline for Case Study in Health Care Settings* provide a detailed database that guides the completion for the intake sheet of all clients including clients that are referred to the Department by their treating consultant for open heart surgery and other procedures.

The Social Work Client Profile intake sheet has at the bottom of the first page the Financial Assessment of Household that is divided into two sections, Income and Expenditure, through which the process is actioned, utilizing our clinical skills and methodology.

The process of the interviews discusses/explores, for example:

- The presenting income and expenditure with supporting documents requested from client and family;
- Information of other family members/significant others re: emotional, moral and financial support (the latter where necessary);
- Support systems, familial community, religious, business that would facilitate fund-raising efforts;
- The client and family dynamics, as most times quality of relationships influence support or not;
- Other salient issues that are financially impacting on the family;
- Home visits;
- Counselling and other social work treatment modalities deemed clinically necessary that would enable the process.

Written Answer to Question

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The above data are condensed into a required report. The prevailing issues including tasks undertaken by the client dictate the pace and time frame of the intervention.

The social worker is guided by one fundamental principle in professional social work, that is, that the client has self worth, value and dignity that directs clinical practice for all our clients regardless of race, creed, religious belief and socioeconomic status.