

HOUSE OF REPRESENTATIVES*Friday, September 14, 2007*

The House met at 1.30 p.m.

PRAYERS[MR. SPEAKER *in the Chair*]**ORAL ANSWERS TO QUESTIONS**

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, the Government is today able to answer the following questions: Nos. 36, 82, 83, 89 and 91.

University of Trinidad and Tobago (UTT)

36. Mr. Ganga Singh (Caroni East) asked the hon. Minister of Science, Technology and Tertiary Education:

Could the Minister 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?

The Minister of Science, Technology and Tertiary Education (Sen. The Hon. Mustapha Abdul-Hamid): Thank you very much, Mr. Speaker. The University of Trinidad and Tobago has advised that the following are all the contracts entered into by the University of Trinidad and Tobago (UTT) as at December 31, 2006. I will provide the nature of the contract, the company and the date of the contract.

**List of Contracts entered into by the University of Trinidad and Tobago
as at December 31, 2006**

| UTT O' MEARA CAMPUS BUILDINGS | | | |
|--------------------------------------|---|------------------------|-----------|
| 1. | Project Management Services | APR Associates Limited | 31-Mar-05 |
| 2. | Supply and Installation of Duct Panels, Toilet Compartments, Shower Compartments & Washroom Accessories | Contrast Systems Ltd | 8-Nov-05 |

Mr. Speaker: I have detected this question from 2006 to date, so you may wish to—I do not know if it will interfere with your presentation but you can in fact, if you wish, answer from 2006 to date.

Sen. The Hon. M. Abdul-Hamid: I am giving the answer as I have it here.

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| 3. | Interior Finishes, Partitioning, Gypsum Walls and Ceiling, Vinyl Flooring | CW Interiors Limited | 17-Oct-05 |
| 4. | Generator and Related Accessories | FT Farfan | 20-Feb-06 |
| 5. | Civil, Structural and Architectural Designs | Jenifer Smith Architects Limited | 18-Oct-04 |
| 6. | Plumbing – Supply and Installation | Modern Sanitary Plumbing Contractors Limited | 5-Sep-05 |
| 7. | Air Conditioning—Supply and Installation | Peakes Technologies Limited | 26-Jul-05 |

Mr. Speaker: I will advise every single Member of this House to take off their cellphones. I have noticed that cellphones ring during a sitting; I have noticed the continued use of Members texting during sittings and it is not really parliamentary. Please continue.

Sen. The Hon. M. Abdul-Hamid: Thank you once again, Mr. Speaker.

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| 8. | Fire proofing with Intumescent Paint | Rellco Services Limited | 26-Jul-05 |
| 9. | Electricity Connection—Supply and Installation | Trinidad and Tobago Electrical Contractors | 28-Jul-05 |
| 10. | Roof Water-Proofing/Covering | Weather shield Systems Limited | 22-Aug-05 |
| 11. | Construction Services For Foundations & Superstructure—Package A & B | Yorke Structures Limited | 11-Mar-05 |
| 12. | Roller Shutter Doors—Supply and Installation | Tracmac Engineering Limited | 19-May-06 |

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| 13. | Supply and Installation of Glass for the Internal Bookstore Enclosure | West Indies Aluminum Designs Limited | 23-Aug-06 |
| 14. | Windows and Doors—Supply and Installation | Mr. Paul Rostant | 15-May-06 |
| 15. | Construction Services for Security Fencing, Roads and Drains | Moonan Engineering and Construction (T&T) Limited | 26-May-06 |
| 16. | Fire Alarm System—Supply and Installation | Safe-Tec Limited | 7-Oct-05 |
| 17. | Landscaping Services | Petrea Limited | 3-Nov-05 |
| 18. | Preparation of Campus for Graduation | Deonarine Bowlah | 30-Nov-05 |
| 19. | Elevator—Supply and Installation | Caribbean Lifts | 15-Dec-05 |
| 20. | Exhaust and Ventilation System for Cafeteria Kitchen—Supply and Installation | Mecalfab Limited | 20-Feb-06 |
| 21. | Building & External Works—Graduation Pavilion and Support Facilities | Rio Claro Construction Company Limited | 4-Sep -06 |
| 22. | Tented Structure and Envelope—Graduation Pavilion | HTS Structures Group | 18-Jul-06 |
| 23. | Air Conditioning Equipment—Graduation Pavilion | Servair Limited | 8-Nov-06 |

Oral Answers to Questions
[SEN THE HON. M. ABDUL-HAMID]

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| 24. | Electrical Services for Graduation Pavilion | Rio Claro Construction Company Limited | 14-Dec-06 |
| 25. | Plumbing Works for Graduation Pavilion | Rio Claro Construction Co. Ltd. | 14-Dec-06 |
| 26. | Iron Gates—Supply and Installation | Christopher Bonterre | 27-Sep -06 |
| 27. | Supply and Installation of Sanitary Ware, Brassware, Flush Valves and Fittings | Neville C. Pouchet Limited | |
| 28. | Supply and Installation of Vertical Blinds | Cushionflor Limited | 31-May-06 |

ICT Equipment

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|-----|---|------------------------|-----------|
| 29. | Supply & Installation of ICT Equipment and Infrastructure | Commnett Caribbean Ltd | 21-Dec-05 |
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UTT Maritime Campus—Chaguaramas

| | | | |
|-----|--|----------------------------------|------------|
| 30. | Construction of High Security Fencing | SRI Construction Ltd | 29-Sep-05 |
| 31. | Civil, Structural and Architectural Design Services | Bynoe Rowe Wiltshire Partnership | 19-May-05 |
| 32. | Construction of Main Campus Building, Training Pool and Infrastructure | Yorke Structures Ltd | 16-Sep -05 |

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| 33. | Training Simulators | Kongsberg Maritime | 28-Jul-06 |
| 34. | Construction Service for Fire House | National Energy Skills Centre (NESC) | 14-Feb-06 |
| 35. | Construction of East Boundary Drain | Deonarine Bowlah | 19-May-06 |
| 36. | Supply and Installation of Air Condition Systems | Deonarine Bowlah | 31-Jan-05 |
| 37. | Installation of Elevator Lift | R.B.P. Lifts | 1-Sep-06 |

| UTT Main Campus, Wallerfield Buildings | | | |
|---|---|--------------------------------|-----------|
| 38. | Architectural Designs | ACLA Works | 18-Mar-05 |
| 39. | Project Management Services | Acuitas Caribbean Limited | 5-May-05 |
| 40. | Mechanical and Electrical Engineering Design and Services | ENCO | 5-May-05 |
| 41. | Structural Engineering Design and Services | KS&P Limited | 5-May-05 |
| 42. | Quantity Surveying Services | Skinner & Joseph Q.S. Practice | 5-May-05 |
| 43. | Landscape Design and Services | TMS Trinidad | 23-Jun-05 |
| 44. | Site Enabling Works | Junior Sammy Contractors Ltd | 2-Jun-06 |

| UTT Point Lisas Campus | | | |
|-------------------------------|---|------------------------|-----------|
| 45. | Design & Specification of A Quality System & Manual for the UTT Quality Assurance Manuals | Southampton Solent | 30-Nov-05 |
| 46. | Oracle System Implementation—Equipment, Software, Training | Illuminat | Jun-06- |
| 47. | Construction Services - Building Extension, Supply and Installation of Laboratory Equipment | H. Rajack Construction | 30-Sep-04 |
| 48. | Equipment refurbishment of classrooms | Mediworld Ltd. | 31-Jan-06 |
| 49. | Washrooms at the Point Lisas Campus | H. Rajack | 23-Aug-06 |

| John Donaldson Technical | | | |
|---------------------------------|--|---------------------------|-----------|
| 50. | Cleaning & Covering Major Open Box drain | Inch by Inch Construction | Sep-06 |
| 51. | Refurbishment of Offices | De Leon Construction | 06-Jun-06 |
| 52. | Construction of Planter Boxes | Inch by Inch Construction | 16-Aug-06 |

| San Fernando Technical Institute | | | |
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| 53. | Remodeling of office space to accommodate Faculty Workstations | H. Rajack | 22-Sep-06 |
| 54. | Installation of burglar proofing | Shameed Mohammed | 22-Sep-06 |

| Corinth Teachers College | | | |
|---------------------------------|--|------------------|-----------|
| 55. | Building Upgrade Works | Deonarine Bowlah | 24-May-06 |
| 56. | Construction Services—Refurbishment Offices | H. Rajack | 04-Sep-06 |
| 57. | Construction Services—Refurbishment of Classrooms | Deonarine Bowlah | 23-Aug-06 |
| 58. | Refurbishment Works—box drain and female bathrooms | H. Rajack | 23-Aug-06 |

| Licence Agreements | | | |
|---------------------------|--|--|--------|
| 59. | Courseware License Agreement for IT Programmes | Tata Infotech of India | Nov-04 |
| 60. | Petroleum Programmes | University of Texas, Austin | Aug-04 |
| 61. | Provision of education materials and policy development for Manufacturing Programmes | Cambridge University, United Kingdom | Aug-05 |
| 62. | Diploma and Applied Degree Programmes | Southern Alberta Institute of Technology | Sep-04 |

| Consultancy Services | | | |
|----------------------|---|------------------------|-----------|
| 63. | Management Consultancy Services—Finance Capital Projects and Procurement Functions | PricewaterhouseCoopers | 25-Nov-05 |
| 64. | Management Agreement for the delivery of a Transition Studies Programme for prospective UTT Students | COSTAATT | 1-Sep-04 |
| 65. | Establishment, Management, Maintenance, Operation and Administration of the daily affairs of the Medical Transcription Training Initiative for UTT. | E-Teck | 6-Jul-05 |

Mr. Speaker, these are contracts which constitute part of all the contracts. [*Crosstalk*]

Mr. Speaker: Allow the Minister to answer the question, please. Proceed and could you speed it up too, please.

Sen. The Hon. M. Abdul-Hamid: Mr. Speaker, I am reading as quickly as I can if I am to be understandable. If I am to be understood, I must read it clearly.

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| 66. | Provision of Consultancy Services in the area of Medical Services | John's Hopkins University | 28-Feb-06 |
| 67. | Provision of Consultancy Services for the conduct of post—implementation evaluation of IHRIS | Ministry of Public Administration and Information | 22-May-06 |
| 68. | Provision of Operations Training and Competency Management Assurance Services | bpTT | 08-Sep-06 |

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| 69. | Contract for the provision of CMAS Assessors | Offshore Design Limited | Dec-06 |
| 70. | Contract for the provision of CMAS Assessors | IT Buddies Limited | Dec-06 |
| 71. | Provision of COW Training | RGIT Montrose | Dec-05 |
| 72. | Provision of Engineering Training | Petroskills | Dec-04 |
| 73. | Implementation of Undergraduate Degree Programmes in Electrical and Mechanical Engineering Technology | University of Houston, College of Technology | 01-Jan-03 |
| 74. | Consultancy Services for the preparation of high definition underwater films and technology presentation | Oceans Discovery Network | 24-Aug-06 |
| 75. | Development and Execution of a Public Communications Campaign | Advance Dynamics Limited | 20-Dec-05 |

| Miscellaneous Services | | | |
|-------------------------------|---|------------------------------------|-----------|
| 76. | Advertising and Marketing Services for UTT Graduation Exercise | AB Solutions Design Studio Limited | 28-Nov-06 |
| 77. | Electronic Video and Television Production Services for UTT Graduation Exercise | Advance Dynamics Limited | 22-Nov-06 |

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| 78. | Printing Services for Graduation Exercise | Textprint Limited | 22-Nov-06 |
| 79. | Rental of Photocopiers for various locations | Gemini Business Solutions Limited | 6-Nov-06 |
| 80. | Supply of Security Services for the John S. Donaldson Technical Institute. | Amalgamated Security Services Limited | 18-Dec-06 |
| 81. | Security Services—Maritime | Pro Protectors | 1-Aug-06 |
| 82. | Janitorial Services—O'Meara | Sunshine Janitorial Services Co Ltd | 1-May 06 |
| 83. | Janitorial Services—Tunapuna | Bowlah's Building and Maintenance General Contractors Limited | 07-Sep-05 |
| 84. | Waste Management System Service | Waste Disposal 2003 Limited | 5-Jun-06 |
| 85. | Removal and Disposal of existing Rainwater Guttering System and Supply and Installation of new Guttering System | Anton Edwards | 05-Mar-06 |
| 86. | Maintenance of Ground | Ramkissoon Ramnarine | 1-April-06 |
| 87. | Swimming Pool Maintenance—Maritime Campus | Paradise Pools & Spas Limited | 16-Mar-06 |
| 88. | Sanitary units—Maritime | Mega Brite Industries | 10-Oct-06 |

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| 89. | Servicing Fire Extinguishers | Safe Supply Trinidad Limited | 31-Aug-06 |
| 90. | Supply and Installation of Fencing at the Aripo Facility | Moonan Engineering and Construction Limited | 08-Jun-06 |
| 91. | Supply and Installation of Automatic Barrier Gates for UTT Campuses | Richard Patrick | 01 Jun-06 |
| 92. | Supply and Installation of Dedicated Broadband Internet Services for UTT Campuses | Lisa Communications Limited | 19-April-06 |

- (b) In respect of the consultants, UTT has advised that all consultants whose services are engaged by UTT and the fees paid to them as at December 31, 2006 are as follows. I will give the name; in the instances where there is a company I will give the company's name, the monthly fee, type of payment and type of consultancy.

Mr. Speaker: You will have to now circulate the rest of your answer to the House.

Sen. The Hon. M. Abdul-Hamid: Mr. Speaker—

Mr. Speaker: Listen, I am in charge here. The hon. Member for Chaguanas.

Vide end of sitting for written part of answer.

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

82. Mr. Manohar Ramsaran (*Chaguanas*) asked the hon. Minister of Sport and Youth Affairs:

Could the Minister:

- (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?

The Minister of Sport and Youth Affairs (Hon. Roger Boynes): Mr. Speaker, the Government of Trinidad and Tobago state corporations, private sector and FIFA contributed the sum total of \$205,690,113.50 to the Trinidad and Tobago Football Federation for the national senior team's participation in FIFA World Cup, 2006.

Of this sum, the Government of Trinidad and Tobago through the Ministry of Sport and Youth Affairs and the Sports Company of Trinidad and Tobago Limited contributed the sum of \$60,387,731.50. The sum of \$28,387,731 was contributed for the preparation and participation of the national senior team for World Cup 2006, and \$32 million as rewards for the national senior team and technical staff.

In addition, State agencies including TSTT, National Gas Company of Trinidad and Tobago, National Lotteries Control Board and Petrotrin contributed \$21,857,382 to the Trinidad and Tobago Football Federation. And this can be broken down:

| | |
|----------------------------------|-------------------------------------|
| TSTT | \$15,357,382 |
| National Gas Company | \$500,000 |
| National Lotteries Control Board | \$5 million over a five-year period |
| Petrotrin | \$1 million |

Additionally the private sector contributed the sum of \$88,165,000 to the Trinidad and Tobago Football Federation and broken down as follows:

| | |
|----------------|--|
| Atlantic LNG | \$3 million towards the payment of salaries for the team's technical staff for the period September 2005 to December 2005. |
| Adidas | \$72,450,000 over a four-year period |
| bhp Billiton | \$150,000 |
| Busta | \$1 million |
| Titan Methanol | \$15,000 |
| KFC | \$1 million |

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|-------------|--------------|
| British Gas | \$250,000 |
| Carib | \$10 million |
| eBay | \$300,000 |

Further to this, FIFA provided the Trinidad and Tobago Football Federation with the sum of Sfr 7 million, which is equivalent to \$35,280,000 on the successful qualification of the Soca Warriors to the FIFA World Cup finals in Germany 2006.

The Government of Trinidad and Tobago did not receive any contributions from FIFA's profit sharing for the World Cup 2006.

2.00 p.m.

Mr. Ramsaran: Hon. Minister, I heard you and I cannot remember the staggering figures you have mentioned, but the fact is, from this figure, could the players not be paid what was owed them?

Hon. R. Boynes: Well, that is an entirely private arrangement that is now at the attention of the court, because the sponsorship money that I referred to from the private sector is, I believe, what is in dispute in the court at this time.

Mr. Ramsaran: So are you telling me that moneys disbursed by the Government of Trinidad and Tobago could now be considered a private business, when players that played for Trinidad and Tobago must go to court to receive what is due to them?

Hon. R. Boynes: No, I am referring to the moneys like, for instance, from Adidas, from Busta, those sorts of things, the arrangement that was made with the players as to the profit sharing, and that is what is receiving the attention of the court at this time.

Sporting Organizations Coaches (Financial Assistance)

83. Mr. Manohar Ramsaran asked the hon. Minister of Sport and Youth Affairs to:

- (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?

The Minister of Sport and Youth Affairs (Hon. Roger Boynes): Thank you very much, Mr. Speaker. Mr. Speaker, the Ministry of Sport and Youth Affairs and by extension, the Sports Company of Trinidad and Tobago, did not promise financial assistance to coaches attached to national sporting organizations, but rather provides an annual quantum of financial assistance to these organizations based on a set development programme. Based on initiatives set out in these development programmes, coaches receive stipend from their parent organizations to deliver training to clubs and leagues at the community level in their respective sporting discipline, as per their development programme.

In fiscal 2006/2007, the Government of Trinidad and Tobago disbursed over \$61 million to 40 national sporting organizations and 13 community sporting organizations to assist in their development programme initiative. The breakdown is as follows:

- \$21,331,732.48 was disbursed under the Ministry of Sport and Youth Affairs, under their NPIA vote and \$40,418,737 was disbursed under the Sports Company of Trinidad and Tobago
- In addition, the Government of Trinidad and Tobago approved financial assistance in the sum of \$12,342,000 to the Trinidad and Tobago Football Federation, to facilitate the country's qualification for World Cup 2010, South Africa. These funds are to be disbursed in three tranches to the Trinidad and Tobago Football Federation to meet the payment of salaries and stipends to 13 members of the technical team. Tranches one and two have been disbursed to the Trinidad and Tobago Football Federation. Tranche three is to be disbursed by the end of September.

Mr. Ramsaran: Well, I have been hearing and reading with a special advisor, Mr. Jack—

Mr. Speaker: You have to ask a question?

Mr. Ramsaran: It is a question—that money was not paid by the Ministry of Sport and Youth Affairs to pay the coaches for football.

Hon. R. Boynes: That is entirely false, Mr. Speaker. The Cabinet approved the Ministry of Sport and Youth Affairs as per my answer today in this honourable House, disbursed funding towards the payment of salaries and stipend to the technical staff and the coaches under the auspices of the Trinidad and Tobago Football Federation.

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

89. Dr. Hamza Rafeeq (*Caroni Central*) asked the hon. Minister of Community Development, Culture and Gender Affairs:

- (a) could the Minister advise when construction of the Preysal Community Centre will be completed;
- (b) the cost of this project; and
- (a) the reason for the delay in this project?

Dr. Rafeeq: Mr. Speaker, the Minister of Community Development, Culture and Gender Affairs on the last occasion did pass a written copy of a reply to me.

Mr. Speaker: So, question No. 89, you are saying that question was in fact answered already.

Vide end of sitting for Written Answer.

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

91. Mr. Nizam Baksh (*Naparima*) asked the hon. Minister of Finance:

- (a) could the Minister advise whether the term of office of the Tribunal of Members of the National Insurance Board has expired since 27th March, 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. Baksh: Mr. Speaker, on the last occasion a written answer was passed for question No. 91.

Vide end of sitting for Written Answer.

The following questions stood on the Order Paper:

**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*]

**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*]

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

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

**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*]

**Trinidad and Tobago Electricity Commission (T&TEC)
(Authorization of Crew)**

98. (a) Could the hon. Minister of Public Utilities and the Environment state who authorized a Trinidad and Tobago Electricity Commission (T&TEC) crew using a T&TEC truck registration No. TBJ 7331- C70 to put PNM banners, bearing PNM slogans and a picture of the Member of Parliament for San Fernando East on T&TEC poles on Saturday 28th July 2007 at Cocoyea;
- (b) Can the Minister state whether T&TEC had been paid for the service; and
- (c) If the answer to (b) is in the affirmative kindly state the amount paid, by whom and when was it paid? [*Mr. S. Panday*]

Questions, by leave, deferred.

Definite Urgent Matter (Leave)

Friday, September 14, 2007

**DEFINITE URGENT MATTER
(LEAVE)**

**San Fernando General Hospital
(Shortage of Beds)**

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, in accordance with Standing Order 12 of the House of Representatives, I hereby seek leave to move the adjournment of the House, to discuss a definite matter of urgent public importance, namely, the critical shortage of beds at the San Fernando General Hospital.

The matter is definite, since it deals with the specific issue of ill patients having to wait and sleep on the floor, on benches and on chairs at the San Fernando General Hospital because of a lack of beds.

The matter is urgent, since patients sleeping on the floor and on the benches does not cater to their recovery and may contribute to the deterioration of their medical conditions.

The matter is of public importance, since over half million persons seek medical attention at the San Fernando General Hospital, and if the situation continues, lives can be lost.

Mr. Speaker: Indeed, hon. Members, this does not qualify under Standing Order 12, but it would have been the perfect subject of a question under Standing Order 17(1).

STATEMENT BY MINISTER

**National Blood Transfusion Policy And
Technical Guidelines**

The Minister of Health (Hon. John Rahael): Thank you very much, Mr. Speaker. Mr. Speaker, it gives me great pleasure this afternoon, to lay in this honourable House, a policy document, which will inform the establishment of a National Blood Transfusion Authority through a National Blood Transfusion Service Bill.

As we are all aware, the Government has over the last few years, been engaged in a comprehensive Health Sector Reform Programme. The introduction of the Reform Programme has led to the Ministry of Health relinquishing service delivery to the five Regional Health Authorities, while retaining the responsibility for policy, planning, financing, regulating, monitoring and evaluation.

The Ministry of Health's policy document, *Quality 2001: A Reality*, describes quality service as one which is responsive to clients' needs; emphasizing prevention facilitates quick access, supports innovation and introduces technology, wherever it would improve efficiency and effectiveness.

This programme has led to the implementation of initiatives and the reorganizing of processes to allow for greater efficiency in the delivery of quality health care to the population. Continuous quality improvement is a major component of the Health Reform Programme, with risk management being an essential element of this system, since risk is inherent in every aspect of the health care delivery.

Mr. Speaker, the National Blood Transfusion Service is recognized as a very vital component of the health service and, as a result, emphasis is placed on strengthening infrastructure, manpower, systems and processes across the continuum of care to ensure effective and efficient care to persons receiving this service. To ensure safety to both the persons delivering the service and those receiving the service, there is need to implement an integrated strategy to include the collection of blood and screening of all donations to minimize the risk of blood transfusion infections.

The development of a National Blood Transfusion Service Policy is a major strategy aimed at ensuring a safe, efficient blood transfusion service. The service will ensure equity and accessibility, appropriateness, quality blood and blood products donated in well-equipped environments, which are free from transfusion transmitted infections, stored and transported under conditions which meet international benchmarks using a total quality management approach.

This approach is in keeping with PAHO/WHO 46th Directing Council's Regional initiative for blood safety and plan of action for 2006-2010, which mandates that specific systems to monitor compliance with norms and standards of blood donor recruitment and blood collection, processing, storage, distribution and transfusion be developed and implemented.

Mr. Speaker, between the years 1967 and 2005, a number of initiatives were implemented, including the establishment of a National Blood Transfusion Service. A review of the Blood Transfusion Service in 2001 by KPMG consultants, revealed inefficiencies in the management of the service, due mainly to an absence of legislation or a national policy to guide the delivery of the service, the non-availability of blood 24 hours a day, seven days a week, illegal trade in blood and the existence of unregulated collection centres.

Mr. Speaker, at this time, the service is offered through the Central Laboratory located at Charlotte Street and Blood Benches at the General Hospital San Fernando, along with donations and processing centres at the Eric Williams Medical Sciences

Statement By Minister
[HON. J. RAHAEL]

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Complex. Satellite Centres also exist at the Sangre Grande and the Scarborough Regional Hospitals and the Point Fortin Area Hospital. Staffing arrangements also give rise to accountability issues since the staff assigned to the central laboratory, blood benches and processing centres are members of staff of the health facilities, on loan to the centre in which these blood benches and processing centres are located. The head of the facility retains responsibility for those staff members. This situation presents challenges for managing an efficient National Blood Transfusion Service.

With the enactment of legislation to support the establishment of a National Organ Transplant Programme, an efficiently managed Blood Transfusion Service is an important requirement; since the success of the programme is dependent on the service that will ensure an adequate and constant supply of blood and blood products. At this time, the service produces and utilizes approximately 20,000 units annually with the private sector using about 20 per cent of the units produced. The estimated cost of production of one unit of blood is approximately \$1,500.

A major challenge facing the blood banks and blood benches is the lack of awareness within the population of the need for voluntary blood donors as recommended by the World Health Organization (WHO). The present situation is that the service exists on a "chit system" which facilitates a practice of blood replacement by the recipients, who at times are faced with a situation in which blood has to be bought from persons prepared to donate their blood for a fee.

Mr. Speaker, there is need for a change of culture among the citizens, which will facilitate a non-profit recovery service with a constant number of voluntary donors to ensure an adequate supply of blood and blood products collected through voluntary arrangements which meet the needs of the population.

This policy aims to ensure service that is managed by trained personnel and functions with an adequate supply of safe, quality blood and blood components donated by members of the community, who are fully aware and motivated to be donors in environments that meet international standards. It also aims to create a voluntary non-remunerated service that is easily accessible 24 hours, seven days a week; reliable, efficient, equitable and conforms to international best practice standards.

The National policy seeks to provide a framework for governance, management and operations of an efficient National Blood Transfusion Service. It also addresses the need for public awareness programmes, which are a necessary requirement for an efficient functioning blood transfusion service.

Mr. Speaker, the National Blood Transfusion Service shall be developed to ensure the establishment of a non-profit sustainable, integrated National Blood Transfusion Service in the country. Further, this service shall be governed by a multidisciplinary Board whose members shall be appointed by the President of the Republic of Trinidad and Tobago and shall include friends of the Blood Bank; representatives of the Ministry of Health; the Nursing Council; the Medical Council; the Legal Profession; the Private Sector; the Tobago House of Assembly; the Regional Health Authorities; and a Quality Control Officer.

The Chairman of the Board shall exercise lead responsibility in ensuring the effective and efficient functioning of the Board, which shall be accountable to the Minister of Health. The Board will be mandated to develop, monitor and periodically evaluate the implementation of the National Blood Transfusion Service; establish guidelines and provide oversight for the functioning of the programme; approve criteria for the operations of the Blood Transfusion centres in the country; approve the strategic plan and all Standard Operating Procedures developed by the Executive Management.

The National Blood Transfusion Service shall also be responsible for the supply of safe blood and its products to all health facilities in Trinidad and Tobago.

It is the position of this Government that this policy be laid in this honourable House and published as a Green Paper for public comment for a period of two months. Subsequently, the National Blood Transfusion Service Bill will be drafted, taking into consideration the views of the public.

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

MEDICAL BOARD (AMDT.) BILL

[Second Day]

Order read for resuming adjourned debate on question [September 12, 2007]:

That the Bill be now read a second time.

Question again proposed.

The Minister of Housing (Hon. Dr. Keith Rowley): Thank you very much, Mr. Speaker. Mr. Speaker, I would have gladly given way to my colleague from Chaguanas, because I wanted to hear his reaction from the staggering sums paid to his protégée, Jack Warner, but I would give him a chance to recover so he can speak after me.

Mr. Speaker, I am thankful for the opportunity to make a short intervention in this attempt to amend the Medical Board Act, and to raise the same kinds of

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concerns that my colleague, the Member for Diego Martin East, raised and that is, what really is the problem. I think we can begin by acknowledging the extreme importance that the noble practice of medicine contributes to the well-being and welfare of our people and to acknowledge that doctors play such a significant role in our lives.

Speaking from the Government's standpoint, the amount of effort and resources that the Government put into broadening the profession in terms of creating human capital, supporting and sustaining the profession and the Government being held responsible for the well-being of the population, as that population is served by the doctors and other care givers who are under that rubric.

Having recognized that, I do not understand why there is this trepidation that the Government is having some role in naming specific persons to the body that would be required to oversee this profession in our country. We are not breaking any new ground here, we are not creating any new situation; older societies than ours with large numbers of people practising, having the same needs for doctors and having the same kinds of experiences like we are having now, have taken the corrective steps. What we are doing here, is making those corrections so that we can better serve our population and the Parliament is the only body in the country that can do that.

Mr. Speaker, there is a statement that is being made more frequently about lawyers which can easily be said about doctors. It is said that the law is too important to be left up to lawyers and we can say the same thing about doctors. Because medicine in Hippocrates time was largely science for the sake of science, which eventually turned out to be benefitting human beings in a way that every single day one only has to read Nature or Science magazines—something like that—to see the kinds of steps that are taken by leaps and bounds every day to make medicine more useful to the human conditions.

Medicine then, was a noble thing where you commit to doing the right thing to help people and so on, but in today's world, over and above that, there is also medicine as a business. Once you end up into that realm, medicine into business, all that prevails in the business environment, prevails in the medical environment. So I cannot support the cries of those who believe that by the Government coming in to take some kind of role, some interest, some involvement, in putting the structure in place to ensure that the profession is properly ordered and that it is done in the interest of the population, that is something to have trepidation over and to ascribe the worst motives to the Government.

Mr. Speaker, we have come out of a colonial society, and there are a lot of

structures in this country which exist as part of our management systems, which if we do not change them, what in effect we are doing, is cementing dysfunctionality and this country has to understand that. In fact, I think we understand it, because from time to time we take action and then we forget the action that we took, and then we come and take a different position and argue differently in the Parliament as if we know we are arguing on some principle. Some of the old systems that we inherited, turned out not to be servicing us and my colleagues on the other side know that.

I was on the Opposition when another profession which was also regulated, had developed where it was felt, that by allowing the professionals themselves to be the sole arbiters of what happened in the profession—especially in terms of numbers—in terms of deciding who is coming, and in fact, there was a feeling that that system was allowing a closed shop and a market regulation to develop. My colleagues on the other side, when they were in Government, they looked at the surveyors and amended the law to allow some opening up of the Dental Act where we discovered that practising dentists had to determine who became a practising dentist—and in this country there is a shortage of dentists.

We had a whole debate in this Parliament, in an environment where there was a shortage of dentists and the way the thing was regulated, it was the dentists themselves who were determining who could enter the profession. There were acquisitions by that being so, they were determining and rationing and keeping this artificial shortage and the Parliament changed it. I am told with the Pharmacy Board, it is the same thing; the surveyors had similar situations. It might not have been the intention—[*Interruption*]

Mr. Speaker: Order!

Hon. Dr. K. Rowley:—of the original legislation to do that, but over time the practice developed where it became useful to operate like that. In this case, we are talking here about expanding the role of non-professionals in the regulation of the medical profession, so as to bring a broader perspective. As I said, we can defend this on the ground that it gives the population access to some control, which they do not now have, and that has been deemed by practice elsewhere and by our own experience to be in the public best interest.

Mr. Speaker, I reject outright and possibly would dismiss as blatant hypocrisy, the aggressive opposition to this amendment by spokespersons who hold themselves out to be speaking for the public under the rubric of the gathering of the doctors. The reason why I entered this debate, is to remind you, Mr. Speaker,

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that this thing about medical specialist is not only impacting on the service of medical sciences to the sick, it also has a role to play in the administration of law, the justice system. There was a famous case which was raised in this House and I want to remind my colleagues about it, and put it in the perspective of what is being said now, that we must not touch anything that is there and we must do it if we do it only on their terms, so that you can see what their argument is; and see what their motive is; and what their principle [*Inaudible*] is.

Mr. Speaker, there was a court case in this country where somebody killed somebody, the famous Brad Boyce case. That case was going on in the court in the normal way, and out of the blue, the judge, on the invitation of the defence lawyer, sought to challenge the qualification of the forensic specialist who had determined the cause of death. The judge gleefully did that and called in a certain “Professor” Dr. Chandulal, who was holding himself out to the State and to the public as a specialist being called “Professor” Chandulal. “Professor” Chandulal came to the court and pontificated on Dr. Des Vignes specialist qualification; Dr. Des Vignes being a scholar, funded by the Government of Trinidad and Tobago, to the tune of some hundreds of thousands of dollars, specifically trained to do forensic pathology. Professor Chandulal, on the invitation of the judge, came to the court and pontificated on Dr. Des Vignes and the judge determined from the bench that Dr. Des Vignes was not a specialist and, on that basis, dismissed the case and Brad Boyce was made to walk free on a charge of murder.

A man was killed, Mr. Speaker. There were eyewitnesses, what you call an open and shut case, but on that intervention as to who is a specialist—there was no register that could be checked as this amendment is asking us to put in place now, so we were at the mercy of the judge who gleefully allowed or took “Professor” Chandulal’s saying, and Brad Boyce walked. Subsequently, long after, as the State pursued the matter, the Privy Council ruled that the judge was wrong, but the Council also ruled that it having been held out to Mr. Boyce that he was free, it would be unfair to bring him back to try him again.

2.30 p.m.

Mr. Speaker, a man who was on a charge or murder, went free. But then the question is of “Prof.” Chandulal. Not having a specialist register which the Medical Board could have been required to check and ensure that only proper specialists go there, we had to rely on the thinking of the judge and the brassfacedness of “Prof.” Chandulal to live and suffer this injustice.

I argued this matter in the Parliament then and I investigated. It turned out that "Prof." Chandulal, who was the architect of this miscarriage of justice, got his postgraduate qualification to receive this adulation in the court, from Pacific Western University, a diploma mill that ranked number two as the most infamous in the United States. That happened in this country.

When that happened, I got up in this Parliament and had to fight to save Dr. Des Vignes' career, because of my friends on the other side. On the basis of what happened in the court, the Minister of National Security at the time did not lift a finger, because Dr. Des Vignes contract was coming to an end at the Forensic Science Centre and they did not renew it. You had the anomaly where, while Dr. Des Vignes was deemed to have held himself on infamous conduct and could not work in the Forensic Science Centre in Trinidad, he was functioning in Tobago in the employ of the Tobago House of Assembly (THA). To this day, even though he was held to be insufficiently qualified in that particular case, he has since been doing all other cases in his capacity as forensic pathologist. That has happened and is happening in this country.

This amendment seeks to put in place proper arrangements for all persons in the medical profession who are, in fact, qualified as specialists, to be properly registered. So any person who holds himself or herself out as a specialist, you can check on the register and not rely on Justice Volney and Chandulal. [*Desk thumping*] What is the problem with that? In fact, if anything with this amendment, it is coming years too late.

All those who have a lot to say about it, I want to ask them one question? Where were you when this was happening? When I raised this matter in the Parliament and in the public domain, I did not hear one of those voices say that ought not to have happened, that something was wrong and that our profession was being held up to infamy; not a word; absolute silence. That is the silence of the colleagues. Whenever something is wrong and the public is talking about it, this is one of the reasons why we want this amendment. It is a known fact that there is a closed rank when something goes wrong.

I saw in the newspaper that somebody said, "Call names." [*Interruption*] [*Crosstalk*] I will quote here if you will permit me, Mr. Speaker.

"Yesterday Secretary to the Medical Board Dr. Neil Singh challenged Imbert..."

By "Imbert" he meant Minister Imbert who made the intervention.

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"to provide the names of the doctors practising as specialists and given specialist preference." [*Interruption*]

Mr. Speaker: For the benefit of Members and the *Hansard*, you are quoting from?

Hon. Dr. K. Rowley: Today's *Newsday*; it is hot off the press. The *Newsday* section A, Friday, September 14. This was a spokesperson for the medical board establishment challenging the Minister who made reference to the fact that he had information that there were persons in our system holding themselves out as specialists when they were not. Dr. Singh did it in a way as though the Minister said something wrong and, "I challenge you to do that."

Let me tell you something, Mr. Speaker. I was in London a few years ago on a Commonwealth Parliamentary Association (CPA) trip. [*Interruption*] Do not let me get too close to home; you are a man who "does" make organs. [*Laughter*]

Dr. Khan: Do you want to extend yours?

Hon. Dr. K. Rowley: Depending on how much time I have after I have done my substantive contribution, we can discuss the organ. [*Laughter*]

He was implying that it was preposterous for the Minister to have said that. I was in London when a friend of mine, a very prominent citizen, turned up for a medical procedure to do with a particular part of his anatomy. London is expensive; he had to be housed and so on. I asked him while visiting, "Why did you not do this at home?" He said, "I went to..." name called, "a very prominent local, name plate shining like brass person in Trinidad and Tobago to have the matter attended and the person quite honestly said to me", and he had to thank him for it, "Boy, I am not really a specialist, you know, but I can direct you to a person in London." I was shocked, because I knew the local person.

He was decent enough to direct him to a real doctor. [*Laughter*] He went to London, thankfully had his procedure and has been doing quite well. For spokespersons in the medical profession to say, "I challenge the Minister to call names", it is not for us to call names; it is for the profession to be properly regulated so it does not end up as name calling.

For those of us in the politics, where everything in this country is politicized, and when there is an absence of principle—if I am wrong somebody stop me—this matter went to the other House. I saw a doctor on television that was inserted in the Parliament specifically to deal with this matter. I suspect that doctor was Steve Smith who held the post of President of the Medical Board.

Mr. Imbert: Currently holding the post!

Hon. Dr. K. Rowley: Currently holding the post of President of the Medical Board. That was the same person who was in a public debate with Dr. Bartholomew; that same person was holding himself out as a specialist while not properly trained so to do. Dr. Bartholomew was questioning his credentials and the institution abroad whose insignia he was putting behind his name and was forced to have it removed. I would have thought that shame and disgrace would have attended such a person in this country, but for the UNC, that was a man of honour. They brought him inside the Parliament to challenge the Government, while he was in the situation of being guilty of the same thing we are trying to prevent; the very said misrepresentation we are trying to prevent. The thing was in the newspapers.

Prof. Courtenay Bartholomew, a son of the soil of whom we are all proud with all his years of service, said that to the country. It was bad enough for this gentleman's colleagues to elect him as head of the organization, but for the UNC to insert him in the Parliament to challenge us, is really disgraceful. [*Desk thumping*] So you understand why we ignore them when they challenge us in this way. If you have something useful to say, we hear you. If you have something to contribute to people's well-being, we hear you. But when you show us your total lack of principle, your total lack of standards and that you do anything for politics— [*Crosstalk*] People's lives are at stake.

Mr. Speaker: Order!

Hon. Dr. K. Rowley: This gentleman was challenged by his peers; it was in the newspapers. You cannot say that you do not know. [*Crosstalk*] You made him a temporary Senator so that he could come here and give us his point of view. We do not want his point of view. The amendment takes care of that. Let me tell you how. We are not going to engage in any debate with the likes of Dr. Steve Smith and those who support that kind of foolishness. We are asking this House to support a measure which says that any person who does anything like that and put people's lives at risk, substantial penalties will be applied to them. That is how we deal with it in the Parliament.

I am asking my colleagues on the other side to support that, because people's lives are at stake. There is a big trade in the world now with fake medicine. Mr. Speaker, can you imagine that you have an ailment and you are taking one tablet or a handful of tablets with the thinking that you are treating your ailment, only to discover that they are glucose or calcium chloride tablets that have absolutely no

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efficacy? You want anything more criminal than that? Could you imagine you lie down on a table, they inject you with some anesthetic and you go off to sleep and when you wake up it is the same thing? To discover that the man who has done something to you by an incision or whatever it was, was not qualified so to do?

In section 10(b) it states:

"by inserting after subsection (2) the following subsection:

“(3) Any person whose name is not entered on the Medical Specialist Register and who...”

which we are creating now by this amendment. To get your name on the register you have to be properly qualified. The amendment continues:

- (a) practises as a specialist;
- (b) takes or uses any name, title, addition or description implying or calculated to lead persons to believe that he is so registered; or
- (b) advertises or holds himself out as a person authorized or qualified to practise as a specialist, is liable on summary conviction to a fine of ten thousand dollars and to imprisonment for two years.”

That is how we deal with that; so we will have no more of Dr. Smith; going out there and holding himself as a specialist and having the brass face to accept an appointment from persons who should know better, coming into the Parliament, rather than hiding his face after he was exposed, and pontificating to us what laws we should make in this country. [*Crosstalk*] While you were a living example of what we were trying to fix, you end up in the Parliament trying to tell us what law we should pass?

As for his colleagues who support that sort of thing, the country cannot accept the Medical Board as it exists now. Let me give you an example as to how it functions. When I was doing that matter with Prof. Chandulal, if I may so describe him, and Dr. Des Vignes, in the House when the issue came up, having seen that Pacific Western was the source of Chandulal's post graduate work, I wanted to find out how and under what conditions such a person could have been registered on our register.

The Act makes provision for any member of the public to examine the register of doctors. Even though we did not have a specialist register, we have a register of doctors. Since the issue was on forensic pathology, I wanted to find out if Prof. Chandulal was, in fact, registered as a forensic pathologist and if his Pacific Western certificate was on the register.

I went myself, as a Member of Parliament engaged in a debate on the matter, to the office, with a dollar in my pocket to pay to see the register. I got as far as the secretary. I told her why I was there. I identified myself and I said that I would like to see the register. She asked me to hold on. She went in, closed the door and was on the phone to somebody. She locked up in the room and never came back out. I waited there for 45 minutes; she never came back out. I was never able to see the register, even though under the law I was permitted like any citizen to see the register. I was there in my capacity as a Member of Parliament wanting to prosecute my motion. It turns out that she was on the phone to my colleague, the Member for Barataria/San Juan who was an officer on the Medical Board. He was Vice-President of the Medical Board. [*Crosstalk*]

It was an unpleasant experience; let me put it that way. The bottom line was that I was unable to see the register, even though the law makes provision for any citizen to do so. You may have an ailment and you want to go to a certain doctor; you want to check to make sure that he or she is on the register and qualified, because you know that there are quacks in between. The law makes provision for you to go and see if the person you are thinking of seeing or who is treating you is, in fact, on the register. So you go there and you are denied access to the register.

I do not think that will happen if there are non-medical persons on the board. That can only happen if the board operates like a small club or cartel to protect certain persons' interests. Therefore, the widening of the board to involve non-governmental organizations, the Inter-Religious Organization and so forth, we are hoping that such persons on the board would put an end to that kind of nonsense, where members of the board feel that it is in their interest and not in the country's interest that they operate. It is in their interest for persons not to see the register.

It was a simple matter like having the register available for examination in a situation where a matter is being prosecuted in the Parliament; I had to conclude that motion without ever seeing the register. So you understand why I do not want to hear anything from any of them? They are self-serving, and if we leave it to them, that is what we are going to get as the Medical Board? We want to change that.

We are not picking on doctors; we are not picking on the Medical Board. I see it as part of the general improvement in the country's management structure. It falls all within this whole thing of service commissions that do all kinds of things, accountable to nobody. We want the best service. We want to become a developed country by the year 2020, but we have steel strictures in place that militate against that sort of thing. We have to make certain changes.

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I saw a report in this Parliament put in by a particular service commission; glossy paper on the outside; text well embossed on the inside. When you look at the substance it tells you that they interviewed 1,000 persons for the year and hired 17. They tell the Parliament that as though they did God service. The vacancies are there; people are desperately looking for jobs; the services are not provided; 1,000 persons applied. They tell the Parliament, "I have done wonderfully well; in the year we hired 17 persons", and we cannot do a thing about it, because they are an independent service commission or something like that. How can a country be run like that?

Whenever we try to change it, rather than come together as the Parliament, whether I was elected in Diego Martin, you in Siparia or you in Naparima, they elected us to fix those things, and we have come here to fix them. When we come to fix them, we should operate as individuals or a group with that responsibility to advance our country's management structures, so the likes of Dr. Steve Smith will not see the light of day. [*Desk thumping*]

We listen to what is said outside, but at the end of the day, we have to discern what is self-serving and what is in the public's interest. This amendment is surely in the public's interest.

Mr. Speaker, I had two experiences with unfortunate developments in the medical profession. Let me preface that by saying that Trinidad and Tobago has produced a large body of medical professionals who are a credit to all of us in this country and they can stand with anybody anywhere in the world. [*Desk thumping*] Most of them perform beyond the call of duty. But like everything else, there are human conditions and you have the slackers and the dishonest; we have them all in there. No profession acts to the exclusion of those types.

We know that things develop from time to time that we rather did not develop and there have to be certain consequences when that happens. My mother went for an operation at Mount Hope and she was doing well; everything went fine. I went to pick her up the day after, she was supposed go home. In between seeing her the night before and going to take her home the following afternoon, when I got there she was at death's door; fever, whatever. She had to be operated on immediately. I asked, "What is going on here?" Luckily, the doctors there were colleagues of mine from Mona days and they were frank with me.

The head of the team came to me and said, "Doc, they made a mistake; we have to operate right now, otherwise she will not make it; we forgot a cotton ball inside of her." One of the cotton swabs was left inside my mother. I am not talking about a newspaper article. I am talking about what I experienced. I had to

wait to see what the outcome of that would be. Thankfully they acted with urgency; she suffered a bit, but she survived. How many people did not make it?

As an MP, in my constituency office I met a poor person who could not afford to go to another doctor, because if you go through the door the charge might be \$100 or \$150. She did not have that, so she did not go through the door. She came to the MP's office. Do you know what the story was? She was carrying an X-ray; there was a needle left in her. It could not be deliberate. When it was discovered, the persons responsible either panicked or could not care less; they just would not even talk to her.

Mr. Speaker, I am not telling you what I read in the newspaper. I had that experience as an MP. She came to me as an MP; I had to act. Fortunately, it was attended to. How could you have any person, any citizen in that situation? When those things develop, somebody has to be held accountable, and there has to be a body above that says, "This is unacceptable and there are consequences."

I am sure that is not the whole list. I just gave you those two examples to tell you that it is not a perfect environment, things happen and there has to be a body there that is not self-serving, an old boys' club where you scratch my back and I scratch your back and if somebody gets killed in the middle "too bad for dem" but you and I remain untouched. It cannot be that way. It will do well to advance the practice of medicine, because those engaged in it will always know that there is somebody looking over their shoulder and that will bring out the best in them. In an environment where you can do something like that and, "If I am negligent or something happens my colleagues will take care of me and nobody will say anything or do anything", that brings out slackness in you.

I am sure no doctor wants to be a slacker. He or she wants to be the best that he or she can be. So there is something to ensure that the best is being brought out, because people's lives are at stake. I have shown you how a murderer was allowed to walk free. "Next ting I gone down St. James and he buying a doubles next to me like everybody else"; because of how a practice was held out in the court. Who knows what else has happened?

This amendment is not to be taken lightly; it is not to be taken for any political football. We are talking about treating with people's lives, because that is what doctors do. If there are instances where we need to improve on what we have, I think it is simple to ask our colleagues on the other side, and for us on this side to take the action that is required to move us from where we are to where we want to be. The only criticism I have of this Bill is that it has come much, much too late; 10 years

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ago, 15 years ago, 20 years ago. But, again, it is part of the overall rectification we have to do in this country. When they come like this, we should do it quickly, without malice or ill will. As a matter of fact, our oath of office at the beginning of our term covers that. We are not doing this with malice or ill will; therefore, we should not be influenced and hold it out to be that.

We also heard a lot of interesting and useful points from the other side when this matter was debated the last time. One thing struck us as interesting and we had to do something about it, because we indicated that there would be some amendments. We want to get the best out of the amendments to ensure that the situation after we pass them would be the best.

Our colleague from Caroni Central made a point which seemed to have escaped all of us and those in the other place. It appears as though, once you get on the register there is no provision to get you off. Simple as that is, it is true; it is a very interesting development. Just try and get on, but there is no provision to get you off. In our list of amendments we have taken that on board. The amendment will be circulated. I must credit my colleague for Caroni Central for raising the point.

The amendment states:

"The Secretary/Treasurer shall on the advice of the Council..."

And it is this council that will be broad based, including non-medical persons.

"shall erase from the Register and the Medical Specialist list the name and particulars of every deceased practitioner and specialist."

There is also provision to:

"...erase the name of every person caused by the Council to be erased from the Register and Medical Specialist Register in accordance with section 24."

If that was not included, even though a person was found to have committed the most heinous act and was found guilty in a court of law or wherever, if the body tried to erase that person, he could go back to the same court that found him guilty of misconduct and argue law saying, "There is no provision to take me off." We are putting the provision in there.

It also says in Part (c) that they can erase an entry which is incorrectly or fraudulently made. For example, if for some reason a person manages to slip through and get on the register, by virtue of tendering false qualification, when

it is found out, such a person can be removed. It is not too farfetched to believe that can happen, because it does happen from time to time.

We made some amendments with respect to increasing the penalties. The main amendment arose when we discovered that when we bring this amendment into being, we have to treat with those persons who are currently practising as specialists and since it will take some time for the certification to be carried out, because it is a process, we cannot have the specialists stop practising until that is done; we need to have them continue. We are proposing a period of one year, acknowledging those specialists who are practising as specialists under the current arrangement of non-registration. We will allow one year in which all those persons who have qualifications as specialists to get themselves on the register. So we will not have a disruption of their service, but we will have them properly put on the register in a 12-month period.

Amendment (c) says:

"(4) Notwithstanding any provision to the contrary, a medical practitioner who before the commencement of the...Act...practised as a specialist may, for a period of one year after the commencement of the said Act—

(a) practise as a specialist;"

So you have one year to continue as you are going now. That is a person who had:

“(b) take or use any name, title, addition or description implying or calculated to lead persons to believe that he is a specialist;"

Once you hold yourself to be a specialist, you may continue so to do for a year. During that year, we hope that will be enough time for the new Medical Council to take steps to put persons who are properly qualified on the register. Then at the end of one year we will have a register of all our specialists properly certified and recorded. *[Interruption]*

Dr. Rafeeq: I see in the amendment in (c):

"advertise or hold himself out as a person authorized or qualified to practise..."

As you know, in the medical profession it is not permitted to advertise. I do not know if this word was put in wrongfully.

Hon. Dr. K. Rowley: Advertise is a legal term which means that you have put up a name plate; you are holding yourself out. When you put a nice brass plate on the door saying, "Dr. Hamza Rafeeq", that is an advertisement, because if my name plate is in wood and black and white and yours is in brass, you are ahead of me. It does not mean an ad in the newspaper saying, "Come by me." It means, "I am here as a doctor; if you need a service, I am here." That is a form of advertisement. [*Crosstalk*]

Dr. Khan: But you are Dr. Rowley.

Hon. Dr. K. Rowley: I have no brass plate. If you come by me and you have certain kinds of problems, I can address them. [*Crosstalk*] My colleague from Barataria/San Juan is one of my favourite doctors. [*Laughter*]

Mr. Manning: It is a question of you scratch my back and I scratch yours. [*Laughter*]

Hon. Dr. K. Rowley: I do not know if I will ever have use of his services, but I hope not. [*Laughter*] I know if I do need his services, I can call on him anytime. The more he specializes, the happier I am. [*Laughter*]

Mr. Speaker, I do not want to belabour the point. I have said what I wanted to say on this matter. I commend the amendments. We have taken on board what our colleague on the other side has said. The amendments are circulated. I hope that very quickly we can do this, in the full knowledge that we are doing it, not for ourselves or to the disadvantage of anybody, but to protect the public interest and to assist and regulate those persons in whom the State, if I may say so, has made tremendous investment over the years and to whom we look for service of the highest order as you can get anywhere in the world.

Mr. Speaker, I support the amendment and I look forward to it being enacted as quickly as possible.

Mrs. Kamla Persad-Bissessar (Siparia): Mr. Speaker, I rise to contribute to the debate on the Medical Board (Amdt.) Bill. This Bill, in some senses, is a historic one, because it will be the last Bill that the Member for Port of Spain North/St. Ann's East will ever pilot in this honourable House. In that sense it is very historic. [*Crosstalk*] It is a true statement. We speak the truth here. This is the same Minister who has presided over the collapse of the health sector under this Government, so his political demise is, perhaps, a fitting end to the impasse, the crisis, to which he has brought the health sector.

Before I go into the details of the Bill, I will respond to some of the comments made by the Member for Diego Martin West. He has raised a matter of very

serious concern, that is to say, persons holding themselves out as specialists, when they may not be specialists in the true sense of the word. That issue may be taken up by the doctors themselves.

The issue I will raise, is that, in listening to him, once again we see the kind of deception and distortion of the issue in the contribution of the hon. Member. I say this because the Member concentrated on the amendment that will bring into place a register for specialists and attempted to "lambaste" the doctors and the council as being hypocritical and the ones who want to continue with these nefarious practices, when, indeed, nothing is further from the truth.

While the issue is one of a very serious concern, it is a much needed amendment and, indeed, is something that should not have taken six years to do, the council indicated very clearly that it agreed. I have copies of their letters to the Minister and to the Leader of Government Business. In that letter the council indicated very clearly:

"With reference to the proposed amendments, we agree to:

(a) Establishment of a Specialist Register"

So it was deception when you attacked the doctors and the council as being self-serving and when you said that was an important issue and as members of the council they were against the specialist register, when it is very clear. I have a letter from the Trinidad and Tobago Medical Association in which they clearly indicated, "We agree to the amendment for the establishment of this Specialist Register." [*Crosstalk*] That is not the issue they have taken objection to. [*Interruption*]

One moment, please; you will wait. You spoke for 75 minutes or whatever.

When the hon. Member raised the issue, I agreed that it was an issue of serious concern. The Member for Caroni Central, indeed, on the last occasion, raised that issue as well, he agreed with the establishment of the register. The Minister went further to talk about the quacks who hold themselves out as specialists, who hold themselves out as being cure alls and heal all for any kind of illnesses or diseases. The Member for Caroni Central was very clear that something should be done about that and he supported the establishment of the register.

Therefore, for the Member for Diego Martin West to spend so much time on that issue and to knock and attack the doctors and the Opposition as not wanting that register, is totally inaccurate. It is very clear what the doctors have indicated. They have agreed to the register. Secondly, the Member for Caroni Central who

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spoke on our behalf also spoke of the register and went even further in terms of catching and bringing to book those persons who hold themselves out as quacks. [Interruption]

Mr. Imbert: Is the hon. Member aware that the current President of the council is the said Dr. Smith who was forced to remove the letters from behind his name because he was not qualified to have those letters behind his name? That is the same council, with the same person as President, who is allegedly saying that they are supporting the register of specialists, headed by the man who had to remove the letters from behind his name.

Mrs. K. Persad-Bissessar: I hold no brief for anyone. [Crosstalk] If there is a legal issue, I am not an arbiter or a judge for that. There has been an issue played out in the media; I am not the person to adjudicate upon that. That is a matter to be determined. [Crosstalk] Whatever your qualifications as an engineer when the wall fell down, I am not the one to judge that. [Laughter] You hold yourself out as an engineer; you have a firm of engineers. [Crosstalk] I am not the one to adjudicate on that. I am not the one to judge. If the Member for Diego Martin West has his qualifications, that is not for me to adjudicate upon. I am aware that there has been an issue in the media playing out. The issue is being played out in the media, one doctor against another. [Crosstalk]

It is very clear in their written documents that the doctors have agreed to the establishment of a register. To come and attack the doctors as being against that amendment is really straying very far from the truth. The question asked by the Member for Diego Martin West will be decided very soon by professionals, because that register will be established. You will have to apply to register. [Crosstalk] That is where the problem comes in, when as lay persons—[Interruption]

Mr. Speaker: Order!

Mrs. K. Persad-Bissessar:—we attempt to adjudicate and condemn, when that is the work of the professionals. As they say, "Cockroach have no place in fowl business". The professionals are the ones who will assess those qualifications.

The majority of the contribution by the Member for Diego Martin West was with respect to that issue and attempting to attack the Opposition as being against the establishment of the register. I want to repeat that the Opposition is firmly of the view, as enunciated by the Member for Caroni Central in this House on Wednesday, as enunciated by the other doctors that we are happy to have a specialist register set up. Perhaps, if I might state my own interest in this matter—you must declare your

interest—my spouse is also a medical doctor, not a specialist, of course, but in the field. The doctors have stated very clearly that they are happy to have a specialist register set up, as is the Opposition.

The contention in this entire exercise has been with respect to the composition of the proposed council of the Medical Board. That is where there are differences of opinion; that is where we have seen the disputes coming on behalf of the council itself, on the part of the doctors and, of course, on the part of the Opposition.

The Constitution of this country is very clear that every single citizen has a right to raise his voice and express his concerns. This is where, as the loyal Opposition of the Republic of Trinidad and Tobago, we have allowed and facilitated the voices of persons to be heard in the Senate. [*Desk thumping*] We did it with respect to the casino workers; they were given their chance; they expressed their views. They were not speaking as UNC members; they were representing the views of their own organizations.

We did it previously with respect to the Baptists. When they were in government before they refused to give the Baptists their holiday; they refused to recognize the Baptists. It was the UNC in Opposition who allowed the voices of the Baptists to be heard; Archbishop Barbara Gray-Burke. [*Desk thumping*] We also allowed the voice of the Orisha movement in the person of former Sen. Mejias, also in the Senate. This is not the first time this has happened and it will not be the last. [*Crosstalk*] Every citizen in this land is entitled to have his voice heard.

This Government does not like to hear what it does not want to hear; therefore, it will condemn when voices are raised. We recall when the smelter issue came up, people protested, their voices being heard; what happened? You said that they were talking "dotishness", that they were "dotish". You do not want to hear what people have to say. It may be a different view from yours, but you do not attack and blame the messenger. Every citizen of this land should have the opportunity and under the Constitution they have freedom of expression, in keeping with the law, to express their views and opinions.

On that basis, I have absolutely no regret in appointing the doctors to the Senate, Dr. Neil Singh, first, and thereafter, Dr. Steve Smith, so that the voices of the doctors could be heard. [*Desk thumping*] I see absolutely nothing wrong with that. If we had to do it again, we will do it again. If you disagree with the person, if there are issues with the persons, forget the messenger. We need to concentrate upon the message.

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The hon. Member for Diego Martin West quite rightly said that we must come together; we must deal with old systems that need to be changed; we must initiate change. If we do not, we will be perpetuating and cementing dysfunctionality, the hon. Member said. [*Interruption*]

Dr. Rowley: I do not want to interfere in your party business, but I will like to ask you: If you were the Opposition leader, given what you have just said, when Dr. Chandulal was available, would you have appointed him to the Parliament to defend his action in the Brad Boyce case?

Mr. Panday: Do not fall in that trap!

Mrs. K. Persad-Bissessar: Here is a serious issue affecting doctors in this land. In the Senate we appointed the President and secretary of the board. These are the representatives of the doctors. What is your problem with that? We appointed persons who would speak on behalf of the doctors. [*Desk thumping*] I see absolutely nothing wrong with that. [*Crosstalk*]

That is where the whole issue of constitutional reform comes in. You have raised the issue. If we had proportional representation in this country, the minority groups would have representation in the Parliament and the Republic. But because of this old first past the post system we cannot get that flexibility, but we can do it in another way where members are given voice. [*Crosstalk*]

In my budget response and other occasions I talked about the United Nations (UN) surveys that had been done. This Government has persistently and continually, if you want to put it that way, kept dropping in its score when it comes to voice. There is one category known as voice within that survey done by the UN. Voice has to do with listening and taking on board the views of the people of the nation. This Government's scores keep dropping, and you can see why, because of the kind of attitude.

So having given the doctors through their representatives the opportunity to present their views, what is the message? [*Interruption*]

Dr. Rowley: The only one you could find was a quack!

Mrs. K. Persad-Bissessar: I am sorry, that sounded very obscene. [*Interruption*]

Dr. Rowley: The only one you could find to talk was a quack.

Mrs. K. Persad-Bissessar: We found the President and the secretary of the Medical Board.

Mr. Imbert: "Doh mind he not qualified."

Mrs. K. Persad-Bissessar: They will deal with the issue of whether he is a quack or not; that is for the experts and professionals. You have put in an amendment; they have agreed to the amendment for the specialist register. These gentlemen will have to go forward now and register as specialists. If their qualifications are an issue, that too will be dealt with.

The Member spoke about dysfunctionality and he talked about the service commissions. We all agree that it is all about constitutional reform, which is not our topic today, but the Member has raised it and I want to respond. He spoke with respect to the dysfunctionality of the service commissions. He raised a very real issue, that we needed to reform them; that we need to get together as a Parliament to deal with that.

I must remind him that is exactly what we did when we made the changes to the Police Service Commission. It was done on the invitation of the hon. Prime Minister to the Opposition; jointly we got together and made changes to the way the Police Service Commission would function. We have done it before. The point he made was that others have not been touched; it is certainly an issue that has to be addressed coming into the whole question of constitutional reform.

Let us come back to the specific issues with respect to the amendment. I advocate today the position taken by several persons; amongst these are, of course, the prime stakeholders in the health sector, that is to say, the doctors themselves. Their concern has been with respect to the composition of the board. They have taken no issue with the establishment of the specialist register; therefore, the points raised by the Member for Diego Martin West do hold water in that regard. They are totally in agreement with that. We are totally in agreement with that.

We come to the issue of continuing medical education. They have also said that they have absolutely no disagreement with that. They agree to continuing medical education which should be mandatory for re-registration. They have also agreed to an increase in the composition of the council of the board and the inclusion of non-medical persons. That was the other issue. The Member spoke again about putting lay persons on the board. The doctors have said very clearly, "We have absolutely no objection to it; in fact, we agree to the inclusion of non-medical persons."

We come now to the manner of appointment, and that is where the questions arise, as to the way in which the council of the board will be appointed; that is where the concern has arisen.

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They said that it has been characteristic of the Minister to attempt to take control in this way, wrest control of the board, in the form of amendments to the Medical Board Act. Mr. Speaker, the primary purpose of the legislation they believe is to give ministerial control over appointments to the Medical Board of Trinidad and Tobago. This is what they are complaining about.

They have written, not only to myself, but also to the COP and the Member for Diego Martin Central, I believe. They have also written to the Minister. They have said that:

"Minister Rahael continues to antagonize the majority of doctors supporting only those who do his bidding and is willing to smile with him on camera. He has personally advertised doctors in the media...who do his bidding and fails to show appreciation to doctors in the public service who have been doing the same quality of work for years...How can we expect the two doctors chosen by the Minister to sit on the Board to act in an unbiased, non-political, independent and professional manner.

The amendments to the Medical Board Act do not seek to address the serious health problems facing Trinidad and Tobago." [*Interruption*]

Mr. Speaker: Just indicate to the *Hansard* the document you are quoting from.

Mrs. K. Persad-Bissessar: This is a document dated today, faxed as of today, "Dear Mr. Ganga Singh MP", and signed by Dr. Mohammed. [*Crosstalk*]

Mr. Singh: [*Inaudible*]

Hon. Members: You did not get a copy?

Mrs. K. Persad-Bissessar: It did reach your post box. This is one of the letters, Mr. Speaker, and the second letter is from the Trinidad and Tobago Medical Association. [*Crosstalk*] I am just expressing the view; you see once again, messenger.

The second letter is dated September 07, 2007 and signed by the President, Dr. Balkaran Ramkissoon. That was the other document I read from when I talked about their agreeing to the establishment of a specialist register. They also agreed to:

"Continuing medical education which should be mandatory for re-registration.

An increase in the composition of the Council of the Board and the inclusion of non-medical persons."

With respect to the composition of the Council they state by letter of September 07:

"(1) The Council of the Board indicated that the Minister of Health had agreed to...a nomination of the T&TMA at the expense of the NGO or one of the two doctors to be appointed by him. The T&TMA should have a nomination..."

That is one of the things they will like to see in the composition. They go further:

"(3) Nominations from the various organizations should be persons of office of the organization and be selected by the executive of the organization. These nominations must be appointed by the Minister."

In other words, the organizations making recommendations want persons who hold office in the organizations and they must be selected by the executive of that organization. So it is not like John sits in a back room and says, "I am sending Mary"; it has to be by the executive of the group and one of their officers should represent the organization. They say further:

"The President and Secretary must be Medical Doctors and be elected by their peers i.e. the rank and file of the membership of the Board..."

In other words, the Medical Association is saying that they should not just be appointed by the council, but that they should be elected by all the doctors. The President and the secretary should be appointed by all doctors practising in Trinidad and Tobago who comprise the membership of the council. My colleague is pointing out that this is done by all professions. [*Crosstalk*]

They will also like to be included that:

"(1) The registration fee is to be determined by the Council and not the Minister" [*Crosstalk*]

Secondly:

"The power of subpoena is essential to the function of Discipline..." [*Crosstalk*]

Mr. Speaker, they came and said that they brought something that would assist in some way; the doctors are giving them further suggestions. [*Interruption*]

Mr. Speaker: I do not think the hon. Member for Princes Town has spoken yet. Hon. Member, if you continue that way I may not allow you to speak. Those on this side who have not spoken and are speaking across the floor run the same risk.

Mrs. K. Persad-Bissessar: The doctors themselves are proposing further amendments, further changes, which should be taken on board. If you are bringing this to provide better quality health care, why do you not take their suggestions on board? They have taken a very mature approach to put forward their suggestions, one of which has been accepted, the issue raised by the Member for Caroni Central, in terms of erasure from the register of deceased persons and so forth; but there are other things.

This Council will have the power to discipline doctors. You said that you were concerned about that. You want to put doctors under manners, as it were, when they perform badly, but then they do not have the power of subpoena. They cannot subpoena witnesses, so when a complaint is made against a doctor and they are doing disciplinary proceedings—Mr. Speaker, you well know in your own practice as a lawyer, that if you do not have the power to subpoena witnesses then the whole process is a waste of time, because it would be his word against her word, her word against his word, word against word, rather than bringing real evidence to bear so that proper adjudication can be made by the members of the Council. So they are asking for the power of subpoena. We can include that now as we amend the Medical Act so that the Council can properly carry out its functions.

There is absolutely no way that they can properly discipline doctors if they cannot receive and take evidence by subpoena. Just for those who may want clarification, the power of subpoena means that a person must attend. I can say that you must call witnesses, but if you do not have that power to subpoena witnesses on paying of a penalty, they do not come. Therefore, this is to enforce the attendance of witnesses so they can carry out their duties properly.

They have asked for the power of erasure, which was raised by the Member for Caroni Central; that has been included. We are very happy, based on his contribution, that has been included. They have also asked for:

“The power to make regulations to permit the examination of persons applying for registration who graduated from non-traditional, unknown medical schools.”

The Member talked about Dr. Chandulal; if, in fact, he came from a medical school that was not above board or in some way suspect, the doctors are saying, "We will be happy if you will give us regulations to permit an examination of persons who apply for registration, who have graduated from non-traditional, unknown medical schools." They are asking that these examinations be controlled

by UWI and, of course, they include competence in English, because that is the official language of our Republic.

Further they said:

“The Register needs to be revised to include four categories of registration including that of the Specialist.”

Perhaps, in the committee stage, we can deal with that. They have put a register of doctors. The amendment now is for the specialist register, which has been agreed to. The Medical Association is saying that there should indeed be four categories of registration. In the committee stage we will want to take that a little further.

I continue from that letter:

“The main trust of the proposed amendments is the changing of the composition of the Council of the board...the T&TMA has been asking for the inclusion of non-medical persons on the Council.”

Again, they have no objection to that and, to hold out or advertise, as the Member for Diego Martin West did, that they are against it, is far from the truth. They agreed to the inclusion of non-medical persons.

The letter continues:

“...our Association was not consulted with regards to the proposed amendments.”

You are doing something that is going to impact on the doctors; the Medical Association is the representative body of the doctors. How is it that you did not consult with them on such a serious amendment? You purported that it had such far-reaching consequences. It was of such great importance that we were here on Wednesday; we are back today and we may be back next week on this Bill. So important, but you do not consult with the doctors, the main players who will be affected.

The letter also stated that:

“The process by which these amendments have been brought to the Parliament has only served to deepen the present state of mistrust that exists between the Ministry of Health and the Medical Profession. The Trinidad and Tobago Medical Association is committed to improving the quality of care we provide to our population and it is on that basis that we are attempting to mediate in this issue in order to fulfil that objective.

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Amendments to the Medical Board Act are urgently needed and long overdue.”

They agree.

“All efforts in this regard must focus on a comprehensive review as it may be several decades again before this opportunity arises. The medical profession has for a long time been working on this and has presented documents to several Ministers of Health in the past. We are ready and willing to contribute to this effort. The current amendments do not address the deficiencies in any meaningful way and not worth the effort being put into it. The Association cannot support the proposed amendments in its present form and strongly recommends that they be withdrawn and a Committee of key stakeholders be urgently set up to formulate the critical amendments that are needed before passage in the Lower House.”

This is from the Trinidad and Tobago Medical Association, September 07, 2007.

They were never consulted; they have made suggestions which have not been taken on board; they have sent these suggestions to Ministers of Health past and present, but nothing has happened. If it does not have that sort of consensus of agreement from the main players in the health sector, the doctors, how is this going to help us? We cannot look at this Bill in isolation; we have to look at what is happening in the health sector as a whole, as we put this forward as being one of the pillars that will assist in improving health care in the country.

We see that the doctors are worried. Dr. Neil Singh, the secretary, voiced his opinions in the other place. Dr. Steve Smith also raised his concerns. Dr. David Bratt in the *Trinidad Guardian* was quoted extensively by my colleague, the Member for Caroni Central, on the last day. If this amendment is passed, in theory, it gives the Minister of Health control of the Medical Council; so said Dr. Bratt.

I quote from the *Guardian* of Tuesday, July 17, 2007.

“The Medical Council has the power to censure and suspend for up to a period of two years any doctor whom it finds guilty of infamous or disgraceful conduct in a professional respect. It can always erase a doctor from the register and make it impossible for that doctor whom it finds guilty to practise in Trinidad and Tobago or in any part of the world by withholding a letter of good standing.”

So it has great power when it comes to the disciplining of doctors.

3.30 p.m.

Dr. Bratt continues:

“The amendment would effectively transfer control over the medical profession to the political directorate and open up the possibility for a medical doctor to be disciplined, in the practice of his profession, by a politician.”

Which is totally unacceptable, Mr. Speaker.

“This amendment to the Medical Board Act is not about the presence of lay people on the Medical Council.”

And this is what Government has been putting out. It is saying it is to bring in lay people because you have doctors looking out for himself to himself, doctor to doctor and they will have a closed shop. The Medical Association says they have no objection to the lay persons and they recommend them. The purpose of this is, when it comes to the composition of the council, it is for that political interference and he says, and I quote again:

“This is about government control of a profession.”

If there is this tremendous distrust on the part of the doctors, then we should not be surprised because we have seen the response of the hon. Minister to the concerns that have been raised by the doctors and others in this regard. I would dub the Minister's response to the concerns as pure semantics.

The Minister surmises that the word “shall” in the Bill indicates the Minister has no choice but to make the recommended appointments thereby negating absolute control over board appointments. So that is the Minister's answer to the issue of political control.

Mr. Speaker, remember that is the same moral and spiritual Government that had been appointed by the moral and spiritual man whose warped interpretation of the word “shall” contradicted both the letter and the spirit of the highest law in the land. In other words the bottom line is, this Government has exhibited a total disregard for the rule of law for the principles of democracy and the bottom line is we do not trust them, and since we do not trust them we cannot support any additional transfer of power over our independent institutions to them.

We have seen them abuse that power, took power to themselves, and then abused it in terms of the Judiciary, the Magistracy, and in all the democratic institutions in this land. We have seen today, and on the last occasion, hon.

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Speaker, where you expressed your disgust of the inability, neglect, failure or the omission on the part of the Government to answer questions, yet, today on the Order Paper questions which were filed since January, and without any explanation whatsoever, there are no responses and we all know what is going to happen to them.

When this Parliament dissolves, which is very soon, they would lapse. So they have been there since January. It is the abuse of the institutions and in my view, it is a contempt of Parliament for Members of the Government who have to account to the Parliament, and therefore, to the people and the nation to keep ducking these questions every week from January to now.

What is so difficult to tell us what was the purpose of the fund established in the form of a money market account in the name of SWMCOL/CEPEP, who the signatories are, the current balance, the average monthly balance of the account and the amounts contributed by SWMCOL?

Question No. 60, the names of the consultancy firms employed by SWMCOL and so forth? What is so difficult? The question asked by the Member for Caroni East had also been on the Order Paper since January, so that would have been filed since December last year because there is a 21-day period to qualify. It qualified and was on the Order Paper on January 12th. The Minister came to answer it today and do you know what happened? He had absolutely nothing to say in terms of what UTT had done. So this is the contempt, and so we cannot trust them, we cannot give them additional power because when they have it, they abuse it.

They had their chance in the other place to retreat from the attack on the Medical Board when the doctors raised their concerns in terms of what they would like to see but they did not do it. They did not take on board the suggestions made by the Medical Association and others and could have included here if they were really serious about bringing better quality health care and bringing doctors to book. They totally ignored the cries from the doctors that will assist. So, in typical PNM style, they will not be satisfied until they interfere with every institution.

Mr. Speaker, I want to recall some words by the then Opposition Leader, Mr. Basdeo Panday, when we talked about what is happening in health and what has happened elsewhere under this Government. We saw recently the front page of the *Newsday* and I raise this because I want to remind this House of the words of the hon. Basdeo Panday as Leader of the Opposition with respect to what was happening in this country.

In the *Newsday* of September 05, 2007: “After meeting with Manning Crying Rahael Quits”. And at the bottom: “PM’s Sister: Oh, happy day”. I do not know if this is true, but this is what the *Newsday* says.

Mr. Rahael: Would you give way?

Mrs. K. Persad-Bissessar: Sure, I will give way. Were you crying or not, Sir?

Mr. Rahael: Mr. Speaker, I thank the Member for Siparia. That photograph is not one when I was addressing my constituents, that photograph was taken when my nephew was kidnapped and murdered.

Mrs. K. Persad-Bissessar: I thank the Minister for saying the photograph was not when he was crying on that day, and of course, we sympathize with what has happened. In fact, that is where the PNM has brought us, that even its own has been kidnapped and murdered due to the state of crime in this country.

It is not the photograph, but it says: “Crying Rahael quits”. So let us remove the photograph, but the headline is still there. Did the Minister cry? I do not know, but it says he was crying, Mr. Speaker, and he wrote his farewell letter and so forth.

Mr. Speaker, we have to remember that this was the same Minister who in another incarnation, you may recall, shut down Caroni (1975) Limited promising retraining, jobs and land to those workers. Nine thousand workers and their families are still crying; they cried then, and they are crying now. They have gone into poverty and up to now they do not have title to the lands that were promised them, they have not even received the plots they were supposed to give them.

So they have been crying and they continue to cry, and as the Minister cries, we are seeing the anguished patients at the hospitals plead with him to help ease the pain. They are crying, the tears of family members, babies are dying, and they are crying. So when the Minister is crying because he has to go, it is no wonder that the Prime Minister’s sister says, “Oh happy Day” and it is with the greatest of respect I say to him that too many people have cried.

I want to remind him of the words when Mr. Panday spoke. The tears of this Minister of Health are the fulfilment of a very prophetic warning that was made in this House when the Member for Port of Spain North/St. Ann’s West who was then the Minister of Agriculture, Land and Marine Resources destroyed the livelihood of the 9,000 Caroni (1975) Limited workers, and I quote from the *Hansard* of October 10, 2003:

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“I warn the Minister of Agriculture, Land and Marine Resources that from this closure there will be a fall-out that he and his Government have not even begun to imagine. He is the most callous of them all. He has reigned down depression and death on the sugar workers. He has not listened to their pleas. He has laughed at their tears. He has ridiculed their leaders and rubbed their faces in the ground. He has forced retrenchment on them while he gladly spreads the nation’s resources on unproductive work for his party supporters. Mr. Minister of Agriculture, you have scorched the earth in Central Trinidad and the earth will remember you for this.”

Mr. Speaker, very prophetic words. The Member for Port of Spain North/St. Ann's West did not listen, he did not change his ways and so he comes with this Medical Board Bill to strangle the life out of the medical profession.

After bringing death and destruction to Caroni (1975) Limited workers, this Minister could only be described as a grim reaper that had been let loose on the public health sector. I must talk about the health sector when I talk about this Bill, because there are provisions of this Bill which are purportedly to assist in providing better quality health care.

The following year, this unrepentant Minister was again warned by Mr. Panday about the plans for the health sector, and I want to quote:

“Mr. Speaker, having used raw power to decimate the sugar industry, the Minister of Health is now, with precision, destroying the health sector.

Mr. Minister, last year I warned you that you had scorched the earth in Central Trinidad and that the earth will not forgive you.

I assure you that it has not and your day of reckoning shall surely come.

If it is Caroni’s land you are looking for, I am told all you will get is six feet of it.

This year I warn you of what is called Issawi’s Law; ‘Society is like a mule, not a car. If pressed too hard, it will kick and throw off its rider.’”

Well, it did not take the Member for San Fernando East too long to deal with that. So, this Medical Board (Amdt.) Bill is the last hatchet job this Minister will be carrying through. So while he is crying, I am saying the blood of innocent people has fallen upon him, and the tears continue. You know the Hindus talk about the law of karma, Minister, so what you have done to poor people you will have to

pay for. So you have these tears now Minister, they will tell you it is a fitting poetic justice or karmic justice that when you scorch the earth, that earth will not forgive you.

It is not just the doctors and the UNC talking, even the Prime Minister himself. Over the last few months we have heard confessions about various sectors of Government and that local government has collapsed. We have had confessions that the Government has failed the agricultural sector, that they have no idea about what to do about the high food prices. We have heard confessions of Government not being able to deal with crime. The Minister of Education herself has confessed that the education system has failed the children.

Mr. Speaker, two days ago, the Prime Minister miraculously discovered that the nation's health system had collapsed. According to the *Express* article captioned: "Health care not up to standard". Prime Minister Patrick Manning says:

"While the nation's health sector may be better than those in some developed countries, it is not operating at the standard it should."

Mr. Speaker, I wonder which developed country has a health care system that is as bad as ours today.

My colleague, the Member for Fyzabad, was reminding me that the US Medical Health Ship was coming to visit Trinidad and Tobago and the Ministry of Health has begun identifying patients who will receive free medical care next week from a visiting US Hospital Ship.

The USNS Comfort will be visiting these shores from Sunday, September 16, 2007 to Friday, September 22, 2007 and the ministry is coordinating this mission with the US Embassy.

Mr. Speaker, here is the Prime Minister saying that while the nation's health sector may be better than those in some developed countries, which developed country has a worse health sector than we have? Which developed country; Canada, the United States of America, any part of Europe that the health sector may be better than some developed countries? Certainly, there is no developed country that would have a worse health sector than ours. I challenge the Prime Minister to tell the Parliament to which developed country he is comparing us. Let us move on, it gets worse. The article continues:

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“By and large, there is a management problem in the area of healthcare in this country, and the management problem is one that we continue to have addressed...”

Mr. Speaker, through you, I ask the Prime Minister: If there is a management problem which is responsible for the chaos in the health sector under the watch of the Prime Minister, how is it that the only imports you have made have been medical professionals? Where are the imported managers? So while the Prime Minister recognizes it is a management problem and the Member for Caroni Central made the point, this Bill is not going to help anybody when it becomes law in terms of providing quality health care.

That is a management problem in the hospitals, in the health sector throughout and the Prime Minister recognizes that, but what has been done? What change in management has been made? The Prime Minister’s answer is to fire the Minister of Health and look for another one. That is his answer: fire and bring the best slate of candidates.

For the past six years the health sector continues to deteriorate and the Prime Minister knew it was a management problem but did nothing about it and on the eve of the election he is going to fire him, they will deal with health care because he is no longer going to be there. Nonsense! The management starts from the top, therefore, when the Prime Minister comes to lick up all his Ministers saying they have not performed, then he, as the ringleader, as the head of the Cabinet should take prime responsibility because he is the Prime Minister. [*Desk thumping*] He should go first.

When were the local managers deemed to be incompetent? What efforts were made to have them trained or replaced? It is only when the Minister has certain practitioners promoted—in spite of the fact of suspicious activities in the death of Faith Williams, which have not yet been cleared up—and the said promoted medical doctor pronounces the Minister as the best Minister of Health ever, and the Prime Minister recognizes that all the others are not stooping to his whims and fancies so they are now to blame and the political interference begins.

The management problem does not start with the civil service, it starts with the Government, those opposite. The real Government sitting in the Senate and State boards is the source of the management problem we are seeing in the health sector and elsewhere.

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

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

Question put and agreed to.

Mrs. K. Persad-Bissessar: So the Prime Minister would have us believe it is the civil servants in the ministry responsible for the failure in the sector and in every sector. Even in the energy sector, the Ryder Scott Report showed up mismanagement.

The problem in our view really has to do with incompetence and corruption that is sanctioned by the Prime Minister and at this eleventh hour he wants to pass the buck to those who will not bend to his whims and fancies—and I am sure the Member for Diego Martin Central will have something to say about that. The article continues:

Asked specifically about the delivery of healthcare in this country, Manning said, ‘The level of healthcare in Trinidad and Tobago at this time is not of a standard that meets with the aspirations of the national community. In fact, nor does it meet with the aspirations of the Government.’”

That is the Prime Minister condemning the health sector after six years in office, thousands of millions of dollars, more millions on public relations to thinking that the sector was improving, the Prime Minister suddenly realizes at the end of this term just before election, that the health sector has collapsed.

Did he not pay attention to the Gladys Gafoor Report? What has happened with that? For three years it has been ongoing. Is he the only one who is not aware that the hospital does not have beds for pregnant women and heart patients? I want to talk about that bed shortage, it is unfortunate, but we are on the health sector, and the Member tried to get it as an urgent matter.

Mr. Speaker, when we are looking at improvements in the health sector, this Bill is designed to bring some kind of improvement. We must speak about bed shortage because a man died yesterday. Several months ago, the issue was raised and the problem still exists so we need to look at the headlines.

Way back in June, there were no beds for pregnant mothers. Tuesday, June 12, 2007: “Stinking toilet, Sando Patient on ward floor, Hospital hell hole, I can’t take it no more” *Trinidad Guardian*. So in June we knew there was a serious shortage of beds.

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Mr. Speaker, we are seeing in terms of priority that was not an issue because the problem has continued. The disdain from this Government in terms of priorities is reflected and reported in the attitude of the Acting Medical Director according to the *Guardian* article:

“Acting Medical Director of the San Fernando General Hospital, Dr. Anand Chatoorgoon said he was aware of the situation and visited the wards yesterday morning.

He said the authorities were trying to source beds for the patients.

‘That is a perennial problem...that is nothing new.’

And he is okay with that. It is the same attitude with the Minister of Health and the Prime Minister to the people of the nation. People are suffering, but it is okay, nothing is wrong with that because they are perennial, regular problems. How callous can you be? The fact that it is a regular problem means that it was never addressed. The failure of this Acting Medical Director to act is reason for dismissal—not promotion—but I understand he was promoted because he said the Minister of Health was the best there ever was.

It continues:

“More and more people are accessing the hospital. People are coming from all parts of the island. We are doing our best to find beds for them. Chatoorgoon also said another option was to seek alternative accommodation.

As a matter of fact, we intend to house patients at the Point Fortin Hospital if we did not have enough beds at this hospital.”

So you will pick them up from San Fernando and send them to Point Fortin on the new highway that has not been built, or would you take a water taxi from San Fernando, and water taxi them in November? I see the new date for the water taxi now is November. It was June, then July, it was August, it was September, and now it is November. How are you going to pick up patients from the San Fernando General Hospital wanting urgent medical care and send them to Point Fortin when even that hospital does not have the beds, or equipment, or doctors? Nonsense, Mr. Speaker!

These patients are saying there are no beds available to them and he is saying he will send them to Point Fortin if there were not enough beds at San Fernando. Can you imagine that? And he is the Acting Medical Director. So the Prime Minister is right, it is definitely a management problem.

What do you do? Point Fortin is already under strain and the Minister cries, but what about all those patients? The Government has been promising since it came into office that it will build Point Fortin Hospital. In 2003, construction was expected to begin during that year at the Point Fortin Hospital. In 2004, the Point Fortin Hospital will start in 2005; in 2006, construction at Point Fortin and Scarborough as well as a new wing in San Fernando are projected to be completed in 2007. Every year, broken promises and nothing is being done. That is management PNM style.

So the problem has been identified since 2003, but the priority is to build the waterfront, to build the Rapid Rail, and the \$148 million palace but we cannot deal with no beds in the hospital. When the empty beds were shown to Dr. Chatoorgoon, instead of immediately commissioning them into action, the response of the Medical Director was: Yes, those are some of the beds we are trying to get for them. And the beds stayed where they were and the people were forced to suffer.

Mr. Speaker, this is another example of incompetence. So there are heart patients over 70 years, the elderly in our country. There were mothers who were overdue who should be lying had been sitting up for entire nights. I want to quote from the article entitled "Begging For Beds" in yesterday's *Guardian*. "Sando patients three days waiting."

"Donnawatee Harripersad, 27, of Debe, who is expecting her second child, said, 'I am five days late. They have to induce labour but they are also attending to emergency cases because there are no beds,' she said.

'I left the hospital three o'clock this morning (yesterday) because they told us we could leave and return later...I came back 8.00 a.m. and I am still sitting here.'"

Another woman, who did not want to give her name, said she was two weeks overdue.

Worried about her unborn child, she said, 'This is not right...I also left here around 2 o'clock this morning and came back about 8.00 a.m.

I am having a lot of back pains,' she complained."

So Mr. Speaker, where is the love? Pregnant women and elderly people; that was yesterday's *Guardian*.

And so we come to today's newspaper, "Dying for a bed". This is where it has reached. The refusal of the Prime Minister to do something, the failure of the

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Acting Medical Director has reached a situation where it has resulted in death and I quote from today's *Guardian* by Yvonne Webb:

“Allan Ragbir, 35, of West Battoo Boulevard in Marabella, reportedly died after he was forced to lie on the cold concrete floor of Ward 11. He died around 4.05 p.m.

Ragbir had been admitted to the ward on Tuesday, suffering with colic gastritis and seizure disorder, communications specialist of the SWRHA Nalini Parasram said yesterday.

‘He was in a wheelchair because no beds were available at the time due to the chronic overcrowding. Because of his condition, he preferred to lie on the floor. The nurses made him as comfortable as possible until a bed was made available for him and that is where he died...’

This is the explanation that is offered. The man chose to lie on the floor! I wonder if all these other patients choose to lie on the floor as well, and to sleep on benches. I wonder if these pregnant mothers choose to sit for hours on the benches as well.

The fact is, there were no beds, and there can be no excuse for that. Over the past five and a half years \$200 billion have been spent and you do not have a bed in the hospital for people. The article continues:

“However, there are conflicting reports over Ragbir's death as one report said he had been placed on a bed only after he had collapsed in the corridor.

This was moments before he died.

Other patients and visitors to the hospital, who observed him writhing in pain, attributed his death to a blow he sustained to the head when in his weakened state he fell.

Jason Chatoor, who was waiting with his mother Dolly, a heart patient who also spent three nights on a bench in the corridor, said he was present when Ragbir fell and hit his head.

‘He was so weak,’ Chatoor said.

Since Monday, patients admitted to the medical and maternity wards have been waiting in the corridors of the hospital for bed spaces to become available.

However, the corridors were clear yesterday when the *Guardian* visited during the lunch hour.”

Mr. Speaker, they had to wait until somebody died. They talk about Brad Boyce and murder and whatever, but this is murder too. This is criminal negligence on the part of the State. When a patient is in a hospital, falls and hits his head and dies, it is criminal negligence. This is clearly a case of criminal negligence on behalf of the State and the Ministry of Health.

[MR. DEPUTY SPEAKER *in the Chair*]

Mr. Deputy Speaker, and to add insult to injury, the acting Medical Director is quoted in the same report as saying:

“When we asked why he was there, the nurses said he preferred to lie on the floor, rather than on a wheelchair...”

This is what the Acting Medical Director is saying.

“During the course of Wednesday morning they got him a bed. It hurts us to see patients on benches and chairs, because San Fernando General has no bed space.

I feel like I want to cry myself.”

Cry, Mr. Deputy Speaker? What hypocritical nonsense! The Minister promoting the doctor and this is what has happened. The life of a man who had dreams and aspirations, he had a family and a future. They are crying. His family is crying. Do not come with crocodile tears and say you want to cry because this man does not have a bed and he collapses and dies when since June you acknowledged this perennial problem and did absolutely nothing about it.

4.00 p.m.

So now people are dying for a bed in hospitals. That is where we have reached! Dying for a bed! What has happened since then? Has there been an investigation? Has the Minister done anything to get beds into the hospitals? I demand justice today for the relatives of Allan Ragbir, because, in my view, that is criminal negligence on the part of the State.

We say this is the highest court. Doctors hold a sacred right in their hands. That forms the basis of the oath that they take on admission to practise, and this has been again violated yet again. We take an oath to serve here, and we ask that justice be done; we ask for justice for the life of this young man, through you, to the Minister. Of course, whatever justice comes now would be too late for him, but at least for his family. Then you want to discipline the doctors. What did the doctors have to do with that? What did the doctors have to do with dying for a

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bed? The doctors will treat you in a hospital; it is not their duty; not their responsibility to go and find beds for patients. That is the responsibility of the State, of the Ministry of Health.

Let us talk about the cost of a bed. I am told that a multi-adjustable hospital bed costs about TT \$6,000 when it is delivered to the hospital. A conventional metal hospital bed costs about \$1,500. That is the value that Government places on people's lives. I am told that the cost of the doors to the Prime Minister's rooms in that mansion, could have bought more than 10 beds for the hospital—just one door. So billions spent! The Ministry of Health has spent well over \$60 million in propaganda since 2002—the previous Minister and himself. I just want to show the management. I am told that one door could have bought 10 hospital beds, not to mention how many they could have bought with all the fountains and all the other things that you see in this mansion here—the Prime Minister's mansion.

You will recall that every year with the budget I compiled the statistics and I looked at, what I call the propaganda vote in terms of each ministry; how much is spent for entertainment, hosting advertisements, and so on. The Minister of Health, from 2002—so that would have been the Member for Diego Martin East, and thereafter the Member for Port of Spain South, and so on—when you total it, it is \$62.3 million spent on promotions, on publicity, entertainment and hosting, between 2003 and today. That is the fete vote. That figure would have purchased 10,389 of the high tech hospital beds for use in the hospitals.

Mr. Williams: It is the Member of Port of Spain North/St. Ann's East, not Port of Spain South.

Mrs. K. Persad-Bissessar: Oh, it is not you. I am sorry. It is not Port of Spain South; it is Port of Spain North/St. Ann's East. That \$62.3 million could have bought us 10,389 of the more expensive beds and that is more beds than we have in all the health institutions of the country.

Mr. Rahael: Thank you for giving way, Member for Siparia. The Member is fully aware that it is not a question of purchasing beds; it is a question of space and it is a question of doctors not discharging their patients in a timely fashion. First of all, it is not a question of dollars and cents.

Mrs. K. Persad-Bissessar: You see, Mr. Deputy Speaker, this Minister has a serious problem, you know. Once again he is attacking doctors and he is saying it is the doctors' fault there are no beds in the hospitals, because they do not discharge patients. If the doctors do not feel the patients are free to walk out, they are free and able to go. The Minister could sign a paper and discharge them. You

must discharge them fast because I want the bed? The doctor has an oath he took. He or she will discharge a patient when the patient is ready and able to leave the hospital. Then he is telling me, it is not about beds; it is about space. So what did you do about the space?

Mr. Rahael: They have to make the rounds in the evening.

Mrs. K. Persad-Bissessar: Have you created more space? So you know the problem, but you still fail to deal with it. As I talk about this \$63 million spent on PR and publicity, you would recall that it was the sister of the Prime Minister who put it very nicely when she said that all the Minister cared about was PR. Those comments from Dr. Petronella Manning-Alleyne were quoted by my colleague from Caroni Central with respect to the Minister. All he was doing was PR. Here it is. This was in the *Newsday* of September 05, 2007, where she said:

“Rahael had his own PR programme and has done nothing for the system of health care. Health is like a centipede. He only looked after legs but the body was not addressed. She said the Minister was only concerned with how he appeared.” [*Interruption*]

Mr. Deputy Speaker: Hon. Members—

Mrs. K. Persad-Bissessar: Mr. Speaker, I do sympathize with all of them. They have to confer, and so on.

Mrs. Job-Davis: We do not need your sympathy.

Mrs. K. Persad-Bissessar: They do not need my sympathy, but I am a sympathetic person and I do sympathize. But they can do that behind the Chair outside.

Dr. Rowley: Big people talking!

Mrs. K. Persad-Bissessar: I totally agree it is “big people talking”, but you see, when it is “big people walking”, it is even harder. You will be walking out very soon, Sir.

Mr. Valley: You think so? You want to take a bet?

Mrs. K. Persad-Bissessar: I am not betting on your business. You know, if he provokes me—

Mr. Deputy Speaker: Just get back to the Bill.

Mrs. K. Persad-Bissessar: Through you, Mr. Deputy Speaker, I understand that he is being so punished that they would not even screen the Member for

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Diego Martin Central. They blanked him yesterday; they would not even screen him. And now, his screening has been deferred to a date and time not to be determined—indefinitely. [*Crosstalk*] I am speaking to my colleague from Diego Martin Central and I would ask the Member for wherever—forever—

Mr. Deputy Speaker: Hon. Member, let us return to the Bill.

Mrs. K. Persad-Bissessar: It is thus reported. But I have great faith and confidence in the resilience of the Member for Diego Martin Central who will definitely rise above it. [*Desk thumping*] You will rise above all those things. Let us get back to this. Dr. Manning-Alleyne has been saying that the Minister is only concerned with how he appeared in the media and I spoke about this \$63 million spent on PR, a very serious matter.

The Ministry of Health is spending thousands of dollars on these advertisements. Every day and night you put on the television, there is an advertisement that says: “River Lime”, and you see some very unhealthy looking men with paunches, and so on, with their swim trunks on—maybe it is at Caura—and they are having a river lime and they are drinking, feteing, eating, smoking and spreeing with cases of beer, and suddenly a man gets a heart attack, because the ambulance is going to come for him. But you know, after the thousands of dollars spent, and this “fella” grabbing his chest—Mr. Deputy Speaker, do you know which side your heart is on? [*Laughter*] I think the youngest child—you do not have to be a doctor to know that your heart is on the left side, and that thousand-dollar advertisement that the Ministry of Health puts out, this man grabs the right side of his chest and collapses with a heart attack. So even the advertisement you cannot get right. Thousands of dollars later, you cannot get it right. No wonder we are in the crisis in the health sector. So I ask you to take a look at the “River Lime” the next time you are looking at television.

I just want to close with some comments with respect to what was said by the Member for Diego Martin East, Minister Imbert, in the debate. Two days ago in his contribution to the debate the Member for Diego Martin East said the following:

“They did not complete the postgraduate degree programmes. They did not complete the requisite period of training. They did not pass the examination or whatever is required. They did not meet the requirements and because of friendship and various other improper things, they have found themselves in the public domain, described as specialists.
This is no laughing matter...”

The first time the Minister would not call names.

“There are so many stories about persons who portrayed themselves as specialists, misdiagnosing patients. I am not calling names, but I have seen the files when I was in that Ministry. I have seen all the reports about persons portraying themselves as specialists who were misdiagnosing patients, because they simply did not have the competence to practise in the particular specialty, on persons suffering from serious injuries and even death. I have seen the documentation.”

Let me repeat this and I urge you to understand the magnitude of the confession that has been made by the Member for Diego Martin East with respect to holding the portfolio of Minister of Health. I repeat it:

“...I have seen the files when I was in that Ministry. I have seen all the reports about persons portraying themselves as specialists who were misdiagnosing patients, because they simply did not have the competence to practise in the particular specialty, on persons suffering serious injuries and even death. I have seen the documentation.”

Mr. Deputy Speaker, the Member is claiming that when he was Minister of Health he saw evidence that doctors posed as specialists, misdiagnosed patients and caused injury and death. My question today is: What did he do about it? He has confessed that he saw it; he saw the evidence; he saw the documentation. What has he done about it? He did not do a single thing! He was Minister then. He allowed people to die, and that is what he is boasting about: “I saw the evidence; I saw the documentation; I saw the file.” That is criminal negligence! You aided and abetted the commission of a criminal offence!

That is what the Minister is admitting to; he is confessing to! You assisted in a cover-up of those crimes for the last four years and you come to the House boasting that you are not calling names. That is nonsense! It is like your Prime Minister talking about: “I know who Mr. Big is.” Years later, we still do not know. He would not call names, and this man is at large, after bombing Port of Spain.

It caused injury and death! What disdain for human life! Abuse of public office, to conceal a crime! This is no laughing matter. May’s Parliamentary Practice, Chapter 6, under the Privilege of Freedom of Speech, in the subsection captioned, “Proceedings of Parliament in the Criminal Law”, states very clearly that the privileges of parliamentary protection does not extend to criminal matters.

That is a cover-up of criminal acts and we ask that the Government bring to the fore the evidence and deal with those whom he said he has the documentation for, causing death and injury in this country. These comments have now become part of

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the public record through the *Hansard* and they have been printed in the *Newsday*, on Thursday, September 12, 2007, as a feature story. So it is out there in the public domain.

Through you, Sir, I wish to advise the Attorney General and the DPP of the confession of the Minister of Works and Transport, of withholding evidence in the commission of criminal acts under his stewardship and the concealment of that information for the past four years, and urge that immediate investigations be launched in this matter. When the Member for Diego Martin West said people died; well, the Minister is saying, "I know people died. They caused death and injury." Why did you cover it up? So it is our intention to follow this matter closely to ensure that there is no cover up or mistake being made in regard to sending this matter for investigation. It must be dealt with now. [*Desk thumping*]

I just want to close now on the graveyard that has become the ambulance graveyard. It was the UNC that dealt with setting up that ambulance system. Before that, "yuh gone through; yuh dead", because there was no ambulance service. What has happened is that we have an ambulance graveyard. All theses ambulances are parked up in a graveyard in Central. These pictures were taken at the old Couva Hospital, Thursday, September 13, 2007. VMCOTT was supposed to look after vehicles; they were supposed to use their money for repair and maintenance, instead we have a graveyard here, of ambulances in the health sector and VMCOTT is busy spending money to buy spy equipment for the Prime Minister to spy on his other Members in the Parliament. Do you know about this ambulance graveyard?

Mr. Rahael: It is UNC ambulances; left-hand drive; second hand; foreign-used.

Mrs. K. Persad-Bissessar: It does not matter which. Yes, we bought them. Why are they not in service? Why is there a shortage of ambulances? I take this opportunity, through you, as I close, to say goodbye to the Minister of Health, the Member for Port of Spain North/St. Ann's East. It is tragic that in his parliamentary career that he would be remembered as the butcher of Caroni (1975) Limited and he will be the winner of Cabinet's next top model award a la Petronella Manning-Alleyne, with respect to his media campaigns. So we say goodbye and we hope that you are forgiven because I do not think that many people in this country will forgive you for the trauma, the death and injury that have arisen because of the failure in the health sector.

So with respect to the Bill itself, I say that we have no objection to the specialist register; we have no objection, as the doctors have said, to the continuing medical education; we have no objection to laypersons being included, but we would ask

that they take on board—in the committee stage if we cannot do it now—the further recommendations of the doctors of the Medical Association so that we can really put something useful into place. With respect to this, I ask them to pay attention to the letters from the Medical Association and others, and let us try to pass good law.

However, the doctors are of the view—and I repeat their concern—that the Bill cannot go through in its present form; that, indeed, it should be withdrawn and that a committee be set up for proper consultation to ensure that you get the right mix within the legislation itself.

With these words, I thank you very much. [*Desk thumping*]

Dr. Fuad Khan (*Barataria/San Juan*): Mr. Deputy-Speaker, I want to congratulate the Leader of the Opposition for a good contribution. When I read this legislation to amend the Medical Board, a very simple thought came to me. What are the objectives of the Ministry of Health? What are the objectives of the administration of health? What are the objectives of most of the management of the health sector? Basically, from what I recall and what I think it was in our time, it was better health care for the citizens of Trinidad and Tobago. I think that is a pretty simple way of putting it and everything revolves around that.

So when I looked at this legislation and I saw it was simple, where it basically changed the composition of the Council of the Medical Board, and then it went ahead and did a little dance of a specialist register, I asked myself: What is the function of this legislation? Why is it coming to this Parliament in this 11th hour? Thinking laterally, not looking at the legislation, I realized that this legislation is really and truly something that has been occurring in this country for the last six years; it is basically democracy under threat. This is the function of the legislation: Democracy under threat.

It is not really about the Medical Board Council; it is not really about specialist registers, because this will not do anything to make the health system any better; what it is really going to do is put total control of the Council of the Medical Board and possibly the means to discipline doctors who are not in favour, with the Minister of Health. This is what it is about. [*Desk thumping*]

When you look at this legislation you see that clause 4, new subsection (1) says:

“There shall be a Council of the Board which shall be appointed by the Minister and shall consist of—

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- (a) the Chief Medical Officer;
- (b) two medical practitioners.”

That is three people. It goes on:

- “(c) four medical practitioners elected by the Board;”

Which is the group of doctors:

- “(d) one person nominated by the Inter-Religious Organization;”

Nothing is wrong with that:

- “(e) an attorney-at-law with at least five years experience nominated by the Law Association of Trinidad and Tobago;”

Why the Law Association and not the JLSC? An association is a clubhouse. The Trinidad and Tobago Medical Association is a clubhouse. The real body of the association is the JLSC, so why the Law Association? It goes on:

- (f) “an accountant with at least five years experience nominated by the Association of Chartered Accountants; and
- (g) a medical practitioner nominated by the University of the West Indies.”

So we have only four doctors here who are going to be elected among their peers. The other people are coming from different areas. Why are we doing this legislation at this 11th hour in the history of this Parliament?

The Minister of Health, the Member for Port of Spain North/St. Ann’s East, from what I have read in the newspapers, is leaving this honourable House and, so too, a lot of others. The Member for Diego Martin Central has been seen on the newspapers—I am just going to say what was reported, that he has also been asked to leave; the Member for Diego Martin West is fighting for nomination; I think the Member for Diego Martin East is—

Dr. Rowley: Be careful of what you are saying. You know not of what you speak.

Dr. F. Khan: That is what I read. So I was wondering if this piece of legislation is for the Member for San Fernando East to have ultimate control of the medical profession in the same manner as Fidel Castro has in the medical profession in Cuba—[*Desk thumping*—]and that Chavez is doing in Venezuela.

You see, the medical profession consists of people who are supposedly those who have achieved high marks and were once the intellectuals; the people with A

levels, university levels, and they are the ones who basically go into that—the thinking processes. They think and they are able to act out what they think. This has been a bugbear at certain times, so when you have to put them in a situation where they are going to be controlled by the Ministry of Health, with the Chief Medical Officer and the dilution of the Medical Council and the Medical Board—and I will go into something.

This is how the Medical Council is elected. A meeting is called for elections; all financial members go to this meeting; names are put up by the different doctors and they are seconded, and an election takes place by ballot box. It is a democratic process where doctors are chosen as the President, Vice-President, Secretary/Treasurer and other members. This is how it goes. Nobody comes and says these are the people who are going to be there. There are slates put up, like a normal democratic election, and this is what occurs when the Medical Board votes in the Medical Council.

People are voted into specific positions: President, Vice-President, et cetera. So when you do something such as this and you nominate certain people and you have four doctors elected, and among the board itself it will determine who is the President, the Vice-President et cetera, and the legislation also says the President could be appointed for one term only, it means to say that you are curtailing who could be elected and not elected.

So when you look at this, what is good for the goose is not good for the gander, because the PNM Government is bringing legislation to restrict the number of terms of a President, but they themselves are not talking about restricting the number of terms for a President of this country, or Prime Minister. The only person who has done that is the Member of Parliament for St. Augustine, the honourable leader of the COP, which is Mr. Winston Dookeran. That is the way you preserve democracy, by not one person becoming an overall dictator, as we are seeing that can occur quite easily in this country.

This legislation is not bad legislation, but the thing about it, you do not need to talk about special medical officers halfway or the Medical Board halfway, just because you want to control the medical doctors and the specialists. You see, it has been articulated in this House that a member of the council—nobody is calling names and I will not call names either—has been practising under a specialty and not considered a specialist and the name was removed.

I want to say something. I have been seeing in the newspapers a learned professor articulating quite, quite strongly about this specialist register and who is a specialist

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and who is not. I would like to find out—if we could get an answer—how does one become an AIDS specialist without having AIDS specialist qualifications? How can you come and tout as the head of AIDS specialist; get a lot of funding for AIDS and you are not a specialist, according to the register? So really and truly, one person is pointing one finger forward and four fingers are pointing back at themselves. So it is a necessity in this country that we have to rein in who are specialists and who are not.

You see, in this country, there are many general practitioners who practise as stroke specialists and people go to them by the loads and they are given injections, but they do not put it on their signs. What they do is a word-of-mouth type of marketing. “I am a stroke specialist” word-of-mouth marketing, and you cannot do anything about that. He never said he was a stroke specialist. I want to know how this registration is going to rein in those people.

The only way to do it—and I have articulated that in this House before—you do not bring this kind of half-baked legislation; you attack the Medical Board Act. [*Desk thumping*] This is definitely an attack on the doctors of this country to bring them under the control of the Minister of Health to slap them up when they feel like it and at the end of the day, bring in temporary doctors whenever they feel like it. The doctors of the Council of the Medical Board were the ones who went against the registration of certain non-qualified doctors from areas that are not recognized by the Council of the Medical Board. You look at this and—it is strange. I am going to read this part. Clause 3 states:

“‘specialist’ means a person who has undertaken specialist training and has been awarded specialist qualifications in a specialty recognized by the Council, and that specialist training is, or those qualifications are, or when considered together, found to satisfy the Council’s requirement for the specialty in question.”

That is a dangerous piece of legislation, you know, because you could bring in anybody. The council could say: “This person has trained in the back of nowhere, saw one patient today and has a specialist qualification; we recognize him because we like him.” What I am saying, if you want to give it some teeth, delete, “in a specialty recognized by the Council”, and put “from a medical institution recognized by the Council”. You do not put “specialist qualifications in a specialty recognized by the Council”. Take out, “in a specialty”, and put, “from a recognized medical institution”.

Miss Lucky: That is a good point. So there will be an accreditation for it. It would be recognized.

Dr. F. Khan: It could be from a recognized medical institution or you could use World Health Organization. In doing so, you will put some teeth in this legislation. [*Crosstalk*] It is an important fact because prior to me being on the medical board, a lot of people were coming into this country from medical schools and institutions, and when we checked into it, they did not exist. There was falsification as well as areas that were not recognized by the World Health Organization, and they were able to bypass the system.

The Medical Council had to now put a fee. When somebody applies now for registration, US \$100 was put in place so we could go back and check if the person is bona fide or not. A specialist register is what was being worked on for a long time. This is nothing new. Legislation for specialists is not a bad idea, but when you bring half-baked legislation just to register a specialist to determine if the person is going to be a specialist, that does not make sense. That is the red herring in this legislation. The real thing in this legislation is to slip in the Council of the Medical Board that can be controlled. The specialist part of it could be done by a council who is there. You do not need to legislate against specialists. You could have regulations against specialists.

Clause 10, new subsection (3)(c) states:

“Any person...who—

advertises or holds himself out as a person authorized or qualified to practise as a specialist, is liable on summary conviction to a fine of ten thousand dollars and to imprisonment of two years.”

I asked the hon. Member for Pointe-a-Pierre: What does it mean by “a fine of ten thousand dollars and to imprisonment of two years”? She indicated to me that you could go up to that; it does not have to be “and”. So I ask myself: Why did Mr. Basdeo Panday get the total thing?

Mr. Deputy Speaker: Why do we not just—the sitting of this House is suspended and we resume at 5.00 p.m.

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Dr. F. Khan: Mr. Speaker, before we broke for tea, I was on a small point. This legislation indicates persons who hold themselves to be specialists and are not specialists. Clause 10(b) new subsection (3) states:

“(b) ...take or use any name, title, addition or description implying or calculated to lead persons to believe that he is so registered; or

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- (c) advertises or holds himself out as a person authorized or qualified to practise as a specialist, is liable on summary conviction to a fine of ten thousand dollars and to imprisonment for two years.”

When I was enquiring into this, I asked if the fine of \$10,000 and imprisonment for two years is the final penalty. The Member of Parliament for Pointe-a-Pierre indicated to me that this means it can go as high as that, but a magistrate or judge can put less if necessary. I asked her a simple question as an aside to this: How come in the integrity case against Mr. Basdeo Panday, he got the maximum penalty? When you put legislation like this, I thought that this is what it is supposed to be.

When it says a fine of \$10,000 and imprisonment for two years, I thought that this would be the penalty for the person holding out himself to be a specialist. I thought that this penalty was a bit harsh for somebody who tried something the first or second time. I did not realize a judge or magistrate could go less than that at their discretion. The question came up after in the integrity case with Mr. Panday, I thought that is what it was supposed to be, but then I found out that the magistrate could have gone less if necessary. He got the maximum and that is history.

When people hold themselves out to be specialists—I started with the stroke specialists. Somebody who suffers a stroke as a result of hypertension—called a cerebro vascular accident (CVA)—sometimes within 24 hours or two or three weeks, the actual blood that collects around the area dissolves; is reabsorbed and the person recovers slowly on his or her own. There are doctors who give tablets and injections on a daily basis and the person would recover and they are termed stroke specialists. There is no part of the medical literature that indicates that such medication will cure you of a stroke. These doctors need to be looked at in the case of holding themselves out to be stroke specialists.

Dr. Rafeeq: I thank the hon. Member for giving way. You were making the point and I want to mention what you said before. With this legislation, even though you will create a register of specialists most of them do not write that on their letterheads and advertise that. They practise it by word of mouth. This legislation will not help that.

Dr. F. Khan: Thank you. Hopefully, this—advertises or holds himself out as a person authorized or qualified to practise—might assist.

In this country, there are many cancer patients who are dying; are treated by people who are not cancer specialists and charged much money because they want to hold onto life which any one of us would do. I have seen many name plates

with cancer specialists and without the qualification. I think that this part of the Act is a good idea. Then comes something called a cancer cartel which is where people go to the cancer centre in St. James and are forwarded to friends who do cancer surgery and give cancer treatment out of the public sector. At present, it is happening very strong in this country.

The amendments to the Medical Board Act, section 24(5) indicates restrictions. It states:

“...of subsections (1) and (2)...shall be deemed guilty of...disgraceful conduct—

- (i) does or fails to do any act or thing, the doing of which or the failure to do which the Council considers to be unprofessional or discreditable.”

Subsection 8(h) states:

“...holds himself out to...a specialist or as being specially qualified in any particular branch of medicine and who has not taken a special course in such branch (of medicine) and received a certificate of specialty therein which is recognized by the Council;...”

Everything that the Minister has done in the part of the specialist’s qualification is in the Medical Board Act which needs to be upgraded for our time, Vision 2020. I think that this amendment to the Medical Board Act is a reason to change the council of the Medical Board. The specialty register was the red herring to let it pass so they could have a platform to indicate that “we are looking after your interest”. The main thrust of this was to change the council of the Medical Board to bring it under the ambit of control.

If the objective of this Bill was to help people in this country—one has to look at the fact that when the members of the public are wronged medically, there will be a system where they could appeal to the Medical Council and actions could be taken. I will walk you through what has occurred in the Medical Council in the past when somebody thinks he or she was wronged of a medical act or negligence. The person used to write the Medical Board indicating the scenario without proof of what happened as a result of visiting that doctor and what wrongs he or she thought happened on the dates. The council of the Medical Board took that letter; wrote the specific doctor indicating that a complaint was lodged against him or her and they wanted the doctor’s part of what occurred. The doctor was given a time line.

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Hopefully, the doctor would reply within the time line; if not, the doctor got serious warning and sometimes legal letters from the Medical Council. If the council of the Medical Board finds that there was negligence or something that occurred, the matter would be referred to a specialist in that area. The specialist in that area then decided whether there was room for further investigation. The council of the Medical Board is not a closed shop or a boys' club or girls' club.

The Member for Diego Martin West went at pains to tell about the Des Vignes matter. Dr. Des Vignes was a pathologist who gave evidence in the Brad Boyce case. Dr. Des Vignes was wronged by a guy called Chandullal. The council of the Medical Board was directed by the magistrate—I have forgotten the magistrate's name—to investigate the qualifications of Dr. Des Vignes. It was a mandate. A written letter was sent to the council of the Medical Board. When we went to the so-called register, Dr. Des Vignes was listed as an MBBS, that is the initial qualification and not a pathologist. He did not register his qualification as general pathology. We called Dr. Des Vignes who, initially, refused to come and then came with a lawyer. At that time the Medical Council was not into the legal aspect of it. At the end of the day, we indicated that his qualification in the register was the MBBS and not DM pathology. That is not forensic pathology; that is general pathology. Forensic pathology is a specific branch of pathology after general pathology. Dr. Chandullal had an MSc in forensic pathology from a recognized institution in India. He acted as a forensic pathologist in India.

Dr. Des Vignes was asked to bring his qualification and he brought a lawyer. At that time, the board was considered to be a racist board and it was not. When this situation took place we registered him as a general pathologist. When asked about the forensic pathology part of it, he was given a scholarship to go to Canada and was trained for nine months under a Canadian pathologist. He was supposed to assist in 250 forensic pathology specimens and I think he did. It was not an institution; it was under a Canadian pathologist as an attachment. I do not think that it was even a scholarship.

Today, if we go according to this legislation and the specialty register was in place, Dr. Des Vignes would not have been considered a forensic pathologist. We asked him to bring back whatever the person gave him. He was not given any letters of any fulfillment. In the court under cross-examination or somewhere, Dr. Des Vignes had asked the Canadian pathologist to give him a letter and put a gold seal on it. Those are the facts of that case. Dr. Des Vignes then sued the Medical Board. The Medical Board never sued Dr. Des Vignes. The Medical Board defended itself according to the allegations that Dr. Des Vignes brought. It did

cost much money and we retained senior counsel. The Medical Board had to go to court and initially Dr. Des Vignes won his part of the case in the High Court. The Medical Board appealed that that decision was flawed. Karl Hudson-Philips was our attorney. The Medical Board won the case against Dr. Des Vignes at the higher level and the magistrate said for each person to pay their cost. Right after that our Medical Board was thrown out.

Mrs. Job-Davis: Thank you, Member, for giving way. I want you to clarify for me, hon. Member, the qualifications of Dr. Des Vignes at this point? Was he registered formally as a forensic pathologist?

Dr. F. Khan: That is a very dangerous question, but I will answer it. From what I know—I have not checked the register—but the last time that I was at the Medical Board, Dr. Des Vignes was registered as MBBS, DM in pathology. DM in pathology is a specialty degree in general pathology. In my case, I am an FRCS; that is a general surgeon but I went on to do the diploma in neurology at that time. They did not have the FRCS in neurology, then. To specialize you spent about five years and then you were a sub specialist.

Dr. Des Vignes has spent more than five years in forensic pathology because he has been working. On that note, you can consider him by the Medical Board regulation that he has done his five years. Usually, they want it under a senior and he can be considered a forensic pathologist, but people can argue that in a court. When I say that it is a dangerous question, I mean that lawyers such as my good friend here can take that information; go to the court and say that he is not a forensic pathologist and what he said was wrong and open a whole new can of worms, retroactively. I went through it because the Member for Diego Martin West has had that bugbear for a while and this has to be put to rest. It was not a medical council that was against Dr. Des Vignes. Dr. Des Vignes carried the Medical Council to court. When I see on the new council of the Medical Board that there will be a lawyer, it would save plenty fees. In our time the council of the Medical Board went broke with doctors suing the council. If you went after any doctor for negligence he or she would sue the council. The council spent all the time defending itself. It is a good thing that you have a lawyer on the council which should have been there before.

I do not see the need for an accountant. That should be replaced with a layperson of some rank as a senior public servant who has proven to be independent in thought and action.

I have no objection with the Chief Medical Officer (CMO) being on the Medical Board. At the end of the day, the Chief Medical Officer is a doctor and being a doctor he would understand the working of the medical profession.

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You need checks and balances in the medical aspect of this country. I will tell you why. The Member of Parliament for Siparia indicated to the Member for Diego Martin East that he said that he knew of situations where certain things occurred by certain specialists. I have been clamouring in this House for five to six years—I have not seen it take roots; I do not know if they do not understand it—that what we need in this country is medical and surgical audit systems. [*Desk thumping*] Medical and surgical audit systems should be in the legislation. Continuing medical education and specialist —medical and surgical audit systems in every department. An audit system is not checking to see how many persons come in and out and produce a graph as the Ministry of Health does. It is not volume-based medicine. It is evidence on quality-based medicine.

Medicine is a dynamic thing. Each person is different. Paediatrics is different from adult medicine and cardiology is different from neurology. Being a specialist in whatever field you are, you are supposed to have the correct evidence-based medicine and management. Many people do not practise it. They take short cuts and as a result of that, you end up with problems and complications that you never expected. When you end up with the complication you use your medical system and knowledge to decide how to come out of it. An audit system is where the department is closed for one slow day and all the department heads and people in the department get together; read the case notes of what went wrong; how it went wrong and what could have been done better. It is done as a closed shop so you would not make the same mistake tomorrow. People frown and run from that in this country because it feels as though it is a witch hunt. It is not a witch hunt. Those things are supposed to be put in the legislation. It is done in England, Australia and all the developing countries. Are we going to do what people are doing in 2000 or 2005, in 2020? This needs to be done urgently.

Following from the medical and surgical audit systems, there should be a register in the Ministry of Health where complications and deaths that occur, no matter what age and where, are registered by law in the Ministry of Health and not where you are. A fine should be imposed if those things are not registered. I will talk about deaths. One can go afterwards in the records and find out if that death was unnecessary and if it could have been done better. Did the medical or surgical specialist practise proper evidence-based medical procedures?

People put their faith in specialists and say that they have problems; they have heard that the specialists are good and they want the specialists to treat them. If someone has advertised well and by word of mouth advertising that person is

supposed to be a specialist and you go to him or her and it mucks up, what happens? Where should that patient go? You bounce around the place trying to find out exactly who is the best; who can or cannot fix you and whether or not this person is qualified. People indicate that it is a closed shop.

In those days the council of the Medical Board received and investigated many letters but we could not have indicated taking legal action because we would have been responsible for the legal part of it. We informed them about the facts we found and the rest of the action was up to them. People were satisfied with that and some people went further. If there is a register of the deaths that occur in the private and public system you would be able to find out and put things in place to prevent unnecessary complications and deaths and it would work itself backward. This is the kind of legislation that one expects from the Ministry of Health.

Parliament should never be used to bring legislation to control a certain group of a population. We are supposed to be the so-called highest court or legislative body in the land. Why should you bring legislation to control a group of doctors who are giving trouble? The next step will be to control the lawyers. They have done it already in the Treason Act which was passed by a simple majority and not a special majority.

You bring a council of the Medical Board legislation to control doctors, but you do not bring legislation to change the Nursing Council. In this country there is a serious shortage of nurses. Nurses are migrating in droves. They are hiring practical nurses at a level but they are not training them after six months. They are rotating them like the OJTs. It is a matter of make work; make work; make work; make work; vote, vote, vote. Nothing is wrong with that; that is your right. They have enrolled nursing assistants (ENA).

When I was the junior minister of health I proposed that we put the practical nurses who are trained and used in the private sector in the system and teach them to become registered nurses. Give them exams every three to six months; fail 90 per cent if they want, but let them repeat the exams and rotate them in the institutions. After three or four years you will get a number of people specialized in a certain area. They keep writing the Nursing Council exams which the Nursing Council will set and then they would have the ability to move up the ranks. When I indicated that, somebody indicated to the Nursing Council that Khan was going to change the nursing system.

There is a serious shortage of nurses. Nurses migrate. How do you keep them here? Ninety per cent in COSTAATT are doing it and they will leave for the United States. The salary is better and they would leave. Once you are a registered nurse

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you get your transcript and you go. Head hunters come here. The system I proposed with the PCAs, not the six months rotation, you would end up with a group of nurses who are specialized and the system would be working.

The Nursing Council came to me and said, "Minister you are destroying standards." What is the standard? Hear the standard, Mr. Speaker. To become a good nurse you must have three O'levels. You must have English and Math because you have to draw drugs. I asked, "Can you not train somebody to add two and two equal four or mix drugs?" No; standards; standards. Are three o'levels more important than somebody from Matelot who could not go to school, but has a love for people and nursing? The three O'levels. We have to change the Nursing Council Act. The Nursing Council has been known to be strong supporters of the ruling party as it is now.

Dr. Rafeeq: I thank the hon. Member for giving way. The Member is making an extremely important point. It is one step further than that. We asked the Nursing Council to allow the enrolled nursing assistants (ENA) to be given training to become registered nurses. We set three O'levels and an equivalent amount of training and experience and they objected to that. You are right. The problem was the Nursing Council. The Nursing Council objected seriously and we did not get time to change the Act.

Dr. F. Khan: Thanks, Member for Caroni Central. You have a major problem with nurses migrating. You had a problem with doctors and striking, but you went ahead and formed a parallel registration system to bring Cuban doctors and others and did nothing for the nurses. You have now brought a piece of legislation that will strangle the council of the Medical Board. Forget the specialist part of it; that could be taken care of by a medical board. You do not need regulations for that. If you read the Medical Board Act all those things are there.

However, this legislation is an attempt to maintain control on the medical profession in the same way it is done in the communist countries. I have no problem saying that. That is why Castro could decide whom he sends to Venezuela and Trinidad and Tobago. Do you know why? He has them under control. Adolf Hitler and Mugabe did not become Adolf Hitler and Mugabe overnight. They came up the ranks and people did not look at what they were doing. This is part of that type of thing. You cannot see it until it hits you in the face.

I said it five years ago when CEPEP started. I said CEPEP is what I saw in Cuba. It was the same thing of the committees for the defence of the revolution. They wore green outfits and were party people. I was told by my leader that I

should shut up because people will walk away from the party we have here. It is an ongoing process which we term socialism. If it is socialism to help the poor, fine. All this is control. You mash up Caroni (1975) Limited and the justification was that Caroni was losing money.

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CEPEP has used \$1.5 billion in five years to 110 contractors and the drains are still clogged. We are still getting a lot of flooding as a result of clogged drains. That is what is happening. There are beautiful places on the main walk that people can see, but on the side roads, where the action is supposed to take place, it is not being done.

This legislation is simple. I am not talking as a doctor here. If you put a doctor or a specialist, I will have no problem with it.

Mr. Speaker: Hon. Members, the speaking time of the hon. Member for Baratavia/San Juan has expired.

Motion made, That the hon. Member's speaking time be extended by 30 minutes. [*Mr. S. Panday*]

Question put and agreed to.

Mr. Breaux: Mr. Speaker, when the hon. Member for Diego Martin West was speaking, he made an allegation about being able to see the register. It was alleged that you were the one who gave the instruction to prevent him from seeing the register. I have not heard you say anything about it.

Dr. F. Khan: I did not hear him say that.

Mr. Rahael: Mr. Speaker, the hon. Member for Baratavia/San Juan was indicating that this legislation is going to impose communist-style operations over the doctors—that is what I am getting from him—and that this is all about the Government taking full control in order to do those things. Would you say that the Governments of Barbados, Jamaica, South Africa and the United Kingdom have done that? In Barbados, the Minister appoints the board; not even nominated by anyone, and in Jamaica it is the same. I have a problem following what you are saying.

Dr. F. Khan: Mr. Speaker, I will answer the Member for La Brea first. I did not hear the allegations. When the Member for Diego Martin West went to see the register, he wanted to pay his dollar to see the register. When I asked him what occurred, he said that the secretary went into a room, locked the door, called someone and left him there for 45 minutes. I was not called. I did not know about

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it until he spoke here in the Parliament. I did hear that Member So-and-So was here to see the register. I did not know the details. I did not give any orders or directions. I would have handed it to him myself if I were there. Transparency has always been my forte. I suspect who it was, but I do not want to call names. She should have given it to him because that was his right.

The Member of Parliament for Port of Spain North/St. Ann's West indicated that South Africa, England, Barbados and Jamaica—I quite agree with you, but I am saying that none of those countries has gone to Cuba to look for doctors; none is bringing in Cuban agricultural people; *[Interruption]* I am not against Cuba; I am against their ideology of suppression. None of the countries had their Prime Minister honouring Jose Marti on the front page of its newspaper. The situation is moving forward. This is legislation that is acceptable, but why just bring this alone? Why not a total package of legislation?

Mr. Rahael: It is a start.

Dr. F. Khan: Mr. Speaker, a start, in the eleventh hour of our Parliament? Election will be called soon. What they are doing is making way for complete suppression. I am seeing two fractions of the Opposition allowing them all to continue. They are allowing the PNM to get away with murder. *[Interruption]* It is not about that; it is about equality, democracy, lack of control and the prevention of a dictator in this country, and everybody knows it, but they are afraid to say it. Why are you leaving?

Mr. Rahael: *[Inaudible]*

Dr. F. Khan: No, you are not happy. Two weeks ago you said you were willing to go up. You said that on the newspapers. After that: "I gone". That is the level of suppression there is in that party, but I admire them; they are saying nothing. This legislation is a can of worms. It is a decisive piece of legislation and they have put the Member for Port of Spain North/St. Ann's West to do it.

Mr. Speaker, when you do marketing of something bad, you put a face and music that people like. Why do you think the Member for Port of Spain North/St. Ann's West is called the hatchet man? The PNM is seen as an Afro-based party. The UNC and COP are seen as Indian-based parties. If you want to do damage, you do not put someone visual that people can point a finger at and say that person is damaging them. You put someone people can accept. That is a marketing system. You market it according to plan. You put someone like the Member for Port of Spain North/St. Ann's West into a situation to destroy Caroni to get rid of the UNC. The UNC should have taken care of the Caroni workers

when they were there. They should have made sure this could not occur. In the same way, PNM is taking care of the PNM contractors in CEPEP and URP. They did not do it, so they cannot cry over spilt milk now.

Doctors giving trouble, bring legislation; bring a parallel regulation board—*[Interruption]* That is what they do. You then switch around people whom you think they can accept. In the same way, when you are passing through the USA, whom do you see as the TSA members? Who are the ones searching your bags and telling you to strip and move forward? You do not see Americans; you see people whom you can accept in the situations telling you to do these things. So, you do not hate America, you hate those people.

When you have to market something bad or distasteful, you put it in such a manner that it becomes tasteful. When the Member for Port of Spain North/St. Ann's West tells me that it happens in South Africa, of course. If we were acting with equality and equal rights as in South Africa and England today—Barbados as far as I know has not gone to Cuba to get doctors.

We have had a string of control situations and the members of the PNM know that and, at the end of the day, if this country ever goes the way of socialism or communism, we do not have anybody to blame but ourselves: all 36 of us. When you say that this person is a dictator and this and that, you are subscribing to it and John Public is watching. They have to decide whether they want that type of political system in future, or they want a democracy or they want total control.

I have nothing against the Member for San Fernando East, but the signs were there. In the 18:18 scenario, Mr. Robinson decided, because of spirituality and morality, that the PNM was in power. We signed the Crowne Plaza Agreement saying that Mr. Robinson would decide. At the end of the day, we had to take what we got. At the end of day, what occurred?

The Member for San Fernando East was the Prime Minister and the first two persons he appointed were an unelected member, Glenda Morean, as the Attorney General and another unelected member as the Minister of Education, his wife. Those were signs of what would come at us in the next six to seven years. What someone does to someone else, he will sooner or later do to you. All those people are leaving, being pushed around like footballs.

This part of the legislation exposes that. They are bringing in the unelected people to run the seats, but they will be kicked around like you all after the five years. What is happening to you all will happen to them, ad infinitum. Mr. Speaker, unless we put a stop now, we would not like to live here in 10 years.

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I have no objection to progress, but why did the Minister of Health not bring legislation for surgical and medical audits to make sure that matters, which are being taken care of by certain unscrupulous medical practitioners, come to light and are dealt with? Why not bring regulations for deaths? Why bring a legislation to harness and strangle doctors and specialists? The Nursing Council has been very obstructionist in promoting nurses, so that they are leaving.

Mr. Speaker, do you know how many young doctors who graduated last year from UWI are here? Less than 10. Over 90 doctors graduated. They all left and now we have people from the other countries, coming to Trinidad as a stepping stone to the United States of America. Those are the people who cannot make it in their own country.

When you suppress the system, it will fight back. Once it fights back, you will get what you deserve. You will get people who cannot make it in their country and who come here as the stepping stone to further movement. They are not as good as our young doctors. Our doctors are the cream of the crop. They have to have three A levels and they are competing at marks in As; all ones. These are the cream of the crop; somebody has to protect them.

At the end of the day, the Member for San Fernando East is creating a system which he believes to be right; he believes that it is the way to go, but you do not impose your beliefs and feelings on the population. You look for a common ground. So when they bring this type of legislation, it is not about doctors and the Medical Board. You look under the legislation and see what is there. Why did they not bring another one to protect and improve health care? Why, with all the legislation and advertisements, are people still sleeping on benches in the San Fernando Hospital? Why is the priority care facility in Mount Hope overburdened with people and there are no beds? Why do people have to wait six to eight months for a CT scan unless they know someone there? They are doing CDAP; has there been an investigation into its efficacy? Bring legislation to assist the system. Do not bring it to say it is a great thing.

The Medical Board Act, 1960, amended in 1961, 1976 and 1980, says exactly what he is bringing here today. He is putting people on the Medical Board to control it. *[Interruption]* Then bring the legislation for the Nursing Council before the Parliament is over. We will support that. Change the Nursing Council and bring legislation to deal with medical and surgical audit systems and to stop the cancer cartel in this country.

Mr. Speaker, we are seeing here that everything goes according to an S curve. You start slow; there is the exponential rise, there is a plateau and possibly a decline. We have passed the slow rise. We are on our exponential rise to dictatorship. It is watching us and if the people of this country cannot see it and the Members for Tunapuna, Tobago West, San Fernando West, Tobago East, Ortoire/Mayaro, my friend from Port of Spain South—never got a proper chance—Point Fortin; if they cannot understand the football and the blows they are getting now, political nominations and that kind of thing; my friend the Member for Diego Martin Central, a man like you have to fight for his seat? “Nah!” You should be given that. *[Interruption]*

I am talking here like someone who is so free that nobody can control me. *[Pretends to remove jacket]*

Mr. Speaker: The last time someone did exactly like you did, he got into trouble, you know. Be careful!

Dr. F. Khan: Mr. Speaker, I bought a new tape called striptease aerobics. I am practising. *[Laughter]*

This legislation will pass. It is a simple majority, but certain checks and balances must be done. One thing is that the Council is not a recognized specialty. The specialty must come from a recognized medical institution. Also, I would like you all to consider that the position Secretary/Treasurer on the Medical Council should not be so, but should be singularly Secretary and singularly Treasurer. It is an extremely difficult position. It is important. *[Interruption]* You are a lawyer, draft one.

Mr. Speaker, I have basically said what I wanted to say and am very glad that the House has listened with such great attention.

I thank you.

PROCEDURAL MOTION

The Minister of Trade and Industry and Minister in the Ministry of Finance (Hon. Kenneth Valley): Mr. Speaker, I move that we suspend further debate on this Bill at the present and move to Motion No. 1 under Private Business.

Question put and agreed to.

**INCORPORATED TRUSTEES OF THE PRESBYTERIAN
CHURCH OF TRINIDAD AND TOBAGO BILL**

**Special Select Committee Report
(Presentation)**

The Minister of State in the Ministry of Trade and Industry (Hon. Diane Seukeran): Mr. Speaker, I beg to present the following report:

Report of the Special Select Committee of the House of Representatives on a Bill to repeal and replace the Presbyterian Church Incorporation Ordinance, 1893 and to provide for the incorporation of certain persons as trustees of the Presbyterian Church of Trinidad and Tobago.

The purpose of the Bill is to change the names of the trustees and enlarge their powers. The committee met with the officials of the church in the persons of the moderator, the general secretary, the treasurer, the property manager and its many lawyers, together with the legislative drafting department in the Ministry of the Attorney General. We took oral evidence, examined the constitution of the church, the audited statements, the registry of its members and the minutes of its meetings. We examined, in particular, the original 1983 ordinance that established the church in Trinidad and Tobago.

It was an in-depth examination and many deep conversations occurred between us all, so that at the end of five meetings, there was a great deal of commonality of purpose in clarifying the position and the needs of the church—remember, this church had been incorporated more than 100 years ago—to tie it together with the requirements of the trustees to achieve the best way forward and all the objectives of the Bill.

A very thorough examination was made of the Bill, the original ordinance and its schedule, the constitution of the church, its regulation and control of its financial holdings. Both your committee and the church found that the draft Bill required strengthening and amendments to achieve the two objectives of the church and to facilitate its business.

I am pleased to report that the church has accepted the recommendations of the committee and has agreed to dispense with the naming of persons as trustees and, very importantly, has agreed with the recommendations as to the urgency of looking at a revision and bringing up-to-date of its constitution which governs all the matters of the church. There was mutual agreement.

Your committee, having completed its deliberation, has found evidence to support the church's incorporation by an Act of Parliament through the Bill attached.

I beg to move.

Question proposed.

Mr. Harry Partap (Nariva): Mr. Speaker, we on this side of the House support the recommendation set out in the report of the Special Select Committee on the Incorporated Trustees of the Presbyterian Church of Trinidad and Tobago.

Mr. Speaker, it was fortunate for the church that a petition was presented on behalf of incorporated trustees, seeking leave of the House to proceed with the introduction of a private Bill. It was during the deliberations of your committee and because of the observation of the Member for Chaguanas, who was a member of the committee, that it was discovered that the Presbyterian Church, even though established in this country in 1868, 139 years ago, was never established as a corporate body. In other words, the church did not have a legal persona. [*Desk thumping*]

Your committee, Mr. Speaker, worked with the promoters of the petition to reword, strengthen and amend the private Bill to reflect the incorporation of the church as outlined by the Member for San Fernando West.

It is my view that the Chief Parliamentary Counsel's Department gave invaluable service to your committee in rewording and amending the Bill to reflect the incorporation of the church. We thank them for this. I suggest that we change, in the preamble to the Bill, 1893 to 1868. This is found on page 27 of the report. This section reads:

“Whereas there has been established in Trinidad and Tobago since 1893 a religious organization known as the presbytery of Trinidad...”

The fact is that the Presbyterian Church was founded on January 01, 1868. This is supported by the fact that the church celebrates its anniversary on this date for the past 139 years. It would be inaccurate to say that this religious organization was established since 1893. The words “founded”, “established” and incorporated seem to have created the problem.

6.00 p.m.

The *Collins Dictionary* defines “founded” as to begin to build, organize or establish. It defines “establish” as to found, as in a nation or in a business. That is the ordinary meaning of the word. If we are to take the simple and ordinary explanation

Trustees of the Presbyterian Church Bill
[MR. PARTAP]

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the Preamble would have set the founding or establishment of the church at 1863, which it is not. It would appear as though the drafters took the date of the incorporation of the trustees in 1893, as the date of the founding of the church.

I suggest that we make that change in the committee stage, so that we can set it right because the Parliament will be erasing 25 years of the existence of the church, from the history of Trinidad and Tobago.

During those 25 years, the church, through its founder Rev. Dr. John Morton, had done invaluable, social and religious work among the East Indian indentured workers living in the country. I do not have to go back into the physical and psychological downside of indentureship, to justify the importance of Dr. Morton's intervention at the time, in seeking to offer an opportunity for the social mobility of this largely forgotten group of indentured labourers.

Whatever the social and historical commentators may say now, in hindsight, in the comfort of their air-conditioned offices, the Presbyterian Church offered hope in a tangible way to a people who were ostracized and even discriminated against, in the well-perfected divide and rule tactics of the colonial masters.

We seem to forget this fact as our own personal conditions improve. Hindsight sought to remove us from the gory details of that which existed and the projects that could have been, would have been or should have been done.

The more serious impact of the work of the Presbyterian Church started during those 25 years, and the Preamble to this Bill is wittingly or unwittingly attempting to remove this.

During this period, the church expanded its education thrust and firmly entrenched—[*Interruption*]

Motion made and question proposed, That the House do now adjourn to Wednesday, September 19, 2007 at 1.30 p.m. [*Hon. K. Valley*]

Question put and agreed to.

House adjourned accordingly.

Adjourned at 6.04 p.m.

WRITTEN ANSWERS TO QUESTIONS
University of Trinidad and Tobago (UTT)

Pursuant to his reply to question No. 36 earlier in the proceedings the Minister of Science, Technology and Tertiary Education (Sen. The Hon. Mustapha Abdul-Hamid) caused to be circulated to Members of the House the following:—

- (b) In respect of the consultants, UTT has advised that all Consultants whose services are engaged by UTT and the fees paid to them as at December 31, 2006 are as follows:

| NO. | NAME | COMPANY NAME | MONTHLY FEE | TYPE OF PAYMENT | TYPE OF CONSULTANCY |
|-----|-----------------|----------------------|----------------|-----------------|---|
| 1 | Bazie, Michael | N/A | TT \$30,000.00 | Monthly | Quality Assurance |
| 2 | Benson, Pamela | N/A | TT \$25,000.00 | Monthly | Library Services |
| 3 | Bishop, Pat | N/A | TT \$25,000.00 | Monthly | Establishment of Academy, Performing Arts |
| 4 | Bozzo, Marco | N/A | TT \$40,000.00 | Monthly | Physics Professor; Implementation of Problem Based Learning Programme |
| 5 | Findlay, Lennox | LenFin Services Ltd. | TT \$15,000.00 | Monthly | Health, Safety and Environment |
| 6 | Persad, Chadee | N/A | TT \$40,000.00 | Monthly | Materials Engineer |

| NO. | NAME | COMPANY NAME | MONTHLY FEE | TYPE OF PAYMENT | TYPE OF CONSULTANCY |
|-----|---------------------|--------------|----------------|-----------------|---|
| 7 | Pierre, Lennox | N/A | TT \$25,000.00 | Monthly | Medical Consultant |
| 8 | Ramnarine, Dinanath | N/A | TT \$20,000 | Monthly | Centre for Sports |
| 9 | Speight, James | CDW Inc. | TT \$40,000 | Monthly | Visiting professor, Energy & Petroleum Engineer |
| 10 | Villasden, John | N/A | TT \$40,000 | Monthly | Process & Utilities |

(c) All legal fees paid to Attorneys-at-Law for and on behalf of UIT as of December 31, 2006 are as follows:

| PAYEE | AMOUNT |
|---|--------------|
| M. G. Daly & Partners | \$2,012,50 |
| Harrikissoon and Company | \$2,875.00 |
| M. G. Daly & .Partners | \$10,575.00 |
| Lex Caribbean | \$18,400,00 |
| Pollonais, Blanc, de la Bastide & Jacelon | \$5,520.00 |
| Trevor A. Lee S.C. | \$70,000.00 |
| Elaine V. Green | \$35,000.00 |
| Total | \$7.44,88250 |

(d) All foreign personnel of UTT as at December 31st, at 2006 are as follows:

| NAME | COUNTRY OF ORIGIN | JOB TITLE |
|-------------------|--------------------------|---------------------|
| Srivastava, K.D. | Canada | Provost |
| Exall, K.D. | Canada | Associate Provost |
| Hussain, Shahid | Canada | Professor, ICT |
| Assaf, Mansour | Canada | Assistant Professor |
| Cooper, Andre | USA | Special Advisor |
| Jauhari, Pratima | India | Associate Professor |
| Jones, Simon | UK | Senior Instructor |
| Lyons, Collin | Jamaica | Instructor II |
| Nash, Paul | UK | Assistant Professor |
| Rhodes, Martin | UK | Assistant Professor |
| Sakr, Ziad | Canada | Assistant Professor |
| Stevenson, Colin | UK | Professor |
| Stewart, Tiffany | UK | Senior Instructor |
| Wilson, Ibrahim | Sierra Leone | Research Assistant |
| Yufei, Wu | Canada | Assistant Professor |
| Donne, Jonathan | UK | Senior Instructor |
| Aparna Rajesh | India | Instructor |
| Brooks, Selwyn | Jamaica | Senior Instructor |
| Hanif, Nishawn | Guyana | Assistant Professor |
| Kerman, Alaisdair | UK | Senior Instructor |

It should be noted that in the case of all foreign employees engaged by UTT as at December 31st, 2006, there is a confidentiality clause in their contracts of employment. However, the salary of the foreign employees who are paid in \$TT range from \$12,000 per month to \$40,000 per month and the salary of foreign employees paid in \$US range from \$8,000 per month to \$10,000 per month.

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

The following question was asked by Dr. Hamza Rafeeq (Caroni Central):

- 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?

The following reply was circulated to Members of the House:

- (a) The projected completion date of the Preysal Community Centre is November 30, 2007.
- (b) The cost of the project is \$9,514,045.56 plus Value Added Tax in the sum of \$1,427,106.83. The project cost is inclusive of Designs, Project Management, Construction Works and Supervision of the Construction Works.
- (c) With respect to the reason for the delay, the project commenced in March, 2006. Work was halted in November 2006 when the project was 65% completed. This was done to facilitate the architectural and structural redesign of Assembly Halls to accommodate increased seating capacity in the community centres. This was in light of representations made by the Ministry on the proposed capacity of the Halls given increases in population growth and projections of even further growth. The Ministry's guidelines were for an Assembly Hall of a size that represented 30% of building covered area. NIPDEC's designs, however, only provided for an Assembly Hall of 18.74% of building covered area.

The revised Architectural Designs were completed in January 2007 and the revised Structural Designs in May 2007. Negotiations with the Contractor on firm prices for the revised designs have now been concluded and the new completion date for the project is November 30, 2007.

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

The following question was asked by Mr. Nizam Baksh (Naparima):

- 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 27th March, 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?

The following reply was circulated to Members of the House:

- (a) The term of office of members of the Appeals Tribunal of the National Insurance Board, with the exception of the Chairman, expired on March 27, 2007. The Chairman was re-appointed on January 28, 2006 for a period of three (3) years and continues in office. The other members were appointed for a period of two (2) years with effect from July 31, 2007.

As a consequence of (a), parts (b) and (c) of this question do not apply.