

Members' Listening Courtesy

Friday, November 26, 2004

HOUSE OF REPRESENTATIVES

Friday, November 26, 2004

The House met at 1.31 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

MEMBERS' LISTENING COURTESY

Mr. Speaker: Hon. Members, I have noticed during the past years that Members sit in their places and read magazines, newspapers, books and other materials not connected to the subject-matter of the debate before the House. It appears that Members find it difficult not to be bored when another Member is making a contribution.

I urge Members that should they find it impossible to grant to the Member speaking the accepted courtesy of listening to him or her, that they either leave the Chamber or, at least, conduct themselves in a manner that will not make it obvious that they are showing disrespect to the Member who is on his or her legs, or to the Chair or, indeed, the House.

FAMILY PROCEEDINGS (AMDT.) (NO. 2) BILL

Bill to amend the Family Proceedings Bill (No. 2) 2004, brought from the Senate [*The Attorney General*]; read the first time.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statement of the Intellectual Property Office for the year ended December 31, 2003. [*The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley)*]

To be referred to the Public Accounts Committee.

2. Audited financial statements of Estate Management and Business Development Company Limited for year ended September 30, 2003. [*Hon. K. Valley*]

To be referred to the Public Accounts (Enterprises) Committee.

**DEFINITE URGENT MATTER
(LEAVE)**

Devastation to Property and Human Suffering

Dr. Roodal Moonilal (*Oropouche*): Mr. Speaker, in accordance with Standing Order 12 of the House of Representatives, I hereby seek your leave to

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move the Adjournment of the House for the purpose of discussing the following matter as a definite matter of urgent public importance; namely, the failure of the Government of Trinidad and Tobago to deal with the devastating damage to property and crops and the severe human suffering, dislocation and serious health hazards resulting from the unrelenting and nationwide flooding that has overwhelmed citizens of Trinidad and Tobago.

The matter is definite since it refers to the failure on the part of the Government to present a plan to provide relief to citizens and to mobilize the State resources in the cause of implementing emergency, remedial and infrastructural works.

The matter is urgent since lives have been lost, citizens of Trinidad and Tobago have been distressed and dislocated and millions of dollars of property lost.

The matter is of public importance since this disaster points in the direction of a collapse of the State agencies under the management of the Government, and suggests that the Government has failed to provide adequate financial resources to the regional corporations, and has failed to implement the laws of Trinidad and Tobago to prevent environmental degradation, indiscriminate and unlawful waste disposal and the illegal occupation of lands.

Mr. Speaker: Hon. Members, the leave which the hon. Member for Oropouche seeks is denied. And, may I take this opportunity to advise Members as follows: I have noticed within recent times Members are frequently using Standing Order No. 12 to bring to the attention of Parliament matters which they know or ought to know will not qualify as a definite matter of urgent public importance. [*Interruption*] Order please! Order please!

I suspect Members are using this Standing Order as a means to obtain maximum publicity in order to highlight their cause or concern. [*Interruption*] Order please!

It would be more productive, in seeking to highlight the concerns of constituencies and citizens as a whole, if Members use Standing Order 11— [*Interruption*] Order please! Order please!

If Members continue in this way, I would have to put them out of the House for disorderly conduct. [*Interruption*] Would you listen to me?

It would be more productive, in seeking to highlight the concerns of constituents and citizens as a whole, if Members use Standing Order No. 11, the three-day; or to bring a substantive motion, the 12-day, in order to serve the interest of their constituencies and citizens as a whole.

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Since the former method is usually taken after 4.30 p.m. Members can encourage members of the press to stay on, in order to hear a 30-minute debate on issues which certainly would be for the benefit of the citizens they represent. [*Crosstalk*]

Order please! Members, I am appealing to you again! [*Interruption*] Hon. Member for Couva South, I am giving you fair warning. If you continue in that mode I would have to ask you to leave the Chamber.

Mr. Ramnath: I am a freer man outside this Chamber than in this Chamber.

HOME MORTGAGE BANK (AMDT.) BILL

Bill to amend the Home Mortgage Bank Act, Chap. 79:08 [*The Minister of Finance*]; read the first time.

COPYRIGHT (AMDT.) BILL

Bill to amend the Copyright Act, 1997 [*The Minister of Legal Affairs*]; read the first time.

CARIBBEAN COMMUNITY (CARICOM) COSTA RICA FREE TRADE BILL

Bill to give effect to the Free Trade Agreement between the Caribbean Community and the Government of Costa Rica [*The Minister of Trade*] read the first time.

[*Continued crosstalk/Interruption*]

Mr. Speaker: Hon. Member for Couva South, I find your behaviour just now and before to be disrespectful to the House and I am ordering that you leave the Chamber.

Mr. Ramnath: I was elected here for four terms, so you could do what you want. You are not going to waste my time and lecture me. You are just nothing but a puppet.

[*Mr. Ramnath leaves Chamber*]

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

[SECOND DAY]

Order read for resuming adjourned debate on question [November 05, 2004]:

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

Question again proposed.

The Minister of Science, Technology and Tertiary Education (Hon. Colm Imbert): Mr. Speaker, I am intervening in this debate because of certain statements made by the Member for Caroni Central on the last occasion. I think it is necessary to correct the record, and in order to be absolutely accurate, I obtained a copy of the *Hansard* record of the contribution of the Member for Caroni Central on the last occasion, and I will now repeat some of the statements made.

“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...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.”

Mr. Speaker, the Minister being referred to, is the hon. Minister of Health, the Member of Parliament for Port of Spain North/St. Ann’s West. The Member for Caroni Central went on to say:

“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 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—...”

Again referring to the Member for Port of Spain North/St. Ann’s West—

“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 representatives, Biomedics Technologies. I understand that because of this matter...”

This is now a categorical statement.

“a letter was written by one of the other companies that was not successful in the tendering procedure to the Prime Minister...”

And here is another categorical statement.

“and it was on the basis of that letter that he appointed the commission of enquiry into the health sector.”

The Member for Caroni Central went on to make other allegations which I would refer to in a short while.

I saw a very good description of the hon. Member in one of the daily newspapers. Essentially, the writer of that article said that the Member for Caroni Central likes to coast a “nice boy head.” In other words, he likes to come here and create an image of being a “nice boy but he knows that every single word that he uttered here was false and I will now prove it.

He accused the hon. Member for Port of Spain North/St. Ann’s West, of colluding with doctors, and staff of the Ministry of Health and the RHAs to organize that a certain contract be awarded for the diagnostic imaging equipment. I have before me the tender evaluation report for that particular diagnostic imaging equipment. And I shall read a particular extract.

Interested international firms with local representation and service facilities in diagnostic imaging equipment in Trinidad and Tobago were invited to submit unsealed bids which were opened in the presence of representatives of all companies who participated in the bid process on Monday 8th July 2002, which was the closing date for submission.

This is the tender evaluation report on the diagnostic imaging equipment. Let me repeat that: the tender documents, the bids for this equipment. The member for Caroni Central accused the present Minister of Health as being part of a little cabal, a little group insinuating corruption of all sorts of nasty things; that he conspired with a particular doctor, with junior doctors, with staff in the Ministry of Health and made arrangements for this particular contract to be awarded to Biomedical Technologies and Siemens and so forth. And it was on that basis that the Prime Minister appointed the commission of enquiry into the health sector. But the tender evaluation was done in July 2002. The Minister of Health at that time was the Member of Parliament for Diego Martin East. The Member of Parliament for Port of Spain North/St. Ann’s West was not appointed Minister of Health until November 2003, almost 18 months after the contract was awarded for this equipment, and, therefore, this is a tissue of untruths and falsehoods and the Member for Caroni Central should know better. When the specifications were drawn up and bids were invited, when the contract was awarded I was the Minister of Health, and not the Member for Port of Spain North/St. Ann’s West.

I really think the Member for Caroni Central needs to apologize. He likes to coast this “nice boy head”. He should apologize for putting this falsehood into the record because it is totally untrue. He used this alleged conspiracy of the Member

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of Parliament for Port of Spain North/St. Ann's West, with doctors and so on, and other people, using his influence and position as Minister of Health, as a point of departure to refer to two other contracts. He alleged that a contract had been awarded for dialysis machines; he alleged that a contract had been awarded for a CAT lab, equipment, all by the same little group of cronies: the present Minister of Health, the doctors, the staff, in the ministry, and that too, is a tissue of falsehoods. What is interesting about this process is that when one goes into the record of July 2002, 18 months before the Member of Parliament became the Minister of Health, one sees that the members of this committee: Dr. Lennard Jaggasser, Dr. Omar Khan, Mr. Reynold Cooper, Mr. Ram Rampersad, Mr. Deonand Persad, Mr. Anthony Davis and Anthony Ameral, Michelle Tocko and so on, are people with whom the Member for Caroni Central is intimately familiar. It is the same tendering evaluation committee, give or take a few persons, that presided over the writing of specifications, the invitation of bids and the award of contracts when the hon. Member for Caroni Central was Minister of Health in the period 1996—2001. The same people! So that I am deeply disappointed that the Member for Caroni Central decided to try to score cheap political points by putting a tar brush over all of the people that he worked with for six years, that he selected that he put on tender evaluation committees, that wrote specifications for him, that invited tenders for him, that awarded contracts for him, same people.

We did not make any fundamental changes to these evaluators that I took over when I came in, that I organized this contract, and the present Minister is now being accused of somehow transplanting himself into my body, 18 months before he became Minister of Health and conspiring on all these people to award this contract. It is a disgrace, worse when one goes into the facts of the matter. The tender evaluation was unanimous, it was the unanimous recommendations of all these persons whom he knows very well, that he chose; he recruited many of them—unanimous recommendation that the lowest evaluated tender gets the contract.

When one actually goes into the details of the contract a number of points were awarded for different elements of the bid: the price, the financial capacity of the bidder, the experience of the technical capacity of the bidder, in terms of installation and commissioning, the technical capacity of the bidder in terms of support and maintenance, adherence to the terms of the financial position, delivery time, reliability and so on. The first ranked bidder in the first category got 40 points, the second ranked got 36. In the second category the first ranked bidder got 10 points, and the second ranked bidder got 9. In the third category the first ranked bidder got 5, the second ranked bidder got 5. In the fourth, the first

ranked bidder got 10, the second got 8. In the fifth, the first ranked got 50, the second ranked bidder got 30, the next one 20.

In the next adherence to the terms of the financial position: the first ranked bidder got 20 points, the second ranked bidder got 19.

Delivery time: the first ranked bidder got 14 points, the second ranked bidder one got 13. Evidence of reliability; first ranked bidder got 15 points, the second ranked bidder, one got 15 points. They won in every single subcategory of the tender evaluation process. The total points was 149 and the total points in the second ranked bidder was 135.

I had heard all of these stories about all this collusion and so on and I took a particular interest in this and that is why I am intimately familiar with it. I demanded to see the guts of this evaluation and when I saw that they won on every category, they won on price, finance, experience, technical capacity, every single category, I concluded, notwithstanding whatever I had heard in the rumour mill, that it was a fair and honest evaluation and the best bidder, the lowest bidder, the most capable bidder won the contract, [*Desk thumping*] I have to repeat 18 months before Minister Rahael became the Minister of Health. The Member for Caroni Central trying to throw mud in some kind of scatter approach decided, let me just throw that mud at him too—and he knows better because he asked questions in this House about this equipment when I was Minister of Health, at least two or three questions and got answers, which are in the *Hansard* record regarding the tender evaluation process: how it was done, who was the lowest bidder, why they got the contract and so on.

I am just disappointed that the Member for Caroni Central could be so absurd and I see it is a habit of the Members opposite, because I heard on the radio yesterday the Member for St. Joseph chastising statutory authorities for failing to submit their audited accounts and saying action must be taken and the law must be changed. If you hear the pious, sanctimonious platitude coming from the mouth of the Member for St. Joseph; “They must do something about this. They must force these authorities to submit their audited accounts” and so forth; but the period in question where you all have all the irregularities, where the accounts are not available is 1997—2001 when the UNC was in power, and for at least one year of that period the Member for St. Joseph was the Minister of Finance and had direct responsibility for ensuring that these accounts were brought to the parliamentary committee. But the pious, sanctimonious platitudes of the hon. Members opposite, carrying on.

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The crime was committed under the watchful eyes of the Member for St. Joseph. His Government made sure that the Airports Authority and all these state agencies did not submit accounts, files were missing and documents could not be found. He presided over that. He was the Minister of Finance and coming to terrorize people now in this era to say why were these accounts not submitted. Himself asking himself! He is asking the Airports Authority why they did not submit accounts in 1997, but the UNC was in power. He says in 1998, but, UNC was in power. He asked for 2001 why did they not submit account. He was the Minister of Finance. It shows no balance. What it shows is the trickery and crookery, and deceit and dishonesty and I am just shocked.

Anyway, I hope that these state agencies will, in due course, present all these accounts that the UNC did not present, find all the files they have shredded, lost and burnt, whatever it is, and ensure that the Public Accounts Committee is given the information that it requires because we are talking about accountability. We are talking about accountability, and I am happy that the Member for St. Joseph has decided to make the actions of his administration accountable to the public so that we will finally get the documentation that we require; we would finally discover all the irregularities that took place under the watchful eyes of the UNC and the hon. Member for St. Joseph.

Coming back to these allegations from the Member for Caroni Central, he goes on to talk about another contract in the Ministry of Health; contract No. 2 awarded for the outfitting of the CAT lab at the Eric Williams Medical Sciences Complex, the same individual, and I am repeating what the hon. Member for Caroni Central said, the same individual wrote the specification and the evaluation committee included the same doctor, the friend of the Minister. This is the same person that he put on the evaluation committee in the period 1996 and 2001. He goes on; contract No. 3 was awarded for dialysis machines. The specification was written by the same individual. The contract was awarded to Siemens.

What are the facts? The Minister came and said contract No. 2 was not awarded; contract No. 3 has not been awarded. Am I correct, hon. Minister? So contract 1 was awarded under my tenure; contract No. 2 was not awarded; contract No. 3 not awarded. But the hon. Member for Caroni Central would have us believe that this little group of crooks was conspiring in all of these things. I think it is necessary to put these things on the record and to debunk all of this "ol talk" coming from the other side. The other thing I think I need to clarify is the whole request of this Chronic Disease Assistance Programme.

The CDAP was modelled after the Barbados pharmaceutical programme among others. The CDAP programme was conceptualized in 2002/2003. We sent a

team to Barbados. We looked at their free medication programme. We met with people in Jamaica who were also at that time about to introduce this programme of free medication for all citizens and CDAP was launched initially, I believe, in February 2003. Am I correct? It was then expanded some time after that. I think July/August, and I distinctly remember being on a local government platform in Cocoyea Village in the local government elections of 2003 where we indicated that the ultimate goal was that all medication required within the public system would be made available free of charge to our citizens, this is medication for chronic diseases. So there was an evolutionary process. We sent a team of experts to Barbados; we sent people to Jamaica. We had consultations with the Minister of Health in Barbados, in Jamaica. And out of that flowed the Cabinet decision to start CDAP with pensioners. The reason that we started with pensioners was that we felt from analysis that they were the ones who were having the most difficulty; because of their age they were susceptible to chronic diseases and as a consequence a significant portion of their old age pension was going towards medication. So we felt we would start with them.

2.00 p.m.

We then brought in people below 18 and people below 60. Now Minister Rahael has extended it to all citizens and he expanded the categories as well. Government is a continuum. I see it as a relay team. We all run a leg of a relay. I run my leg and I hand the baton over to the Member for Port of Spain North/St. Ann's West, who is simply running his leg of the race. These things do not just come out of the sky. It is a government initiative; it is a question of a particular ministry developing a programme, going to Cabinet and getting Cabinet approval, establishing a schedule of implementation and then, as portfolios are changed, the Minister picks up the baton and runs with it.

I had the honour of opening the Laventille Technology Centre this morning, but I was not present at the sod turning in September 2003. There was another Minister then, but I took the baton and I am running my leg of the race. I, therefore, find it frightening that Members, like the Member for Caroni Central, know that the Chronic Disease Assistance Programme (CDAP) was conceptualized in 2002, that it was launched in February 2003, that it was expanded in 2003, that public pronouncements were made that it would eventually be opened up to the entire population and yet they want to beat and kill the Member for Port of Spain North/St. Ann's West. *[Interruption]*

That is a different issue. I am not getting into that. I just want to put on record what the facts are: that CDAP was a government decision modelled on the

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Barbados model and the Jamaican model and that there was an evolutionary process and now the current Minister of Health is implementing the initial Cabinet policy of expanding the range of services that are available to our citizens.

Let me deal with the other aspect. I think that the feature of this Motion is the creation of the North RHA. I heard the Member for Caroni Central make noise about the scrapping of the Central RHA. He said that it was inefficient and that they have decided to merge the Central with the North and make it more efficient. That is not what happened. What happened was that under the watch of the hon. Member for Caroni Central, they could not get the Central RHA to produce audited accounts. There were so many irregularities in the operation of the Central Regional Health Authority, under the watchful eyes of the hon. Member for Caroni Central during the period 1996 to 2000. [*Interruption*] Well, I am being facetious.

They submitted no accounts. They refused to submit themselves to the authority of the Ministry of Health. They would refuse to answer questions. There were so many suspicious things going on in that Central RHA that the Minister had no choice but to close it down because it would have become a scandal. That is why the Central RHA was disbanded. The files in the Ministry are replete with evidence of this; of letters going backward and forward between the Ministry of Health and the Central RHA demanding to know why they were not submitting their published accounts and why they were not accounting to the Ministry of Health for the expenditure under their control. That is what it was all about and that is why the Minister at that time, the Member for Caroni Central, disbanded the Central RHA. It had nothing to do with the efficiencies.

Of course, we have the egomania of one of the then chairmen who wanted control of the Eric Williams Medical Sciences Complex, the jewel of the health sector. That chairman was given responsibility for Port of Spain, which is an old hospital and he said: "What you give me this old thing for?" He wanted control of the Eric Williams Medical Sciences Complex because he felt that the North RHA in its form, with the St. Ann's Hospital, the mental asylum, the St. James Infirmary, a broken down place, the POS General Hospital—there was nothing there for him. He liked the nice shining hospital in Mount Hope—the Eric Williams Medical Sciences Complex—so he demanded that the Central be merged and that is what it was all about.

There were two reasons: one, lack of accountability, irregularities, allegations of fraud; and, two, egomania of persons within the system at the time. They wanted to create dominions and palaces for themselves, over which they would have absolute control. That is what it was all about. I simply do not buy the arguments.

When I became Minister of Health, all of the personnel in the RHAs came to me and told me that they were of the view that the North West RHA was just too large. I simply do not buy the argument. Examples and illustrations have been brought from other countries that we should have one, two or three RHAs. I do not buy the argument. I think we have to fashion a system that is suited to the culture, to the society and the demographics of Trinidad and Tobago. We cannot be slaves to some concept developed in some other country. We do not need to reinvent the wheel.

We need to fashion our institutions to suit our own peculiar circumstances and I was persuaded by cogent arguments over a period of at least one year that there was need to re-establish an authority along the lines of the Central Regional Health Authority. I was not persuaded that the merger of the two led to efficiencies. In fact, I was of the view that it led to complete inefficiency and I am sure that the present Minister shares this view. I see nothing wrong with it. I see nothing wrong with a South RHA, an East RHA, a Central RHA and a North RHA. There are no issues here. I believe that these RHAs would be more manageable; that they are discrete geographical elements; that the North RHA would have Port of Spain and St. Ann's as its nucleus, with feeders going into the district health facility that is about to be constructed in the St. James area. I think we have another one in Diego Martin. I think the Minister has come up with that.

There are these feeder institutions—the hospitals, the district health facility and a bunch of satellite health centres. I am of the view that when you look at the population catchments and the needs of the population, there is a definite need for a North RHA. I was not at all happy. I received many complaints when the paediatric services were removed from Port of Spain and taken to Mount Hope.

I am not arguing that the quality of paediatric care at Eric Williams is not superior to what may have obtained in Port of Spain, but we are looking at the convenience to the user. I have had many complaints from parents that it is difficult for them, when they have a problem with their child, to take that child from River Estate in Diego Martin or Carenage to Mount Hope. They have to take two and three taxis and, as a consequence, the problem with the child may become more severe and, because of the effluxion of time, would create more problems.

I was not supportive of the relocation of the paediatric services out of Port of Spain into the Eric Williams Medical Sciences Complex. One of the good things I see about this re-creation of North, Central and North West is that we can now look at the North West region again and determine whether we can bring back

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paediatric services into that region so that the people from my constituency, Diego Martin East, Diego Martin West, Port of Spain South, Port of Spain North and St. Ann's East would have the opportunity to get to a paediatric facility which is much closer to where they live, rather than having to find their way to Mount Hope. Then the paediatric facility at Mount Hope would deal with people in the catchment: Valsayn, Caroni, Chaguanas, Tunapuna, Barataria and so on. It appears very logical to me. It is all, as far as I am concerned, a matter of opinion. There is nothing sacrosanct about all of this.

Just because in a number of other countries they decided to reduce the number of RHAs for whatever reason—maybe they have a lot of public transport, maybe they have medical airlifts, I do not know; but in our situation, with people living at close to the poverty level and people having difficulty in getting transport—we have had some issues here about flooding. Suppose there is a flood. Suppose persons cannot get to the Eric Williams Medical Sciences Complex; suppose it is a child in Maraval or Long Circular and they cannot get to the Mount Hope area because the system is cut off because of flooding, what are they supposed to do?

I demand, as an MP, that there must be a paediatric facility within easy access of my constituency. It is all a matter of opinion; therefore I do not buy any of the arguments made by the Member for Caroni Central and the Member for Barataria/San Juan. I see synergies; I see efficiencies; I see productivity in the creation of these two RHAs. I see a holistic system where there is a catchment; a major hospital, a feeder institution in each of these RHAs. As far as I am concerned, my constituents will be better served when they can get a paediatric service at the Port of Spain General Hospital rather than having to go up to the Mount Hope area.

I believe that we must all consider our own situation in terms of the people that we represent. These academic airy-fairy, esoteric theories that I hear from the other side, that England has two RHAs so we must not have more than two, I am not buying. I am not buying that.

When we look at the whole world, there are so many different models of development. You can pick 20 countries and find 20 different models, so I do not accept that, Mr. Speaker. So, I thought it necessary to intervene in this debate to debunk the horrible myth, the terrible untruth that the Member for Caroni Central put on the record, accusing the Member for Port of Spain North/St. Ann's West of going backwards in time, 18 months, and colluding with a bunch of cronies to acquire this diagnostic imaging equipment. Nothing could be further from the truth.

I also thought I would share my views on this whole question of splitting the North West RHA and recreating two RHAs with a central and a north west.

I completely reject the submission of the Member for Caroni Central and I totally support the actions of the Member for Port of Spain North/St. Ann's West where, under the legal notice dated August 13, 2004, he dissolved the North West Regional Health Authority and created the North Regional Health Authority and the North Central Regional Health Authority. It makes a lot of sense to me. This Motion is a complete waste of time, frivolous and vexatious.

The Member for Caroni Central has some knowledge of the system. He is an intelligent man, so is the Member for Barataria/San Juan and when he descends into this kind of gutter politics and stupidity, it just shows me the futility of opposition politics as practised by the Members on the other side.

I thank you, Mr. Speaker.

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, I thank all those who participated in this debate from both sides of the Senate. I am a bit disappointed, however, that the Minister of Health, when he spoke, did not really address the issues contained in the Motion. In my presentation, I attempted to give the reasons why I thought that the region should not be split and that the Minister in his contribution would have responded to that.

Today we had some measure of response from the Member for Diego Martin East. I, however, would like to respond to the issues raised by the Minister of Health when he made his contribution on the last occasion. Although he did not deal with the issues related in the Motion, he raised a number of other issues, and I think it is my duty and responsibility to put the record straight as far as these issues are concerned.

The Member for Port of Spain North/St. Ann's West first attempted to deal with some of the issues that I had raised in my contribution to the budget debate. As I said, I would like to put the record straight as far as these issues are concerned. The first issue he dealt with was the removal of VAT and duties on medications.

In the 2002/2003 budget, the Minister of Finance at that time said they were going to remove all VAT and duties from medication. Shortly thereafter a Legal Notice was published to give effect ostensibly to what the Minister of Finance had said. I said that while that was the promise made to the population, the effect of that was not so. I said that in my contribution to the budget debate and the

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Minister sought to respond to that. Let me quote exactly what he said from the *Hansard* of November 05:

“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.”

He went on to say that:

“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.”

This is confusing to me, but I am reading from the *Hansard*.

“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.”

That is the quotation from the *Hansard* reporting on what the Minister said.

Let me start with the first sentence that when they came to office in 2002, duty and VAT were payable on all medications and pharmaceuticals. That is false. VAT had been removed from most of the medication for quite a few years before then. It was not true to say that VAT was payable on all medication. As a matter of fact, VAT was removed from all the medication on the second schedule and only things like vitamins and Vicks and those kinds of rubs attracted VAT. That is the first falsehood.

Secondly, he said that the Government removed VAT. I quoted from a document then and I want to quote it again today. I want to quote more than I quoted the last time. This is Legal Notice 114 and Legal Notice 115, the two relevant legal notices. It says:

- “1. This Order may be cited as the Common External Tariff (Suspension) (No. 3) Order, 2004.
2. The rate of duty set out in the First Schedule to the Customs Act, in relation to the goods listed below in the First and Second Columns respectively is suspended for the period specified in the Third Column.”

That is simple. What do we have in the first column? In the first column we have heading 30.04 and in the second column we have description of goods. Listen to

the description: “Medicaments (excluding those set out under the headings appearing in the Schedule)” and the schedule is appended here. The schedule has about 200 drugs that do not get exemption. I will tell you what they are. What are these medications? Acetaminophen, that is paracetamol and Panadol; aspirin, Atenolol, which is a tablet used in high blood pressure and heart disease, Bendrofluazide, again used in heart disease and high blood pressure; Betamethasone, calamine lotion, Captopril, very important medication used for high blood pressure and heart disease; Chloramphenicol, Chlorpropamide, for diabetes, Chlorpheniramine for allergies; Cimethidine, a very important medication—

Mr. Valley: Mr. Speaker, I simply want to ask the Member whether all the medications he is listing are produced within the region and hence they are exempted from the zero duty. That was done by my Ministry and as long as it is produced in the region, imports coming extra-region would be subject to the 15 per cent. The list there is simply medication produced within the region. We have pharmaceuticals produced within Trinidad and Tobago and Jamaica and therefore we have to protect them. That is the concept of the common external tariff.

Dr. H. Rafeeq: Mr. Speaker, when the Prime Minister made the statement in his budget presentation, he said all medication coming into this country would be exempt from VAT and duty. Not only that, the Member for Port of Spain North/St. Ann's West went on to say, misleading as it was, that the PNM Government had removed all duties on pharmaceutical imported outside of the Caricom region.

Mr. Valley: I really do not want to enter this debate, but the bottom line is that medication is made available to patients free of duty. If it comes from within Caricom, there is no duty. The only way it can come from outside Caricom without paying duty is if it is produced within the region. I am making a simple point. You can either get it free of duty because it is produced in the Caricom region or, if it is not produced within the Caricom region, then it comes in duty free. I do not know what the issue is.

Dr. H. Rafeeq: Mr. Speaker, the issue is that the Minister and the Prime Minister have misled the population. They said all medication would be brought into this country free of duty and free of VAT and the current situation is that this is not so. I would not quote these today, but I have documents from suppliers who are paying 15 and 20 per cent duty on goods that are coming from outside of Caricom. The population has been misled into believing that all of these medications have been brought into this country free of duty. That is the first point the Minister made.

The second issue he dealt with—I am going through his contribution—I said when I spoke in the debate that the Government, during its term of office so far, has not constructed any district health facility. The hon. Minister of Health attempted to respond to this and he said that they constructed Caura and a couple others. I told him that they were health centres; they were not district health facilities. Do you know what his response was, Mr. Speaker? His response was that I was playing with words. If he does not understand the difference between a district health facility and a health centre then we are in more serious trouble than we thought.

The concept of a district health facility is totally different from a health centre. The Minister should know that. It is not a matter of playing with words. You cannot say you built a health centre and you did not build a health facility and say we are playing with words. The concept is totally different. There is a totally different level of service offered by an outreach centre, a health service, an enhanced health facility and by a district health facility. It is not a matter of playing with words. Each has its own role and function to perform. Each offers its own level of service to the public. When he says we are playing with words, Mr. Speaker, if the Minister does not understand the difference, how can he then preside over the Ministry when he has to deal with primary, secondary and tertiary health care? How is he going to understand these concepts? That is the second issue he raised.

The third issue is that I said I was not sure how many persons were being treated with anti-retroviral (ARV) drugs and that I would have to file a question to get that. I am happy we got the answer without having to file a question. He said 1,300 persons are being treated; but he said 1,300 out of 3,000, that is, there are 3,000 persons who have AIDS, and not 30,000 as I had said. I did not say that we have 30,000 persons with AIDS. I said we had 30,000 persons in this country who are HIV positive. I would like the Minister to challenge that statement. There are many patients who are HIV positive, who will need treatment with anti-retroviral drugs; not only those who have full-blown AIDS. There are many patients who are HIV positive who will need treatment with the anti-retrovirus. The Minister is missing the point. If there are 3,000 persons with full blown AIDS, that is not the only group that needs treatment with ARVs. There are many more people who are HIV positive who need treatment with anti-retroviral drugs. If the Minister does not understand that, then it is no surprise that Trinidad and Tobago now has the second highest incidence of HIV/AIDS in the Caribbean after Haiti. [*Crosstalk*]

Mr. Speaker: Hon. Members, the Member for Caroni Central is on his feet. Let us hear him, please. [*Interruption*]

Dr. H. Rafeeq: I am responding to the Minister. Am I wrong to do that? Is there one rule for that side and another rule for this side?

Mr. Speaker: Please continue to address the Chair.

Dr. H. Rafeeq: Mr. Speaker, I was privileged to attend, this week—Monday, Tuesday, Wednesday, Thursday—a conference in St. Kitts which dealt with stigma and discrimination in HIV/AIDS. I was very disappointed that the Ministry of Health was not represented. I asked the organizers whether they had invited the Ministry of Health; they said yes and they showed me the list of invitees. The Ministry of Health was not present in an important area like this. They provided all the facilities, airfare, hotel accommodation and so on. At least the Minister or one of his key representatives could have attended the conference because many major decisions were made as far as removing the stigma and discrimination against persons living with HIV/AIDS.

I do not know and I have not seen—maybe others have seen—the thrust of this Government in dealing with HIV/AIDS. How are they addressing the school children? How are they addressing the steelbandmen? How are they addressing the religious groups? How are they addressing the people on the streets—the taxi drivers, the fishermen, the prostitutes, gays, lesbians and all of these people—to deal with HIV/AIDS? I am not seeing any thrust coming out of this Government.

2.30 p.m.

Mr. Speaker, Trinidad and Tobago has the second highest incidence of HIV/AIDS in the Caribbean, after Haiti. If we do not take stock and do not do what is required, we will be in serious trouble in a few years to come.

Mr. Speaker, the Member for Port of Spain North/St. Ann's West, spent a lot of his time dealing with two contracts that were awarded by the NWRHA, when the United National Congress was in government. I want to put the record straight on these issues. The first one he mentioned was the issue of the CAT scan at the Port of Spain General Hospital. I want to quote him. He said: "That was done without any form of tender or tendering."

I want to deal with that issue, as far as the tendering for this piece of equipment is concerned. These are the minutes of the Tenders Committee of the NWRHA held on Tuesday, November 09, 1999 at 1.00 p.m. Present were: Dr. M. A. Aziz, Chairman of the Tenders Committee; Mr. Ramesh Sharma, CEO; Dr. Ranjit Sookdar, Secretary of the Tenders Committee; Mr. Ram Rampersad, Chief Hospital Plant Engineer; Mrs. Suzette Farrah, member of the NWRHA Board; Mr. Ahamad Saidwan, Procurement Officer; and Miss Lily Ramlal, Recording Secretary

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of the NWRHA. Present, representing the companies that tendered for this contract were two people: Mr. Roger Varley from HTI (Trinidad) Limited and Mr. Brent Sankar from Medcore Limited. I want to put this on record, six companies collected documents: HTI (Trinidad) Limited, receipt No. 233; Medcore Limited, receipt No. 239; Biomedical Technologies Limited, receipt No. 242; A. A. Laquis Limited, receipt No. 234; Medical Systems Limited, receipt No. 230 and Imjin Security Services Limited, receipt No. 244. Tenders were received from three of these companies: HTI (Trinidad) Limited, Medcore Limited and Biomedical Technologies. The rest did not submit their tender. When the tenders were opened, as I said, three tenders were opened: HTI (Trinidad) Limited, Medcore Limited and Biomedical Technologies. The following companies received tender documents but did not tender, they are: Medical Services Limited, Imjin Security Services and A A Laquis. It is on the basis of these tenders that the evaluation committee deliberated and awarded the contract to HTI (Trinidad) Limited.

The first thing to say that this contract was awarded without any tender is totally false. It is totally false to say that it was awarded without tender. That is the first point.

Mr. Speaker,—[*Interruption*] I am coming to that. Do not rush, you will get all the facts you need. Mr. Speaker, I was out of the country for this week but I understand that the Minister—he can correct me if I am wrong— said there is no joint venture arrangement. This is the joint venture agreement between the NWRHA and HTI (Trinidad) Limited. It is signed for and on behalf of the NWRHA by Ramesh Sharma, the Chief Executive Officer, in the presence of the legal officer, Wendy Ali, attorney-at-law; and signed on behalf of HTI (Trinidad) Limited, Roger Varley in the presence of Wendy Ali, attorney-at-law for the NWRHA, signed by Mr. Roger Varley. This is the agreement that was signed by both parties for the joint venture arrangement.

Mr. Speaker, I would not read this entire document but I want to read the relevant parts.

“The North West Regional Health Authority, as one of the partners in this joint venture arrangement would supply adequate functioning utility connections including, but not limited to, water connections, electricity connections and telephone lines for the purposes intended. The sum of \$500,000 towards the purchase of equipment in the North West Regional Health Authority, in that joint venture arrangement in which HTI (Trinidad) Limited will have 85 per cent and the North West Regional Health 15 per

cent. The North West Regional Health Authority would also contribute \$500,000 towards the purchase of equipment.”

HTI (Trinidad) Limited was responsible for refurbishing the place where it would be housed, its upkeep and, of course, the functioning of that particular piece of equipment.

Mr. Speaker, we must understand the context in which this was done. This was done at a time when Port of Spain Hospital, which was seeing most of the cases of head trauma, did not have the services of a CAT scan machine anywhere in the area. It was done at a time when funds were scarce—not like the Government has today, where they are rolling in money—and it was done at a time when it was extremely important for those patients who required those services to be available close by.

The board of the NWRHA took a decision to enter into an innovative type of approach involving the private sector and the NWRHA in providing these services. In the agreement—I do not know if I can put my finger on it, I think the Minister mentioned it when he spoke—on a daily basis two free CAT scans will be given to members of the public who are chosen by the NWRHA. So far, that has resulted in 2,000 free CAT scans for patients already. At a cost of \$1,000 per CAT scan, that is \$2 million already. The NWRHA has already benefited in that arrangement to the tune of \$2 million in services, to patients who could not afford CAT scans. That is the benefit of that arrangement. I do not know why the Minister is criticizing a joint venture arrangement between the private and public sector, when he has condoned that in so many instances. He has an arrangement with the ophthalmological society where they are performing cataract operations. I see nothing wrong with that. Why is he criticizing this joint venture arrangement?

He has an arrangement with a private doctor who comes from abroad now and again and conducts fibroid embolization. He must also tell us how much money he has given to private hospitals for housing patients. There is nothing wrong with entering into joint venture partnerships with the public and private sector in the provision of services for the patients. There is nothing wrong with that. It was done at the time when there were no services available in that area. The Minister should know that contract will come to an end in August 2005. He can do what he wants. He can put his machine there any time after that. *[Interruption]* I will deal with that, too. You want to deal with oxygen, we will deal with oxygen.

Mr. Speaker, the other contract that the Member spoke about, as he mentioned, is oxygen. Again, let me put the record straight on this one. Members of Parliament

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should not mislead this House. When Ministers speak, people expect that they should speak the truth and they should be credible so that people would believe what they say. The firm of Optimum Energy Technologies has a contract to supply Mount Hope with oxygen for a period of 10 years at \$99,000 per month. That is the contract that they have. I want this Minister to answer why he wants this contract to be terminated. Why did the Minister, in his own words, go to legal minds and legal companies—not one, he said many—to find a way to get out of this contract? I would like the Minister to tell us why he is so anxious to get out of this contract. He made some very misleading statements as far as that particular contract is concerned.

Firstly, that contract was not to provide Mount Hope Maternity Hospital with oxygen. That was not the purpose of that contract. That contract was to provide the entire Eric Williams Medical Sciences Complex with oxygen. The Minister should read the contract and enforce the contract. If the Minister and his team at the NWRHA are not enforcing that contract, they should say why they are not enforcing it. Do you know what is happening? That company is now providing oxygen to the Mount Hope Maternity Unit alone, while they are being paid to provide services to the entire hospital. This Government is paying twice for the same product. They are paying IGL for supplying the gases to the rest of the Eric Williams Medical Sciences Complex and they are paying Optimum Energy Technologies for supplying the gases at the Mount Hope Maternity Unit alone.

Mr. Speaker, the sum of \$99,000 per month is spent to supply the entire Eric Williams Medical Sciences Complex. The cost of supplying the entire Eric Williams Medical Sciences Complex, before that contract was entered into, was much more than \$99,000 per month. It was much more; in fact it was 33 per cent more than \$99,000 per month. By entering into that contract for \$99,000 per month, it was 33 per cent cheaper in its price than the price that was paid to IGL. It was not to supply Mount Hope Maternity Hospital; it was to supply the entire complex. What the NWRHA did at the time is they entered into a 10-year contract for a fixed price of \$99,000. Do you know what happened between 1997 and 2000? Between 1997 and 2000, the price of gas that was supplied from IGL went up significantly. Could you imagine what would have been the price of the supply of gas in 10 years' time? It would have more than doubled. From 1997 to 2000 it increased by more than 50 per cent. In 10 years' time it would have more than doubled. We have a fixed price contract of \$99,000 per month for the next 10 years. Not only that, I want to inform Members of this House, there is a clause in the contract that says—this is a machine that is located in a small area at the Mount Hope Maternity Hospital and the gas is supposed to be piped to the entire

complex. That will supply the entire complex, including all the hospitals related to the Eric Williams Medical Sciences Complex: the complex itself and the maternity hospital. There was a reason for siting that at the maternity hospital. I want to read the reasons. I cannot say this without reading this:

“The Eric Williams Medical Sciences Complex has a storage capacity that requires filling once per month. Additionally, there are three high pressure reserve storage tanks that are seldom ever used. The maternity hospital requires filling three or four times per week or approximately 14 times per month. There are no reserve storage tanks, therefore the risk of running out is increased. Also, there are increased transport charges.

The tubes in the high pressure storage tanks used at the maternity hospital are deeply pitted and corroded, thus posing serious safety problems. The new system will eliminate this.

The standby generator at the maternity hospital, has a larger reserve surplus since during electrical outages; the air condition system is not used. The design of the Eric Williams Medical Sciences Complex require that the air condition services be on at all times.

If the plant is installed at the maternity hospital gases could be piped easily to the medical sciences complex manifold and the proposed loop system linking the medical gas facilities between both hospitals will provide a fail-safe system that will be able to meet demands under any circumstances.”

That is why it was sited. It is only equipment that is sited at the maternity hospital that will produce the gases to be piped to the maternity hospital and the Eric Williams Medical Sciences Complex. We have entered into an arrangement for a fixed price of \$99,000 per month.

More than that, there is a clause in the agreement that says after that 10 years, that piece of equipment will become the property of the NWRHA. Let me read to you what the agreement says:

“If the North West Regional Health Authority decides the option to purchase...”

To purchase for \$1.00.

“the plant would be 100 per cent overhauled and technically certified at the time of transfer of ownership.”

I want to re-read that.

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“If the North West Regional Health Authority decides on the option to purchase, the plant would be 100 per cent overhauled and technically certified at the time of transfer of ownership.”

What we will be getting for the next 10 years is free gas. If this piece of equipment only works for one year, you would be paying no money for gases for that entire year. They are saying they can certify this piece of equipment to give it a much longer life. These are the facts as far as the provision of gases is concerned. The Minister wanted to know about gases. Those are the facts.

I am still asking the question: Why is it that the Ministry and the NWRHA have not enforced that contract in order to get the benefits for the population of Trinidad and Tobago? When we find out what is the relationship between IGL and Members of the Government, we will then get the answer to that question, as to why this Minister is so anxious and adamant in breaking that contract in order to pay much more for gases for Eric Williams Medical Sciences Complex and the maternity hospital from IGL. Only then will we get the answer.

I want to say a couple of words on the issue that was raised by the Member for Diego Martin East with respect to the diagnostic imaging equipment at the NWRHA. I want to apologize to the Member for Port of Spain North/St. Ann’s West, if he thought that I was attacking him as far as this particular contract is concerned. I am sorry for that misinterpretation. I said that the Prime Minister appointed a Commission of Enquiry into the Health Sector. One of the reasons is that a letter was sent to him dealing with these contracts and he appointed a commission of enquiry in order to deal with the Member for Diego Martin East. Let me put that on the record. The Prime Minister has appointed a commission of enquiry to deal with the Members for Diego Martin East and Diego Martin West. Let us put that on the record.

Mr. Speaker, there is a letter from—I am not too sure if I should reveal the name. This is a letter of concern about the particular contract that was awarded for the \$55 million diagnostic equipment that the Minister spoke about. The letter states:

“We now write you to formalize our protest to the subject award for the reasons listed hereunder:

1. It was not specified in the tender document that bidders were to offer packages and the contract would be awarded on a 100 cent basis.
2. Specifications of equipment listed in the tender document were biased to Siemens AG.”

I want to repeat that because I spoke about the writing of the specifications for the equipment.

- “2. Specifications of equipment listed in the tender document were biased to Siemens AG.
3. Your letter of notification of award was not sent to all bidders at the same time as provided in clause 31 of the tender document. In fact, only after several requests did we receive your letter dated October 22 and the annexures.
4. Adherence to specifications: Siemens bid for fluoroscopy systems regular and fluoroscopy systems regular with overhead tube is not adhering to the specifications. Fluoroscopy digital system is being offered instead.
5. Delivery delay. CT multi-slide 16 is offered by Siemens, but estimated delivery is not before five months plus three weeks shipping.
6. Inducement by Siemens. TV set, microwave oven, refrigerator, sofa for staff at the lounge are being offered as inducements by Siemens AG.”

Mr. Speaker, what I am saying is contained in a letter to the evaluation committee. I will not read the entire thing. What they are saying is:

“Had some consistency been maintained it would have been noted that the price of the fluoroscopy systems and the general X-ray unit could have been reduced by US \$400,000 if the NWRHA had awarded this component of the contract to Amoco.”

They are saying that they would have been able to save the Government US \$400,000 if the contract was not awarded as one package. They said that they were not informed that all these pieces of equipment would be awarded as one.

Mr. Speaker, that is the letter concerning the award of that particular contract. When the Member for Diego Martin East says that there is nothing wrong with the award of that contract, I want to put it on the record that there are people who have tendered and who have serious misgivings about the specifications that have been written; and, secondly, the way the contract itself was evaluated. I think I have dealt with most of the issues that were raised, as far as that is concerned, by the Minister of Health when he spoke.

There is another letter here, which I would not read today. This one deals with tender for the provision of dialysis services. I have this from one of the companies that tendered. I would not read this letter. I will use it on another occasion.

Mr. Speaker, they come here and make a song and dance about the awards of tender. I said this in this Parliament many times and I want to repeat it today: this Government has awarded a contract to construct the Oncology Centre without tender. They are hiding under the guise that it is a government-to-government arrangement. First of all, they have awarded the tender to the same company that did the feasibility study, which is wrong. Secondly, they have awarded it without tender. We are now being told that contract is at the value of US \$23 million or US \$25 million. We are now being told that centre could have been built with much less money and they would have gotten all the facilities in that contract if that had gone out for international tendering. If that had gone out for international tendering, we would have been able to save this country maybe US \$10 million, as far as that contract is concerned. Mr. Speaker, that did not go for tender and they come here and talk about transparency and accountability. That is one contract.

The second contract is the one dealing with ambulances. The Government went to the UNDP and asked for ambulances to be bought. There was no tender and they paid approximately \$500,000 for one. Again, we are being told that those ambulances could have been brought to this country by local suppliers at a much cheaper price. This Government is awarding contracts without tender and comes to accuse the last government of doing what they did.

This Government should reconsider its decision to split the regions. One of the reasons for this is the overhead cost would be increased. Last week I got three calls from members of staff of the St. James Infirmary who complained and asked me if I could raise it with the relevant authorities so that something can be done. There is no soap to bathe patients at the St. James Infirmary. They are bathing patients with dish washing liquid. They said there are no washrags to bathe the patients. They are taking the caps the nurses wear and using them as washrags to bathe patients. There is no toilet paper for the patients to use. In 1995, when we took office, I made a visit to the St. James Infirmary. It was run down. There were dogs sleeping where patients were supposed to be. There were taps that were running with water all the time, no control. There were broken down beds all over the wards and the wards were filthy. We made an effort and we brought that to some standard of respectability for the patients who were staying there. We fixed it. Again, in three short years, they have run down the place. The same money the Government would be paying the expensive staff to run two regions, should be taken to buy some toilet paper and soap for the patients at the St. James Infirmary.

The Mount Hope Maternity Hospital is a disgrace and a disaster. The air conditioning units in the birthing department have not been working for the last

six months. Just a couple of days ago, when the nurses decided to sit out, the NWRHA entered and said that they will do something. This is something the nurses and doctors have heard before at the hospital, but nothing has been done. In the operating theatre; where air conditioning is very important, they are not functioning. The air conditioning units are not functioning in the Mount Hope Maternity Complex. The roof and the ceiling are dilapidated. There are no syringes to give injections. How can you run a hospital, a medical institution or a maternity hospital where you have to give injections on a regular basis, without syringes? There are no 5 ml syringes at the hospital. How are you running an institution like that? No wonder we have a high mortality rate among neonates and pregnant people.

Mr. Speaker, there are no gloves to examine patients. Why should these things be so? There is a special type of bed—*[Interruption]* When I was Minister we had syringes, toilet paper and soap, which you do not have now. There are five specialized beds—they talk about \$55 million of equipment—that are there to allow for the delivery of babies. These are specialized beds, because they are supposed to break in half under certain conditions; when you are going to deliver a breech delivery or certain complicated deliveries. Not a single one of those five beds is working. Every time there is breech or a complicated delivery, those mothers and babies are at risk; and they talk about \$55 million in equipment, for what? They cannot provide proper facilities at the maternity unit for patients to have their babies.

Mr. Rahael: Just for your information. For the first time in many years, with respect to the quality at the maternity hospital at the Eric Williams Sciences Complex and Mount Hope, we have had no outbreak of Enterobacter bacteria and the standard of the quality there is much higher than it has ever been now. *[Desk thumping]*

Dr. H. Rafeeq: I am glad that you have done better than your predecessor, because there was Enterobacter all over the place there. You have not fixed the problem. While you boast about the fact that there is no Enterobacter, there are no beds to deliver babies. Every time there is a breech or complicated delivery, you are putting the babies and the mothers at risk, so do not talk about Enterobacter. Get proper beds for them! With the \$55 million in equipment, you should have included beds for them. The money you are taking for the administration of another regional health authority, you could have spent it there.

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. K. Valley]*

Mr. Valley: In the hope that he will return to the subject matter.

Mr. Speaker: As the Leader of Government Business knows, that is a decision for me to make.

Question put and agreed to.

Dr. H. Rafeeq: I thank my friends on both sides of the House, especially the Member for Diego Martin Central. I heard the Prime Minister say this on many occasions, when people open up the debate you have to take what you get. The Member for Port of Spain North/St. Ann's West opened the debate and I have to respond. I have no choice.

I was talking about the woes at the Mount Hope Maternity Unit. A foetal monitor is a very important piece of equipment that can monitor babies who are under stress and distress and can alert the gynecologists and obstetricians as to when they should intervene. There are three: one is giving a plotting now and again and two are not working. If we are aspiring to be a Third World country, then let us fix the small things and many things would be better.

With respect to the blood pressure apparatus, there is one that is called a Dynemap. Patients who are about to go into labour sometimes get high blood pressure, which is related to a condition called pre-eclamptic toxemia. They are supposed to be monitored on a regular basis. That is a maternity hospital that delivers over 6,000 babies a year and one Dynemap is working and two manual blood pressure apparatus that sometimes work.

Mr. Speaker, I would not take the entire half of an hour that was allocated to me. There are many problems and difficulties in the health sector. By creating another regional health authority, it will multiply the problems further. If we have the right people in the jobs; both at the level of the Ministry and the RHAs, then you can do so much, because the Government has a lot of money. Money, they have always said, is not the problem. If money is not the problem then why should we be suffering for simple things such as blood pressure apparatus, soap and toilet paper? The Government is not managing properly? Splitting the Regional Health Authority in two will not solve the problem.

If the Minister does not believe what I am saying about the maternity hospital, on Tuesday the Joint Select Committee of Parliament, that has been given the responsibility to oversee the operations of the Ministries and its agencies, will be visiting that maternity hospital. In case the Minister does not believe us, let the committee report to him. If he does not want to take what I say, let the committee report to him, because they will be having a press conference after that, to detail its findings.

Mr. Speaker, with these few words, I am asking Members of this House to support this Motion so that we do not split the North West Regional Health Authority anymore. I am asking that we keep the Regional Health Authority in one and tighten your management practices. There are many reports saying how these management issues should be dealt with. Deal with these, instead of adding further inefficiencies and further financial burdens to this system. Thank you very much. I beg to move.

Question put.

Motion negatived.

Mr. Speaker: I regret the Motion has failed.

ADJOURNMENT

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, I beg to move that this House do now adjourn to Wednesday, December 01, 2004 at 1.30 p.m. I wish to inform Members that on that day the Government proposes to take through all its stages, Bill No. 2 on the Order Paper, as well as a new Bill that would be introduced on that day.

I have spoken with the Chief Whip and I have informed him of Government's intention to introduce and pilot the Caribbean Community (Removal of Restrictions) Bill, 2004 on that day. That Bill will be circulated to Members on Monday. I have already given a copy to the Chief Whip. Mr. Speaker, I thank you.

Mr. Speaker: Before I put the question on the Motion for the Adjournment we do have a Motion to be heard, which is being moved by the Member for Caroni East.

Mille Fleurs Building (Government's Arbitrary Seizure)

Mr. Ganga Singh (Caroni East): Mr. Speaker, I rise to speak on the Motion for the Adjournment: The Arbitrary Seizure of the Mille Fleurs Building from the Law Association of Trinidad and Tobago, by agents of the Government, including a permanent secretary and armed police officers.

Andrew Jackson said:

“Eternal vigilance by the people is the price of liberty and you must pay the price if you wish to secure the blessing.”

Mille Fleurs Building
[MR. SINGH]

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Allow me to read into the record, excerpts from persons who have demonstrated that vigilance. I start with the *Newsday* of Monday, November 15, 2004. It is entitled: "The Frightened Man". The writer is Justice Lennox Deyalsingh. I quote:

"I am frightened by the turn of events in the government of this country. Let me tell you why I am frightened.

Sometime ago Government agreed to lease Mille Fleurs to the Law Association. Then, a few weeks ago, Government took a decision to retake possession. Lo and behold! A Permanent Secretary of some Ministry of Government together with a gang of men including the police, went there. One of the men armed with a bolt cutter jumped over the wall, cut the locks from the door and the Permanent Secretary with his gang marched in and took possession of the premises.

Under our law, you do not forcibly retake possession of premises without an Order of the Court. What the Government did was an unlawful act. A trespass, and perhaps a crime, the crime of forcible entry. I will leave it to the practising lawyers to decide whether it was or not.

What scares me to death is this. If Government can do this to the Law Association, what will they do to people like you and me?

What the Government did was the act of hoodlums. Isn't that what we call landlords who break down poor people's homes without an Order of the Court? And will we call the responsible Minister and the Permanent Secretary anything less for what they did at Mille Fleurs?

Government tries to justify their action by saying that Mille Fleurs was in an advanced state of disrepair and in need of urgent repair. What nonsense! If the matter was so urgent, they could have applied to the Court for an immediate hearing and obtained a Court Order.

I refuse to accept a Government of hoodlums. I refuse to accept this act of hoodlumism. I am sure that there are others who think like me. What happened is unacceptable and we refuse to accept the unacceptable.

We demand that the responsible Minister resign. We demand that the Permanent Secretary be disciplined. If they do not, Government is sending a clear message to the hoodlums out there that the policy of the Government is hoodlumism and that they have a free hand to trample over the rights of helpless people.

I don't expect Government to do anything. Like so many times in the past, they will not do the honourable thing. They like the office and the power but they do not like the constitutional principles that undergird that office and power. They have no code of morality.

My code of morality tells me that frightened or not, I must say what I have to say in a time when a creeping darkness of corruption in all its disguised faces is moving across this land of mine. It is my land as it is ours. It is my home as it is yours. Here I live and work and here I will die. And I say to all of us: 'Beware! The red light of danger is flashing and men of goodness and that morality of which I speak, must stop...and look...and listen...and act, even if it is only to say—Enough is Enough,' even if it is only to tell a friend or a neighbour that you do not like what you are seeing.

Hoodlumism is the illegal use of power by force. It is the expression of the 'wrong is right' philosophy supported by the 'we have power...do what you want' attitude. It is an 'ism' that has no place in participatory democracy. It is the hallmark of the brute.

Mille Fleurs is not the first act of hoodlumism that we have seen. The many cases of police brutality with Government standing by and doing nothing effective to so stop it, is hoodlumism."

Mr. Speaker, Lennox Grant writing in the *Guardian* of Sunday, November 07, 2004 says:

"First, Mille Fleurs; next, the Red House

Demonstrated by the postures of its typical representatives, the public sector is notoriously incapable of shame.

A permanent secretary could be found on a Saturday to lead a raiding party against the ruined citadel of Mille Fleurs. This is a measure of the readiness of senior public servants, including senior police officers, to jump at political or partisan prompting.

While arguing lease legalities with the Law Association, a Government with a different kind of attitude might have negotiated, as a short-term project, sending in a Cepep clean-up crew to keep up property appearances.

Instead, Mille Fleurs merits a state-of-emergency response from the Attorney General.

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[MR. SINGH]

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Before the naked sword of state power raised by Mr. Jeremie, the gowned grandees in Queen's Counsel and State Counsel livery suddenly looked like a jellaba-clad, land-grabbing Jamaat-al-Muslimeen."

Mr. Speaker, it is clear that this Government is of the view because they have the liberty to make laws, they also have the licence to break them. It is acknowledged in the legal profession that self-help in modern times is not an appropriate remedy because it can bring about retaliation. Here it is we had a permanent secretary, based on the newspaper report, together with armed policemen who are politically partisan, taking this building from the Law Association. Suppose there was retaliation taking place? Then there would have been an all-out war against the Law Association. This Government is in fact engaged in a criminal act by that attitude.

Justice Lewis Brandies, in the case *Homestead v the United States*, 1928 stated:

"Crime is contagious. If the government becomes a lawbreaker it breeds contempt of the law."

In this scenario, when you recognize what this Government has done, it is seeking to make its lawlessness legalized. Self-help, as I indicated, is no longer a remedy but this Government is engaged in that.

What is the credo of this Government? When they attack the Law Association they are attacking the wellspring of the Judiciary of the country. The members of the Law Association are the fountain from which we excerpt the members of the Judiciary. When the Government attacks the Law Association and it seeks to cower them into submission, it is really attacking the fountain from which the Judiciary springs.

3.15 p.m.

Mr. Speaker, what is the grim irony of all of this? In the Government's attempt to justify its arbitrary and ruthless action, it is now calling the Mille Fleurs building "a national treasure". It was not a national treasure to breach the Constitution and to trample on the Constitution. The Constitution is not a national treasure; the building is a national treasure. Do you understand? It is not a national treasure to preserve the rights and due process, but it is a national treasure after they have trampled upon the Constitution. So they are engaged in propaganda—Mille Fleurs is a national treasure. Nothing is wrong with that. They have trampled upon the Constitution.

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Arthur Miller in his text *Embarrassment of Tyrannies* says: “The sin of power is not only to distort reality but to convince people that the false is true and that what is happening is only an invention of the enemies”.

Mr. Speaker, Russell Martineau, President of the Law Association and respected senior counsel had this to say in the *Newsday* newspaper dated November 04, 2004.

“...Martineau said that the forcible ejection of the association and the manner in which it was done, has left them concerned about the rule of law primarily.

‘We certainly would like to protect our rights. Just as lawyers don’t want to see anyone trample the rights of any other citizens we don’t want anybody to trample our rights.’”

The President of the Law Association is saying that the Government trampled on the rights of the Law Association.

“‘If we allow the association’s rights to be trampled on, what signal will be sent to the society? People will be helpless, and therefore in the interest of the country we must take a stand on this. Quite apart from our legal rights, lawyers were alarmed about the way in which the State redeemed possession of the place while we were trying to deal with it in a very civilised manner. You have bolt cutters and public officers jumping fences (it) is a little disturbing.’”

Mr. Speaker, what is the impact of this action on the constitutional morality of this country? What is the impact of this action on the national psyche of this country? What is the impact of this action on the police? This was also a point made by Mr. Martineau in another part of his article. Mr. Speaker, it is clear that the value that this Government is sending down is: “Might is right and, therefore, if you do not succumb to my might, I will show you how I will use my might to establish my right.”

Mr. Speaker, it is clear to us in the current scenario that this Government has embarked on an action which borders on fascism; a totalitarian approach to governance. This Government is taking the approach that you must listen to my will and to my command. This is captured in a Latin saying: *sic volo, sic jubeo stat pro rotione voluntas*. This is my will, this is my command and my will is a good enough reason. *[Interruption]*

Mr. Speaker, the Prime Minister in his budget presentation filled the air with the perfume of his promises of Vision 2020. He promised empowerment of NGOs

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like the Law Association and so forth, and a few weeks after, this Government, by engaging in that action, demonstrated to us that there was a disease affecting the body politic of this country. What was emanating from the body politic of this country was a stench, not the perfume of the promises of the Prime Minister. Clearly, there is room for this Government to undo its actions. The Government should undo its actions now. They should be spending moneys to refurbish other things, rather than talking and saying that Mille Fleurs is “a national treasure” when they have trampled upon the Constitution in the manner in which they have done.

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

The Minister of Works and Transport (Hon. Franklin Khan): Mr. Speaker, thank you very much. As ill advised as this Motion is, let me first thank the Member for Caroni East for providing me with yet another opportunity to explain the circumstances surrounding the Government’s decision to legitimately recover from the Law Association, the property located at No. 23 Maraval Road also known as Mille Fleurs.

Mr. Speaker, Cabinet Minute No. 1269 of September 12, 2001 initially sought to lease the property to the Law Association and I quote: “for the purpose of restoration and maintenance of the building and for housing the Secretariat of the law Association”.

Three years had passed since that Cabinet’s decision, and not only had no steps been taken to restore and maintain the building, but the Law Association did not even make any steps, save for the posting of a solitary security guard, to establish occupation of the building.

Given the effective abandonment of the property and its age, you can only imagine that deterioration will quickly set in. In your own home, if you go on a vacation for one month abroad when you come back—once there was no occupation of the home—deterioration starts. This building was totally abandoned for three years.

Mr. Speaker, as the Member for Caroni East rightfully said, Mille Fleurs, one of the Magnificent Seven, is a national treasure. This building was allowed to fall into dilapidation and it had become an eyesore around the Queen’s Park Savannah. One of the fundamental principles of democracy is that a government must act in the public’s interest. [*Desk thumping*] This is a clear example of acting in the public’s interest.

Mr. Speaker, the Government decided to move quickly to remedy this situation, ever mindful however, that despite the urgency of the situation with

doors and windows falling away, the rule of law had to be respected and the expectations of the Law Association had to be treated respectfully, and with all due courtesy.

Mr. Speaker, I will now explain the sequence of events that led to the final action. The Attorney General wrote the President of the Law Association on October 04, 2004 informing him of Government's concerns over the deterioration of this prime State property, and the decision to recover the property to effect immediate and urgently needed repairs.

Following this letter, there was extensive discussion between the Government and the Law Association through meetings between the Attorney General and the immediate past president of the Law Association. There were meetings between the Minister of Works and Transport and the President of the Law Association, the Prime Minister and the immediate past president of the Law Association.

There was also extensive correspondence, five or six letters, going back and forth, among the interested parties, on the issue of the critical situation into which the building had fallen, and the need for urgent action by the State. I make this point to emphasize that the Government's action was neither high-handed nor was this done in the dead of night, but followed protracted consultation with the Law Association.

No one was taken by surprise. The Law Association was told—and given the state of the property—that the Ministry of Works and Transport was going to take possession at a certain time. As soon as this notice was given, locks were suddenly placed on the property where none had existed before.

It should be noted that these locks were installed by the Law Association after the Ministry of Works and Transport had placed material and a watchman on the site in anticipation of commencing the emergency works.

Mr. Speaker, in fact, the watchman posted by the Ministry of Works and Transport was ordered off the property and locked out, although he had been posted to safeguard the materials deposited by the Ministry. All this was taking place, despite the fact that the Law Association had no lease to the property, no offices there, and was not in occupation of the building.

The State followed due process in taking possession of its property. When officials from the Ministry of Works and Transport first went to the property to begin work—following the eviction of their watchman—they were met with a bolted, padlocked gate. The officials were told by the Law Association's watchman on the property that his instructions were not to allow anyone on the property, including police officers.

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Mr. Hinds: What?

Hon. F. Khan: The Law Association gave instructions to its watchman. That watchman was very brave.

Hon. Member: Nothing is wrong with that.

Hon. F. Khan: Mr. Speaker, given the state of the property and the urgency to effect the repairs, the State had no recourse but to immediately enter the premises to protect the people's interest. [*Desk thumping*]

The public officers were accompanied by police officers, but there was nothing resembling a display of force. All that happened was that the locks were removed. The Ministry of Works and Transport then began immediately to do work on the property, including the installation of windows and doors; the stabilizing of the cantilever floors to salvage the internal part of the building; and a major fumigation excise by Rentokil to deal with pests, rodents and termites that have already infested the building.

Mr. Speaker, it was so bad, when our chief design engineer went into the building, he slipped and fell down the flight of stairs. Thank God he was not injured in any significant way. The press went into the building and the footage that came out was deplorable. It is plain for all to see that the State had no alternative but to act in the people's interest to restore what is a national historic treasure for the long-term benefit of the people of Trinidad and Tobago for generations to come.

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

Question put and agreed to.

House adjourned accordingly.

Adjourned at 3.30 p.m.