

*Leave of Absence**Friday, August 17, 2007***HOUSE OF REPRESENTATIVES***Friday, August 17, 2007*

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 following Members requesting leave of absence from today's sitting of the House: Miss Gillian Lucky, Member of Parliament for Pointe-a-Pierre for the period August 12—26, 2007; Hon. Roger Boynes, Member of Parliament for Toco/Manzanilla for the period August 17—19, 2007; Hon. Eric Williams, Member of Parliament for Port of Spain South for the period August 17—September 07, 2007; Hon. Camille Robinson-Regis, Member of Parliament for Arouca South for today's sitting of the House; Mr. Nizam Baksh, Member of Parliament for Naparima, for today's sitting of the House; Mrs. Kamla Persad-Bissessar, Leader of the Opposition and Member of Parliament for Siparia for today's sitting of the House; and Mr. Lawrence Achong, Member of Parliament for Point Fortin for today's sitting of the House.

The leave which these Members seek is granted.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the Trinidad and Tobago Blind Welfare Association for the year ended December 31, 1988. [*The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley)*].
2. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the Trinidad and Tobago Blind Welfare Association for the year ended December 31, 1989. [*Hon. K. Valley*]
3. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the Environmental Trust Fund for the year ended September 30, 2006. [*Hon. K. Valley*]

Papers 1 to 3 to be referred to the Public Accounts Committee.

4. Report of the Statutory Authorities Service Commission for the period October 01, 2005 to September 30, 2006. [*Hon. K. Valley*]

5. Report on the public consultations on crime held at various locations throughout Trinidad and Tobago over the period April 18 to May 18, 2007. [*Hon. K. Valley*]

ORAL ANSWERS TO QUESTIONS

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, the Government today has responses to the following questions: Questions Nos. 85, 86, 92, 94, 95, 96 and 97 and we are humbly requesting the deferral of the other questions for a period of two weeks.

Mr. Singh: Mr. Speaker, question No. 36 has been on this Order Paper since January 12, 2007. There have been 12, two-week deferrals and now there is a 13th deferral requested by the Leader of Government Business. This is unacceptable.

Hon. K. Valley: Mr. Speaker, we are making every effort to have the answer ready as early as possible.

Mr. Sharma: The House will be prorogued at the end of two weeks.

The following questions stood on the Order Paper:

University of Trinidad and Tobago (UTT)

36. Could the hon. Minister of Science, Technology and Tertiary Education list:
- (a) all the contracts entered into by the University of Trinidad of Tobago (UTT);
 - (b) all consultants whose services are engaged by UTT and the fees paid to them;
 - (c) all legal fees paid to attorneys-at-law for and on behalf of UTT; and
 - (d) all foreign personnel of UTT and their respective salaries?

[*Mr. G. Singh*]

Community Development Bursary Programme (Details of)

45. With respect to the Community Development Bursary Programme could the hon. Minister of Community Development, Culture and Gender Affairs indicate to this House:
- (a) the number of recipients of bursaries under the programme; and
 - (b) the quantum of moneys disbursed for fiscal 2005/2006 and for what given purpose? [*Mr. M. Ramsaran*]

**SWMCOL/CEPEP Investment Club
(Money Market Account)**

- 58.** Could the hon. Minister of Public Utilities and the Environment state:
- (a) the purpose of the fund established in the form of a money market account in the name of SWMCOL/CEPEP Investment Club;
 - (b) the signatories to that account;
 - (c) the current balance of that account;
 - (d) the average monthly balance of that account since its establishment; and
 - (e) the total amounts contributed annually by SWMCOL to the SWMCOL/CEPEP Investment Club? [*Mrs. K. Persad-Bissessar*]

**SWMCOL
(Contracts from 2006 to date)**

- 60.** Could the hon. Minister of Public Utilities and the Environment provide:
- (a) the names of any consultancy firms employed by SWMCOL during the period 2006 to date; and
 - (b) the duration of the contracts and the contract amounts? [*Mr. S. Panday*]

**Allocation of Funds
(Details of)**

- 70.** Could the hon. Minister of Community Development, Culture and Gender Affairs state the allocations made to TUCO, Soca Monarch and Calypso Tents for the period 2005–2007? [*Mr. G. Singh*]

**Trinidad and Tobago Football Federation
(Financial Contributions)**

- 82.** Could the hon. Minister of Sport and Youth Affairs:
- (a) inform this honourable House of all financial contributions made to the Trinidad and Tobago Football Federation for World Cup Football 2006; and
 - (b) advise whether any contributions were made to Government regarding FIFA's profit sharing for the World Cup Football 2006? [*Mr. M. Ramsaran*]

**Sporting Organizations Coaches
(Financial Assistance)**

- 83.** Could the hon. Minister of Sport and Youth Affairs:
- (a) advise whether financial assistance was promised to coaches attached to various sporting organizations; and
 - (b) if so, would the Minister inform this House of the quantum promised to each body? [*Mr. M. Ramsaran*]

**Indian Arrival Day 2007
(Details of)**

- 88.** Could the hon. Minister of Community Development, Culture and Gender Affairs indicate:
- (a) what official functions were held by the government in observation of Indian Arrival Day 2007; and
 - (b) the amount of money spent by the government in hosting official functions to commemorate Indian Arrival Day 2007? [*Dr. R. Moonilal*]

**Preysal Community Centre
(Completion and cost of)**

- 89.** Could the hon. Minister of Community Development, Culture and Gender Affairs advise:
- (a) when construction of the Preysal Community Centre will be completed;
 - (b) the cost of this project; and
 - (c) the reason for the delay in this project? [*Dr. H. Rafeeq*]

**Tarouba Sporting Complex
(Completion and cost of)**

- 90.** With respect too the Tarouba Sporting Complex, could the hon. Minister of Sports and Youth Affairs advise:
- (a) what is the projected cost of the project; and
 - (b) the projected date for completion? [*Dr. H. Rafeeq*]

**National Insurance Board Members
(Expiration of Term of Office)**

- 91.** Could the hon. Minister of Finance advise:
- (a) whether the term of office of the Tribunal of Members of the National Insurance Board has expired since March 27, 2007;
 - (b) if the answer to (a) is in the affirmative, could the Minister state why a new tribunal has not been appointed; and
 - (c) how soon a new tribunal will be appointed? [*Mr. N. Baksh*]

**Attorneys-at-Law
(Legal Fees Paid by State to)**

- 93.** With regard to legal fees paid by the State and/or its agencies could the hon. Attorney General advise what fees have been paid to the following Attorneys-at-Law for the period 2006 to date:
- (a) Israel Khan S.C.;
 - (b) Senator Dana Seetahal S.C.; and
 - (c) Michael Quamina [*Mr. S. Panday*]

Questions, by leave, deferred.

**Hobsons Attorneys-at-Law
(Details of Legal Work)**

- 85. Mr. Subhas Panday** (*Princes Town*) asked the hon. Minister of Finance:
- (a) Could the Minister advise whether the law firm “Hobsons” Attorneys-at-Law of Independence Avenue, San Fernando, has received legal work from the State, state agencies, state corporations and companies which are wholly or partially owned by the State for the period January 2006 to date;
 - (b) If the answer to (a) is in the affirmative, could the Minister provide the name/names of the state agencies, state corporations and companies; and
 - (c) Could the Minister also indicate the sum/sums of money paid to “Hobsons Attorneys-at-Law for each item of work?

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, the Ministry of Finance is being advised as follows:

Thirteen state agencies, corporations and state companies have engaged the services of the law firm Hobsons, Attorneys-at-law of Independence Avenue San Fernando for the period January 2006 to May 31, 2007. The names of the state agencies, corporations and companies and the sums of moneys paid to Hobsons, Attorneys-at-law for each item of work are as follows:

State Agency/State Corporation/ State Company	Item of Work Provided by "Hobsons"	Sum Paid to "Hobsons" \$
Caroni (1975) Limited	Representation in a legal matter	1,035.00
	Representation in a legal matter	7,475.50
Sugar Manufacturing Company Limited	Professional Services	8,050.00
Estate Management and Business Development Company Limited	Drafting of Vesting Bill	11,500.00
	Professional Services	60,398.00
Taurus Services Limited	Professional Services	1,047.50
	Preparation of Deed of Release	2,465.75
Lake Asphalt of Trinidad and Tobago (1978) Limited	Preparation of a Memorandum of Mortgage	230,570.25

State Agency/State Corporation/ State Company	Item of Work Provided by "Hobsons"	Sum Paid to "Hobsons" \$
Urban Development Corporation of Trinidad and Tobago Limited	Preparation of Agreement for Sale	575.00
	Preparation of Deed of Conveyance	215,997.50
	Representation in a legal matter	6,000.00
	Preparation of Deed of Lease	172,500.00
Palo Seco Agricultural Enterprises Limited	Professional Services	(no payment made to date)
	Representation in a legal matter	11,750.00
	Representation in a legal matter	6,862.50
	Representation in a legal matter	4,025.00
Point Lisas Industrial Port Development Corporation Limited	Professional Services	(no payment made to date)
	Professional Services	(no payment made to date)
	Representation in a legal matter	(no payment made to date)
Petroleum Company of Trinidad and Tobago	Representation in a legal matter	(no payment made to date)
	Representation in a legal matter	9,650.00
	Representation in a legal matter	(no payment made to date)

State Agency/State Corporation/ State Company	Item of Work Provided by "Hobsons"	Sum Paid to "Hobsons" \$
Trinidad and Tobago Forestry Products Company Limited	Representation in a legal matter	5,750.00
San Fernando City Corporation	Representation in a legal matter	37,300.60
Water and Sewerage Authority	Representation in a legal matter	14,800.00
	Representation in a legal matter	12,000.00
	Representation in a legal matter	11,500.00
	Representation in a legal matter	21,000.00
	Representation in a legal matter	29,250.00
	Representation in a legal matter	5,175.00
	Representation in a legal matter	33,125.00
	Representation in a legal matter	23,000.00
	Naparima Bowl	Application for Dance Hall License
	TOTAL	943,377.60

In accordance with section 5(1)(c) of the Freedom of Information Act, 1999, and published as Legal Notice No. 21 of 2003, the following public authorities have

obtained an order of exemption and as a consequence, information on these companies has not been included in the response.

- First Citizens Bank Group
First Citizens Holdings Limited
First Citizens Bank Limited
First Citizens Corporate Services Limited
First Citizens Bank Mortgage and Trust Company Limited
- The Trinidad and Tobago Unit Trust Corporation
- The Export-Import Bank of Trinidad and Tobago Limited
- The Agricultural Development Bank
- The Trinidad and Tobago Mortgage Finance Company Limited
- Taurus Services Limited
- The Business Development Company Limited
- The National Entrepreneurship Development Company Limited
- National Enterprises Limited.

Thank you.

Mr. Panday: A supplemental. The Minister said that there are no payments to certain firms. Could he indicate how much money is being owed by those firms which he has not given information about?

Hon. K. Valley: Are you talking about where fees have not been paid to date, or about those companies which are exempt?

Mr. Panday: Fees which have not been paid to date.

Hon. K. Valley: I do not have that information, Mr. Speaker.

Mr. Speaker: Question No. 86.

Hon. K. Valley: The Minister of Works and Transport is not here yet, he will be here shortly.

Mr. Speaker, we can either stand down the question, or if—

Mr. Speaker: Will the Minister be here shortly? Let us move on; if he comes we will take it in accordance with the Standing Orders. So we will take the other questions.

**National Insurance Board
(Medical Adviser)**

92. Mr. Chandresh Sharma (*Fyzabad*) on behalf of Mr. Nizam Baksh (*Naparima*) asked the hon. Minister of Finance:

Could the Minister advise:

- (a) whether after 35 years, the National Insurance Board still has a part-time Medical Adviser;
- (b) how many claims are currently before the Medical Adviser for assessment and advice for payment;
- (c) the length of time those claims have been before the Medical Adviser awaiting advice; and
- (d) how soon a full-time Medical Adviser will be appointed?

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, with respect to part (a) of the question, there are two part-time Medical Advisers providing professional support to the National Insurance Board of Trinidad and Tobago in its claims administration. The National Insurance Board of Trinidad and Tobago is in the process of engaging the services of a third Medical Adviser (part-time), to commence on August 02, 2007. That person should have commenced by now.

As at June 30, 2007, there were 375 claims for assessment and advice for payment.

With respect to part (c), a total of 5,844 claims were referred to the Medical Advisers for the financial year ending June 30, 2007. Three hundred and seventy five of these claims are still currently before the Medical Advisers of which:

- 257 have already had an initial review;
- 43 may be considered for disallowance if the claimants consistently refuse or fail to keep their appointments with their medical referees; and
- 75 are awaiting initial review.

With respect to part (d), the board does not propose at this time, to appoint a single full-time Medical Adviser. The board is of the view that three part-time Medical Advisers will serve the claimants and the board more effectively.

Mr. Sharma: Will the hon. Minister advise whether the 375 persons who are waiting to be settled will be paid interest from the date of their claim?

Hon. K. Valley: I do not have that answer, Mr. Speaker.

**Senior Police Officer
(Disciplinary Proceedings)**

94. Mr. Subhas Panday (*Princes Town*) asked the hon. Minister of National Security:

Could the Minister state:

- (a) Whether disciplinary proceedings have commenced against the Senior Police Officer who purportedly gave instructions to police officers at the Woodbrook Police Station to release from lawful custody his relatives who allegedly committed criminal offences; and
- (b) If the answer to (a) is in the affirmative, how far has the process progressed?

The Minister of State in the Ministry of National Security and Minister of State in the Ministry of Trade and Industry (Hon. Fitzgerald Hinds): Mr. Speaker, according to the record of the Trinidad and Tobago Police, there are no reports indicating the occurrence of such an incident at the Woodbrook Police Station. However, there were reports appearing in the print media regarding an incident at the Smokey and Bunty Bar in St. James involving the St. James Police Station Officers. This incident appears to be the one on which the question may be based.

Police records indicate that on Saturday, June 23, 2007, at around 4.50 a.m., four persons were detained for questioning at the St. James Police Station following an incident arising at the Smokey and Bunty Bar. The four persons were subsequently released as no evidence was adduced to proffer charges against them.

Moreover, Mr. Speaker, there are no reports at the St. James Police Station which suggest that the release of those persons was based on instructions from a senior police officer. Consequently, no disciplinary action has been instituted against any officer in relation to this matter. Hon. Members may wish to note, however, that enquiries into the incident at the Smokey and Bunty Bar are indeed continuing.

Mr. Panday: Did any police officer receive injuries as a consequence of the incident at Smokey and Bunty?

Hon. F. Hinds: From the records that are available and as already indicated, this has not been the case.

Mr. Sharma: Could the hon. Minister advise this House how many pages of the station diary went missing, and what action has been taken?

Mr. Speaker: No. That does not arise out of the main answer.

Mr. Panday: Are you saying that after persons were arrested they were taken to the Woodbrook Police Station and then released?

Hon. Member: Because they had no evidence?

Hon. F. Hinds: Mr. Speaker, it appears as though my friend did not pick up that which I had already stated. There was no record to show any relation to the Woodbrook Police Station in this matter.

Mr. Panday: You said that men were arrested and taken to the Woodbrook Police Station, there was no evidence and they were released. You said that in your answer.

Hon. F. Hinds: I did not say so, Mr. Speaker.

Mr. Panday: I will check the *Hansard*.

Ministry's Annual Fun and Family Day (Hosting and Advertising Costs)

95. Mr. Harry Partap (*Nariva*) asked the hon. Minister of Labour, Small and Micro Enterprise Development:

With regard to the Ministry's Annual Fun and Family Day held on Saturday June 30, 2007 at the Prison Grounds, Arouca, could the Minister state:

- (a) The total cost of hosting the event; and
- (b) The cost of advertising the outcome of the Fun and Family Day in the full-colour, full-page advertisement on page 48 of the *Daily Express* of Friday, June 06, 2007 and page 6 of the *Newsday* on Monday, July 09, 2007?

The Minister of Labour, Small and Micro Enterprise Development (Sen. The Hon. Danny Montano): Mr. Speaker, the Ministry of Labour, Small and Micro Enterprise Development has hosted, customarily, the annual family day as part of its social events agenda for the Ministry's staff which totals approximately 400 persons.

These social events/functions are budgeted for in the Ministry's estimates of expenditure for each fiscal year. The total cost of hosting the Ministry's Fun and Family Day held on Saturday, June 30, 2007 at the Prison Grounds, Arouca, was \$87,780.

The cost of advertising the outcome of the family day in the newspapers was \$17,692.

Hon. Member: Wow!

**Canadian Seasonal Farm Programme Labour Consul
(Disciplinary Action re Misconduct)**

96. Mr. Harry Partap asked the hon. Minister of Labour, Small and Micro Enterprise Development:

- (a) Could the Minister state whether the outgoing Labour Consul attached to the Trinidad and Tobago office of the Canadian Seasonal Farm Programme employed his wife at the Toronto office and paid her a salary without the approval of the Permanent Secretary or the Consulate General, Toronto;
- (b) Was this officer allowed to pay himself allowances higher than what he was entitled to, without the approval of the Permanent Secretary or the Consulate General, Toronto; and
- (c) If the answer to (a) and/or (b) is yes, could the Minister state what disciplinary action was taken against this officer for his misconduct in the administration of public funds?

The Minister of Labour, Small and Micro Enterprise Development (Sen. The Hon. Danny Montano): Mr. Speaker, the outgoing Consul Labour attached to the Trinidad and Tobago Office of the Canadian Seasonal Agricultural Workers' Programme employed his wife at the Toronto Office and paid her a salary without the approval of the Permanent Secretary. However, the Consul General, Toronto, has been assigned responsibility for such approvals. A request was made for her employment to the Consul General.

By letter dated September 24, 2002, the Consul General advised that consideration could be given for short-term project-type employment only. Subsequent to this correspondence, the Consul General employed his wife as a Clerk 1, for an initial period of six months from October 28, 2003, in the Labour Liaison Branch, and subsequently, on a continuous, month-by-month basis to August 24, 2007, the date on which her engagement will be terminated.

Following an enquiry from the Permanent Secretary as to the authority for the hiring of his spouse, the Consul Labour indicated that he had received approval from the Consul General to employ his spouse as a Clerk 1. The former Consul General has confirmed that the approval was given for the initial short-term period.

The officer paid himself allowances higher than those to which he was entitled without the approval of the Permanent Secretary or the Consul General. The Internal Audit Department of the ministry has audited the accounts of the Canadian Seasonal Agricultural Workers' Programme and the ministry is investigating all the matters relating to the Consul General's stewardship and the final report of the Ministry's Internal Audit Department is being addressed in the context of the above-mentioned investigations.

Accordingly, the Minister is unable to make any further pronouncements at this stage, since the outcome of this matter could be prejudiced.

Mr. Partap: Could you state whether the Consul is still on the job in Toronto, or has he returned?

Sen. The Hon. D. Montano: I cannot say what are his exact whereabouts, but I know that he is on pre-leave till the end of his contract. He is not on the job as we speak but I am not sure whether he is here or there.

Mr. Panday: Could the hon. Minister say how far the investigations have reached in relation to this alleged incident?

Sen. The Hon. D. Montano: I cannot say.

**Seasonal Farm Programme Labour Attaché
(Recall of)**

97. Mr. Harry Partap asked the hon. Minister of Labour, Small and Micro Enterprise Development:

- (a) Could the Minister state whether the Labour Attaché at the Toronto Office of the Seasonal Farm Programme was recalled from his tour of duties prematurely and if so, why; and
- (b) Could the Minister indicate whether the Ministry is taking steps to pay this officer's salary and benefits for the period for which he did not serve?

The Minister of Labour, Small and Micro Enterprise Development (Sen. The Hon. Danny Montano): Mr. Speaker, the Labour Attaché/Consultant (Labour and Employment) at the Toronto Office of the Canadian Seasonal Agricultural Workers' Programme was recalled before the end of his contractual arrangement after the Canadian Metropolitan Police advised that they were prepared to take action against the Attaché and his wife for public domestic dispute.

Cabinet approval was granted and the Attaché was paid the sum of \$302,930.21 for the finalization of the Ministry's contractual arrangement. He received additionally, \$53,384.54 as a contract gratuity.

Mr. Speaker: Question No. 86 which was addressed to the Minister of Works and Transport will be answered by the Leader of the House.

**Airports Authority of Trinidad and Tobago
(List of Contractors)**

86. Mr. Subhas Panday asked the hon. Minister of Works and Transport:

- A. Could the Minister list the contractors who have been awarded contracts by the Airports Authority of Trinidad and Tobago for maintenance work including ground maintenance; and
- B. Can the Minister state whether any of these contractors have been awarded CEPEP contracts?

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, the Airports Authority of Trinidad and Tobago has advised that the following contractors were awarded contracts for maintenance work including ground maintenance for the period October 2006 to June 2007:

	Works/Services	Contractor
1.	Repairs to Security Equipment	Rapiscan System Limited
2.	Electrical Works	Harry Persad & Sons Limited
3.	Service of Air-conditioning Units at Piarco International Airport	Peake Technologies
4.	Electrical Works	Harry Persad & Sons Limited
5.	Civil Works	Harry Persad & Sons Limited

	Works/Services	Contractor
6.	Maintenance of tiled floors at Piarco International Airport	Marble Renewal Company
7.	Maintenance of elevators and escalators at the North Terminal, Piarco International Airport	UL-Ray Enterprises
8.	Electrical Works	Harry Persad & Sons Limited
9.	Servicing Annual Underground Sewer and Storm Water Drain Cleaning—South Terminal & Customs Carpo, North	UL-Ray Enterprises
10.	Sewer Systems	Emergency Septic Tank and Systems Cleaning Company
11.	Janitorial Services at Crown Point International Airport	National Maintenance Training & Security Company Limited
12.	Grass Cutting—Crown Point International (2 year contract)	Service Masters Industrial Service Limited
13.	Landscaping—Aviation Training Centre	Kelvin Wabb
14.	Maintenance of UPS	IBM
15.	Civil Works—Maintenance	Harry Persad & Sons Limited
16.	Roof Repairs	Weathershield Systems Caribbean Limited

With respect to question No. 86(b), Solid Waste Management Company Limited (SWMCOL) has advised that none of the listed contractors have been awarded CEPEP contracts.

Mr. Panday: Could the Minister give the name of the contractor who does the grass cutting and landscaping at the Piarco International Airport?

Hon. K. Valley: Mr. Speaker, may I repeat that the Airports Authority of Trinidad and Tobago has advised that the above following contractors were awarded contracts for maintenance work including ground maintenance for the period October 2006 to June 2007.

2.00 p.m.

**DEFINITE URGENT MATTER
(LEAVE)**

**2007 Ryder Scott Report
(Failure of Government to lay in Parliament)**

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 as a definite matter of urgent public importance: namely, the failure of the Government to lay in the Parliament the 2007 Ryder Scott Report on the proven gas reserves of Trinidad and Tobago.

The matter is definite since it relates to the 2007 Ryder Scott Report on the natural gas reserves of Trinidad and Tobago. The matter is urgent because this is an oil and natural gas economy. The matter is of public importance because the Government has stated that the Ryder Scott Report concludes that Trinidad and Tobago has 12 years of proven natural gas reserves.

Mr. Speaker: Hon. Members, this question does not qualify under this Standing Order. It would have qualified under the preceding Standing Order. Again, it is late in this Parliament but I have said this before on numerous occasions: Members should look at Standing Order 17(1).

**STATEMENTS BY MINISTERS
(DEFERMENT OF)**

Mr. Speaker: Hon. Members, under this item, it is my information that the Prime Minister intends to make a statement to the House. He is not in the House at the moment and with your leave I will ask you to defer this matter for later on in the proceedings. Do I have the concurrence of Members?

Agreed to.

JOINT SELECT COMMITTEE REPORT
Government Ministries Part II
(North West Regional Health Authority)
(Adoption)

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

Be it resolved that the First Report of the Joint Select Committee of Parliament appointed to enquire into and report on Government Ministries Part II and on the Statutory Authorities and State Enterprises falling under those Ministries—North West Regional Health Authority—be adopted.

The joint select committees appointed under the Constitution have been performing yeoman service with respect to accountability by the state enterprises and statutory authorities. As we know, some of the state enterprises and statutory authorities operate as a law unto themselves and some of them have been described sometimes as runaway horses. As I said, the joint select committees have been doing useful work in bringing them to account and if there is the full support of the Government and the Parliament, these committees can do a lot more.

Today we are debating the report of the joint select committee with respect to the North West Regional Health Authority and this really is an exercise in futility today. This report has been laid in this House on February 06 this year and it was laid in the other place on February 09. According to the Standing Orders of this House, 79B(13) it says:

“The Minister responsible for the Ministry/body under review shall, not later than sixty days after a report from a Joint Select Committee relating to the ministry/body has been laid upon the Table, present a paper to the House responding to any recommendations/comments contained in the report which are addressed to it.”

That means that the Minister of Health was supposed to have responded to the recommendations and comments in this report within 60 days after this report had been laid in this House. This report has been laid on February 06; today is 190 days since this report has been laid and we still do not have any report from the Minister of Health with regard to his response to the recommendations and comments made in this report.

I just want to inform this House that this joint select committee comprises Members from both Houses: Independent Senators; Senators from the Government and Opposition in the Upper House; and from the Lower House, Members from the Opposition and from the Government. This committee has been meeting for the last five years and deliberating on some of these issues. The staff of the North West Regional Health Authority has presented itself before this committee on several occasions—six, seven or eight occasions. Staff from the project administration unit of the Ministry of Health presented itself before this committee. From the Ministry of Health itself, senior officials have presented themselves before this committee.

This committee has deliberated over the last five years and has produced this report. This report was laid in the House, as I said, on February 06. We are very close to the end of this Parliament. Parliament will be dissolved—well, at the latest the Prime Minister said—before the end of the year. It has to be dissolved before the end of the year.

Mr. Manning: By October 16.

Dr. H. Rafeeq: By October 16 it has to be dissolved. What is the value, then, of this report being presented today in Parliament when the Minister is supposed to give a report on the recommendations and the comments made in this report? We are therefore engaged today in an exercise in futility because when this Parliament is dissolved, this report dies. So what we are debating today, we are just, in my respectful view, wasting time because this report dies at the end of this Parliament. If the Minister had done his job and reported to this Parliament in the stipulated time, within 60 days, then it would have been useful and the work that the committee had done over the last five years would not have been wasted. Mr. Prime Minister, is it true that the report will die?

Mr. Manning: How could a report die? It will not die.

Dr. H. Rafeeq: The Standing Orders say that the Minister was supposed to have responded within 60 days. This would not come back on the Order Paper in the new Parliament.

Having said that, I want to address a couple of issues raised in the report itself. The first issue is that between 2003 and 2005, \$140 million had been deducted by the North West Regional Health Authority from employees as PAYE, and that \$140 million had not been remitted to the Board of Inland Revenue. The report says at page 11:

“An outstanding amount owed to the Board of Inland Revenue for PAYE of \$140 million was paid by the Ministry of Health. This debt resulted from the

fact that funds were deducted from employees' salaries for PAYE, but were subsequently misappropriated."

Funds were deducted by the North West Regional Health Authority's administration from employees for PAYE and these were not remitted to the Board of Inland Revenue and after three years the Ministry of Health had to come to the rescue of the North West Regional Health Authority and provide funds to pay to the Board of Inland Revenue. Mr. Speaker, 2003, 2004, 2005, why did the Ministry of Health not intervene before?

When the Minister of Health was asked in 2005/2006 why was this allowed to happen for so long, he said he knew nothing about it. He did not know that moneys were being deducted by the North West Regional Health Authority and not remitted to the Board of Inland Revenue. That, to me, is the height of inefficiency and incompetence. Do you know why? There is a meeting that is called the Implementation Steering Committee meeting that is held once every month at the Ministry of Health and that meeting is chaired by the Minister of Health himself, and the people who attend that meeting are the chairmen of the Regional Health Authorities, some senior officials from the Ministry of Health, representatives from the IDB and representatives from the Ministry of Finance and Ministry of Planning and Development. Reports are given at that meeting and the Minister should have been aware that something was wrong. After three years he did not know that something was wrong at the North West Regional Health Authority.

There is a second meeting called the Project Execution Team and that meeting is chaired by the Permanent Secretary in the Ministry of Health and that meeting is attended by the chief executive officers of the Regional Health Authorities and other senior officials from the Ministry of Health. Again, reports are laid at that meeting and still the Minister was not aware that moneys were being deducted and not remitted to the Board of Inland Revenue.

There is another avenue, and that is that every month a statement comes from the Regional Health Authorities—a financial statement—to the ministry. Again, the Minister was supposed to have picked this up early. Three years have passed and the Minister was not aware that this was so.

The fourth avenue is: Sitting on the board of the Regional Health Authorities there is a senior official from the Ministry of Health. We changed the law here. We amended the RHA Act here to allow for a senior official from the Ministry of Health to sit on the board of the Regional Health Authorities and that person had a

specific role—a specific function—and that is to filter information from the ministry to the Regional Health Authorities and from the Regional Health Authorities back to the ministry.

Mr. Rahael: Thank you very much for giving way. But could you direct me to what document or where it is recorded that the Minister of Health said that in 2006 he knew nothing about the deductions being made?

Dr. H. Rafeeq: I do not have the newspaper clipping, but it was reported in the newspaper that you said you knew nothing about it. But even if that is not so; well, it is worse, if you knew before then, why did you not do something about it? Why did you allow it to go for so long? If you knew in 2003, why did you allow it to continue in 2004 and 2005? I was giving you the benefit of the doubt to say that you did not know because you said so, and I am saying there are so many avenues by which you should have known.

So there is a senior official from the Ministry of Health who sits on the board of the Regional Health Authorities and, as I said, that person is supposed to filter information back and forth. You know, I do not know how the Minister chooses people to sit on the boards, but in the North Central Regional Health Authority you have the Permanent Secretary, the Chief Medical Officer, the Quality Manager, the Finance Manager, the Human Resource Manager, other planning persons, and so on, and do you know who he chose to put to sit on the board of the North Central Regional Health Authority? The communications officer sits on the board of the North Central Regional Health Authority. I have nothing against the person. She is quite competent in what she does, but for the function that she has been asked to do, there are other senior personnel who would have done a lot better. So \$140 million was deducted by the North West Regional Health Authority for income tax purposes and was not remitted and the ministry had to come to their rescue three years after this had happened.

The other issue is the annual service agreement. The Ministry of Health and the Regional Health Authorities operate on a purchaser/provider kind of arrangement. The ministry purchases services and the Regional Health Authorities provide the services, but that is supposed to be governed by an instrument called the Annual Services Agreement, whereby the services that the Regional Health Authorities will be providing will be mentioned; the cost of these services will be mentioned and it is on that basis that funding will be provided and it is on that basis that monitoring will be done, that is, by the Annual Services Agreement. In the six years that this Government has been in office, not one Annual Services

Agreement has been signed by any of the Regional Health Authorities and the Ministry of Health.

How is funding provided, then? Funding is provided on an ad hoc basis or by historical usage, and that is not the proper way for this to be done. If you want to provide the services in an efficient manner and monitor in an efficient manner, the Annual Services Agreement is the instrument by which you do this. As I said, not one has been signed by this Government in the last six years.

The next area that I want to briefly touch on is the area of human resource management—

Mr. Valley: “Touch on briefly”.

Dr. H. Rafeeq: Touch on briefly. What did I say?

Mr. Valley: You said “briefly touch on”.

Dr. H. Rafeeq: Okay, I accept that.

Mr. Sharma: Ken, how you choose to touch is your business.

Dr. H. Rafeeq:—to touch on briefly is the human resource aspects. It was very revealing, the interaction between the joint select committee and the Regional Health Authorities as far as the human resource practices are concerned.

The chairman of the North West Regional Health Authority—and I will not mention his name—was involved in an HR firm. I think when he joined the North West Regional Health Authority he may have abandoned that connection but his wife runs the firm. There was the need to recruit a human resource manager at the North West Regional Health Authority and when it became necessary to recruit such a person, the firm that he is connected with supplied names to the North West Regional Health Authority. That was not all. The chairman of the North West Regional Health Authority sat on the interview panel. He was the chairman of the interview panel; he interviewed and he scored the interview panel. Do you know who got the job? The person who was recommended by the firm of his wife. That is recorded in the report and this is not the only person who was employed by that method.

This is highly immoral; this is highly unethical and may even be close to corruption. I am saying this is not the only instance where the firm in which he has an interest had supplied names and those persons had been employed by the North West Regional Health Authority. I just want to read two lines again here in the report, where it says at page 12:

“There have been questionable terminations, replacements and appointments over the past years with the result that persons in very responsible positions had little related training. There are claims of ‘special interest’ groups who received privileged attention and positions from the previous CEO and Chairman. This is reflected in the state of chaos and found to be existing in many departments.”

Because of these kinds of practices, seven chief executive officers have been employed in the North West Regional Health Authority between November 2003 and June 2005—seven chief executive officers in less than two years.

More importantly, the last CEO—and this is when this report was written—did not apply for the position when it was advertised; was not interviewed for the position, but was appointed by the board of directors as chief executive officer. So you have a person, after seven chief executive officers, she did not apply; she was not interviewed but was given the position as chief executive officer.

The other area I want to touch on briefly again is the area of procurement. It is normal practice, especially in the health industry, that if you want to procure pieces of equipment or even medication it is extremely important that the end users are consulted so that they can have their inputs into the type of equipment or medication that is being purchased. This was not the case in the North West Regional Health Authority. It says at page 14:

“In an entity with many healthcare experts and users of specialist equipment it should be most important that all bids for medicines and expert equipment have the input of the users groups before bid documents are finalized. In many cases this is not so, resulting in unsuitable equipment, consumables and spare parts being purchased and money being wasted.”

This is a common practice at the North West Regional Health Authority and we had to ask the question whether this was intended to satisfy certain suppliers. These findings here are similar to the findings in the Gafoor Report which we will have the opportunity to say a lot more on within the coming weeks.

I want to make mention of one other issue which occupied the attention of the joint select committee on many occasions—about three or four sittings. This had to do with donations that came from an organization called the Living Waters Community. The Living Waters Community mentioned to us that they had donated to the North West Regional Health Authority several pieces of equipment—containers of equipment—that could have been utilized in the Port of Spain Hospital and other institutions of the North West Regional Health Authority. When the North West

Regional Health Authority was questioned as to the whereabouts of these pieces of equipment, they could not answer. They could not say whether they had received the equipment; they could not say where the equipment was stored, and when the joint select committee asked them to do an audit on these pieces of equipment, the equipment could not be found.

The records of these transactions are documented in the books of the warehouse of the Living Waters Community. There are documents saying that the North West Regional Health Authority actually collected these pieces of equipment, but none of the equipment was able to be found at the Port of Spain Hospital or any one of the institutions related to the North West Regional Health Authority. The committee here is saying at page 15:

“The Committee expresses its grave concern at this inexplicable situation and recommends a forensic audit be conducted on these imports. It has been suggested that the items will be found but much of them not within the RHA system.”

It is quite possible that these items have been spirited away to the private sector.

These are some of the issues that have been raised in this document. We will have a lot more to say in the coming weeks—the budget debate and other occasions—but I just wanted to mention, briefly, some of these issues and finally to say as mentioned on page 16:

“This Committee seeks an urgent forensic audit in the following areas:

- (1) The Finance Department
- (2) Human resource recruitment practices
- (3) Donations from the Living Waters Community to the NWRHA and
- (4) The entire procurement process including the involvement of the PAU. (Project Administration Unit of the Ministry of Health)”

Before I take my seat, just let me mention that the report also mentions the issue of doctors at the Port of Spain Hospital and the North West Regional Health Authority being given one-year, two-year and three-year contracts. There is no explanation and there is no excuse for doctors being employed at the North West Regional Health Authority being given one-year and two-year contracts. Most of them, of course, will not want to go to the Regional Health Authorities for employment and get a one-year or two-year contract because they cannot take that contract and get a loan for a house, to buy a car or things like that. They require permanent employment.

A pension fund has been set up in all the Regional Health Authorities to ensure that it is easy for permanent pensionable employment to be given to doctors and other staff. Up to today, there is not one single doctor who has been given permanent pensionable employment by the Regional Health Authorities. All of them have been given one-year and two-year contracts. When the joint select committee asked why they were engaging in that practice, there was no reason. They said that is what they met and they had not changed it. Even though we suggested that practice should be changed, that has not been changed up to today.

I was hoping that in the report the Minister would have laid, he would have told us that some of these issues would have been dealt with and some of the corrected measures would have been taken so that the people who seek services at the public health care institutions, especially in the North West Regional Health Authority, would be better served.

I hope that the work done by the joint select committee is not wasted. As I said, it is five years of deliberations. I hope that even if this is not on the Order Paper in the next Parliament that the new government would take this seriously and act upon it.

Thank you very much, Mr. Speaker. [*Desk thumping*]

Mr. Panday: Mr. Speaker, I beg to second this request for the adoption of this report and reserve my right to speak subsequently.

Question proposed.

The Minister of Health (Hon. John Rahael): Mr. Speaker, first of all, let me indicate that a number of issues here in this report can be questioned by the Ministry of Health and the North West Regional Health Authority. As a matter of fact, I do have a response from the North West Regional Health Authority that was dated July 12, 2007, and I certainly have to indicate that between the permanent secretary and the CEO of the North West Regional Health Authority, the report should have been laid in response to the findings of the joint select committee some time ago.

Nevertheless, I just want to indicate that a number of the issues that have been raised in this report are dated, in that most of them have been dealt with during the period of time. More importantly, the hon. Member for Caroni Central spoke as if he was not there before, and when he talked about deductions in persons' salaries—whether it is PAYE or NIS—that practice started in the period 1996 to 2001.

Mr. Panday: The blame game!

Hon. J. Rahael: As a matter of fact, if I recall, the Member for St. Joseph, when he was Minister of Finance, actually commissioned an enquiry into the North West Regional Health Authority. You will also remember that in the year 2000 North Central was collapsed into North West and that is when most of the problems began, because here it is, you had a North Central Regional Health Authority, an independent authority; you had a North West Regional Health Authority, another independent authority and, of course, we had Eastern, South West and the Tobago Regional Health Authorities, and one morning the then chairman of the North West Regional Health Authority thought it prudent to collapse the Central Regional Health Authority into North West.

That was done without any form of planning, without any structure; there was no accountability with respect to the Central Regional Health Authority at that time coming into North West. As a matter of fact, records show that when the Central Regional Health Authority came into North West, the accounting at that time left a lot to be desired, so that North West now inherited all the difficulties that the Central Regional Health Authority had at the time.

That led to endless problems, so much so, that the following year the Ministry of Finance at that time, the hon. Member for St. Joseph, had cause to commission a report. In that report it was determined that what was now the North West, there was deducted from salaries of employees, PAYE and NIS and they were not remitting it to the relevant authority.

They failed to submit PAYE and Health Surcharge remittances in a timely manner as required by the relevant legislation. It goes on to identify the years 1999 to 2001 and the millions of dollars that were owing to the Board of Inland Revenue at that time. It was not paid until 2004.

2.30 p.m.

The hon. Member for Caroni Central comes to this House and makes it appear as though he was not aware of it. This report was laid in Parliament by the then Minister of Finance, the hon. Member for St. Joseph.

The *Personnel Management Services Limited Report* was submitted in September 2001 and commissioned by the then UNC government. Page 30 says There is no doubt that the managing of the North West Regional Health Authority particularly after the merger with the Central Regional Health Authority in early

2000 is a monumental task. Structural and human resource problems have been inadequately addressed and much remains to be done.

[*Power outage*]

Mr. Speaker: The Marshal has gone to see what has happened. We will wait in the Chamber for a while. [Pause]

Hon. Members, it appears as though it would take about 10 to 15 minutes to rectify the problem. I suggest that we suspend the sitting of the House. We would resume at 3.00 p.m.

2.40 p.m.: *Sitting suspended.*

3.00 p.m.: *Sitting resumed.*

Mr. Speaker: The hon. Minister of Health.

Hon. J. Rahael: Thank you, Mr. Speaker.

Before our interruption, I was making the point that even the report of the Personnel Management Services Limited dated September 2001, commissioned by the then Minister of Finance, the Member for St. Joseph of the UNC government—Central Regional Health Authority was collapsed into North West Regional Health Authority without any structure, planning and taking into consideration its human resource. The Member for Caroni Central raised the question of human resource.

I will quote what was reported by the Personnel Management Services Limited when it talked about the human resource of the enlarged North West Regional Health Authority. Page 21 paragraph 7 states Human Resource Procedures and Control—

We found the structure and organization of the Human Resources Department to be totally inadequate for an organization of the size and complexity of the North West Regional Health Authority. The human resource function which should be one of the most central of the advisory and administrative functions of the North West Regional Health Authority is instead fragmented, understaffed and largely ignored, while considerable time and resources have been spent in developing a very reasonable plan for the establishment of a proper human resources division encompassing the functions of compensation and benefits; industrial relations and organizations; development and training.

The Board has neglected to approve the plan or to put it into effect resulting in no clear authorities for recruitment at executive as well as non-executive levels.

Benefit packages are being negotiated on an ad hoc and inconsistent manner with notification being made to the human resources department as an after thought, if at all. No adequate records were kept and no adequate monitoring of the payments or allowance.

When we went into office we met an organization that was cumbersome and thousands of persons were employed with no proper records. We had to go through the process of doing an audit on that human resource department. In 2004/2005 we recognized that the enlarged North West Regional Health Authority was not operating in the best interest of the patients and citizens of Trinidad and Tobago. These Regional Health Authorities came into existence in 1994 because the idea was to decentralize the services. Instead of the Ministry of Health controlling all these institutions the North West Regional Health Authority; Central Regional Health Authority; Eastern Regional Health; Southwest Regional Health Authority and Tobago Regional Health Authority were created. This was done after studies and much thought went into the composition of those Regional Health Authorities.

In 2000 the Central Regional Health Authority was collapsed into the then North West Regional Health Authority and all the trouble began. We were able to deal with that in 2004/2005 when we separated them. We refer to it as North Central Regional Health Authority which is now established and the existing North West Regional Health Authority, as it was when it was first established.

Mr. Singh: Would the hon. Minister give way? I thank the hon. Minister for giving way. You lay claim to the fact that the Central Regional Health Authority was collapsed and the North West Regional Health Authority was created and no structures were in place. Having had the opportunity to create the North Central Health Authority, have you taken that experience into consideration and created the necessary structures so that those errors would not be created?

Hon. J. Rahael: Thank you very much, hon. Member. Each Regional Health Authority now has a strategic plan for the years 2004 to 2008, as well as the Ministry of Health. We talked about the annual service agreement. Between 1996 and 2000 there was none at that time. It was very difficult to put an annual service agreement in place when dual employment was in effect. You had personnel from the Ministry of Health being paid by the ministry and then the RHAs. In 2001, when there was an attempt to put in place the annual services agreement it did not work. We have a strategic plan which was approved in 2003 for the period 2004 to 2008. The plan recognizes the need to develop systems throughout the RHAs that would be used to achieve the authority's desired goals.

During the period 2004 to 2005, a training plan was developed and the focus was on the management and supervisory training for various levels with particular focus on nursing supervisory staff. A number of our health care providers, administratively, need training. We came up with this training plan and focus will be on management and supervision. The customer service function was developed, staffed and recruited to perform at major health institutions. Several audits and surveys were done and appropriate remedial action was taken. The survey showed year-on-year improvements in some major areas.

It must be noted that the computerized system at the Eric Williams Medical Sciences Complex had not been upgraded by the Ministry of Health during its lifetime and all the modules became non-functional due to the lack of the Y2K compliance. We are reintroducing IT in our hospitals. The National Radiotherapy Centre has a computer system that is up and running. We are now implementing one at the Port of Spain General Hospital. We are starting at the point of registration so that when a patient attends clinic he or she will be registered on the database. That database has a network and if that patient has to go to another clinic, the medical information would be available electronically at the other clinic. The service to the patient would be improved and there would be no need for the patient to walk with documents and papers from one clinic to the other. That is in the process that we have started. Although in a small manner, we have started the computerization of our hospitals. The first would be the registration exercise where we would have the history of the patient. When the patient moves from clinic to clinic or hospital to hospital the information will be readily available to our health care professionals.

This Government, recognizing the need to provide quality health care and to ensure that we have the human resources to provides it, has undertaken a number of initiatives. This report that is presented today, as has been indicated by the Member for Caroni Central talks about the years 2004 and 2005. We are approaching the end of 2007 and a number of the recommendations and observations that were made in that report have been taken into account and corrective measures have been put in place. We continue to look toward improving our service and new protocols are being put in place. There is a strategic corporate plan for the ministry and each Regional Health Authority. We are moving towards a national health insurance system and more would be said about that in the coming days.

There is an indication here that there should be a forensic report in the area of the Living Waters donation. There was an investigation into that and from all reports it seems that the equipment that was supposed to be provided by the

donors is present at the hospital. A number of them could not be located because there was no serial number or way of tracing them. Some have been identified and some have not because when they were delivered there were no serial numbers to attach to them. *[Interruption]* That is the reality. Whether or not all the equipment did reach we are not sure; whether some was removed while in the warehouse, there is no certainty as to what transpired at this point in time.

As we continue to provide the services we are putting systems in place. Every piece of equipment that is purchased today is recorded properly and there is an inventory of all the equipment in all institutions. Prior to coming into office there was no record as to the number of pieces that we had. Checks and balances have been put in place by the RHAs to ensure that they are held accountable. We have indicated that every piece of equipment that is purchased today, in addition to the warranty attached to the equipment, there is a maintenance contract in the system. For four or five years maintenance is guaranteed within the procurement of the equipment.

When we talk about the end user, my understanding is that the policy is that before we can go out for tender on any piece of equipment, consultation has to take place with the users. After the tender document is prepared and before the tender document goes out for tender, the end users go through the tender document and sign off on it. The end users are aware of what is being tendered and all the requirements for any piece of equipment are incorporated in that tender document. We are ensuring that our end users have a stake in signing off on the equipment that is eventually purchased.

3.20 p.m.

Mr. Speaker, I can go on and on with respect to the period 1996 to 2001, and talk about all the mismanagement that took place within the Regional Health Authorities, and the actions that were taken by the then chairman of the enlarged North West Regional Health Authority.

They talked about misappropriation but let me make it clear that during the period 2003 and 2004, the Ministry of Health commissioned an independent accounting firm, Ernst & Young to carry out an audit with respect to the funding of the North West Regional Health Authority to ensure that all the funds were used in a proper manner for purchasing services for the Regional Health Authority, and we were able to get that report.

In that report, we noticed that the enlarged North West Regional Health Authority continued with the same habit prior to 2002 by deducting PAYE and NIS

and not remitting these deductions to the Board of Inland Revenue. The RHA was using the funds for other purchases and requirements for the institutions.

The Ernst & Young report dated September 17, 2004 went on to say that the National Insurance Board's statement of indebtedness for the North West Regional Health Authority issued on October 21, 2003 had a balance of \$11.8 million including interest and penalties outstanding due to the NIB. The National Insurance Board provided a statement to the North West Regional Health Authority in October 2003, indicating that there was a balance of \$11.8 million outstanding to the NIB for the period May 1999 to 2002.

So, as I said, this practice began in 1999 and even before that. Of course, we stopped that practice after we received the Ernst & Young report. We provided the funding to pay all the moneys owed for PAYE and NIS. Today, I am happy to report that all the payments for PAYE and NIS for employees of the North Central Regional Health Authority are up-to-date. We made it abundantly clear to the RHAs that that practice should not continue.

So, based on this Ernst & Young report, it clearly indicated that the money was not spirited away, and it was used for the purpose of providing care for the citizens of Trinidad and Tobago through the Regional Health Authority. We indicated clearly to the board and the management that would not be tolerated. As I said, I am happy to report today that two weeks ago I was assured by the management of the North Central Regional Health Authority that all PAYE and NIS payments are up-to-date, and there are no overdue payments for and on behalf of employees of the Regional Health Authorities.

Mr. Speaker, the health sector is an extremely large sector. Every citizen of Trinidad and Tobago at some point in their life will require the services of the health sector. It is important that we do not politicize the health sector. What we should be doing is working together and providing whatever suggestions and recommendations that may come from the other side or from anywhere else to improve the health sector. We are receptive and we are willing to bring persons on board. At one time, I did ask the former Minister of Health, the Member for Caroni Central, if he was prepared to sit on a committee with me in order to look at certain things, and I think he declined.

Mr. Panday: He is not the Member for Pointe-a-Pierre.

Hon. J. Rahael: What I am saying is that when it comes to the health sector, at some point in time each and every one of us will require the services there. So, coming here to criticize just for the sake of criticizing—*[Interruption]*—we well

continue to provide the kind of quality health care and services that we need to provide in Trinidad and Tobago.

We have started a number of initiatives. In the past five years, what we have been able to accomplish in the public health sector is probably greater than what governments were able to accomplish over the past 20 years.

In the Port of Spain General Hospital which was built probably 100 years ago, there are a number of services that we are now providing that were never provided before. Now, citizens in northwest Trinidad and Tobago can access those services at no cost. So, while it is a challenge—it will always be a challenge—the job will never be completed regardless of who is in government and whoever is the Minister. A Minister will come and serve his time and he, too, will not be able to complete the job. It is an ongoing effort by whoever is there.

When you are dealing with thousands of individuals from all over Trinidad and Tobago, if they are not provided with the proper training—the continual training that is required—then we would certainly have difficulties.

Mr. Singh: Thank you very much, hon. Minister, for giving way. As the Minister of Health, I want to thank you for responding to my several requests on behalf of my constituents. It appears to me that you are giving a kind of final speech.

Hon. J. Rahael: Thank you very much. That is the point I am making. The request could come from anywhere. It really does not matter whether the request comes from the Lower Bench or the Upper Bench of the Opposition or from this side. When we put a service in place, we do not put it for any particular group, but it is for all the people of Trinidad and Tobago. [*Desk thumping*]

We have the Chronic Disease Assistance Programme (CDAP) that provides medication for persons suffering from 11 different chronic illnesses, and we do not have it for any particular group but for all the people of Trinidad and Tobago. [*Desk thumping*] That is how we have operated and that is how we continue to operate. We are going to continue to provide—

Mr. Hinds: Is the dialysis treatment only for certain persons? [*Laughter*]

Hon. J. Rahael: This is not something that we should be happy about but over 300,000 citizens of Trinidad and Tobago are accessing CDAP medication, and the number of persons who have to be dialysed is increasing. This is not something to be proud about. This means, as individuals, we are not taking care of our own health, and that is what is required. Each and every one of us has a responsibility for our own

health, and we must be able to exercise that responsibility and, therefore, the Ministry of Health—people are saying that it is PR but it is all educational.

When we put ads in the newspapers or when we have a television ad showing a mobile clinic going into rural areas to provide screening and testing for persons in a number of constituencies that is for people to be advised and aware that these mobile clinics will be in their areas. The telephone numbers are also on the screen when it is being advertised to inform a community that a mobile unit will be in the area so that they can go, and then I heard that we are spending too much money on PR. The fact of the matter is that it is all about information and education. More money needs to be spent on information and education in the health sector. At the end of the day, regardless of how rich we are, no country in the world—developed countries or countries that have whatever GDP—could sustain its citizenry that is ill. Even today in the United States of America, I think their health is about 15 per cent of their GDP, and that has to do with their lifestyles.

Mr. Singh: Obesity.

Hon. J. Rahael: Obesity is one of the leading causes of health problems in human beings today. We have to ensure that our citizens are properly informed and educated about these things.

Mr. Hinds: We had 7,000 persons going to Mount Hope Medical Sciences Complex.

Hon. J. Rahael: You know, I am being prompted here by my friend, the Member for Laventille East/Morvant. [*Interruption*] The fact of the matter is, today more persons are accessing the health sector than ever before. [*Desk thumping*] The statistics speak for themselves. This is not just talk. The statistics clearly show that in 2004, 7,625 patients accessed the Eric Williams Medical Sciences Complex in Mount Hope. At one time, you had to have money to be able to access the services. In January 2005, we made the services available to all the citizens of Trinidad and Tobago.

Mr. Speaker, we expected to have an increase, so we prepared for a 100 per cent increase with respect to medication and the staff required, but the number was much more than 100 per cent. It went to 200 per cent and we had to put in more resources. We opened more wards and we provided more services. Mr. Speaker, you would not believe what I am about to tell you. In 2006, within two years, that number moved from 7,600-odd patients accessing health care at the Eric Williams Medical Sciences Complex to over 45,000 patients. [*Desk thumping*] That is a 500 per cent increase

within two years. Where did these people come from? Many of these individuals would not have been able to access that service.

Mr. Hinds: Open the gate!

Hon. J. Rahael: We have done close to 400 open-heart surgeries at the Eric Williams Medical Sciences Complex for persons who never would have been able to afford the \$150,000 or \$160,000 for the operation. The only thing that would have been left for them was for them to die. It is as simple as that. Again, no colour, no race and no sex came into play. All we do is have a social worker investigate that the individual does not have insurance and the individual cannot pay for it for himself. That is what we have been able to accomplish.

I was saying earlier that for over 100 years there has been a bank of five operating theatres at the Port of Spain General Hospital, and when we came into office there were only three theaters operating. The fourth theatre did not function for 12 years. Mr. Speaker, within a year, we brought that fourth operating theatre on stream. The fifth operating theatre at the bank of the Port of Spain General Hospital never functioned. Mr. Speaker, I am pleased to report that two months ago we were able to bring the fifth operating theatre on stream. [*Desk thumping*]

Mr. Speaker, cardiac disease is the leading cause of death in Trinidad and Tobago. In 2005 we were doing 60 open-heart surgeries at the Eric Williams Medical Sciences Complex; 10 every other month. We had a doctor coming from the United Kingdom every other month to work with some of our doctors to do those 10 surgeries. Having recognized that the waiting list was very long, we were able to convince that doctor that he had to come more often, and we increased that number from 60 to 120 during 2005 to 2006.

Dr. Khan: You are on a roll. What time have you projected that our local doctors will not need a foreign doctor to keep coming to do things?

Hon. J. Rahael: Member for Barataria/San Juan, thank you very much for your intervention. I have indicated to the team and to the foreign UK doctor who is a professor, that we cannot wait whenever he comes down to Trinidad to do these surgeries, so he was given a mandate that during October 2005 to June or July 2006 that he must be able to train a local surgeon, and that team must be on the ground in Trinidad and Tobago 24/7. We cannot wait for anyone to come from abroad, because there may be emergencies for open-heart surgeries. Mr. Speaker, I am happy to report that from October last year, we have a full team on the ground 24 hours, seven days a week. [*Desk thumping*]

In addition to that, do you know how many surgeries we are doing now? Just two years ago we were doing 60 surgeries per annum, and we are now doing 240 surgeries. That is a 400 per cent increase. We are doing 20 open-heart surgeries every month now at Mount Hope. Again, I repeat, this is for indigent persons who cannot afford to have the surgery done privately. [*Desk thumping*]

Mr. Speaker, we are not just doing open-heart surgeries, but with that comes a tremendous demand for more theatre time; more medication; more health care providers; the proper blood; and more beds, particularly ICU beds. The problem is not having ICU beds but, nurses to attend to the ICU patients. We are doing 240 open-heart surgeries, 20 every month. That is almost one surgery per day.

Mr. Hinds: In Trinidad?

Mr. Singh: Could the Minister give us an appreciation of the cost?

Hon. J. Rahael: In the private sector it could cost between \$150,000 to \$160,000 or more to do that surgery. I do not want to disclose the figure because it is a special arrangement we have with the team but, only to tell you that it is substantially less than that. As a matter of fact, let me put it this way, it is about 50 per cent of that figure. [*Desk thumping*] So, the cost that we have been able to negotiate with Caribbean Heart Care—I can call the company's name that is providing the service at the Eric Williams Medical Sciences Complex—is less than 50 per cent of what the commercial price is.

Mr. Speaker, there is this impression that we are against doctors. The majority of doctors in Trinidad and Tobago are good, dedicated and hardworking doctors. There is a small group that seems to have media attention and influence over the young doctors. That is what is happening. They have their own agendas, whatever they are. Generally, we have excellent doctors and their hearts are in the right place. [*Desk thumping*] I have said that over and over.

Dr. Khan: You said that Caribbean Heart Care is doing the surgeries for 50 per cent less than the normal price but, have you given consideration to the amount of money that insurance companies are not paying out as a result of the ministry paying money to the different systems? They are sending their patients who have insurance coverage and they are not paying anything. Is the ministry going to collect money from these insurance companies to buffer that?

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. [*Dr. F. Khan*]

Question put and agreed to.

Hon. J. Rahael: Mr. Speaker, I thank the Member for Barataria/San Juan for his question but, if he was paying attention he would have heard me say that with respect to every one of those patients, a social worker would visit the patient to ensure that patient does not have insurance and that the patient cannot afford the surgery. Let me put it to you this way. If one person or two persons fall through the crack that might be possible but, the policy is—and we have made it quite clear—that no one with insurance and no one who has the financial resources can come on to that programme.

Now, it is very possible that if someone has insurance and the insurance company does not pay 100 per cent of the cost, and that person still cannot afford the 25 per cent of whatever is the percentage, that person can apply to the Ministry of Health through our Medical Aid Committee, and a social worker will look into the matter and assist that patient in getting the additional funding that is required in order to have the surgery done in the private sector. So, persons who cannot afford it are the ones whom we provide that service for at the Mount Hope Medical Sciences Complex. Persons who have insurance and the financial resources could do it privately.

The actual providers who do the surgeries also have an interest. If someone has insurance or the financial means that person could do it in that manner. If a person does the surgery through the Ministry of Health Programme that person would get it done for less than 50 per cent than if he or she had gone through with the claim from the insurance company where the individual is charged the full amount. So, while the ministry is monitoring this, it is also an incentive for the group that is doing it also to monitor as well. It is not in their interest to operate on a patient who has the financial resources to do it to come on to the Government's programme, because with the Government programme they are paid 50 per cent less than the commercial price.

Mr. Speaker, I was making the point that we have reached capacity level at the Eric Williams Medical Sciences Complex. We just cannot cope with any more numbers, so we have looked at the Port of Spain General Hospital. I was told that they never did open-heart surgery in Port of Spain. So, if they never did it that does not mean that we cannot do it. Mr. Speaker, let me tell you the hurdles, the difficulties and the obstacles that were put in our way by certain individuals who used to be at that Port of Spain General Hospital. [*Interruption*] He was removed. Every single possible thing was done to make sure that it did not happen. This is a service that we were providing for the poor—persons who could not afford open-heart surgery.

Mr. Speaker, we did not use the same team that we had at the Eric Williams Medical Sciences Complex, because we did not want to continue having just one team on the ground here in Trinidad and Tobago providing that service but, we wanted to develop a second team. That is why we looked at the Port of Spain General Hospital to provide cardiac services and open-heart surgeries with a team headed by a different group, so that we would not drain the resources at Mount Hope and we would not have a monopoly.

I am happy to report, as was reported in the newspaper two months ago, that we were able to do open-heart surgeries for the very first time in the history of the Port of Spain General Hospital. [*Desk thumping*] For those who said that is a one-off thing; that it is not sustainable, let me just indicate that yesterday we did two open-heart surgeries at the Port of Spain General Hospital. [*Desk thumping*] What we are doing is developing the programme to do more surgeries, and to become more efficient by providing the services at our major institutions in Trinidad and Tobago, and provide the protocols, the quality and the systems that are needed to be put in place.

I was asked the question sometime ago, arising out of the trip to the United Kingdom, if we attracted any Trinidadians or Tobagonians from that trip. Let me indicate that a number of nurses have been back in Trinidad and Tobago. Today, we have a number of doctors. I can single out two doctors, one who is a cardiologist and the other is now working at the Port of Spain General Hospital. Again, for the very first time in the history of the Port of Spain General Hospital we are doing laparoscopy surgery. That is the surgery where they do not cut you, but they put holes—[*Interruption*]—it is not laser. It is something like a camera where they can see through a screen what needs to be done, and they do it in that way. It is called laparoscopy surgery. What it is?

Dr. Khan: A peephole.

Hon. J. Rahael: That is what it is referred to as; a peephole. We have done over 30 procedures at the Port of Spain General Hospital in that fifth theatre that was never commissioned before two months ago. We are doing cardiac surgeries at that theatre now and laparoscopy surgery but, that is not all.

Mr. Speaker, we are extending the services that are being provided at the Port of Spain General Hospital and, at the same time, we are upgrading what is there. On Wednesday, I am going to be reopening a refurbished ward at the Port of Spain General Hospital. Now, the media is going to be there and they are going to take out pictures and report it in the news, and they are going to say, here he goes again taking out pictures—[*Desk thumping*]—but it is all about what you do. It is

not my fault. I told the media to stop covering all of these events, and they said that it is their job, and if I want to deny them from doing their jobs. [*Laughter*] The media just keep following me around. One of them wants to know if I am competing with Paris Hilton.

Dr. Rafeeq: I thank the hon. Member for giving way. Are you in a position to give us any information on the national health insurance?

Hon. J. Rahael: I am going to leave that one for the budget debate. I am making the point that based on the number of new initiatives and based on what we are doing it is being reported. We will never get everything right.

Mr. Speaker, in the medical fraternity when an incident happens that should not have happened—they refer to it as an adverse event. That is not my words. Since that is their language, I will have to use their language. In the very best hospitals in the world there are adverse events. We must make sure that if an adverse event takes place, we must investigate why it happen, and we must put measures in place to make sure it does not happened again. We must also be continually looking at improving our protocols and systems, and that is what it is all about.

Mr. Speaker, yes there are shortcomings, and yes, there is much work to be done, but all I am saying is that we must not be sidetracked by reports and information that are not accurate, and which are put sometimes into the system to create mischief. I will not go into the matter now, because we will be debating the amendment to the Medical Board soon. The information that is being put out there is inaccurate, and that is why it is important that we continue to provide information and education to the people of Trinidad and Tobago as to what we are doing in the health sector. Mr. Speaker, more of that to come in time.

I look forward to implementing a number of the recommendations coming out from the joint select committee and the report into the health sector. The hon. Prime Minister has already sent the report to various institutions to look at it, and to report back, and we look forward to that. With those few words, I thank you. [*Desk thumping*]

Mr. Ganga Singh (Caroni East): Thank you very much, Mr. Speaker. I thought the Prime Minister was going to engage the House. I want to take this opportunity to wish him a happy 61st birthday. [*Desk thumping*] We on the opposite benches wish him all the best, notwithstanding the fact that he was feeling unwell at the food consultation, I was reliably informed but, nevertheless, we wish you well, hon. Prime Minister.

Mr. Manning: Mr. Speaker, I would like to thank the hon. Member for Caroni East for his kind words. I would like to advise him that whatever communication he got in his mailbox on this occasion was most inappropriate. [*Laughter*] I have not felt better for a long time. Thank you very much

Mr. G. Singh: I am happy to hear that, hon. Prime Minister, and I wish you enjoy the rest of the afternoon on your 61st birthday. Mr. Speaker, of course, I have the date here in my front pocket and I would indicate the date. That date is also an indication of what I get in my mailbox, and you may correct that also.

Mr. Speaker, I want to congratulate the hon. Member for Caroni Central for tabling this report. I think it is the first report that we are discussing in the House of Representatives on the joint select committee system and, therefore, it demonstrates the good that can come out of the monitoring and scrutinizing roles that the joint select committee system can bring in building the democracy of this country.

The report points to several major issues in the corporate structure; in the quality of health care delivery; in the financial operations; in the financial statements; in the human resource department; in the procurement procedures and in the asset management, particularly in the area of financial control systems and the whole payment of statutory deductions and so on. This is a very thorough report and I want to congratulate the Members of that committee. I think the chairperson is Sen. Mary King and I want to congratulate them for a job well done.

Mr. Speaker, I indicated earlier that the Minister of Health is very responsive when we as parliamentarians call on behalf of our constituents for assistance. I want to thank him personally for responding to several of my constituents who have been the beneficiary of his intervention in order for them to move up the waiting list, because of the urgency of their situations.

Mr. Speaker, the hon. Minister indicated that there are problems associated with the merger of the Central Health Authority and the North West Regional Health Authority and, therefore, the problems that existed then were problems hopefully that would have been corrected since there is now the separation of the North Central Health Authority from the North West Regional Health Authority. Notwithstanding the Gafoor report and the joint select committee report into the health care system, there seems to be some fundamental problems still occurring within the North West Regional Health Authority. The Minister indicated that there is much erroneous information out there and the reports are not accurate.

I want to quote from a memorandum to Dr. Victoria Phillips, Chairperson of the Audit and Finance Committee from Harriram Laloo, Internal Auditor dated March 12, 2007. The subject is “Audit Report on the Arrears of Increments for the period 01/01/04 to 30/11/06”.

Mr. Speaker, what is of importance in this report is the fact that there was a payment to someone who had absolutely nothing to do with the computation of arrears; Demetrius Harrison. I want to read from page 6 of this report which I would make available to the hon. Minister. It deals with the computation of the arrears and the process of the computation of these arrears. It says:

“An examination of the Check Register in respect of the Republic Bank Limited Recurrent Account contained in the computerized Peachtree Accounting System revealed that the payment of forty-eight thousand dollars (\$48,000.00) was made to an unfamiliar individual by the name of Mr. Demetrius Harrison via Cheque #003788 on December 7, 2006. In view of this, the respective cheque and its supporting documents were verbally requested by Audit from the Payables Department on February 13, 2007, however, the said documents could not be located. It must also be noted that this respective cheque was not recorded in the Log Book for Receipts and Issues of Cheques, which is kept by the Payables Supervisor...nor was it recorded in the Recurrent Cheque Log Out Book which is maintained to show the distribution of same after preparation... Clearly, all internal controls regarding the issuing of this specific Cheque were broken by the Finance Department, and as such, were not in accordance with the Authority’s approved policies and procedures.

The person who prepared this document went on to outline the various requests that were made for the necessary supportive documentation. I would not itemize them but, for purposes of the record, let me just read what transpired.

“The invoice further specified a Payment on Account of forty eight thousand dollars (\$48,000.00), with a balance outstanding of six thousand, four hundred and forty-four dollars and seventeen cents (\$6,444.17). It was observed that the attached invoice did not comprise of a Letterhead nor did it contain a signature of the respective Supplier/Contractor. It must be pointed out that these financial documents have not been returned to the Payables Department to date, and as such, are still in the possession of the Chief Financial Officer. Again, it must be emphasized that this was contradictory to the Authority’s approved policies and procedures.

A copy of the returned cheque was retrieved from the General Accounts Department, which confirmed that the forty-eight thousand dollars (\$48,000.00) was cashed on the same day as the date of the cheque i.e. December 7, 2006 at 5.22 p.m. at Republic Bank Limited, Valpark Shopping Plaza...Communications held with staff of the Internal Audit Department of the NWRHA revealed that Mr. Demetrius Harrison is currently employed as a Hospital Attendant at the St. Ann's Hospital NWRHA. Clearly, this individual in question is not a member of the Payroll or the Administrative Department, NWRHA and was not a member of the team who participated on the increment exercise. Therefore, the preparation of a cheque utilizing public funds in the name of an individual who did not supply any goods or service to the Authority was in contravention of standard accounting practice. In addition, since no agreement was seen by Audit to be executed between the NCRHA and the individual concerned, this situation appears to be tantamount to an illegal conversion of funds and to represent a fraudulent act which must be dealt with seriously. This type of action, if allowed to go unaddressed, leads to the demise of organizations.”

Mr. Speaker, this is a memorandum indicating where a hospital attendant of the NWRHA is being paid by the NCRHA for work that he could not conceivably have done. How is this possible? Why did the Chief Financial Officer authorized this payment?

Mr. Speaker: I want to thank the hon. Member for Caroni East for giving way. Earlier on I had indicated and you had consented to the Prime Minister making his statement, and I now call upon him to do so. [*Desk thumping*]

STATEMENT BY MINISTER

Transfer of Home Mortgage Bank Shares (Andrè Monteil)

The Prime Minister and Minister of Finance (Hon. Patrick Manning): Mr. Speaker, thank you very much. On the authority of the Cabinet, I wish to make the following statement. Mr. Speaker, in accordance with the commitment which I made to this Honorable House on Wednesday May 09, 2007, I wish to lay on the Table of this House today two reports on the sale of the 43.8 per cent shareholding of The Home Mortgage Bank which was held by Colonial Life Insurance Company Limited (CLICO).

On March 28, 2007, the sale was made to a company Stone Street Capital for a price consideration of \$110 million. The company is co-owned by Mr. Andre Monteil and his wife.

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Mr. Speaker, as you are aware, Mr. Andre Monteil at the time of the transaction held chairmanships in three entities: one quasi-public, that is the Home Mortgage Bank and the other two public institutions: the Housing Development Corporation and the Education Facilities Company Limited. Moreover, as a senior official of CLICO, he is the Chairman of CLICO Investment Bank.

Shortly after the transaction, Mr. Andre Monteil offered his resignation as chairman of the Housing Development Corporation and the Education Facilities Company Limited. The Government has accepted the offer of Mr. Monteil to resign his chairmanships from these two state agencies.

Mr. Speaker, the transaction has raised a number of public policy issues. It was alleged that the transaction represented a conflict of interest and involved possible impropriety. The Central Bank of Trinidad and Tobago and the Securities and Exchange Commission have now completed their reports on the transaction—the preparation of these reports were already in progress when I gave my commitment on May 09, 2007.

For the Central Bank of Trinidad and Tobago, the issue was whether the transfer of the 43.8 per cent shareholding owned by CLICO to Stone Street Capital was consistent with the provisions of the Home Mortgage Bank Act as amended in 2005 and 2007; and for the Securities and Exchange Commission, the issue was whether the transaction breached any provisions of the Securities Industries Act, 1995.

Mr. Speaker, a question also arose with respect to the financing of the transaction under which the Housing Development Corporation was said to have made a deposit of \$100 million in CLICO Investment Bank. Mr. Andre Monteil was at the time chairman of both institutions; the Housing Development Corporation and CLICO Investment Bank.

Mr. Speaker, the Home Mortgage Bank Limited was established by the Home Mortgage Bank Act, No. 12 of 1985. The 2007 amendment gave the Central Bank explicit regulatory responsibilities for the Home Mortgage Bank but those responsibilities were limited to operational matters, and the regulations for these operational matters are now being prepared.

However, the matters over which the Central Bank had supervisory powers related, for example, to treatment of assets and investments, treatment of interest, risk management, reserve fund requirements and new financial institutions. Accordingly, given that the 2007 amendment did not treat with issues relating to the share structure of the Home Mortgage Bank, the Central Bank has advised that

it is of the view that the transfer of shares to Stone Street Capital is legal and as such, there is no basis under the Home Mortgage Bank Act to seek a reversal of the transaction. However, the Central Bank has also advised that in its view, the new share structure following the transaction is inconsistent with the original philosophy, which saw the Home Mortgage Bank as an institution with a public purpose like the Unit Trust Corporation. The Central Bank has also expressed the view that the new share structure is inconsistent with the intention of the 2005 amendment to the Act, which envisaged the listing of the shares on the Stock Exchange to produce a broad representative ownership structure.

It should also be noted that the 2007 amendment to the Act was made in the context of a policy decision to list the shares of the Home Mortgage Bank on the Stock Exchange in order to allow the widest possible public participation in the ownership of the bank. As a result, it was expected that share transfers would have been regulated by the Securities and Exchange Commission under the new arrangements.

Mr. Speaker, the transaction between CLICO and Stone Street Capital needs to be placed in the context of section 28(2) of the Home Mortgage Bank Act. The earlier 2005 amendment removed the various classes of shareholding, provided for the unrestricted transfer of shares and accordingly initiated the process for public participation in the Home Mortgage Bank, a policy objective which was overwhelmingly endorsed by this honorable House.

Mr. Speaker, in the context of this policy initiative, section 28(2) requires the shares of the Home Mortgage Bank to be under the control of the directors who may from time to time allot or otherwise dispose of all or any of the same to such persons on such terms and conditions as the directors shall think fit.

However, I wish to emphasize that it is the view of the Government that sound and fair principles of corporate governance must prevail in all institutions which are established by statute for public policy purposes. We believe that the Home Mortgage Bank, which has been established by statute, should be subject to best practice principles with respect to the transfer of shares. Accordingly, the Government intends to amend section 28 of the Home Mortgage Bank Act to ensure that section 28 would appropriately amend the transfer of shares from any existing shareholder to another existing shareholder or entity.

Mr. Speaker, the Government is of the view that the emerging new share structure in the Home Mortgage Bank is inconsistent with our public policy objective of the widest possible public participation in the ownership of the Home Mortgage Bank, which was the foundation for the 2005 amendment, which

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provided for the unrestricted transfer of shares. That action in 2005 began to lay the groundwork for a broad-based ownership structure of the company when at the appropriate time the bank would have been subject to an initial public offering (IPO) to the national community. We have already set in motion the plans to implement that public policy objective.

Mr. Speaker, as an initial step, the Government and the Central Bank have agreed in principle on the arrangements whereby the shareholding of the Central Bank in the Home Mortgage Bank—2,400,000 shares—would be sold to the Government of Trinidad and Tobago, the Corporation Sole. Following that sale, the Government would consult with the other shareholders of the Home Mortgage Bank on determining the broad parameters which would govern an IPO to the national community.

The report by the Securities and Exchange Commission (SEC) on the sale of the shares by CLICO to Stone Street Capital is relevant, because the Home Mortgage Bank is a reporting issuer under the Securities Industry Act, 1995 as a result of its issuance of certain debt securities to the public. However, the Securities and Exchange Commission has advised that the equity of the Home Mortgage Bank does not trade on the Trinidad and Tobago Stock Exchange, and in its view, the securities of the Home Mortgage Bank are private placements and are not required to be registered with the Securities and Exchange Commission.

Mr. Speaker, the Securities and Exchange Commission has also advised that in its view the provisions of the Securities Industry Act 1995 including the possibility of illegal insider trading do not apply to the sale of the shares by CLICO to Stone Street Capital.

The Securities and Exchange Commission has further advised that the Home Mortgage Bank, as a reporting issuer, has other obligations including the reporting of material changes, for example, a change in ownership. That material change must be reported as soon as practicable but no later than seven days after the change had occurred and the Bank so notified. In this context, the Securities and Exchange Commission has advised that the Home Mortgage Bank has satisfied the requirements under the Securities Industry Act, 1995.

Mr. Speaker, I wish to complete this statement by providing this honourable House with the decision-making framework used by the Housing Development Corporation to make an investment of \$60 million in CLICO Investment Bank by way of a short-term deposit.

The Housing Development Corporation has advised that it has been utilizing domestic financial resources through government guaranteed bond issues to finance the construction of housing units under the Government's housing programme.

Subsequent to the receipt by the Housing Development Corporation of the proceeds of the Government guaranteed bonds, the corporation generally invests in short-term deposits those funds that are not immediately required. The investment policy seeks to invest excess funds at the most beneficial terms possible and in a manner which would ensure the availability of resources to the corporation as and when required.

Mr. Speaker, the Housing Development Corporation has advised that in accordance with this decision-making framework, it made a short-term deposit of \$60 million on February 13, 2007 at CLICO Investment Bank.

In summary, the Central Bank and the Securities and Exchange Commission have advised that no law was broken by the transfer to Stone Street Capital of the 43.8 per cent shareholding held by CLICO in the Home Mortgage Bank. However, I wish to make it clear that the transaction was not consistent with the Government's policy objective of the widest possible public participation in the ownership of the Bank. Accordingly, the Government intends to move swiftly to amend the Home Mortgage Bank Act to ensure that its policy objectives with respect to this matter are fulfilled.

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

JOINT SELECT COMMITTEE REPORT
Government Ministries Part II
(North West Regional Health Authority)
(Adoption)

Mr. G. Singh: Mr. Speaker, thank you. I hope that the Prime Minister circulates the reports of the SEC and the Central Bank and also his statement on this matter.

Mr. Speaker, you would recall that when I raised this matter, a certain Member of Parliament—I think the Minister of Housing—branded me a liar, and today I am vindicated in the context of the public policy objectives. [*Desk thumping*] I will come to that.

So, I was making the point, prior to the Prime Minister reading the statement that here it is you have the Chief Financial Officer of the NWRHA okaying a sum of \$48,000 to pay for the computation of arrears to a hospital attendant at the St. Ann's Hospital.

Mr. Ramsaran: That is madness.

Mr. G. Singh: There is a whole memorandum with copies of the cheque and so forth. In other words, it seems to me that the corruption continues unabated at the NCRHA. The hon. Minister said that he was going to put the wrongs that were committed right when he divorced the NCRHA from the NWRHA. Hon. Minister, it is clear that the malady is deeper than you contemplated. Here you have the CEO and the CFO in collusion, and you have a payment of \$48,000. This is what this report indicates.

I also want to deal with another matter which deals with the whole question of—

Mr. Manning: Mr. Speaker, I am sorry. I thank the hon. Member for Caroni East for giving way. Just permit me to formally advise this honourable House and the national community that the budget for fiscal year 2008 will be presented in this honourable House on Monday, August 20, 2007 at 1.30 p.m. sharp. [*Desk thumping*]

Mr. G. Singh: Mr. Speaker, when I was interrupted, I thought the Prime Minister would have pulled from his jacket pocket the date of the election which my prophets tells me is October 08, 2007.

Mr. Manning: Oh! Mr. Speaker, I will leave him alone.

Mr. G. Singh: Mr. Speaker, so the statement of the hon. Prime Minister deals with the whole question of those who have inside information and how they organize their transactions. The role of the CFO in the NCRHA also speaks of that. Here it is, there was the computation of arrears, and the payment for that is paid to someone who had absolutely nothing to do with it but an employee at the St. Ann's Hospital; a hospital attendant. Pardon me, if I say this is madness; utter madness—the payment for the computation of arrears for an employee of the NWRHA in the sum of \$48,000 to a hospital attendant at the St. Ann's Hospital who had nothing to do with the computation of those arrears.

4.20 p.m.

So, here it is you have a situation; I hope that the hon. Prime Minister, when they are seeking to put the shares of the Home Mortgage Bank in the market, as to what they are going to do with those shares; as to what price those shares will be placed in the market—because I have had experience in another situation where some of the parties involved are currently involved in this matter; where they made a profit of a sum of \$104 million—you take that experience—

Mr. Manning: Who was the Prime Minister then?

Mr. G. Singh: You were the Prime Minister then at that time of transaction. It was 1991 to 1995 in which that transaction took place; in which the sale of the Republic Bank shares to Vivica Holdings took place and Mr. Monteil was at that time, the Chairman of T&TEC and he was also one of the primary principal shareholders of Vivica.

Mr. Speaker, I want to deal with this whole issue of the infrastructure at the Eric Williams Medical Sciences Complex. I want to make reference to the Minister through a memorandum and I would quote from it:

“To: Chief Executive Officer...
From: Clinical Director, Adult PCF
Date: June 11th 2007
Subject: The unattainable, uncontrollable situation at the Adult Priority Care Facility

At this very point in time, Monday June 11th 2007 at 10.21 a.m., twenty-six (26) patients are ‘stacked’ in Adult PCF awaiting a bed. Two stable patients are in the Crash Room as there is no other place to put them. As a result, there is no working space for new arrivals (as if you want to go and cook and when you arrive in the kitchen, dirty wares are covering the sink and the kitchen counter and there is not even water to wash them).

PCF was designed for twelve (12) trolley cases: five (5) for each close monitoring column and one in each cubicle. We have severely compromised the privacy and the possibility to provide quality care by putting drapes into these cubicles so that we can accommodate at least, three (3) trolleys in the same cubicle. However, at this point in time all the cubicles house four (4) trolleys, also, the close-monitoring area was draped ‘to double’ the capacity to ten (10) but at present, there are fifteen (15) cases housed there.”

The hon. Minister would know that his Ministry has moved from less than \$1 billion in the time when the hon. Member for Caroni Central was the Minister, to over \$3 billion. And here it is a situation where you do not have beds for patients at the Eric Williams Adult Patient Care Facility.

Mr. Rahael: Would you give way?

Mr. G. Singh: Sure.

Mr. Rahael: Thank you very much. You are making it sound as if it is the physical bed is what is required. It is not just the physical bed that is required; it is a lot more than that. It is the space; number of nurses; number of doctors; number of attendants. So it is not a simple thing as going and buy 100 beds and putting it where? Who is going to manage it? I have already indicated a 500 per cent increase in the number of patients.

Mr. G. Singh: I want to thank the Minister. I want to go on to quote from this memo:

“The rest of the patients are lined up in the corridor, some sitting on chairs when they should be on a trolley.”

Mr. Speaker, there is a picture in the newspaper of a pregnant woman at the San Fernando General Hospital, standing up, waiting on a bed. I know that the malady is deep; I know what you are talking about. I see one political commentator called him Paris Hilton for all the posing that he is doing. I think that is a disservice to Paris Hilton. [*Laughter*] I continue to quote from this memo:

“...the root of the problem is that EWMSC was never designed to be a General Hospital and is therefore unable to deal with the ever, increasing patient load. As a result, the system is totally clogged-up with no outflow while the inflow continues. This problem was highlighted on many occasions in various correspondences.”

So we have a situation where the Minister made the point, Eric Williams Medical Sciences Complex was not designed to be a general hospital and it has now exceeded its capacity and that therefore you are moving elsewhere.

The other point made is that the catchment area of the Eric Williams Medical Sciences Complex, when they do an empirical analysis, is far beyond the catchment area of the Port of Spain General Hospital or even the San Fernando General Hospital and therefore the number of patients coming in is far greater and I would read that.

When I raised matters in this House, I raised matters in the public interest and I am happy that the Prime Minister responded to this matter that I raised. But when I read it thoroughly I am certain that I would have clear indications. Certainly I raised this whole question in the public interest and I am happy now that my raising of these matters, not only has vindicated the stand that I took, but also, demonstrated a change in policy that is now going to be brought about and crystallized in legislation. [*Desk thumping*] That is what I would call “the Monteil effect”. [*Laughter*]

Hon. Member: What about the Rowley effect?

Mr. G. Singh: The hon. Minister of Housing was quick to defend Monteil by claiming: “Rowley slams Ganga exposes, liar, liar”. Well truth, truth has come out today from the very lips of the Prime Minister. [*Desk thumping*] I was dealing with the catchment area of the North Central Regional Health Authority and they go on to state in this memorandum:

“The catchment area of the three major hospitals (Port of Spain General Hospital, San Fernando General Hospital and EWMSC) is about the same size but Port of Spain has 421 Adult Surgical and Medical beds while EWMSC has 151 Adult beds at present and will one day have 193 beds (with the opening of the last remaining two wards, Ground Floor 10 and First Floor 7). As such, in the future we will always have 50% of the capacity of the Port of Spain General Hospital.”

This is an internal memo, Mr. Speaker. It goes on to say:

“Of course, the 151 available beds face also competition from national programs as Open-Heart, Tissue Transplant, Cath-Lab, Operation Rainbow, etc. while Port of Spain does not face this additional patient load. One should also keep in mind that these national programs not only compete with the EWMSC for bed space, but also for auxiliary services like lab, stores, CSPD, etc.”

Mr. Speaker, this internal memorandum of the Clinical Director Adult Patient Care Facility says:

“The situation is unattainable and controllable, what can be done?”

Whilst Mr. Monteil is on a cruise in the Baltic Sea enjoying the benefits that were accrued from his purchase of the 43.8 per cent or 48.1 per cent of the Home Mortgage Bank, the hon. Prime Minister has to come and make changes in public policy to ensure that the predators in this society do not have a ball at taxpayers expense. How do they plan to deal with this increased outflow? They plan to increase—

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 today, I think on behalf of both sides of the House, we want to wish you, Mr. Speaker a happy 30th wedding anniversary. [*Desk thumping*] Thirty years is a long time and you have done it. Congratulations.

Adjournment

Friday, August 17, 2007

Mr. Speaker, I beg to move that this House be now adjourned to Monday, August 20, 2007 at 1.30 p.m.

Question put and agreed.

Mr. Speaker: This House now stands adjourn to Monday, August 20, 2007 at 1.30 p.m. when all Members would have the pleasure of hearing the Prime Minister read his budget statement.

House adjourned accordingly.

Adjourned at 4.30 p.m.