

THE
PARLIAMENTARY DEBATES

OFFICIAL REPORT

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

SESSION 2004—2005

VOLUME 1

HOUSE OF REPRESENTATIVES

Friday, November 05, 2004

The House met at 1.30 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communication from the Member for Arouca South (Hon. C. Robinson-Regis) requesting leave of absence from today's sitting of the House. The leave which the Member seeks is granted.

ORAL ANSWER TO QUESTION

Ibis Gardens Development

(Cost of)

4. Mr. Manohar Ramsaran (*Chaguanas*) asked the hon. Minister of Housing:

- (a) Would the Minister inform this House what is the actual cost of the Ibis Gardens Development in Kelly?
- (b) Would the Minister tell this House how many units have been built and the cost of the various types of units?

The Minister of Housing (Hon. Dr. Keith Rowley): Mr. Speaker, the actual cost of Ibis Gardens Development is as follows:

- | | | |
|------------------------------------|---|-----------------|
| (i) Infrastructure cost, inclusive | | |
| of the sewer treatment plant | - | \$ 5,191,461.00 |
| (ii) Housing construction cost | - | \$26,244,670.11 |
| Total | - | \$31,436,131.11 |

Mr. Speaker, 150 units have been constructed. The cost of the various types of units are as follows:

Description		Unit Cost
▪ 8 No. 2 Bedroom/1 bath flat	-	\$137,509.10
▪ 23 No. 3 bedroom/1 bath flat	-	\$150,772.00

Oral Answer to Question
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▪ 20 No. 3 bedroom/1 bath high	-	\$167,673.02
▪ 80 No. 3 bedroom/2 bath high	-	\$188,483.70
▪ 19 No. 3 bedroom/2 bath flat	-	\$170,772.89

**DEFINITE URGENT MATTER
(LEAVE)**

**Mille Fleurs Building
(Seizure of)**

Mr. Ganga Singh (*Caroni East*): Mr. Speaker, in accordance with Standing Order 12 of the House of Representatives, I hereby seek your leave to move the adjournment of the House for the purpose of discussing the following matter of urgent public importance: the expropriation by the Government of property of a body incorporated by statute to regulate the legal profession, that is, the Law Association of Trinidad and Tobago.

The matter is definite since it relates to the arbitrary seizure of the Mille Fleurs building located at Queen's Park West by agents of the Government, including a Permanent Secretary and armed police officers. The matter is urgent because it raises serious questions about the Government's commitment to the rule of law. The matter is of public importance because it deals with principles of constitutionality and principles of governance; it deals with equality of treatment; and it deals with the deprivation of property rights without due process.

Mr. Speaker: Hon. Members, the leave for which the hon. Member for Caroni East seeks is denied and, regrettably, this matter eminently qualified to have been brought under Standing Order 11. Again, I would ask hon. Members to look carefully at this matter.

**REGIONAL HEALTH AUTHORITIES
(AMENDMENT OF THE FIRST SCHEDULE) ORDER**

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, I beg to move the following Motion standing in my name:

Whereas it is provided in section 4(3) of the Regional Health Authorities Act 1994 that the Minister of Health may by Order, subject to the negative resolution of Parliament amend the First Schedule, which lists the names and boundaries of the Regional Health Authorities;

Whereas by Legal Notice dated August 13, 2004, the Minister of Health dissolved the North West Regional Health Authority and in its place created the North Regional Health Authority and the North Central Regional Health Authority;

Whereas the said Order known as the Regional Health Authorities (Amendment of the First Schedule) Order, 2004, was laid in the House of Representatives by the Minister of Health on the 15th day of September, 2004;

Whereas the addition to, and configuration of the Regional Health Authorities as contained in the said Order do not allow for the efficient delivery of health care to the citizens of Trinidad and Tobago;

Be it resolved that immediate steps be taken to have the Regional Health Authorities (Amendment of the First Schedule) Order, 2004 reversed.

Mr. Speaker, the Regional Health Authorities Act was passed in 1994. This Act created five Regional Health Authorities, namely: the North West Regional Health Authority, the South West Regional Health Authority, the Eastern Regional Health Authority, the Central Regional Health Authority and the Tobago Regional Health Authority.

The boundaries of the Regional Health Authorities were coterminous with the boundaries of the Municipal and Regional Corporations. So the boundaries of the North West Regional Health Authority included areas covered by the Diego Martin Regional Corporation, the San Juan/Laventille Regional Corporation and the Port of Spain City Corporation.

The Central Regional Health Authority included areas covered by the Tunapuna/Piarco Regional Corporation, the Couva/Tabaquite/Talparo Regional Corporation, the Borough of Arima and the Borough of Chaguanas.

The South West Regional Health Authority included areas covered by the Princes Town Regional Corporation, the Penal/Debe Regional Corporation, Siparia Regional Corporation, the City of San Fernando and the Borough of Point Fortin.

The Eastern Regional Health Authority included areas covered by the Sangre Grande Regional Corporation and the Mayaro/Rio Claro Regional Corporation.

The Tobago Regional Health Authority included all of Tobago. In 1994, when the Minister piloted this piece of legislation, he gave two main reasons for creating the Regional Health Authorities. Firstly, he said it was intended to move the employees in the public health sector away from the jurisdiction of the Public Service Commission, and bring them under the jurisdiction of a statutory authority, the Regional Health Authority. The Regional Health Authority would, therefore, be able to hire, transfer, discipline and fire employees. These powers were previously vested in the Public Service Commission.

The second main reason he gave for creating the Regional Health Authorities was to decentralize some of the operations of the Ministry of Health, particularly, the delivery of health care services to the population. So the Ministry of Health

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would remain the policy formulating and monitoring body while the Regional Health Authorities would be the delivery arm of the public health sector, and they would have direct control over the health institutions like the hospitals, health centres and so forth. Mr. Speaker, this was one of the important elements of the Health Sector Reform programme.

However, the entire Health Sector Reform Programme was based on the concept of integration of services and rationalization of services. This means that the outreach health centres, the health centres, the enhanced health facilities, the district health facilities and the hospitals would function in a complementary manner with each of them offering a different level of service. In addition, there would be very little or no duplication.

Mr. Speaker, this was more so in the case of the Port of Spain General Hospital and the Eric Williams Medical Sciences Complex. As far as possible, the Eric Williams Medical Sciences Complex would offer a range of specialized and sub-specialty services, while the Port of Spain General Hospital would offer generalized and some specialty services, without too much duplication between the institutions.

In addition to the services like nuclear medicine, open heart and other cardiac surgeries and investigation, renal dialysis and specialized investigations like MRI and CT scan and so forth, Mount Hope, in the national health services plan, would have had the Pediatric Hospital which was already opened and functioning very well; orthopedic services, neurology services and ophthalmology services. The other services would have been offered at the Port of Spain General Hospital. So, in a way, Mount Hope Hospital was supposed to be an extension of the Port of Spain General Hospital. So, the Port of Spain General Hospital and the Eric Williams Medical Sciences Complex are supposed to operate as two arms of the same unit.

In this way, there would be free movement of staff and patients to a certain extent, and the provision of the services would be covered by one administrative unit; one Regional Health Authority. It is with this in mind that in 2000, when we were in office, we brought control of both these institutions—that is the Eric Williams Medical Sciences Complex and the Port of Spain General Hospital—under one umbrella, the North West Regional Health Authority. This arrangement had begun to work quite successfully while we were in office, and the benefits of the merger were beginning to be realized.

However, in August 13, 2004, the Government published a Legal Notice which, in effect, rescinded the previous decision to merge these two Regional

Health Authorities, and it has now split them up once more in the North Regional Health Authority and North Central Regional Health Authority.

So far, I have not read or heard in any of the Minister's pronouncements any cogent reason for doing that. I am sure that when the Minister gets up to respond, if he is speaking today, he will blame the UNC for his problems, but that is not unexpected. That is the Minister's style of not accepting responsibility.

Mr. Speaker, I just want to quote from an editorial from the *Trinidad* newspaper dated Saturday, August 07, 2004 headlined: "Rahael stars in soap titled 'Don't Blame Me'" and it says:

"For another thing, Minister Rahael should not be permitted so lightly to dance away, unscathed, from what has been described as a 'scandal' in his portfolio."

This article is referring to the \$108 million that the North West Regional Health Authority deducted in taxes from employees which were not remitted to the Board of Inland Revenue. The editorial went on to say:

"This was a stellar ministerial performance in the soap opera called 'Don't Blame Me,' sub-titled 'I'm not responsible,' a well-known T & T caricature of the Westminster model of ministerial responsibility.

Nor did he do or say anything near accepting ministerial responsibility for the abuses that had clearly occurred in his portfolio.

In this affair, then, Mr. Rahael's performance marked another Third-World travesty of the Westminster system by a First World- aspiring PNM administration."

I know that the Minister would blame the UNC for his problems.

Mr. Speaker, as far as I could glean from the reports in the newspaper, the only reason that the Minister gave was that the North West Regional Health Authority was too large, and the management and board cannot manage all of these institutions. This argument does not hold water. In fact, that happens when you put people who do not have knowledge of the health sector and persons who are incompetent to run these institutions. [*Desk thumping*] The problem is really one of incompetence, rather than the size of the North West Regional Health Authority. I would return to that matter later.

The health centres within the regions could be grouped in clusters as was done under our watch, with the enhanced health facilities and district health facilities

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being the centre, and around them a group of health centres and outreach centres. There would be no administrative problem with respect to that area.

Secondly, each hospital has its own administrative structure, that is, hospital administrator, medical chief of staff, nursing administrator, senior pharmacists and a host of other administrative and technical staff. It is not that the Regional Health Authority administration would be doing everything in the hospital. Each hospital has its own administrative structure. So, in the organizational structure, you would have the hospital administrative structure, the RHA administrative staff and the board which would be dealing with broad policy issues.

Therefore, if you have the right mix of competencies at the RHAs and at the Ministry of Health, there would be no need to split the North West Regional Health Authority because things would be running efficiently. However, if the persons appointed were hired on the basis of merit, and not on the basis of political persuasions, there would be no need to split the region. As I said, the problem is one of incompetence, rather than the region being too large.

The administrative cost is going to rise significantly when the administrative cost of another RHA is added to the already high personnel cost of that RHA. Very little money would be left for the provision of goods and services and so forth.

Mr. Speaker, what are the other countries doing? For instance, in Canada, PriceWaterhouse was contracted to conduct mergers of hospital—some 34 of them—in clusters of three to four. As an example, I could tell you that the Western Hospital, the Princess Margaret Hospital and the Toronto General Hospital have been merged under one umbrella. That is the way developed countries are moving. Here, we are aspiring to be a developed country, but we are moving in the opposite direction.

In England, where there were 20 regional health authorities, they have now reduced them to eight regional health authorities. There is one regional health authority to serve close to seven million people. We have a population of 1.4 million people and we cannot function with one Ministry of Health and four RHAs, so we need another regional health authority. This is why, under this Government, this country will forever remain a Third World country.

I have heard a comment from the present Chairman of the North West Regional Health Authority where he said that he does not have the authority, or the money to employ quality persons at senior management levels in the RHA. He lamented that he is surrounded by a group of junior managers. This is a serious problem.

In the South West Regional Health Authority, to date, they have not been able to appoint a Chief Executive Officer. There is someone acting in that position. Whether this is due to the lack of funds, or they do not have qualified suitable persons, the fact of the matter is that they have not appointed a Chief Executive Officer.

For three years, the North West Regional Health Authority has not been able to appoint a Chief Executive Officer. Only last week, a Chief Executive Officer was appointed. How is splitting the RHAs going to help this situation? Mr. Speaker, the problem is that there are no qualified personnel so they would now have to look for two persons. Instead of having one RHA, there would now be two RHAs in its place. Therefore, the problem would be compounded. Does this make any sense? This problem is not only as far as the Chief Executive Officers are concerned, but for all senior management personnel. If you cannot pay to hire and retain qualified staff in one regional health authority, Mr. Speaker, how are you going to do it for two RHAs? You would just be multiplying the incompetence and inefficiencies by two.

Mr. Speaker, as I said, the problem really is poor management, incompetence, corruption and a lack of leadership at the level of the RHAs, and at the level of the Ministry of Health. Splitting the RHAs is not going to solve this problem; the problem is going to get worse. By the end of this fiscal year—when this does not make any difference—I wonder what the Minister would do next?

Mr. Speaker, we know that over the years, the RHAs—particularly, the North West Regional Health Authority and the Central Regional Health Authority—were running on deficit budgets. They have always owed suppliers to the point where suppliers of vital items were threatening to cut off supplies and even to levy on RHA property; utility bills and the Board of Inland Revenue. One of the reasons for this is that a large portion of the allocation to these RHAs goes towards personnel expenditure, that is; wages, salaries, cost of living allowances and other employee related expenses. This leaves very little for the provision of goods and services.

At the end of the day, the Board of Inland Revenue, suppliers and utilities are not paid. Now, they are adding a whole new range of services at Mount Hope, which are going to increase personnel cost. On top of that, they are adding another layer of administrative staff by creating another RHA, thus further increasing the personnel and administrative cost in the RHA. Where are they going to get the money to provide goods and services? This is going to create more problems, and this is going to cause massive chaos in the health sector, especially poor persons who would be seeking to use the service. If the problem is one of administration, then the wrong persons are at the top. It does not matter how many RHAs are created, they are not going to solve that problem.

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There is a board at the North West Regional Health Authority, which in its collective wisdom, sent five senior managers on leave at the same time. You have a board which appoints a Chief Executive Officer today and then send her on leave the next day; you have a board which cannot pay its utility bill and the Board of Inland Revenue, but spends \$180,000 on entertainment—buying Carnival tickets and tickets for other social events for members of the board and other administrative staff; you have a board that knows that the wage bill is high and it does not have money to pay its utility bill and the Board of Inland Revenue, but it continues to employ an entire cadre of persons for all sorts of dubious jobs, mainly for political purposes. How are you going to solve this problem by creating another RHA?

Mr. Speaker, on top of all of that—I mentioned this matter in the budget debate—when the joint select committee, appointed by this Parliament, questioned the board about these actions, the chairman of the board wrote a letter to the joint select committee demanding an apology for its line of questioning. *[Laughter]*

Hon. Member: That fellow is rude.

Dr. H. Rafeeq: Mr. Speaker, that was the audacity of the chairman presiding over the disbursement of \$400 million. He does not want to account to this Parliament and to the people of Trinidad and Tobago. While I am on this matter, when the information was made public that the North West Regional Health Authority was owing \$108 million to the Board of Inland Revenue in taxes that were collected and not remitted, the response of the board at that time, as indicated in the newspaper, was that the money was used to pay additional staff—doctors, nurses and administrative staff. They probably thought that they could pull wool over the eyes of the public.

The doctors that the Government hired were Cuban doctors and doctors through the United Nations Volunteer Programme. These doctors are not paid by the RHAs; these doctors are paid through a separate vote at the Ministry of Health. So, therefore, they did not use any of the \$108 million to pay these doctors, because these doctors are paid through a separate vote at the Ministry of Health. It was totally false for them to give the public the impression that they had hired these doctors and paid them from that \$108 million.

As far as nurses are concerned, everyone knows that there is a shortage of nurses in Trinidad and Tobago. We all know that nurses are leaving and going abroad and then there are nurses who are retiring and going home through attrition and so forth. The replacement rate is just enough—and sometimes it is

not even enough—to cover those nurses who have left. Therefore, what additional money did the North West Regional Health Authority spend on nurses? Where did they employ these nurses from? We know that there is a critical shortage of nurses in the system.

We also know that they hired a category of staff called: Patient Care Assistants to assist qualified nurses in the performance of their duties. These Patient Care Assistants are also paid—not by the RHA—from a vote from the Ministry of Health. Mr. Speaker, it was totally misleading to say that the \$108 million that were owing to the Board of Inland Revenue by the North West Regional Health Authority were used to pay doctors and nurses. Who did they pay with the money? They paid many persons. They paid administrative staff that was hired for political reasons. In the first place, they did not have any money to pay these workers in their normal allocation. How is the creation of another RHA going to deal with this problem? In fact, the creation of two RHAs would mean the creation of two employment agencies for PNM personnel.

Mr. Speaker, I want to give the Minister some advice here. If the Minister is really interested in bringing some degree of efficiency in the North West Regional Health Authority, he must look at the report of Ernst and Young who conducted an exercise a few years ago and reported in 2002, in a comprehensive document entitled: *Financial Policies and Procedures Manual*. This document details the policies and procedures for proper accounting for the North West Regional Health Authority. I want to ask the Minister of Health: Has this been implemented at the North West Regional Health Authority? Has the North West Regional Health Authority failed to implement this? If there is mismanagement and inefficiencies at the North West Regional Health Authority, then the Minister must try to correct those matters rather than shifting the problem somewhere else by multiplying that problem by two.

Mr. Speaker, I have to keep repeating this afternoon that the problem with respect to management and incompetency does not only lie at the level of the RHAs, but also at the Ministry of Health. As I said, the ministry has a critical role to play in the health sector in that the ministry is supposed to set policy guidelines for the RHAs and, most importantly, to monitor the operations of the RHAs. Instead of carrying out these very important functions which would have greatly assisted the RHAs in their efficiencies, let me tell you what they have been doing, under the watchful eyes of this Minister.

A contract was awarded for the purchase of equipment for hospitals to the tune of \$55 million. These equipment included CT scans, MRI and mammography

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machines. One individual wrote the specifications for these pieces of equipment, and at the evaluation stage, the name of a particular doctor—who is a close friend of the present Minister of Health—and some of the doctor's juniors were members of the evaluation committee. At the end of it all, a company by the name of Siemens was awarded that contract through its local representative, Biomedics Technologies. I understand that because of this matter, a letter was written by one of the other companies that was not successful in the tendering procedure to the Prime Minister, and it was on the basis of that letter that he appointed the commission of enquiry into the health sector.

Mr. Ramnath: Is that your family?

Dr. H. Rafeeq: Contract No. 2 was awarded for the outfitting of the categorization lab at the Eric Williams Medical Sciences Complex. The same individual wrote the specification and the evaluation committee again included the same doctor, the friend of the Minister. Even though another company tendered much lower, Siemens was again awarded the contract at a price of \$22 million. [*Interruption*]

Contract No. 3 was awarded for dialysis machines and service. The specifications were written by the same individual and the contract was awarded to Siemens and one of its associate companies. I am not too sure about the cost of that contract.

Contract No. 4 was awarded to the same doctor and close friend of the Minister of Health and one of his friends, to perform fibroid immobilization at the public health institutions without tendering.

Contract No. 5 was awarded to certain specific private health institutions to conduct surgeries on public sector patients, again, without tendering.

Mr. Speaker, the Central Tenders Board was involved in the award of some of these contracts. There are two points in the award process that are very critical and which could contaminate the process by favouring a particular client, even though the process may seem to be transparent. The first point has to do with the writing of the specifications. If the specifications are written in favour of a particular piece of equipment, then it does not matter how good or how cheap your piece of equipment may be, it just would not win the award, because it does not fit the specifications. The Central Tenders Board is not involved in the writing of specifications.

The second point is that there is the evaluation stage. The names of the persons who sit on the evaluation committee are critical because they could

influence the decision either way. As I said, the Central Tenders Board is not involved at these stages and, if so, only minimally. What the Central Tenders Board does is the paper work. The Central Tenders Board publishes the advertisements; they hand out the tender documents; they receive the tenders; they open the tenders; and then they award the contract after it has been evaluated by other persons. Where the system could be contaminated, the Central Tenders Board has very little or no input.

Mr. Speaker, in the light of all of this: what kind of leadership would the Ministry of Health provide for the RHAs? Instead of doing their job for which they are being paid, they are involved in fixing contracts.

Mr. Speaker, let me tell you what the Ministry of Health is supposed to do, and the mechanisms that are in place for the ministry to perform that role. The RHAs constitute the delivery arm of the public health sector. They deliver health care services to the public. However, the Ministry of Health is in the business of formulating policy, monitoring and evaluating. That is the ministry's chief role. There are mechanisms in place to do this.

First of all, there is a committee called: the Implementation Steering Committee. This committee is chaired by the Minister of Health. This committee comprises of representatives from the international organizations like the Pan American Health Organization (PAHO); the Inter American Development Bank from the Ministry of Finance; and it comprises the chairmen of all the RHAs. So, this committee is chaired by the Minister and it comprises the chairmen of all the RHAs, and this committee is supposed to meet once a month.

Secondly, there is a committee called: the Project Execution Team. This committee is chaired by the Permanent Secretary. This committee is supposed to meet every month. This committee comprises the Permanent Secretary in the Ministry of Health, the Chief Executive Officers of all the RHAs and senior officials from the Ministry of Health. Again, that committee is supposed to meet at least once a month.

Thirdly, when we were in office, there was one Permanent Secretary in the Ministry of Health; when this Government came into office it appointed two Permanent Secretaries. One Permanent Secretary was appointed specifically to oversee the operations of the RHAs. That was his mandate.

Fourthly, we initiated the process—and they completed it—of the appointment of one senior Ministry of Health official to the board of each of the RHAs. The role and responsibility of that person—and that person is different in each of the

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RHAS—is to attend all these board meetings and to take information from the ministry's policy decisions and so forth to the RHAs, and report back to the Ministry of Health on a timely basis on whatever transpired at the board meetings and so forth. That was the responsibility of that person.

Fifthly, financial statements are supposed to be submitted by each RHA on a monthly basis to the Ministry of Health.

Finally, the boards' Minutes are supposed to be submitted on a timely basis to the Ministry of Health. These are the monitoring mechanisms that have been put in place for the monitoring of the RHAs by the Ministry of Health. What do they speak about at these meetings? What went wrong for the Minister of Health to come and say that he was not aware that the North West Regional Health Authority was not paying the Board of Inland Revenue and owed \$108 million? How after all these monitoring mechanisms, the Minister comes here and says that he does not know about that matter.

The Minister was reported in the media as saying that he would institute an investigation and heads would roll. After the investigations—the results of which were never made public—the Minister said that he was satisfied and nothing more needed to be done. Was there some kind of cover up here? Is the Minister afraid to tell the nation how many persons were hired by the North West Regional Health Authority for political reasons and for which the North West Regional Health Authority did not have the money to pay?

The point is that if you appoint competent persons and they do what they are supposed to do, the North West Regional Health Authority would not be too big a region to manage, because you would have efficiency in the system. Unless that matter is dealt with, this Legal Notice, separating the region, would not solve anything. If there is any interference with the RHAs—the configuration and the number of RHAs—it should be to decrease the number of RHAs rather than to increase them.

Mr. Speaker, I want to deal with another issue and that is the transfer and deployment of staff. When there is one RHA that covers the Port of Spain General Hospital and the Eric Williams Medical Sciences Complex, you could easily deploy staff and transfer staff between these two institutions, depending on needs and requirements because they are employees of the same RHA.

For instance, a few years ago, we know that there was a fire in the Maternity Ward at the Port of Spain General Hospital, and the patients had to be transferred to Mount Hope Maternity Hospital for several days. It took a while before Port of Spain General Hospital began accepting patients at that Maternity Ward. Since

these two institutions were under the jurisdiction of one RHA, it was easy to deploy staff from the maternity unit at the Port of Spain General Hospital to the maternity unit at Mount Hope, because they were under the jurisdiction of one RHA; they had the same employer.

More recently, when there was the enterobacter outbreak at Mount Hope Maternity Hospital, it was easy to transfer patients and staff from Mount Hope Maternity Hospital to Port of Spain General Hospital. As I said, these two institutions fell within the same jurisdiction. I have mentioned two extreme cases, but under normal day-to-day operations, you would need the flexibility to move your staff around as your requirements dictate. When the regions are split that would no longer be so. You would no longer have the flexibility to transfer staff from one institution to another institution to get maximum efficiency, since they would have different employers. They would be reporting to different employers and that would not allow them to be transferred so easily.

Mr. Speaker, I want to deal with another issue and this issue deals with the legality of what is happening at the North West Regional Health Authority. The Legal Notice that we are debating today abolishes the North West Regional Health Authority from August 13, 2004. From that date, the North West Regional Health Authority ceased to exist as a legal entity. This is a big issue and I would tell you why.

The Legal Notice, which was laid in Parliament on September 15, 2004 could have been debated and annulled within 40 days of the laying in this House—even when this Motion was on the Order Paper and pending, it did not give the North West Regional Health Authority any legitimacy to conduct any business. The North West Regional Health Authority would have only had legal status restored to it if the Motion for a negative resolution had been successful and the Legal Notice was annulled. Whatever the new RHAs would have done during that period would have been protected by law—not the North West Regional Health Authority, but the new RHAs.

Mr. Speaker, in any event, that 40-day period came to an end on October 22, 2004. So, there was no motion for negative resolution pending. Yet, the board of the North West Regional Health Authority, management and operatives are carrying on as if it is business as usual. How an entity which does not exist, carries on as if it is business as usual?

Today, I want to ask the Minister: What is the status of the contracts that have been entered into by the North West Regional Health Authority over the past two

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months? I want to ask the Minister if one could legally enter into a contract with an entity that does not exist in the law? If so, is that contract binding and, if the contract is binding, on whom is it binding? If one party decides to pull out of that contract: what is the remedy for the other party? For instance, who would sue the other party? These are questions that I hope the Minister would be able to answer when he responds.

The question with respect to contracts is extremely important, especially where public funds are concerned. The public needs to be reassured that there is remedy in the case where there is breach or impropriety, as far as the contract is concerned.

As an example, you would recall that questions have been raised with respect to a contractor being awarded a contract to construct the Scarborough Hospital for which the firm may not have been qualified. We in the Opposition are not the only ones that are raising these queries.

There was another contract to be awarded to relocate the maternity unit at Mount Hope Maternity Hospital to the Eric Williams Medical Sciences Complex. The Director, Project Administration Unit, in charge of the Health Sector Reform Programme at the Ministry of Health, also raised the query as to whether that said contractor was qualified for the award of that contract. This is for a contract within the confines of the North West Regional Health Authority. And because of his concerns, he wrote to the local representative of the Inter American Development Bank. Mr. Speaker, this is a short letter and I want to read it into the record. This is the reply from the Operations Specialist, Ian G. Ho-a-Shu of the Inter American Development Bank. This letter is dated September 01, 2004 and it reads:

“Mr. Martin Riley

Project Director

Ministry of Health Project Administration Unit

PORT OF SPAIN

RE: (LO 937/OC-TT) HEALTH SECTOR REFORM PROGRAMME—MT. HOPE MATERNITY HOSPITAL (EWMSC)-RELOCATION

Dear Mr. Riley:

Reference is made to your letter on the captioned subject dated July 26, 2004 in which you sought advice on the eligibility of the firm NH International (Caribbean) Limited to participate in the bidding process for the relocation of

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the Mt. Hope Maternity Hospital which is being financed by counterpart resources. We also take note of the documentation submitted along with your referenced letter including the copy of the Applicant Information Sheet, the copy of the Certificate of Incorporation and the copy of the company's Memorandum of Association.

Having consulting with our Washington-based Procurement Department, we wish to advise as follows:

- (i) With respect to the above specific case and given that the procurement process is being funded 100% from counterpart resources; the firm can be prequalified once local legislation covering tendering rules/procedures is followed.
- (ii) Once loan resources are to be used to finance any contract under the program, the firm must meet all the eligibility requirements as part of the prequalification process. In particular, all the criteria for nationality of a firm apply concurrently. In addition, a firm and/or consortium (including each party to the consortium) must comply with all criteria for nationality.
- (iii) We wish to also confirm that the Cayman Islands is not a member country of the Inter-American Development Bank.

We trust that this information will be useful to you and, as usual, are available to provide any further information that you may require.

Yours sincerely

Ian G. Ho-a-Shu

Operations Specialist"

2.15 p.m.

Mr. Speaker, I am saying that this is still a case that can be queried because there are two legal parties to this contract, and this is why we were able to write a letter to the President of the Inter-American Development Bank in Washington asking him to investigate it, because, as I said, there are two legal parties to this contract.

What happens when there are two legal parties to a contract and one is not a legal entity? That is the point I am making. I am saying that the North West Regional Health Authority (NWRHA) does not exist as a legal entity as far as the law is concerned; it was dissolved since August 13, 2004.

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In addition to the contracts, I would like to know the status of persons who have been employed within the last two and a half months by the North West Regional Health Authority, an organization that does not exist. What is the status of their employment?

Do you know that the greatest insult of all is that for three years the North West Regional Health Authority did not contract a Chief Executive Officer (CEO), it only had an acting CEO for the three years. The Board could not have appointed a CEO for whatever reason, yet one week ago, a board which has no legal status, which does not exist as far as the law is concerned, appointed a CEO with indecent and obscene haste.

Mr. Speaker, I have nothing against the person who was appointed, but I am saying that it ceased to exist as a legal entity; for three years a CEO was not appointed, now that it no longer exists, one is appointed. Why could you not wait on the new entity, the North Central Regional Health Authority and give it the opportunity to appoint its own CEO? More than that, I want to know the status of that appointee and whether that person has any legal right.

Further, I want the Minister to tell us whether it is legal for the North West Regional Health Authority to sign cheques, and pay and receive moneys from the Government even though it does not exist by law. In fact, is it legal for it to transact any business now that it no longer exists? Further, the Minister must tell us whether it is legal and proper for the Ministry of Finance to disburse moneys to the North West Regional Health Authority, again, an entity that does not exist.

Someone on this side mentioned in the budget debate that this is a Government by "vaps" and this issue clearly demonstrates that. Somebody got an idea to split the Regional Health Authorities in two and without taking all the implications into consideration went ahead and published the North West Regional Health Authority with no systems put in place.

It is the same way in which the Prime Minister and Minister of Finance announced that from January 01, 2005 Mount Hope will be offering free services to all citizens of Trinidad and Tobago, but I will deal with that later.

I want to ask the Minister of Health if the new bosses have been appointed, and if they were; when was it done? Are they working, and if they are working, then what is the status of the North West Regional Health Authority if it is also conducting business? Maybe you can answer some of these queries.

The next issue I would like to deal with is the question of assets and liabilities. The Regional Health Authorities Act makes provision for the transfer of assets,

mainly properties from one Regional Health Authority to another, so insofar as the buildings and the lands on which they stand are concerned, there is no problem in transferring these from one Regional Health Authority to the other. However, the Act makes no provision for the transferring of other assets, that is equipment, vehicles and funds. Furthermore, it makes no provision for the transferring or dealing with the liabilities of the defunct Regional Health Authority.

Mr. Speaker, while the lands and buildings can be easily transferred, what about the other assets of the Regional Health Authority? Who has the legal authority to reassign these assets? Can this be done legally? Can the Minister assign these assets in an arbitrary manner? Does the law give him the power to do that? In his reply he can tell us if the law gives him any authority to reassign any of these assets. Maybe they will deal with the assets of the North West Regional Health Authority in the same way they dealt with that of Caroni (1975) Limited. More than that, what about the liabilities of the North West Regional Health Authority?

If the NWRHA no longer exists, who has the responsibility, by law, for the liabilities? What about the contracts? And I am not speaking about the illegal contracts they may have entered into within the last six weeks or so, but the legal ones they would have entered into before that. On whom are they now binding? If something goes wrong, like a contractor is not paid, whom can he take to court to get redress? If there are contracts for goods and services, and particularly, if there are outstanding bills, who assumes the liabilities? Can the providers of these goods and services sue for redress in case of delinquency?

If there are legal proceedings against the North West Regional Health Authority, who is going to bear the burden of these liabilities? I hope the Minister will be able to tell us when he speaks. He must tell us in order to give some kind of comfort to the suppliers and contractors.

Mr. Speaker, the next issue is the one of financing. The Government can put its head in the sand, it can deny as much as it wants, but every right-thinking person, especially those with knowledge of the health sector will agree that when the North West Regional Health Authority is split into two, there will be an increase in the cost of administering services. In other words, the minimum position is that it will cost more to deliver the same level and quality of services that were delivered last year, and we all know that there were numerous complaints and even public outrage at the quality of services delivered last year.

In the budget debate I read a newspaper article that detailed the woes of a patient who went to the Port of Spain General Hospital, spent a day sitting on a chair, was sent to Mount Hope Hospital, went back to Port of Spain General

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Hospital, and finally had to sleep on three chairs using a food tray as a pillow. All in this country are familiar with these stories, especially the patients who have to face them on a day-to-day basis in the health sector.

The point I am making is, even if the quality of service is sub-standard as it is, to provide that same level of sub-standard care is going to cost more. The Board members, the CEOs, senior managers and all their supporting staff will have to be paid, the Regional Health Authority (RHA) will have to rent headquarters, office accommodation and all that goes with it such as vehicles, telephones and, of course, newspaper advertisements. If only for that, the cost of administering the services will be more.

Let us, therefore, look at the figures and see what has happened. In the 2003/2004 budget—I do not want you to get lost with the figures, so I want you to follow me carefully—the North West Regional Health Authority was allocated \$300 million and I am talking about the recurrent expenditure. In addition, by the Minister's own admission, it collected about \$25 million in revenue through the Eric Williams Medical Sciences Complex (EWMSC) fee for service arrangement. That is a total of \$325 million that was available to them.

You will recall that the North West Regional Health Authority owes \$108 million to the Board of Inland Revenue, and another \$50 million to utility providers. This means that it utilized its allocation of \$325 million, and in addition to that, incurred a debt of \$158 million. So if it had settled all its liabilities in that financial year, it would have utilized funds to the tune of \$475 million.

Mr. Speaker, we must not forget that during the last year, there were some industrial agreements signed, and this year there are others to be negotiated and signed and that would further push the administrative cost up. So even to provide the same level of service of last year, I am saying that this year between the two Regional Health Authorities—the North and the North Central—will require at least \$500 million to deliver the same level of service, and the allocation in this year's budget for recurrent expenditure is \$397 million.

Mr. Speaker, do you know what is going to happen? The RHAs, both old and new, are going to have great difficulty in maintaining the same level and quality of service they provided last year, poor and sub-standard though it was.

Then the Minister tells us in his budget contribution that he is going to introduce telemedicine. I want to give him a piece of friendly advice. When your technical staff writes speeches for you, you must read them and try to understand them and whatever you do not understand, ask them to explain it for you. You are

going to provide telemedicine. He said there will be a group of doctors sitting at Mount Hope and one can stay in the outlying areas and have his/her x-rays read and so forth. The Minister cannot kill a cockroach at the Mount Hope or San Fernando Hospital and he is talking about telemedicine.

Mr. Speaker, \$397 million to provide all these services, and on top of that the Prime Minister makes a grand announcement that from January 01, 2005 all the services offered at the EWMSA would be offered free to citizens of Trinidad and Tobago. Government by "vaps". I am sure the Prime Minister did not discuss this announcement with the Minister of Health, and even if he did, the Minister of Health is just as guilty because I am sure he did not discuss it with the officials of the Ministry of Health or the Regional Health Authorities because there are persons there who would have been able to tell the Minister about all the implications of such a decision and that it was just not possible.

The Prime Minister talks about opening up Mount Hope and makes no allocations for it. When he made that statement, which incidentally is printed in the budget document in bold type, they all applauded him. I hope come January 01, 2005 when the population goes to Mount Hope and cannot get the services which they were promised in the budget that the Ministers would be there to address them. I hope they do not leave the public servants to take the heat.

I am saying that, because at a conservative cost it will be over \$200 million to offer all the services at Mount Hope at no cost. That is a conservative figure, it can be much more than that to offer the services free to the public and not one cent has been budgeted in the document.

When I mentioned that, the Minister of Health said whatever it costs. He has taken his cue from the Prime Minister that money is no problem in this country and he has said so on many occasions. I hope that the Minister will put his money where his mouth is and find the money for the Regional Health Authorities to provide a better level of health service than they did last year and to open up the services at Mount Hope free, as promised.

I hope that the Minister does not tell us that the services will be opened up on a phased basis because that is not what was promised in the budget statement. It said, come January 01, 2005, all citizens of this country will be offered all the services at the Eric Williams Medical Sciences Complex free of charge. And you all clapped for that.

The employees are already saying that they were not consulted on that decision and it would be impossible to open up the services from January 2005,

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and they are speaking purely from a human resource and a logistical point of view. They do not yet know that no money has been allocated for the opening up of the service.

Mr. Speaker, I also want to ask the Minister about the pension arrangements for the employees of what is now the former North West Regional Health Authority. The Regional Health Authorities Act mandates that a pension fund be set up for employees. When we were in office, after years of discussions, negotiations and actuarial considerations we established the pension fund, one for each of the four Regional Health Authorities as was mandated.

When we came to office in 1995, we inherited a situation where the employees of the former Eric Williams Medical Sciences Complex Authority were told that on coming into being of the Regional Health Authority, their pensions would have been dealt with, the Central Regional Health Authority did not do that, then they became employees of the North West Regional Health Authority and when the pension fund was established they were brought into the fund. What is going to happen now that the North West Regional Health Authority no longer exists? Are these employees going to contribute to the same NWRHA Pension Fund, or is it going to be scrapped and two new pension funds set up? The workers need to know, they need to be assured that their pension and contributions had been preserved.

Mr. Speaker, having said all this I want to make the point that for the proper functioning of the ministry and the Regional Health Authorities they are supposed to enter into a formal agreement for the provision of a certain level and quality of service to the public. This is a requirement in the Health Sector Reform Programme. It is very much a purchaser/provider type of agreement where the RHAs provide a set of pre-negotiated services and the ministry pays for them.

The ministry then has the role of monitoring and evaluating these on a regular basis. This is one of the stipulations of the Health Sector Reform Programme and it is critical to the issue of accountability, especially as far as the quality of services delivered is concerned. It is on the basis of this agreement, called the Annual Services Agreement, that the Regional Health Authorities are funded and held accountable.

This Government has been in office for the last three years and has not signed a single agreement as yet. When we were in office, we developed the instrument and signed the first one, since then nothing has happened and that is why each Regional Health Authority can now feel free to go on a frolic of its own. There is urgent need for the annual services agreement to be developed so the ministry can

be sure they are actually getting what they are paying for on behalf of the citizens of this country.

Mr. Speaker, in conclusion, splitting the Regional Health Authorities will not solve the problems I have mentioned. Firstly, competent persons need to be appointed at the level of the Regional Health Authorities, the boards and management on the basis of merit and not political persuasion.

Secondly, the ministry, starting from the Minister, must begin to take their responsibility seriously and do what they are paid to do, that is to formulate suitable policies for the RHAs, and monitor and evaluate them on a regular basis. With a population of 1.3 million persons, we do not need five Regional Health Authorities as I said; it is increasing cost and duplicating services.

If the services of the four Regional Health Authorities are run efficiently, then we may very well be able to reduce the number of Regional Health Authorities rather than increase them. That is the way the developed world is going. Splitting the RHAs is only a cop-out, further underlining the incompetence of the Minister and the RHAs. In light of all of these things, I am asking the Minister to get to work and immediately take steps to do what is right and withdraw this legal notice.

Thank you, Mr. Speaker.

Seconded by Mr. G. Singh

Mr. Ganga Singh (*Caroni East*): I reserve my right to speak at an appropriate time.

Question proposed.

The Minister of Health (Hon. John Rahael): Mr. Speaker, in March 2000, the then UNC government took the bad decision to collapse the number of Regional Health Authorities from five to four. It did this by excising the Couva/Tabaquite Municipality from the Central Regional Health Authority and including it in the South West Regional Health Authority incorporating the remaining municipalities which comprise the Central Regional Health Authority, the Tunapuna/Piarco Municipality, the Borough of Arima, and the Borough of Chaguanas into the then North West Regional Health Authority which was responsible for the entire Port of Spain region, and the Diego Martin regional areas.

Mr. Speaker, despite all that the Member for Caroni Central said, it turned out that this was a prescription for disaster. The complete opposite is the reality. Since 2000, when the Central Regional Health Authority was merged with the North

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West Regional Health Authority, all we had was confusion, serious mismanagement, and industrial relations problems resulting from this excessively large organization.

What made it even worst was at that time when the Central Regional Health Authority was merged with the North West Regional Health Authority, there was no audit done with respect to the liabilities of the Central Regional Health Authority, it was just collapsed into the North West Regional Health Authority. So as of today, we cannot identify exactly what was the liability of the Central Regional Health Authority when it was collapsed in 2000.

We have auditors at the North West Regional Health Authority now trying to reconstruct what took place in the year 2000. The last financial statement of that authority was in 1999 so when we came into office there were no financial yearly statements on the North West Regional Health Authority; and that might have been purposely done for other reasons I will come to.

So in the year 2003, we sent in accounting firms and auditors to reconstruct the financial affairs of the North West Regional Health Authority. We are hoping that by the end of this year, 2004, we will be able to reconstruct and have financial statements for the years 2000 to 2003, from 2003 onward there are financial statements for the authority.

There was a lot of carrying over that came with the Central Regional Health Authority without any proper accounts and auditing. Up to last year, new claims have been made for moneys owing because no audit was done on the North West Regional Health Authority for moneys owing by the Central Regional Health Authority because no audit was done, no assets of what was in the Central Regional Health Authority was done so that it is as if it were two companies—if you were to take Neal and Massy and Ansa McAl and merge them without knowing the assets and liabilities of either. So that in itself was a very disastrous move and we are still paying the price of that merger of the Central Regional Health Authority into the North West Regional Health Authority because of the manner in which it was done.

Before I get into that, I think I need to point out some of the statements which the hon. Member for Caroni Central made during his budget contribution. He said that the Government of Trinidad and Tobago in 2003 promised to remove VAT and customs duties from medication and he talked about a list of exemptions for drugs on the schedule.

Mr. Speaker, when we came into office in 2002, duty and VAT were payable on all pharmaceutical medication coming into Trinidad and Tobago. The PNM

Government said it was going to remove the duty and VAT on imported medication outside of the Caricom region.

Misleading as it was, when the Member for Caroni Central tried to give the impression that it was not done, in fact, the PNM Government has removed all duties on pharmaceuticals imported outside of the Caricom region because there is free movement of goods within Caricom and there is a 15 per cent duty applicable to pharmaceuticals manufactured within the region. In order to assist our citizens to be able to access medication at a price they can afford, the PNM Government removed all the duties and VAT on them. So to try to imply that we did not do that is not correct.

Again, in the budget debate, under construction of health facilities, the Member for Caroni Central said none commenced within the past three years. Mr. Speaker, I will now name the health facilities that began from April 2002 in the Eastern Regional Health Authority: Caura, the health facility construction started on April 15, 2002; Cumuto, construction started in June, 2002; Valencia, April 2002.

Dr. Rafeeq: I thank the hon. Member for giving way. I did not say that you constructed no health centre. What I said was that the three years the Government has been in office, it has not constructed any district health facility. That is the point I made.

Hon. J. Rahael: Here we go playing with words. Mr. Speaker, when we came into office there were no plans and nothing in place for district health facilities. We have since put many plans in place for the construction of them but I want to show that a lot of construction, renovation and refurbishment work took place since this Government came into office. We were able to move the percentage of the health sector reform from 40 per cent to over 65 per cent within three years; they took seven years to accomplish 40 per cent. So when it comes to performance, they cannot compare that of the previous administration with this one.

In Manzanilla, construction began in August 2002; San Souci, June 2004; Sangre Grande, 2004; Guayaguayare, September 27, 2004; Rio Claro, September 2004, that is the eastern region.

In the North West Regional Health Authority: Arouca, Maloney, La Horquetta, Tacarigua and Tunapuna.

In the South West Regional Health Authority; La Brea, Icacos Outreach Centre, Gasparillo, Williamsville Outreach Centre, Gran Couva Outreach Centre, Las Lomas Outreach Centre and Talparo Outreach Centre, all in 2002/2003. So to

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say that the PNM Government did not deliver with respect to the construction of health centres is totally inaccurate.

With respect to district health facilities, in today's newspaper you will see an article for tendering for the Siparia District Health Facility. In addition to that, advertisements are about to be placed inviting tenders for the Chaguanas District Health Facility, and St. James is right behind.

Mr. Speaker, the hon. Member talked again about only 100 out of 30,000 HIV/AIDS patients are being treated with anti-retroviral drugs. First of all, the information is that there are 3,000 and not 30,000 HIV/AIDS patients confirmed and registered, and it is not 100 being treated, it is 1,313 individuals who are being treated with the drug. These are the facts concerning these issues.

With respect to the Human Tissue Transplant Act, I am very happy to report that the Regulation has been laid and is to be gazzetted and we are moving forward with the Human Tissue Transplant Act to be implemented.

2.45 p.m.

He also spoke about cataract surgery and people now getting appointments for 2006. What is happening is that we are moving so quickly to eliminate the waiting list for cataract surgery that even the registrar is not keeping pace with us with respect to the dates. So all these patients who are given the year 2006, that would be brought forward. But during their time, patients had to wait for eight and 10 years in order to have cataract surgery.

Let us deal with the Motion in front of us. What is it we are trying to do? The Eric Williams Medical Sciences Complex and the Mount Hope hospital are ideally poised to provide secondary and tertiary health care, not only for Trinidad and Tobago but for the region as a whole. I agree with the Member for Caroni Central that the complex is well poised to be able to do so, and to do so you must have a board that is focused, that is determined to accomplish that mission. We are about to do that. We have already signed the contract for the oncology centre and work is proceeding with respect to that.

With respect to the diagnostic imaging equipment, I want to point out to you the difference in philosophy between the UNC and the PNM. What did the UNC do in the year 2000? We must remember that year—2000. That was the year that the Central Regional Health Authority was merged with North West; that was the year when contracts were given out by the chairman and the Minister of Health, through the North West Regional Health Authority, without any tendering procedure.

Dr. Rafeeq: Mr. Speaker, the Minister is making serious accusations against me. He is saying that contracts were given out by the Minister. I gave out no contracts. I just want to put that on the record, I gave out no contracts.

Hon. J. Rahael: If you did not give it, then it was your chairman and you said that the Minister is ultimately responsible. You just indicated that. You read out a big editorial from the *Guardian* about the present Minister. So what is good for me is not good for you?

Mr. Speaker, let us talk about that. In the year 2000, there was a contract that was given out to a company called HTI Trinidad Limited. When this Government came into power, recognizing the need for state-of-the-art equipment, new technology in place, we decided to go out to tender for new diagnostic imaging equipment. It was an international tender document. This tender was internationally advertised. The tender was awarded to the lowest bidder. It was awarded to a company, Siemens International, a reputable company in Germany. For \$53 million we are able to acquire many pieces of equipment. For the very first time we have mammography equipment at the Port of Spain General Hospital, the San Fernando General Hospital, the Sangre Grande General Hospital and the Tobago Scarborough Hospital.

For the very first time in the history of the public sector, we have pieces of equipment that were previously not available. We have now a full range of diagnostic imaging equipment that would be able to provide CT scans at the Sangre Grande General Hospital, the San Fernando General Hospital, the Scarborough General Hospital and, of course, the Eric Williams Medical Sciences Complex.

You notice I did not say the Port of Spain General Hospital. So while we, in this Government, went out for international tender to acquire these pieces of equipment at a total cost of \$53 million, the hon. Member for Caroni Central talked about how they purchased equipment to the tune of over \$200 million during their tenure. Where is that equipment? We cannot find the equipment that the hon. Member for Caroni Central is referring to. What we could find is a CT scan at the Port of Spain General Hospital that was put there without any form of tender or tendering.

What did they do? They awarded a contract to a company to put in place a CT scan at the Port of Spain General Hospital. That company is a joint venture between the North West Regional Health Authority and that private company. The North West Regional Health Authority provided the space, paid for the electrical, water and all the infrastructure work. In addition to that, the private company was allowed to charge patients between \$1,200 and \$1,900 for a CT

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scan. So a patient going to the Port of Spain General Hospital will have to pay \$1,200 to \$1,900 for a CT scan. Remember, that award was done without any form of tendering procedure—remember that—no tendering whatsoever!

In addition to providing that private company with an exclusive right, no other institution, no other company, not even the North West Regional Health Authority, can now put a CT scan in the Port of Spain General Hospital. Here it is that we are making available to patients and to the people of Trinidad and Tobago who access our public health institutions, CT scans or X-rays at no cost at these other institutions, but at the Port of Spain General Hospital, we cannot provide that. Why? Because under the UNC, and under the former chairman of the UNC, and under the watchful eyes of the then Minister of Health, the Member for Caroni Central, they awarded this tender. In addition to all of that, for the 15 per cent, they paid that company \$500,000. Mr. Speaker, it was a joint venture agreement between the North West Regional Health Authority and HTI Trinidad Limited, and for all of that we are entitled to two free CT scans. That is what we are entitled to in the North West.

They come here today, questioning three contracts: one, that went out for international tendering and was given to the lowest bidder. We got the best diagnostic imaging equipment, and in addition to all of these CT scans, colposcopy equipment and X-ray machines, we have an MRI machine for the very first time in the public sector. No longer is it required for a patient, whether it is in San Fernando, Port of Spain or in Sangre Grande, to have to pay \$3,000, \$4,000 and \$5,000 for an MRI. The patient that is within the public health institution can be referred to Mount Hope and get an MRI done at no cost. That is what we are doing—[*Desk thumping*] not to give an individual company exclusive—not only exclusive, they said in the contract that no one, not even the North West Regional Health Authority, the Ministry of Health or anyone else, can put a CT scan, not only in the Port of Spain General Hospital, but also they cannot do so within a three-mile radius.

This is what we were faced with when we assumed office in 2002. That is one of the many problems that we were faced with. When was that awarded? Guess when that contract was awarded? That contract was not awarded for one year or two years. For a maximum a contract is normally awarded at the offset for three years. This contract is for five years! And not only the Port of Spain General Hospital, but within a 3-mile radius! When was this contract awarded? Let me get the exact date because it is very important that we remember these dates: It was September 2000. They merged Central into North West in March 2000. This

contract was awarded without any tendering procedure in that same year, right after the merger.

The merger was to create this empire for the then chairman of North West. I understand he was the chairman who actually claimed that he had the ear of the then Prime Minister and when the substantive Minister was at meetings, that chairman used to have to put him in his place by telling him: “I was with the Prime Minister last night; I would be seeing the Prime Minister tomorrow and I would be able to tell him this, that and the other.” Those are the reports within the ministry. I did not know that; I was not there. So that chairman, in fact, was actually running the ministry and not the Member for Caroni Central.

So they gave out that award. Do you believe that is all? You would think that is enough. Well, again, in the year 2000—and all of this is substantiated in this Pricewaterhouse Coopers’ report which was done in the year 2001. We are now discovering a lot more, because there were three contracts in this report. The CT scan contract is only one. I will touch on two others. The other contract that was awarded was to a company—and I want to get it right—called Optimum Energy Technologies. I am sure you all would be acquainted with the name of that company. That company was formed three months before the tender went out. This company was awarded a contract to supply oxygen at the Mount Hope Complex. At that time, oxygen was supplied to that company by Industrial Gases Limited (IGL) a subsidiary of Neal and Massy.

It was costing \$30,000 a month, approximately, to supply oxygen to the Mount Hope Maternity Hospital and it was also costing approximately \$80,000 to supply oxygen to the Eric Williams Medical Sciences Complex. Again, without any form of tendering procedure, Optimum Energy Technologies Company was awarded a contract to supply oxygen to the Mount Hope Maternity Hospital—not the Eric Williams Medical Sciences Complex—to the Mount Hope Maternity Hospital. Remember, between \$25,000 and \$30,000 a month were being supplied by IGL for the same Mount Hope Maternity Hospital and this company was awarded a contract for \$99,000 a month. So IGL is supplying oxygen to the Mount Hope Maternity Hospital for between \$25,000—\$30,000 a month and this company was awarded a contract to supply oxygen—without tender; no tendering procedure again—to Mount Hope. *[Interruption]* The Mount Hope Maternity Hospital today is being supplied by this company, Optimum Energy Technologies Limited, at \$99,000 a month—a fixed price; more than three times! Up to today, Industrial Gases Limited would be happy to go back and supply oxygen to the Mount Hope Maternity Hospital for the \$25,000—\$30,000 a month, depending on how much oxygen is used.

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But do you know why it cannot happen? Why do you think we cannot terminate this contract? This contract is so airtight, ironclad, to ensure that no one, but no one, would be able to do anything about this contract. We have gone to legal minds in this country, not only one legal company, more than one legal company, to find out if we can get out of this contract. They all said this is an airtight contract—\$99,000 a month! Guess what? How long do you think this contract is for? One year? Two years? Or maybe three years like the CT scan? Do you think it is for five years? Do you think it is seven years? What about eight years? The contract awarded to Optimum Energy Technologies to supply oxygen at the Maternity Hospital at Mount Hope for \$99,000 a month, a fixed price. When we were paying a maximum of \$25,000—\$30,000 a month, this contract was given by the North West Regional Health Authority by the chairman of North West Regional Health Authority, Dr. Tim Gopeesingh, and the Minister at the time overseeing all the RHAs, the Member for Caroni Central, for 10 years—a 10-year contract at \$99,000 per month!

In trying to negotiate with this company now to see what we can do, they said: “Well, if you wish, you can buy out the contract”. They made us an offer that if we want we can pay \$5 million to buy out the contract. That is the irony of this thing. They come here and question tendering and awards being given by this Government and the Ministry that I am very pleased and honoured to be in as Minister of Health, because we will do nothing unless there is full transparency.

The two other contracts that the Member for Caroni Central referred to, no award has been made. You come here; you make accusations and allegations because you are following the other doctor, because in the other place he made similar remarks which were unfounded, untrue, that tenders were given for a renal dialysis programme that has not yet happened. That is still at the Central Tenders Board being analyzed. When it is given out we will be able to justify why, whoever it may be, will get the tender.

With respect to the CAT labs, again, even the evaluation committee has not yet completed its exercise, yet he comes here, again, following the former chairman during his time, who misled him left, right and centre, and repeated the things he said. No contract has been awarded for any CAT lab. As a matter of fact, I repeat, the evaluation committee has not yet completed its evaluation. Why do you all do this? Why? Let me make it quite clear. I have been in the public service for over 12 years and I can state categorically that during my 12 years I have never used my position for my personal gain or that of any of my family businesses. Never! I served in the other place from 1991 to 1995; I served as Mayor of the capital city

of Trinidad and Tobago, and that has been very dear to my heart since a lot of my time during my business life I spent in Port of Spain. I served as Mayor from the year 1996—2000, and from 2000 to present, in this honourable House. I was Minister of Agriculture, Land and Marine Resources, and now Minister of Health. I will challenge anyone in any place to question my integrity with respect to contracts! [*Desk thumping*]

You cannot come here and subject people to unfair, unfounded, disparaging remarks under the guise of Parliament privilege. So that you see the mindset of those who only want to score cheap political points at the expense of Trinidad and Tobago, implying that there is impropriety in some of these contracts that have not yet been awarded. In the other place they spoke about the pharmaceutical supply, drugs and everything else; all false! As I have said, I will continue to perform and to ensure that whatever is done under my watch will have full transparency.

Let us talk about the separation. The hon. Member talked about more administrative costs, and he talked about the transfer of patients and assets. I want to find out if you have a patient in San Fernando, Sangre Grande, Tobago or Port of Spain—this is all within the public health sector—if a patient requires to go to another hospital, whether it is under the Eastern Regional Health Authority, the South West Regional Health Authority, the Tobago Regional Health Authority—any of our institutions; under any of these RHAs—that should not happen? Is that what you are saying?

Dr. Rafeeq: I never said so.

Hon. J. Rahael: Well then, what is the point of whether someone can be transferred from Port of Spain to Eric Williams or from Eric Williams to Port of Spain? That is the point you are trying to make.

Dr. Rafeeq: No. I thank the hon. Member for giving way. I am talking about the transferring of staff, the deployment of staff. I am not talking about patients. Patients can go anywhere. I am talking about the deployment of staff.

Hon. J. Rahael: Again, at the end of the day, it is all from one pot. Where is the funding coming from? There will be no disruption for the staff, whether it is their pension plan, their position, salaries, whatever it is. You know, you merged Central into North West in 2000, what was the situation with the staff then? You did it in the year 2000; you collapsed the Central Regional Health Authority into North West. Were you concerned about the staff then? Did you deal with it then? However you dealt with it, I am sure we will deal with it better.

Dr. Rafeeq: We brought all of them under one umbrella—

Hon. J. Rahael: Please, please, Member for Caroni Central, the same way you could merge something, you could disengage it. Look, a doctor is not a businessman and no doctor should really try to talk about figures, and so on, because they are not capable of doing that. Stick to your profession. Let me ask a question—

Dr. Khan: You are calling doctors stupid?

Mr. Speaker: Order, please!

Dr. Khan: He just called the doctors stupid.

Hon. J. Rahael: No, no, I never said that. [*Crosstalk*] Mr. Speaker, there will be no additional staff other than a board, a CEO and maybe four or five managers with respect to the formation of the North Central Regional Health Authority, because it is going to be the same staff in the accounting department, when you merge them—now we can disengage them, and we can even go further. It is very possible—and that is being given consideration; it has not yet been decided—that you can keep part of the administrative staff, whether it is accounting or even human resource, that will be a cost unit, able to supply the services to North West and North Central. That is also another option; so that there will be no substantial cost increase.

Another point that the hon. Member keeps making is that it is going to cost \$200 million. This \$200 million comes back again: \$200 million in equipment that we cannot find; it is going to cost \$200 million more to open up the services at the Eric Williams Medical Sciences Complex. Let me explain something. First of all, the Eric Williams Medical Sciences Complex is providing a service right now. Some of those services are at no cost; paediatric and some of the other services are at no cost. The other areas where there is a cost for providing that service—and right now there are patients who are paying that cost—what we are saying is that we are going to give up that revenue of \$20 million so that the same number of patients that have been accessing those areas where they had to pay, will no longer have to pay.

What is also going to happen is that there will be an increase of persons accessing care at the Eric Williams Medical Sciences Complex, but that can only be, again, a quantified number. What is the additional cost for those patients? It is the same buildings, same infrastructure, same electrical, air conditioning, elevator, same services. All of that is the same. There is going to be no additional cost. The only additional cost is staff and the consumables. The same MRI machine will operate, also the CT scan. The additional cost is the consumables and, granted, we may require additional staff. That is what is going to be the additional cost.

So when they come here and say \$200 million, and in the other place the other guy said \$400 million, those are just figures. Do you know something? They are accustomed to hundreds of millions. It reminds you of \$1.8 billion; \$1.6 billion, \$600 million. They are accustomed to these kinds of figures, when we supplied a range of diagnostic pieces of equipment for \$53 million.

I want to give recognition also to my colleague, the former Minister of Health, the Member for Diego Martin East. [*Desk thumping*] We work as a team, not like when you had your chairman of North West, when you all were fighting each other. [*Crosstalk*] They had a junior Minister, too? They did not talk to each other.

Mr. Speaker: Order!

3.15 p.m.

To make it quite clear, with respect to renal dialysis services, he made reference to my friend. Everyone is my friend. I do not know what that means. The Evaluation Committee for renal dialysis services for the Ministry of Health comprised, Chairman, Mr. Reynold Cooper, Acting Permanent Secretary, Ministry of Health; Dr. Rohit Doon, Acting Chief Medical Officer, Ministry of Health. The Permanent Secretary and the Chief Medical Officer in the Ministry of Health are two public servants. The third person, the International Procurement Specialist, is Michel Turkot. He is not a doctor. Mr. Turkot is an employee of the Ministry of Health in the Project Administration Unit. [*Interruption*] We met him there. You put him there. I did not put him there. The fourth person is Mr. Ram Rampersad, Biomedical Engineer at the North West Regional Health Authority. You may know him. I do not know him.

Mrs. Persad-Bissessar: That is your ministry.

Hon. J. Rahael: I do not have to know these individuals. They work in the ministry. You expect me to know every person in the ministry. This is an evaluation team. Dr. Ram Mahabir, a nephrologist, from the private sector. He good "eh"! I do not know him. Dr. Victor Blanco, a nephrologist, came a week before from Cuba. When I was approached I was very pleased to know that we could put a person who is not a Trinidadian on the evaluation team. The last person on the committee was Mrs. F. Mohammed. She was the person from the Central Tenders Board, Contract Officer III.

I want to go one step further to the Diagnostic Committee. This was not done during my time.

Mr. Speaker: The hon. Member's speaking time has expired.

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

Question put and agreed to.

Hon. J. Rahael: Thanks, Mr. Speaker and hon. Members of this House.

The diagnostic equipment that we are so pleased about went out for international tender in July 2002. I wish to remind this honourable House that my colleague for Diego Martin East was the then minister. [*Desk thumping*]

The committee comprised Dr. Lennard Jaggassar, Chief Executive Officer of the North West Regional Health Authority; Dr. Omar Khan, Clinical Director, Radiology Department of the Eric Williams Medical Sciences Complex; Mr. Reynold Cooper, Director of Finance and Accounts, Ministry of Health—at that time Mr. Cooper was not the Permanent Secretary—Mr. Ram Rampersad, Biomedical Engineer; Mr. Deonarine Persad, Chief Radiographer at the Eric Williams Medical Sciences Complex; Mr. Anthony Davis, Manager of Quality and Systems Department from the Tobago Regional Health Authority; Dr. Ann Albert, Specialist Medical Officer, Radiology Department from the North West Regional Health Authority; Dr. Anthony Ameeral, Specialist Medical Officer, Radiology Department, South West Regional Health Authority and Mr. Michel Turkot, Health Infrastructure Procurement Officer. There is absolute transparency with respect to all these situations.

I think that I covered what I wanted to say this afternoon. The North West Regional Health Authority that we have now acknowledged, we have appointed a CEO. The typo that was done let me deal with it. This is a letter from the Chief Parliamentary Counsel that says:

“In our view the error in the Order was not a substantive one for the reason that the Regional Health Authorities Act has not created a North Regional Health Authority.

It established a North West and North Central Regional Health Authority. Accordingly, an erratum would be sufficient to rectify the matter and there would be no need for an amendment Order, requiring the hon. Minister's signature, or will the document need again to be laid in Parliament.”

This is the Republic of Trinidad and Tobago Regional Health Authority Act, 1994, erratum, in respect of Legal Notice No. 245, 2000. It says:

“In clause 3(a) of Legal Notice No. 245, 2004 entitled, The Regional Health Authorities (Amendment of the First Schedule) Order 2004, published in the

Gazette on August 25, 2001, substitute for the words, “North Regional Health Authority”, the words, “North West Regional Health Authority”.

Everything is legal. North West Regional Health Authority is a legal entity. A typo was being corrected. An erratum had to be done. All is in order. Hopefully, that will satisfy the hon. Member for Caroni Central who was making a song and dance about a typo that the “w” was missed out when the Order came to this honourable House. I thanked you the last time for pointing it out to me and it was corrected. I am surprised that today you tried to score the same points that you did at that time.

I indicate that by separating North Central and North West we are making the RHAs more efficient. There is one point before I close because the Member for Caroni Central made that point. Following that guy in the other place and being ill-advised, he talked about sending public patients to private hospitals. He made a big deal about sending a public patient in need of health care to a private institution. I ask this honourable House and the national community, through you, Mr. Speaker: How should I respond to this headline, “My child must live. Mom pleads for help from Health Minister”? This is from the *Express* dated Monday August 09. This case is about a six year-old girl, Emille Mathura, who had a tumour in her head that was slowly eating away her skull.

“Emille experiences pain no other child her age can bear and her mother Ashra Mathura is also in pain.

Local doctors have told her that there is nothing they can do for her little girl...the mother of three has lamented that local medical professionals have been careless in not being able to initially detect that a tumour was growing in her daughter’s head.”

She appealed to the Minister of Health to help her six year-old child who has a tumor in her head. The public hospital told her that there is nothing that they can do for her and they must discharge the child. The mother appealed to the Minister of Health for help. The Minister of Health then enquired into the situation and found that there was a neurosurgeon at the Community Hospital in Cocorite. He sent the child to the Community Hospital in Cocorite. I want to put on record Dr. Richard Span who came from England maybe two years ago and is working at the Seventh Day Adventist Hospital, did the surgery on this child and it has been successful. Emille is back home with her family and is now attending school. [Desk thumping] Emille is not the only one. This surgery lasted nine hours.

I am the first to admit that the health sector, not only the public institutions, but also the private institutions need to be looked at and we need to deal with the

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whole question of quality health care in Trinidad and Tobago. I am not shirking any responsibility as Minister of Health. We are putting things in place to ensure that the health and health care of our citizens will be improved. We have to take certain decisions.

The Member for Caroni Central made a point and I agreed with him. This question about a public servant and an RHA working side by side, having two different supervisors to report to is not going to work. You cannot have two individuals doing the same job and reporting to different supervisors and not necessarily getting the same remuneration. We have to deal with that situation. If we do not deal with that we will not be able to go forward in the health sector. We are determined to do so. We came with an amendment that was not in favour with the other side and we could not go forward. We have to strategize and do something else to deal with that anomaly.

You talked about embolization of fibroids. That is new technology. A doctor comes from the United Kingdom to do it in the private sector. I do not care whose friend he is. It does not matter whose friend he is. Whenever he comes I take the opportunity to piggyback on his visit to assist in doing some of those surgeries. The Member for Caroni Central comes here again and makes a song and dance about it. I will continue to provide health care wherever I can get it and from whomsoever I can get it, whether or not the person is my friend; a friend of my friend or a cousin of my friend. It does not matter, as long as he is qualified and in a position to do it.

Another situation I want to deal with before I take my seat is the question of the Chronic Disease Assistance Programme (CDAP) and a member of my family who has an investment in—

Mr. Speaker: Stick to the Motion before you. I think that you should stay clear off that.

Hon. J. Rahael: Thank you very much, Mr. Speaker. I will use another opportunity to deal with that situation.

The splitting of the North West Regional Health Authority into two Regional Health Authorities will benefit patients at all our institutions. I ask for the support of all Members.

Thank you.

Dr. Fuad Khan (*Barataria/San Juan*): Mr. Speaker, my colleague, the Member for Caroni Central, the previous Minister of Health who did a very good

job allowed me free reign in the ministry. We were able to accomplish proper health care for many of the citizens in this country, at a cost factor that is lower than today.

The Minister of Health, the Member for Port of Spain North/St. Ann's West stood for close to an hour and said absolutely nothing about the reason for the North Central Regional Health Authority reversing. In England, British Columbia and Canada they are merging the RHAs. They have found that the bureaucracy of each small area is creating problems to such an extent that it is not functioning properly and the cost factor is extremely high. The Minister of Health stood for one hour and threw dirt and spun it in a manner as if it were real. They do the same thing with everything. If he is in the process of throwing dirt and talking about allegations of corruption, why did he not tell us why material for Scarborough Hospital found its way in another area? He can tell us what happened. Why was the contractor doing that kind of movement? He continued to talk about optimum technology and 99,000 contracts. The Minister may be right.

He did not tell us why IGL is so angry about this Optimum Energy Technologies. He said that when he was in the other place and Mayor of Port of Spain, he could stand without any attack on his integrity. Once the Minister has assured me of that, I will not go into the allegation that when he was mayor, people said that he used to buy the properties in Woodbrook. I will not go into that. I will not say that.

Mr. Speaker: Hon. Member, do not mention it, if you will not say it. Do not mention it.

Dr. F. Khan: It is on the outside realm that he bought many of the properties in Woodbrook when he found out the taxes—

Mr. Speaker: Hon. Member, you ought to know that you have to take your seat. Let us concentrate on the Motion by the hon. Member for Caroni Central.

Dr. F. Khan: Let us go into the function of a regional health authority. It has a board and different levels of management. I will give the Minister a copy. He seems not to know that it exists. The Regional Health Authorities Act 1994, section 6 says that the powers and function of an authority are to provide efficient systems for the delivery of health care; to collaborate with...the municipalities; operate, construct, equip, furnish, maintain, manage, secure and repair all its properties; to facilitate new systems of health care; to establish and develop relationship with national bodies.

He mentioned that radiological equipment was being bought. As far as I remember, according to the Act, and the National Health Services Plan, they

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wanted to devolve away from the Ministry of Health towards the Regional Health Authority for services and procurement. The Ministry of Health was supposed to be a regulatory framework. That is happening in England and they also found out that the boards of the regional health authorities are political appointees who did not understand the financial aspect of it. The managers understood because they were hired on the basis of their resumés in finance, management and IT. They were experts in those fields.

The Act tells you about different people, but they were not hired on the basis of resumé. They were hired on the basis of a political directorate. The boards were telling the management structural people how to run the place. In this country, the Regional Health Authorities pioneered by the PNM government caused chaos in the health sector. The managers who were hired for their efficiency and expertise were not allowed to function. In the same way the boards were micro managing, tendering, you name it. It will still go like that. That is the problem of the Regional Health Authorities, not splitting north west back to central.

In Trinidad and Tobago, December 24, 2001, is a significant day. The country was on an upswing exponentially into economic movement in the international arena. We were going to take on Singapore and we might have beaten them. Morality and spirituality came on board on December 24 and, since that, like everything else, we are moving forward like “douens”. The country is like a big “douen” with face pointing backward and foot going forward. With the crime situation, the Government is moving with its feet forward but face pointing backward. Sen. Dr. Kernahan said it is “douendom” and she was quite right. I remember during election time when they said that the bus was pulling back and the country was going that way. The hon. Member for San Fernando East and leader of the PNM was pulling the bus this way.

It is amazing how the historical aspect of that has now been proven to be correct. The hon. Minister is taking an entity and all he had to do was to leave the board, management and CEO structure in place and guide that movement. He does not need to put a new RHA. It would be futile because you would have another level of bureaucracy. He said that the service will be free right through. There will be a central area in the Eric Williams Medical Sciences Complex and it will be bombarded with people from all over the country. When you look at the situations in Port of Spain, San Fernando and Sangre Grande, the Eric Williams Medical Sciences Complex seems to be a centre of excellence. People will bypass the other areas and go to the Eric Williams Medical Sciences Complex.

In the Health Sector Reform Programme, the Eric Williams Medical Sciences Complex was for tertiary health care, the highest form of research and development.

It was not for primary or secondary health care. I am very happy and extremely ecstatic that the Minister has taken the decision and he said in the budget that everything at the Eric Williams Medical Sciences Complex will be free. The citizens cannot ask for anything better than that. He has worked out the maths. He said that it will cost \$20 million or \$30 million. Every citizen in this country will be getting free MRI, CT scan; blood work; bed space and surgery. No one will be legally entitled to have any private surgical or medical procedure done in a private hospital. Do you know why? He said that it will be free.

Nowadays, when a person goes to the hospital with orthopaedic or different kinds of injuries—Dr. Saith had to go away—the waiting list is full and that person has to turn to the private sector or the private part of the Eric Williams Medical Sciences Complex and the same people operate on him or her. That should no longer happen because it will be free. The Minister of Health by his utterances was trying his best to make us look as though we are not for free public health care.

In the United States of America it is more a private, semi-public system. In Canada, it is national health care and the percentage of the GDP has been rising exponentially, because the technology and older age group that is surviving because of good medical care are putting a strain on the resources. Last night, I was reading an article that said that people do not mind spending a little money as a top-up to get tertiary health care services. People leave the Canadian model and travel across the border to the United States of America for cardiac surgery and they pay for it. It has been outlawed since 1984, to pay for surgery in Canada. In England, they had the national health system around the same RHA system. The managers took over; shut down hospitals and started to merge hospitals. I remember where I was working at Whittington Hospital, Northern General and Institute of Neurology were in one area. There were three hospitals, Peter, Paul and Chatterly and they were merged into the Middlesex Hospital. What do managers do? By the merging of the movement they were more cost effective and you did not need three different boards and staff. By merging it they were able to keep control.

The Act and the Health Sector Reform Programme indicate that if they wanted services from the others they had to pay for it; if they wanted staff you had to give a different kind of remuneration package. If you wanted ultra sound services you had to pay. It was supposed to be a competition among each other with annual service agreements with the Ministry of Health. In the initial document in 1993, they recognized that the Ministry of Health was deficient. All the hospitals were

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broken down. This was during the time of the PNM. In 1994, the Regional Health Authorities took off. You put political power into a board and the managers who were managing the system were under the directorate of the board. By doing that they were unable to function efficiently. There was the two-tiered system of staff arrangement. The Minister spoke about it but he has not addressed it.

We left a manual that was supposed to transfer it and you did nothing for three years. Nothing has been done with the Tissue Transplant Act. You are talking about procurement and CDAP. Mr. Speaker, thank God that you stopped him. He almost put his foot in his mouth. He said that his family is part of CDAP and you stopped him. He should bow down and touch your feet for Divali.

When you look at the whole picture of the Regional Health Authorities, it would have been a wise movement to change the system. The Regional Health Authorities have not functioned. You needed three: north, south and Tobago. You needed a proper management structure. By creating another board, another hierarchical triangle, you would find out, as Mr. Cooper said, that the North West Regional Health Authority was supposed to pay the taxes of over \$1 million. It did not do that. They came back and asked you for more money. Another one will do it. You moved out central. How will they access the MRI from north and south? Who will pay for it? There must be a cost factor somewhere. The Government must pay for it. If you had north, south and Tobago, the different areas will have different movements.

That is where he is wrong; he is a businessman and not a doctor. If you were a smart businessman, you will have an MRI in every hospital. You will also give the patients the benefit of MRI. Why should a person from San Fernando travel to the Eric Williams Medical Sciences Complex for an MRI? What foolishness is that? That is stupidity. How often is an MRI needed on a patient? MRI is not necessary for all patients. *[Interruption]*

Mr. Speaker: Order!

Dr. F. Khan: I am not attacking him; I am attacking his policies. We have a Minister of Health who does not understand there is need for MRI as high technology in the major hospitals in this country. He said CT scan and it is commonplace now. Why should someone from Matelot come to the Eric Williams Medical Sciences Complex for an MRI? Why the person cannot go to Sangre Grande?

Hon. J. Rahael: Three months ago where were they going?

Dr. F. Khan: There he goes again, Mr. Speaker, justifying stupidity. I am trying to help the Minister and he is justifying the level of nonsense. Forget that.

Maybe, when Michel Turkot and Omar Khan tell him that they need an MRI in every place, Turkot will make the specs, they will put them on the board and he will decide what is necessary. We will wait for that day.

The management structure of the Regional Health Authorities is where the problem lies. If the goal of the Ministry of Health and Vision 2020 is proper health care, it is a sad day in this country when the Minister of Health cackles while I am speaking of the need for MRI for poor patients in this country. [*Desk thumping*] It pains me to see that the Minister of Health—I have had discussions with him. When he says that he cares about the poor and then laughs at them in Parliament, it does not make sense. I have always realized that honesty in anything has to be seen in words and action. If you say something, but your action shows otherwise, you are not honest in what you are saying. He says he is concerned about the people but he is now cackling. MRIs are necessary for diagnosing cancers and tumours. You cannot believe this Minister. That is what we have to send us to Vision 2020. I miss the Member for Diego Martin East.

When we say medicine surgery we mean all disciplines such as surgical, medical and laboratory. Because of the Health Sector Reform Programme, many of the high tech and major areas were concentrated around the Eric Williams Medical Sciences Complex, for the simple reason that research and development of medical disorders, the University of the West Indies and the higher learning of medicine were supposed to be concentrating in that area close to each other. In the early days, the surgeons from Port of Spain Hospital refused to go to the Central Regional Health Authority. For a long time, there was a difficulty in the transfer of people from the public service to the Regional Health Authority. You will get it again.

You could say it is one pool and one this and that, but the legislation does not say that. The legislation clearly states that each Regional Health Authority is an entity in itself. The financial dealings, transfer of staff and the regulations show that you cannot transfer somebody from North West because you are Minister Rahael and we could do what we want because we are in power. They will legally blow you to pieces. You cannot take a good vascular surgeon from San Fernando and send the person to Port of Spain. There is a problem with plastic surgery in Port of Spain, San Fernando and the Eric Williams Medical Sciences Complex. There is none.

When you create another entity you cannot direct them to go to that institute because they will not go. If you border, north, south and Tobago, there will be three areas. You can take anybody from north and send that person where you want. You can take somebody from south and send the person to Rio Claro. What

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about the nurses? They are fixed to a certain Regional Health Authority. You cannot tell a nurse to leave the North West Regional Health Authority and go to Sangre Grande. Sangre Grande has been suffering for junior doctors because the distance is too far. You cannot send someone from Mount Hope to Sangre Grande Hospital. That is the Eastern Regional Health Authority. They have to decide that, not you. The legislation dictates that you cannot do that. You are creating another level of bureaucracy that will not work. You may think it will work, but when you get the backlash from the Public Services Association (PSA) and Jennifer has started on you already, you will find out. He is not listening, Mr. Prime Minister. Could you just look at it for me?

You need three Regional Health Authorities in this country: north, south and Tobago. Then, you can have transfer of staff and movement where nobody will give problems. When we did it in the first place, we were trying to bring everything together, not to give contracts. We almost got Sangre Grande Hospital to become the north. It was not done because at that time, Ms. Rosemary Paul who was in charge of health sector reform told us that Sangre Grande was working well and to leave it for a while. Had that been done you would have been able to transfer staff and technology and there would have been no shortages.

There is a shortage of nurses in this country. You are training nurses and they are migrating to Britain, Canada and the United States. Guyana is thinking about putting a block on the migration of nurses to different places. That was in the newspapers about three days ago. The majority of nurses are migrating because of the terms and conditions. If you tell a nurse to go to central to do dialysis full-time, she will not want to do that. You cannot tell her because of the legislation she has to go. You will lose because you have a set of little Regional Health Authorities. You need three big ones. That is the way the system is supposed to run.

We went at this in a manner that would have produced efficiency with the limited resources we had. We are a migration economy. Our people migrate to Canada and the United States and the professionals are coming from Cuba. The total technology bank and the movement towards research and development is not happening because there is too much back and forth movement. Because one government says that it will break it up, another one will come back and say that it will not. Think before you act. Understand that it is not a business with a management structure on Charlotte Street; one in the mall; one in San Fernando and all work efficiently. Health is not the same thing. You cannot take a doctor who is specialized in a certain area and put him in Sangre Grande Hospital with no facilities. If you have three Regional Health Authorities everyone will be

managed at optimum level. You cannot have Sangre Grande Hospital working dead. What is the main hospital in the Eastern Regional Health Authority? Sangre Grande Hospital.

Mayaro does not have a hospital. We tried to put one there. The Eastern Regional Health Authority decided that the people in Mayaro could go to San Fernando. That is unfair. Why should they not get equal opportunity as the people in San Fernando? Mayaro needs a proper hospital; it always did. Sangre Grande Hospital cannot cater for that. Many people are being discriminated against when you do these things. You do not need something in central anymore. You need a management structure to take care of that and not a regional health authority. Negate this and start thinking on a different level. It will be a lash and feel badly. If this must happen you have to pull back something. It is better to pull it back now while you have the chance. It is easy to pull back in the beginning rather than down the road when things are happening. We will laugh at you for a week or two, but after that we will stop.

My main job is to tell you where you are making the mistake and hope to God that you listen. You may laugh and not do it, but health care is a priority for everybody in spite of what party he or she supports. When John Kerry lost the election did you listen to his concession speech? He said that they had lost but they will work together to carry America forward. Bush in his victory speech did not laugh at anybody. He said that since they won, those who did not vote for him, they will produce equal movement to carry America forward. This cannot go on.

The people of Mayaro, Matelot, Manzanilla and Biche are disenfranchised because the hospitals are not up to par as those of central, north and south. Why? Those people do not get the same illnesses as those from Mount Hope and the East-West Corridor. This message is coming across. Creating another regional health authority will not solve those problems. If you cut the island in half and have north, south and Tobago, distribution in the north taken care of by a structure in the north with monitoring and regulation by the board and the Ministry of Health will ensure an excellent hospital for the people in Sangre Grande and one in the East-West Corridor and Mayaro. The south will take care of that.

The demographics were not done properly. There is no need to construct another regional health authority. The problem is that of objective movement downwards. You have to define your goals before doing anything. Was your goal tertiary level health care? If that is so, what about the catchment area? If the goal is tertiary level health care and you produce a regional health authority for that, what sense does it make?

If a pregnant lady in Mayaro goes into labour late in the night—usually labour takes place late in the night, 1.00 a.m. or 2.00 a.m., stress level factors—she must find transport; travel on bumpy roads along the Manzanilla Road which is dark—thank God we put bridges for them—to Sangre Grande Hospital. Do you know what can happen at that time? There is no hospital facility in Mayaro because the Eastern Regional Health Authority does not see it fit to do that. The Minister said to cut central from north central because UNC did that. Once UNC did it, it is not good. [*Interruption*] That is how the Minister came across. When he came across like that we thought about the procurement movement.

Who procures things for the Eastern Regional Health Authority? I used to work at Sangre Grande Hospital. There was a head of staff, Dr. Lennox Pierre, one of the best hospital administrators this country has seen. Sangre Grande Hospital was on par with any of the hospitals around. His style was to get the work done in the correct manner and legally. They danced him around in the Eastern Regional Health Authority and he retired. He left in frustration. Sangre Grande Hospital has gone downhill. The people across there are not telling you what is happening. I speak with them. If you put another regional health authority you will find the same nonsense. You cannot dictate people's behaviour. You are not God.

Mr. Manning: I thank the hon. Member for Barataria/San Juan for giving way. In talking about the management arrangements for the hospital system, do you believe that it is necessary at this stage to bring professional firms as hospital managers to manage the system? What is your view?

Dr. F. Khan: I agree with that. If you are going to bring professional firms of managers for the hospitals, the only object of the board should be monitoring and regulation. They cannot dictate to them. The Ministry of Health should dictate the policy and the board should regulate and then report and bring in the managers. A firm that is specialized in that area will do a better job than a regional health authority.

Mr. Manning: I thank the Member again for giving way. Could you not use firms in the context of the RHAs? Each RHA has a separate responsibility area of jurisdiction. Do you consider it appropriate to have a firm responsible for the management of a particular RHA? If so, what difference does that make in the system?

Dr. F. Khan: A firm would be responsible for an area. You do not need a firm for a small area. A firm will be for a large area.

Mr. Manning: I thank the Member again. Is it area or hospital? Should you have a firm per hospital or a firm per area?

Dr. F. Khan: A firm should be for an area not a hospital. A hospital is part of an area where people gather when they have major problems. The firm will be for the health; the district facilities and the enhanced health facilities. We have no proper ones. The health facility in Arima is called a boo-boo clinic because you do not have a proper firm managing the Eastern Regional Health Authority.

Mr. Manning: One more question, Mr. Speaker, with the kind indulgence of the Member. You do not see a difficulty in a firm being responsible for more than one major hospital in the country? In other words, the same firm that has responsibility for Port of Spain could also have responsibility for Mount Hope and Sangre Grande?

Dr. F. Khan: Mr. Prime Minister, that will be the ideal situation because there would be synergy across the board. Instead of having another new regional health authority, you can have a north, south and Tobago. The problems of the eastern, northern and central will be managed by one set of people, with one set of ideas and the monitoring regulation of one group of people and one Ministry of Health. [*Desk thumping*] I thank the hon. Prime Minister for his questions.

If the goal of the country is proper health care for all, as representatives and ministers, we should aspire to do just that. People in Sangre Grande and Mayaro will not be treated unequally. If we have a movement like that, synergistically, you can move things across without affecting the legislation. To move people around separate entities, you run the risk of breaking the law. For a very long time, our country has been having turmoil in health care.

Mr. Manning: Mr. Speaker, the Member is very gracious this afternoon, and I thank him very sincerely for it. Talking about the need to transfer—and he raised it earlier—public servants under the jurisdiction of the RHAs, I wonder if the Member feels that ought to be done by law.

Dr. F. Khan: Technically, the Minister is right. If you try to change the law you will have to get a constitutional majority to do it. Once you have a two-tiered system you will not reach anywhere. The senior people have to live out their employment life before they leave. They are willing to be bought out. The cost factor of buying them out is not much. Give them a proper package. Everything is there in the ministry. Proper pension is there; we worked it out. Give them proper buyout remuneration and they will go for it; then, give them contracts or tenure in the RHAs.

4.15 p.m.

Mr. Manning: Mr. Speaker, in other words, you are saying that VSEP is the way to go on that issue.

Hon. Members: No. No. No.

Dr. F. Khan: What I am saying is that the situation of VSEP that occurred in Caroni (1975) Limited—I do not want to go there. [*Interruption*] There are two different structures here because you have the Regional Health Authority working with junior staff and some daily-paid staff, et cetera and you have the majority of the players, which are the senior physicians, nurses and so on, attached to the public service but if you want to get somebody to move across boundaries, you have to make the boundaries diffusible. It cannot be done now. If you buy them out at the price that they would like to have—because they do not have to take your buyout—then you could cause a symbiotic relationship movement.

What I would like to suggest, Mr. Prime Minister, is that the reasons the health sector is not moving as it should at the doctor/nurse level are that doctors in the hospital, senior surgeons, et cetera, also have private practices and private arrangements. As a result, the research and development in medicine in this country is not what it is supposed to be. The senior persons—the ones who simulate research—have to make a dollar somewhere else. However, the younger generation of doctors who are almost at the same qualification level will be willing to work for enhanced packages and stay full-time in the hospital and give it their all. Once you stay full-time in the hospital you would do research, development and you will be there seeing about patients on a 24-hour basis.

In England, Canada and in the United States of America, at the level of a consultant—from the registrar down—you are allowed to be in private practice. Mr. Speaker, that is the only way to foster excellent medical movement and tertiary level movement and, that is what we lack.

The remuneration package offered is the public service remuneration and you cannot go above a certain level without angering the public service. However, if you do the other movement and you are offered a proper package with the Regional Health Authorities, you would then be able to attract and keep—

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

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

Question put and agreed to.

Dr. F. Khan: Mr. Speaker, I thank the hon. Prime Minister and my colleagues for giving me the extra time.

Mr. Speaker, once you do that you will be able to foster research and development and keep your senior staff—nurses and otherwise—and you could then start with the renal transplant movement and with the cardiac surgical movement. Right now, although the Government is paying for cardiac surgery, none of our people in Trinidad and Tobago is learning anything and nobody is teaching them anything. If you keep your senior doctors and you pay them well, you will find that they will start a cardiac programme; a renal transplant programme and a percutaneous surgical programme.

Mr. Rahael: Member for Barataria/San Juan, thank you for giving way. If we enhance the package for the doctors and have them full-time in the hospitals that means that they would not be allowed to do private practice: Is that what you are saying?

Dr. F. Khan: That is obvious, yes, they would not be allowed to do it, but those things must be thrashed out because you could have a partial consultant and a partial private practice.

Mr. Manning: Mr. Speaker, before the hon. Member for Barataria/San Juan completes his contribution, I would like to ask him if he would be kind enough to make a comment on the regulation of the professions allied to medicine.

Dr. F. Khan: That had been a bugbear when I was on the medical board—the relations of the professions allied to medicine. No one was taking any interest in regulating or giving any movement because they are supposed to be brought under the umbrella of a piece of legislation that is sitting in the Ministry of Health. The Health Services Quality Act will take care of everything. It will repeal everything else and bring all those professions into one. Mr. Speaker, we have been clamouring for that piece of legislation that would legislate the medical board, the alternative specialties, chiropractors, et cetera.

Mr. Speaker, about three weeks ago in the newspapers there was a lady professing to do plastic surgery with injections, et cetera, I think her name was Macado. By giving persons injections, and you are not a medical practitioner—and as the newspapers carried it, she was injecting persons with, I do not know what. The only person that is allowed to inject or assault somebody—well, legally entitled, an injection is an assault—is a medical doctor. [*Interruption*] No, no, no, an injection can be considered to be an assault, by law, and the only person who is allowed to do that is a qualified medical practitioner. That is the kind of alternative to medical practice that we have talked about.

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Another thing, Mr. Speaker, by having the scenario of three health authorities, the Minister of Health indicated that there were some doctors coming to do embolism of fibroids. The embolism of the fibroids are little wires that you put into targets of the small uterine arteries and then you instill them into the fibroid and inject certain substances and the fibroid dies over a period of time and then it shrinks. That is a high level of what is called, interventional radiology.

When we were in office, we had one person who came back to this country and I had to, basically, pull teeth to get that person into the Regional Health Authority, a doctor called Rodney Ramroop. If you go back to the notes you will see how many letters I had to write and beg to get him in this country because we had none in this country. We now have Miss Sherry Ann Gardener.

Mr. Speaker, these are the problems we are going to be faced with in the health authorities. If you do not have an over-the-board movement each one would be a little kingdom and fiefdom in itself. You may not believe that but this is what happens.

Mr. Speaker, transfer of technology is easier if you have a tertiary level centre. I have got my friend from Johns Hopkins University and Torbay University in Wales, they were willing to bring technology in Trinidad and Tobago at the Eric Williams Medical Sciences Complex. In fact, I had a vascular surgeon who was willing to come for two years to teach us vascular surgery at Mount Hope. He is an internationally renowned person, Professor Beta Lewis. He would have taken young men and women from Trinidad and Tobago and trained them abroad; that was also to be done at Johns Hopkins University. Mr. Speaker, with proper movement we will be able to do that transfer of technology and we will be able to move forward.

Mr. Speaker, I now turn to the nursing shortage in this country. The nursing shortage in this country is kept short and I do not know the reason for the shortage because you can deal with it. There are lots of young nurses around and the Regional Health Authorities, because of its human resources, choose a small number of nurses at a time and they say that they must be qualified—they must have mathematics and English. My argument has always been that if somebody cares about a patient and wants to be a nurse from caring, why can they not be trained? The nursing council said if you do not have mathematics, English and science you cannot become a nurse, which is nonsense.

Mr. Speaker, I always refer to Matelot. Matelot is way out, past Toco and Sans Souci, and if a child in Matelot wants to become a nurse but the parents do

not have the money to send that child to a proper institution to get O'level mathematics and English and science, then you are condemning that child from being a nurse for the rest of her life. Mr. Speaker, that child might have the ability to care more than anyone else but you have denied her the right to become a nurse. So I put forward to the Nursing Council: these PCA—as they call them, we have them in our institution—if you absorb them into the health system—this could only happen if you have one Regional Health Authority—train them and give them tri-monthly exams, et cetera, you will have a quality of nurses in three to five years that are just as good or even better than the ones that you have now.

Another thing, Mr. Speaker, they would need to have a degree to be able to leave the country. That is the job for the Minister of Science, Technology and Tertiary Education at the University of Trinidad and Tobago (UTT).

Mr. Speaker, I am appealing to the Minister to rethink his decision. His decision may be based on information that he thinks might be correct. I have worked in the system and I know the system.

The Regional Health Authorities could discriminate against persons if they want to. I am a classic example of that. As you know, I was in the UNC government as a junior Minister of Health and because I was trying to straighten out the Regional Health Authorities, I cannot ever work as a urologist in the system. That is what Regional Health Authorities do; they are fiefdoms. They discriminate against persons whom they do not like and they hire friends or persons whom they think they can control. In the North West Regional Health Authority there are persons in the Human Resource Department who are hiring friends and families. You should be aware of that, Mr. Speaker. Because I was able to shape certain branches in the health sector it was said that Fuad Khan will never work as a urologist in the public health sector again, and they are able to discriminate as a result.

By discriminating, Mr. Speaker, they have lost a good reconstructive urologist. It is the same thing with my friend, Ronnie Henry. If you look at the other guy outside, Richard Span, an extremely good neurosurgeon; where is he working? You just called his name. He is working at the Community Hospital. Why is he not allowed in public health? *[Interruption]* I do not know his problem but I can tell you there are other persons. The board of the Regional Health Authorities belongs to a certain fiefdom and they decide your lifestyle as a medical practitioner and if you have taken on board—what I am trying to say is that you will never cut that up and create another fiefdom. What you would do is,

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in fact, take out the Eastern Regional Health Authority, have one north, south and central and have professional persons managing them.

Mr. Speaker, with these few words, I thank you.

PROCEDURAL MOTION

The Minister of Trade and Industry (Hon. Kenneth Valley): I beg to move that further discussions on this Motion be adjourned to the next Private Members' Day and that we move to Motion No. 2 on the Order Paper.

Mr. Speaker: It is now just about 4.30 and there is an agreement to break for tea and to continue with the Motion on the next Private Members' Day. After tea we will do Motion No. 2 on the Order Paper.

The sitting of the House is suspended for tea and will be resumed at 5.00 p.m.

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

**ELECTIONS AND BOUNDARIES COMMISSION (LOCAL GOVERNMENT)
(TOBAGO HOUSE OF ASSEMBLY) ORDER**

The Minister of Local Government (Sen. The Hon. Rennie Dumas): Mr. Speaker, I beg to move the following Motion standing in my name:

Whereas it is provided by subsection (3) of section 4 of the Elections and Boundaries Commission (Local Government) Act, that as soon as may be after the Elections and Boundaries Commission (hereinafter referred to as "the Commission") has submitted a report under paragraph (a) of subsection (1) of section 4 of the said Act, the Minister shall lay before the House of Representatives for its approval the draft of an Order by the President for giving effect, whether with or without modifications, to the recommendations contained in the report;

And Whereas the Commission has submitted a report to the Minister in accordance with the provisions of paragraph (a) of subsection (1) of section 4:

And Whereas the draft of an Order entitled "The Elections and Boundaries Commission (Local Government) (Tobago House of Assembly) Order, 2004" giving effect to the recommendations of the Commission was laid before the House of Representatives on the 29th day of October, 2004:

Be it Resolved:

That the draft of "The Elections and Boundaries Commission (Local Government) (Tobago House of Assembly) Order, 2004" be approved.

Mr. Speaker, I beg to move.

Question proposed.

Mr. Ganga Singh (Caroni East): Mr. Speaker, I rise to make a brief intervention with respect to this matter under debate. I take this opportunity to welcome the Minister in his current capacity. It is the first time he is presenting anything in this honourable House. Consistent with the spirit of Divali and Eid ul-Fitr—*[Interruption]* and to add to what the Prime Minister said, the injunction of Westminster, but I was more concerned with the spirit of Divali and Eid ul-Fitr—I really want to congratulate the hon. Member for Tobago East and the Member for Siparia on their fashionable elegance this afternoon. I think it augurs well.

However, Mr. Speaker, it would be remiss of me if I did not say a few words on this draft Order before us. This Order, consistent with the Eighth Report of the Elections and Boundaries Commission on the boundaries of electoral districts in the electoral area of Tobago, dated August 23, 2004, is a condition precedent for the THA's elections. One would have thought, consistent with good principles of governance; good principles of electoral practice, that this Order would have been passed prior to the dissolution of the Tobago House of Assembly.

This report and the Order arising from it, makes certain changes following an arithmetical formula to the boundaries of the 10 electoral districts in Tobago. There is the further linkage between various communities and various changes brought about as a result.

Mr. Speaker, when you seek to do that in the context of what has emerged, the elections date has already been set, if I were to look at the *Tobago News* dated Friday, 05 November, 2004: "THA Poll, January 10. Mr. Speaker, I know that it is the prerogative of the Chief Secretary. I will read the article into the record. It says:

"Way clear for Jan 10 poll"

[Interruption] You can always clear it up subsequent to it. I continue:

"The Tobago House of Assembly (THA) was dissolved on Monday clearing the way for elections to be held in January.

Political observers believe that the 38,142 registered voters would go to the polls on Monday January 10, 2005. The last THA elections were held on January 29, 2001...

According to the THA Act the elections cannot be held less than two months and more than three months after the dissolution of the House.

In a surprise move Chief Secretary Orville London introduced a motion at last week's 55th sitting of the 2001-2005 sitting of the House to declare the Assembly dissolved with effect from last Monday. The motion was unanimously carried."

Mr. Valley: Unanimously.

Mr. G. Singh: Unanimously carried. It goes on:

“The President has to sign the proclamation naming the date for the elections after consultation with the Chief Secretary and Prime Minister. Prime Minister Patrick Manning is expected to announce the election date at the end of the parliamentary debate.”

[*Interruption*] Well, time will tell.

Mr. Speaker, so clearly, before this House has had the opportunity to discuss this report, it is a fact that the THA has been dissolved and, of course, in a country like Trinidad and Tobago there is a speculated date. The question that arises really is that in the context of Tobago what the Tobago Opposition said with respect to this report; I am quoting from the same article:

“Responding Minority Leader Hochoy Charles said his party, the DAC, was ready for the work that was to be done outside the House.

He said the PNM administration had a significant advantage over the opposition because it had the report of the Elections and Boundaries Commission (EBC) on changes in the electoral boundaries for a long time. He said the opposition was still trying to get a copy of the report that was laid in Parliament last week Friday along with the EBC (THA) Order 2004.”

In the context of where you are seeking to have good principles of governance and to establish that, the allegation is that this report was in circulation within the PNM fraternity in Tobago prior to its being laid. Therefore the allegation that the Minority Leader is making is that there is this report being circulated which provides the incumbent party with an advantage because having regard to the nature of the Tobago society; having regard to arithmetical formula of the realignment of divisions in each electoral district—10 out of 12—and the changes in the names and the impact on the communities as a result, there was need for greater education to take place with respect to that. Perhaps that education ought not to come in the context of where you have a highly partisan and a highly volatile election campaign.

Mr. Speaker, when you recognize all of that I am hoping that the Minister who had responsibility for receipt of the report on August 23 or 24 would be able to indicate to this House that it was not, in fact, circulated to give anybody an advantage. That is what would be required in the current circumstances and therefore meets the allegation frontally.

Mr. Speaker, clearly what has happened is that you have had a marginal increase but that marginal increase—at page 9 of the report it says:

“(a) The electorate in 12 districts in Tobago rose from 36,995 to 38,142, an increase of 1,147 electors.”

As a result there is a certain consequential; they start from Canaan, Bon Accord and go all the way to Tobago East.

Mr. Speaker, it is interesting to hear what the Tobagonians had to say with respect to this issue. They have said that the new boundaries really remove communities that are geographically linked; notwithstanding the need to use as far as possible that there exist certain problems.

However, Mr. Speaker, this is an independent authority and the independent authority is something that, historically, we go through the approach of merely accepting the recommendations here. However, we are of the view that this authority, the EBC report, ought to have been circulated outside of an election period so as to educate the people so that we do not get into the realm of this kind of highly partisan approach to what is really the education of the people to promote democracy in the country.

Mr. Speaker, having said that and in the spirit of Divali and Eid ul-Fitr, I take this opportunity to wish everyone a happy and holy Divali and a happy and holy Eid ul-Fitr.

I thank you, Mr. Speaker.

The Minister of Local Government (Sen. The Hon. Rennie Dumas): Mr. Speaker, I just have a few things to clarify. The Order could not have been brought to Parliament before we received it and we received it, I think, on August 29th or thereabout. The time between then and now, I think, Members know what occupied the attention of the Parliament during that period. Certainly we could not have brought this before.

Secondly, the question of the dissolution of, versus the conduct of the elections; the conduct of elections would have gone on with whichever set of rules made by the EBC were in place. As to the *Tobago News*, I think there is a question of—I would just say that as with any good newspaper, you might speculate and I think the Member opposite knows that.

Mr. Speaker, however, I want to set something clear with respect to the question of the report in circulation. The report continues to be the property of

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and under the management of the EBC. Certainly how it is circulated and who has access to it is a matter for the EBC, unless we bring it to Parliament.

5.15 p.m.

Having brought it to the Parliament, we have done so in good time. Last week to now, the matter is here and as I am advised, in compliance with the law as I suggested earlier. There is a position in which the boundaries will affect everyone. The boundaries and the names, we will all have to learn them together. Unfortunately, the concept the Member raised as to when the Order should have come, *vis-a-vis*, the election and dissolution dates, and that was known to the Elections and Boundaries Commission. Unfortunately, we have only now received it and we would have liked to agree with him, but, we are certainly not in a position to.

Mr. Speaker, I beg to move.

Question put and agreed to.

Resolved:

That the draft of “The Elections and Boundaries Commission (Local Government) (Tobago House of Assembly) Order, 2004” be approved.

ADJOURNMENT

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, as I rise to move the adjournment of the House, I take this opportunity to wish the Hindu community and our Muslim brothers and sisters, first of all, happy Divali greetings and Eid ul-Fitr.

Mr. Speaker, we are always conscious of the fact that these three religious holidays are very close, that is, Divali, Eid and Christmas. I think this is one of the occasions in which they precede the Christian holiday of Christmas, and when we view that, we understand the oneness of mankind.

Because of the two holidays, the Parliament would not sit next week and, therefore, I move that this House be adjourned to a date to be fixed.

I beg to move.

Mr. Speaker: Hon. Members, before I put the question to the House, I also join with Members on both sides of the House in extending to the Hindu and Muslim communities, happy Divali and Eid celebrations and, indeed, to the entire country because I think, by now, these celebrations are not only for Hindus and

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Muslims but for the entire country. Therefore, I wish the entire country happy Divali and Eid celebrations.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 5.20 p.m.