

Leave of Absence

Friday, July 17, 2009

HOUSE OF REPRESENTATIVES

Friday, July 17, 2009

The House met at 1.30 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communication from Mr. Vasant Bharath, Member for St. Augustine, requesting leave of absence from today's sitting of the House; likewise Dr. Keith Rowley, Member for Diego Martin West. He, too, wishes to be absent from today's sitting. The leave which these Members seek is granted.

JOINT SELECT COMMITTEE

(APPOINTMENT OF)

Mr. Speaker: Hon. Members, I have received a letter from Sen. The Hon. Danny Montano, President of the Senate, dated July 15, 2009:

“Appointment of Members to Joint Select Committee

My letter dated July 08, 2009 on the subject at caption refers.

I wish to advise that at a sitting held on Tuesday July14, 2009, the Senate agreed to the under-mentioned resolution.

‘BE IT RESOLVED that this Senate appoint the following six (6) Senators to serve with an equal number from the House of Representatives on the Joint Select Committee established to consider and report on a Bill entitled, ‘The Local Government Bill, 2009’:

Mrs. Hazel Manning;

Mrs. Emily Gaynor Dick-Forde;

Mr. Jerry Narace;

Mr. Wade Mark;

Mrs. Lyndira Oudit; and

Prof. Ramesh Deosaran.

Accordingly, I respectfully request that you convey this decision of the Senate to the House of Representatives.

Respectfully,

Sen. The Hon. Danny Montano

President of the Senate”

**JOINT SELECT COMMITTEE
(RESIGNATION FROM)**

Mr. Speaker: Hon. Members, I am to inform you that Mr. Rennie Dumas, Member for Tobago East, resigned from the joint select committee appointed to consider and report on the Local Government Bill, 2009.

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I wish to advise that I will propose the relevant Motion to deal with this issue at a later stage in the proceedings.

**STANDING ORDERS COMMITTEE
(CONSTITUTION OF)**

Mr. Speaker: Hon. Members, it has also been drawn to my attention that the Standing Orders Committee is not properly constituted. Apart from the Speaker, who is the Chairman, there are three government Members and three Opposition Members. This composition is not in accordance with the rule to be found in Standing Order 78(1).

I seek the assistance of the House in having this matter resolved before the end of the sitting today.

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I wish to advise that I will propose the relevant Motion to deal with this issue at a later stage in the proceedings.

PAPERS LAID

1. Report of the Statutory Authorities Service Commission for the period October 01 2007 to September 30, 2008. [*The Minister of Public Administration (Hon. Kennedy Swaratsingh)*]
2. Eighty-Ninth Report of the Salaries Review Commission on a general review of the salaries and other conditions of officers within the purview of the Commission. [*Hon. K. Swaratsingh*]
3. Annual Report for the fiscal year 2008—Ministry of Information. [*The Minister of Information (Hon. Neil Parsanlal)*]

ORAL ANSWERS TO QUESTIONS

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, the government is in a position to answer Questions Nos. 94 and 95 today and we would ask for a deferment of two weeks of the other five questions.

The following questions stood on the Order Paper:

**Registered Private Hospitals
(Details of)**

- 25.** Could the hon. Minister of Health state:
- (a) how many private hospitals are registered under each of the six (6) classes of private hospitals according to the Laws of Trinidad and Tobago, Chap. 29:03, section 8;
 - (b) the date the licence was issued for each; and
 - (c) what was the last date an inspector or inspection team inspected the hospital as required according to sections 18 and 19 of Chap. 29:03 of the Laws of Trinidad and Tobago? [*Dr. T. Gopeesingh*]

**Pre-Summit Preparations
(Details of)**

- 64.** With respect to the pre-summit preparations, could the hon. Minister of Trade and Industry and Minister in the Ministry of Finance please advise:
- A. the number of personnel who were hired;
 - (i) to clean the area along the route travelled by the summit participants; and
 - (ii) to paint the curb walls and road barriers along the route; and
 - B. whether this work was done by existing CEPEP and URP workers? [*Mr. J. Warner*]

**Solicitor General
(Details of Appointment)**

- 67.** With respect to the appointment of a Solicitor General, could the hon. Attorney General state:
- (a) the date on which the post became vacant;
 - (b) since the post became vacant, the number of times the Prime Minister objected to the appointment of persons recommended to fill the post;
 - (c) the names of the persons to whom he objected; and
 - (d) the reasons for his objection in each case? [*Dr. H. Rafeeq*]

**Chief Parliamentary Counsel
(Details of Appointment)**

- 68.** With respect to the appointment of a Chief Parliamentary Counsel, could the hon. Attorney General state:
- (a) the date on which the post became vacant;
 - (b) since the post became vacant, the number of times the Prime Minister objected to the appointment of the persons recommended to fill the post;
 - (c) the names of the persons to whom he objected; and
 - (d) the reasons for his objection in each case? [*Dr. H. Rafeeq*]

**Director of Public Prosecutions
(Details of Appointment)**

- 69.** With respect to the appointment of a Director of Public Prosecutions, could the hon. Attorney General state:
- (a) the date on which the post became vacant;
 - (b) since the post became vacant, the number of times the Prime Minister objected to the appointment of the persons recommended to fill the post;
 - (c) the names of the persons to whom he objected; and
 - (d) the reasons for his objection in each case? [*Dr. H. Rafeeq*]

Questions, by leave, deferred.

**Ramdath Bissoo
(Report on Death)**

- 94. Dr. Roodal Moonilal** (*Oropouche East*) asked the hon. Minister of Works and Transport:
- A. Could the Minister indicate whether the Ministry of Works and Transport conducted an investigation and/or received a report on the death of contract worker Ramdath Bissoo who was crushed to death on the jobsite after the Caroni Bailey Bridge snapped while being dismantled in August 2008?
 - B. If the answer to (a) is in the affirmative, could the Minister indicate the findings of such a report?

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, an investigation was conducted into the accident at the Caroni Bailey Bridge.

However, the report on the investigation is presently being carefully studied to determine its legal implications before a decision is made as to what action should be taken with respect to its findings.

Dr. Moonilal: Could the Minister indicate where and before what body or officers the report is being studied?

Hon. C. Imbert: The report is being studied by the Office of the Attorney General, the Ministry of Works and Transport and the Ministry of Labour and Small and Micro Enterprise Development.

Finbar Adonis
(Report on Death)

95. Dr. Roodal Moonilal asked the hon. Minister of Labour and Small and Micro Enterprise Development:

- A. Could the Minister indicate whether the Occupational Health and Safety Agency has completed a final to the report on the death of contract worker Finbar Adonis in December 2007?
- B. If the answer to (a) is in the affirmative, could the Minister indicate the findings of such a report?

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. Speaker, I would like to ask for a short delay of two minutes or after the next question.

Mr. Speaker: There are no other questions. If you are waiting for the answer, perhaps you could take it later in the proceedings.

STATEMENT BY MINISTER

Beauty Pageants

(Lack of Private Sector Participation)

The Minister of Community Development, Culture and Gender Affairs (Hon. Marlene Mc Donald): Mr. Speaker, I turn the attention of this honourable House to the issue of Trinidad and Tobago's representation at two beauty pageants which have been the subject of some national attention over the last few days.

The Miss Universe Pageant and the Miss World Pageant, like scores of other pageants around the world, are private sector initiatives. It is our understanding that these and other beauty pageants gain revenue from the sale of television rights, appearance fees, endorsements, official swimwear and fashion, official jewellery, hair care and footwear, official cosmetics, photos, videos, books, mobile text voting, partnerships, spinoff events and, of course, franchises.

Beauty Pageants
[HON. M. MC DONALD]

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The business of beauty pageantry is precisely that; a business. In Trinidad and Tobago, we have been blessed over the years to have a population with a rich business spirit. Trinidad and Tobago's business people are known throughout the Caribbean, and arguably the world, for their ability to spot business opportunities and to bring them to fruition.

With respect to franchises in particular, hundreds of local entrepreneurs have found the franchise model to match their business goals and their objectives. Many of these audacious men and women of private enterprise quite laudably have been buying franchises, taking the necessary risks and reaping well-deserved benefits. However, some of these franchises have done a lot more than provide franchise fees to the franchiser and profits to the entrepreneur. Some of these franchises have provided employment to persons with very special and unique skills. Others have boosted the pride of nations while providing opportunities for young women. Such are the franchises of the Miss Universe and Miss World pageants.

This is why the Government of Trinidad and Tobago has been giving unstinting support to the franchise holders over the years. In 2006, the Ministry of Community Development, Culture and Gender Affairs provided support in the sum of \$300,000 for the participation of delegates in the two international competitions. In 2007, the Ministry provided \$325,000 and, in 2008, the Ministry gave \$300,000.

Additionally, while Government has been covering approximately 72 per cent of the expenses, the remaining 28 per cent of required sponsorship was simply not forthcoming from the private sector. I say 72 per cent on average because, in addition to what my Ministry gave last year, the Sport and Culture Fund from the Office of the Prime Minister also provided \$284,000, thereby bringing the cumulative support in 2008 to \$584,000. This was approximately 72 per cent of the sum which a franchise holder had indicated was required to facilitate participation in both pageants. Moreover, these sums were provided, notwithstanding other successful approaches which the local franchise holder made to other state and para-state agencies.

In 2009, the Ministry was again ready to provide the sum of \$300,000, but the question arose to whom we should give it. We were approached in April by the franchise holder, Mr. Peter Elias, to take over the two franchises. Mr. Elias had advised that he was no longer interested in retaining the franchises since they had become an unbearable financial burden, having not received support from the private sector.

The Government is of the clear view that it has no place in the ownership of the two franchises, which we maintain are well placed in the private sector. Nonetheless, at the request of Mr. Elias for assistance in identifying a new owner

for the franchises and in an effort to allow for participation in the two pageants in 2009 and beyond, the Ministry made approaches to two media houses which had previously had experience in promoting such activities. Unfortunately, they have both indicated, inter alia, that the advertising market at this time is not supportive of such an initiative on their part. These decisions were based strictly on business considerations.

1.45 p.m.

Mr. Speaker, when it comes to those beauty pageants, the franchise model appears not to have been working in recent times, in favour of the franchise holders.

Since the passing of the legendary pageant pioneer, Mrs. Kim Sabeeney, the franchises have switched hands several times. By our account, franchise holders have included Mrs. Sabeeney's daughter; the now defunct Trinidad and Tobago Television, TTT; CCN TV6; and most recently, designer, Mr. Peter Elias. However, Mrs. Sabeeney appears to have mastered the formula to maintain the franchises for well over 15 years. All available information suggests that it is now too late for a delegate to be sent to the upcoming Miss Universe Pageant in August.

We see a tremendous business opportunity here for corporate Trinidad and Tobago, in respect of future competitions. The Ministry of Community Development, Culture and Gender Affairs stands ready to assist. Corporate Trinidad and Tobago must now step up to the challenge. It is an opportunity for businesses, not only to get advertising mileage, but more importantly to exercise their social responsibility. I urge the business people of Trinidad and Tobago not to wait until our young women do well at these pageants to lend their support, but like the Government, to invest in our youth now.

I thank you.

**SALARIES REVIEW COMMISSION
(EIGHTY-NINTH REPORT)**

The Minister of Information (Hon. Neil Parsanlal): Mr. Speaker, hon. Members, I have been authorized by the Cabinet to make a statement to this honourable House on the Eighty-Ninth Report of the Salaries Review Commission, which treats with the general review of the salary and other terms and conditions of service of holders, which fall under the purview of the Commission.

The Salaries Review Commission is established under section 140 of the Constitution of the Republic of Trinidad and Tobago. The Commission consists of a Chairman and four members who are appointed by the President of the Republic, after consultation with the Prime Minister and Leader of the Opposition.

SRC (Eighty-Ninth Report)
[HON. N. PARSANLAL]

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In accordance with section 141(1) of the Constitution, the Commission, from time to time, with the President's approval, reviews the salaries and other terms and conditions of service of the offices falling within its purview. The size of the remit group, which ranges from the President of the Republic to State Counsel I in the Judicial and Legal Service Commission, has not increased significantly since the last review in 2005. Indeed, only 17 positions have been added to this group, bringing to 232 the number of offices within their purview with an establishment of 854 persons.

The last general review of the Salaries Review Commission was undertaken in 2005 and their recommendations were contained in the Salaries Review Commission's Eightieth Report, dated February, 2006. By letter dated January 22, 2008, the President of the Republic of Trinidad and Tobago conveyed his approval for the Salaries Review Commission to undertake a general review of the salaries and conditions of service of holders of offices within the purview of the Commission. The review was undertaken in two parts, one part pertaining to Members of Parliament, local government officials and Members of Tobago House of Assembly and the other part pertaining to all other office holders who fall within the purview of the Commission.

As in previous general review exercises, the SRC examined the information in respect of public sector officials in several countries, for example the United Kingdom, Canada, Singapore, Jamaica, Australia and New Zealand and considered the fundamental principles that guide the work of the review bodies of those countries. These include the need to provide levels of compensation to attract, retain and motivate appropriate personnel; prevailing economic factors and projections for the future, as well as salary or wage settlements in the public and private sectors. The SRC has emphasized that cognizance must also be taken with respect to factors such as differences in cost of living and relativities existing among positions in relevant organizations in each country.

Mr. Speaker, in its examinations of other jurisdictions, the Salaries Review Commission noted an emerging trend in treating with compensation. In January 2008 and February 2009 respectively, parliamentarians in the United Kingdom and Canada accepted lower salary increases than those recommended by the relevant salaries boards. The increases amounted to 1.9 per cent in the case of the United Kingdom and 1.5 per cent in the case of Canada.

In February 2009, parliamentarians in New Zealand unanimously rejected a salary increase for 2009. Similarly, in February and November 2008 respectively, the Governments of Australia and Bermuda announced the implementation of pay freezes for its parliamentarians. Further, on April 05, 2009, the Prime Minister of

Jamaica announced a 15 per cent reduction in his own salary and requested that his parliamentary colleagues also take a pay cut of 10 per cent. In that vein, Singapore has also implemented salary cuts for parliamentarians effective January 2009. These decisions by parliamentarians in other jurisdictions were in recognition of the current global economic downturn and the need to lead by example in the call to continued fiscal prudence and management.

Mr. Speaker, the SRC has pointed that it experienced considerable difficulty in preparing this report, because of the constantly changing economic climate. As evidence of this, the Commission pointed out that real GDP growth was projected at 7 per cent in the 2008 budget. It dropped to 5.6 per cent in the 2009 budget and in April 2009, the Central Bank's projection for real GDP was 0 to 1 per cent.

The Salaries Review Commission also took note of the Government's urgent economic and social imperative to contain inflation, as expressed in the 2008 budget statement as well as the job losses and salary freezes being experienced in our current environment.

Describing the current global economic challenge as a nightmare for policy makers and given the extent of its unpredictability, the SRC has, in this its Eighty-ninth report, therefore decided to adopt a similarly prudent approach to its compensation review; an approach which this Government readily endorses.

Accordingly, the Salaries Review Commission has proposed and Cabinet has accepted that there will be no salary increases for holders of offices within the purview of the Salaries Review Commission, inclusive of Members of this honourable House at this time. The Salaries Review Commission has recommended, instead that consideration be given to review these remuneration arrangements before the usual three-year interval, should there be a reversal of the current downward trend in the economic environment. The Salaries Review Commission has indicated some exceptions to its recommendation with respect to salaries, but only for the following categories of office holders: certain offices in the Judicial and Legal Service Commission, which had not been previously evaluated but had been slotted into the existing structure as an interim measure; those offices in the Judicial and Legal Service Commission, which Cabinet agreed should be re-evaluated; and new offices which are being placed within the purview of the SRC. All these salaries have been recommended in the context of salaries currently payable to other offices.

Notwithstanding its recommendations with regard to salary increases, the SRC considers it appropriate to review the benefits currently payable to office holders within their purview that are based on actual costs, for example, transportation, housing and subsistence and have recommended some nominal increases in these areas.

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In accordance with section 141(2) of the Constitution of the Republic of Trinidad and Tobago, I now lay the Eighty-ninth Report of the Salaries Review Commission on the Table of this House and I wish to advise that it is the Government's intention to debate the report at the earliest available opportunity.

LOCAL GOVERNMENT BILL

Joint Select Committee

(Appointment to)

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I beg to move the following Motion:

Be it resolved that this House appoint Ms. Christine Kangaloo, Member for Pointe-a-Pierre to serve on the Joint Select Committee established to consider and report on the Local Government Bill, 2009 upon the resignation of Mr. Rennie Dumas, Member for Tobago East.

Question put and agreed to.

STANDING ORDERS COMMITTEE

(APPOINTMENT TO)

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I beg to move, that notwithstanding the provision of Standing Order 73(3), the Standing Orders Committee for this House consists of eight members, inclusive of the Chair for the remainder of this session, in order to satisfy the requirements of Standing Order 78(1).

Question put and agreed to.

Mr. Speaker: Hon. Members, I have been informed that the Eighth Member of the Standing Orders Committee will be Mr. Neil Parsanlal.

**EMERGENCY AMBULANCE SERVICES AND
EMERGENCY MEDICAL PERSONNEL BILL**

Order for second reading read.

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. Speaker, I beg to move,

A Bill to regulate emergency ambulance services, to provide for the registration of emergency medical personnel in Trinidad and Tobago, for the establishment of a National Emergency Ambulance Authority and for matters connected therein, be now read a second time.

Mr. Speaker, my contribution will attempt to clearly and unequivocally explain the Bill's intent and purposes, its positive effects on the lives of our citizens once enacted and the ways in which it will achieve its objectives. I also address questions that have been raised elsewhere and offer clarifications on those matters, so as to elucidate the true intentions and potential of this Bill. This Bill serves two main purposes: to regulate mobile emergency ambulance services, be it land, air or sea in Trinidad and Tobago and to regulate emergency medical personnel.

The Government sees health care in Trinidad and Tobago as one national health care system, comprising the public health care delivery system and the private health care delivery system. More importantly, we differentiate among the following areas in health care delivery: hospital-based care, which encompasses in an outpatient health care delivery; secondly, there is community health care delivery; and thirdly, there is mobile, pre-hospital emergency health care delivery. What is of particular significance is that the first two areas are largely regulated, while the third is not. If we are to build a First World health care system which meets international best practices, then this Bill is of paramount importance.

This Bill seeks to regulate emergency ambulance service providers. As such, we recognize that an ambulance used to transport non-emergency patients will not be covered by this Act. I want to make the distinction between the emergency and non-emergency. This is our intent. However, we are cognizant that some providers may want to escape the legislative requirement of this Bill and as such refuse to seek a licence to operate.

2.00 p.m.

They may claim not to be involved in the transport of emergency cases. Consequently, we are of view that it is necessary to make a clear distinction between the two services. Therefore, we are proposing that the Motor Vehicle and Road Traffic Regulations be amended to only allow ambulances, which are licensed as providing emergency ambulance services, to carry any spot, rotating, flashing or other lights.

What is equally important about this Bill is, it will ensure that every single citizen, regardless of his or her origin or socio-economic status, whether from Tabaquite, Oropouche, St. Clair or Castara, regardless of class or ethnicity, will receive the same high quality services and treatment comparable to First World services and would thus have the best chance of survival, given the circumstances.

At this point, please permit me to give credit where credit is due. In this instance, Dr. Hamza Rafeeq, under whose stewardship, the Ministry of Health piloted the Emergency Health Services in 2000. *[Interruption]* It is just a matter of

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integrity and recognition of good work, and I want to recognize that. It is also a reminder to all Members of the honourable House that all that we do, we do for future generations, and so forth.

This Bill, in dealing with mobile, pre-hospital emergency care, sets the standards for the service, including quality and equipment use, level of training of technicians and registration of providers and personnel. Currently, there is no standardization of the quality of ambulance service or care personnel across public and private emergency care providers. It is a fact that the national emergency medical service has improved over the last few years, especially in terms of the network of vehicles, the management structure and the number and quality of trained personnel, providing the services on a daily basis. I want to repeat; in the public sector.

It is now time for us to make another stride forward, taking us to the First World standards to which we aspire. We are in this House today, to approve the legal framework, to regulate the service, because for the last few years we have been building the public system and the private sector has also been increasing its capacity in terms of ambulances and EMTs.

In the public sector, the acquisition of more ambulance units, the use of the ambulance tracking system and the 811 easy access number have resulted in a substantial increase in the number of emergency calls from an initial 42,000 in 2005 to 63,584 in 2008. It is projected that by mid-2009 the calls will range between 63,000 and 70,000.

The public service is managed by the GMRTT for and on behalf of the Government. The service comprises 45 ambulances and operates from 13 bases. The response time is between 30 to 39 minutes for approximately 97 per cent of the calls. We expect this to improve as 14 units have recently been acquired and another 14 are expected to be added to the fleet within the year, which would take us to our optimal ambulance to population ratio.

Mr. Sharma: Thank you very much for giving way. Why has the response time increased, because previously it was less than 15 minutes?

Sen. The Hon. J. Narace: That is not the information I have. Additionally, there is currently a total of 500 emergency medical technicians; of those, at least 265, who work for the public health sector, have received basic training. It is our intention to further train these EMTs starting early next year. This will involve each EMT receiving an additional 450 contact hours of training. The provider also conducts some in-house training as the need arises.

We also need to take into account that in the past decade the private health sector has been growing with no formal regulatory system in place. We are reliably informed that the private service providers operate approximately 100 additional ambulances, with approximately 235 technicians. Therefore, it is now necessary to provide the legal framework to support and regulate this critical medical service. Permit me to reiterate that public and private non-emergency providers will not be subject to this legislation. What has happened is that a whole new industry has been spawned, is growing and we need to regulate it. We also need to put in the legislative framework that will allow them to access the technology, training and the international arrangements that may be available to them.

Further, this Bill will require persons such as emergency medical technicians, who wish to practice in the emergency medicine field in Trinidad and Tobago, to be registered to practice. More importantly, this Bill will also mandate persons who wish to operate an emergency ambulance service in Trinidad and Tobago, to apply to the Minister for a license to so operate.

Moreover, in cases of national disasters, and as part of our disaster preparedness programme, the Government needs to have available all the resources it needs and the authority to allocate them as needed. Depending on the nature and the extent of the emergency, if we leave the environment unregulated and continue as we currently operate, then our emergency services system might fail us in cases of disaster.

This Bill would ensure that in the event the Ministry of Health requires a comprehensive national response, which necessitates the use of all available resources, public and private, the public will be assured of a uniform level of service and quality comparable to First World standards. Currently under that arrangement, we could not have commandeered even our ambulances, far less for all of the resources available. Therefore, as with the changing global arrangements and the disasters we have seen internationally, a government that is seriously planning for the future, ought to put that in place, and so, we are seeking to do exactly that.

Mr. Speaker, allow me at this point, to share with the Members of this honourable House, the context and the framework within which this Bill operates, so as to better understand its implications and the extent to which it would improve the health sector and by extension, our citizens who are going to require this service, their well-being. The emergency medical service system is a comprehensive, integrated, public safety and health care system. It consists of a mechanism for accessing the system and reporting an emergency mobile pre-

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hospital service delivery. It also includes public education, participation, prevention processes and educational programming. Consequently, the emergency medical service is really part of a larger emergency care system, broader in scope and nature.

Moreover, in more developed countries, the emergency medical service system encompasses an even larger domain, including the management of disasters, unsafe housing, food and water conditions, epidemiological infections and outbreaks in the community and other health care issues that require swift resolution to maintain the health of the public. It is safe to say that the emergency medical service system is a subset of the public health care system.

As you may be aware, the incidence of accidents, violence and medical emergencies account for a significant level of the mobility and mortality in Trinidad and Tobago. Research indicates that existing accidents and emergency survival rates are greater when the patients are appropriately managed on site, and transported to the health institutions, in well equipped and appropriately staffed ambulances.

The provision of such services at a national level requires the rationalization of activities and resources, development of an adequate infrastructure and the retention of an adequate level of human resources, both in quality and quantity. It is clear from our experience that since the launch of this service, patients suffering from critical conditions such as cardiac or respiratory arrest, diabetic coma, severe trauma, congestive heart failure and acute airway disease such as a severe asthma attack, have clinically benefited from the services provided.

In Trinidad and Tobago, injury, poisoning and certain other consequences of external causes have been ranked among the leading causes of admissions to our hospitals from 2004 to 2007. These conditions are also among the leading five causes of death. As we are all aware, the Ministry of Health has the responsibility for providing quality health care to the population of Trinidad and Tobago. To this end, the ministry developed a system of early medical intervention that initiates emergency care to patients from the time the incident or accident is reported, to the commencement of management at the public health institutions.

As we introduce this Bill, we deem it necessary that we all view its clauses and provisions within this broader context, so as to fully understand its benefits for our country. Mr. Speaker, I will now proceed to explain the provisions of the Bill clause by clause.

Part I of the Bill contains the preliminary provisions of the Bill. In an effort to avoid multiple interpretations and to eliminate ambiguity, a number of key words and phrases have been defined as follows:

“‘advanced life support’”—for the purpose of this legislation—“means the provision of basic life support care as well as physician authorized invasive patient care designed to stabilize and support the condition of a patient due to sudden illness or injury;

‘basic life support’ means the initiation of non-invasive emergency patient care which is designed to optimize the chance of a patient surviving the emergency situation;

‘medical direction off-line’ means a system of medical support which includes the reviewing and monitoring of pre-hospital emergency services by physicians experienced in the conduct and delivery of pre-hospital emergency services;

‘medical direction on-line’ means the advice, assistance, supervision and control provided by emergency physicians supplying professional support through radio, telephone, written or oral communication for on-site and in-transit basic support services given by emergency personnel;”

Part II of the Bill which contains eight clauses, provides inter alia for the establishment of an emergency medical regulatory committee and the keeping of an emergency medical register by the emergency medical oversight committee.

Part III of the Bill establishes a National Emergency Ambulance Services Authority. I will address this issue in greater detail later in my presentation.

“Clause 13(1) provides that the funds of the authority shall consist of:

monies identified by the Ministry of Health and appropriated by the Parliament of Trinidad and Tobago for the purposes of the Authority;

monies collected as fees;

contributions by the private sector clients for non-emergency services;”

Clause 15 provides for the appointment of inspectors and inspection teams.

Dr. Rafeeq: Thank you, hon. Minister, for giving way. One of the areas you mentioned is that the authority will be getting their funds is by collection of fees. I just wanted to find out whether it is the intention of the Government to charge for the emergency service that is being available to members of the public?

Sen. The Hon. J. Narace: It is not the intention of the Government to charge but it also allows the authority, in dealing with private sector arrangements, to generate additional funding.

Clause 15 provides for the appointment of inspectors and inspection teams. These inspectors may be employees of the Ministry of Health, public health inspectors, medical practitioners, biomedical engineers or biomedical technicians, and other persons as the Minister deems necessary.

Clause 17 lists the powers of the inspectors whilst carrying out their duties.

Clause 19 provides magistrates with the power to issue warrants where necessary. Consequently, where a magistrate is satisfied by information given on oath by a police officer that there is reasonable ground to believe that an offence under this Act has been or is about to be committed, he may issue a warrant authorizing the police officer.

2.15 p.m.

Part IV of the Bill addresses issues relating to ambulance services licences.

Clause 21 provides that a person shall not provide ambulance services unless he holds a licence to so operate. Consequently, a person who contravenes this provision commits an offence.

Clause 27(3) provides for the extension of a licence. As such:

“Where the Minister is unable to grant a renewal before the expiration of the Ambulance Services Licence, the Minister may extend the life of the original licence for a period up to three months and such licence shall not be extended for any further period.”

Clause 28(2) provides:

“Where the Committee makes a recommendation for revocation or suspension of an Ambulance Services Licence under subsection (1), the Minister may revoke or suspend the Ambulance Services Licence, inform the licensee of his decision in the manner prescribed and remove the name of the licensee from the Ambulance Services Register required to be kept by the Minister under section 34.”

Clause 30 mandates the licence holder to have such licence conspicuously displayed in the registered office of the business.

Clause 32 allows the Minister to appoint an Appeal Committee to review decisions of refusal, suspension or revocation.

Clause 31(2) provides that the Appeal Committee appointed under subsection (1) shall consist of five persons having qualifications and training in law and medicine. Further, the Committee shall also consist of an employee of the Ministry of Health and a person representing to public interest.

Clause 34 provides that the Minister shall keep an Emergency Ambulance Services Register.

Clause 35 provides that the Minister shall cause to be published in the *Gazette* and at least one newspaper a list of every person licensed under this Act.

Part V of the Bill provides the governance structure for the registration and regulation of emergency medical personnel. I will address issues related to EMTs later in my contribution. As such, clause 36 establishes a body corporate to be known as the Emergency Medical Personnel Board of Trinidad and Tobago which will consist of all registered emergency medical personnel in the country.

Clause 39 provides for an executive body of the board which will be called the Council of the Board and will consist of:

- “(a) five emergency medical service personnel elected by the Board;
- (b) one emergency medical service personnel;
- (c) one medical practitioner nominated by the Medical Council under the Medical Board Act;
- (d) a representative of the ministry with responsibility for health; and
- (e) an attorney-at-law nominated by the Law Association of Trinidad and Tobago.”

The other subclauses address administrative issues such as the term of the council, the way in which members are elected, the quorum of a meeting and the frequency at which meetings must be held.

Clause 49 allows for the making of rules for the following purposes:

- “(a) the regulation and good government of the Emergency Medical Personnel Board and of the members and affairs of the Board;
- (b) prescribing a code of ethics and rules of discipline in respect of”—
pharmacists and preregistration pharmacists—“and
- (c) the holding of meetings of members of the...Board.”

Clause 50 sets out the function of the registrar who shall, on the direction of the Council—

- “(a) establish, keep and maintain the register set out in section 52;
- (b) issue certificates of registration;
- (c) add or remove names from the register set out in section 52;
- (d) receive fees for use by the Board; and
- (e) keep open the register for public inspection at all reasonable times on the payment of the fee set out in Schedule 2.”

Clause 56 provides that:

“A person who is directly affected by any decision of the Council and is aggrieved by the decision may, within six weeks...appeal to a Judge in Chambers and the Judge may give such directions in the matter as he thinks proper, including any directions as to the costs of the appeal.”

Consequently, clause 66(3) provides that:

“The Licensing Authority shall authorize in writing the carriage and use of any siren or warning instrument on any vehicle.”

Schedule 3 addresses the categories of ambulance services licences which may be issued. Consequently, an ambulance service provider may hold a Basic Life Support Licence, an Advanced Life Support, Level I Licence and an Advanced Life Support, Level 2 Licence or he may hold only one licence. In this regard, a person who holds only a Basic Life Support Licence will not be permitted to transport patients needing advanced life support.

Schedule 5 details the scope of practice for Emergency Medical Personnel. To this end we can have Emergency Medical Technicians—Basic, Emergency Medical Technicians—Intermediate and Paramedic, and Emergency Medical Technicians—Instructor.

Mr. Speaker, let us talk about the governance structure for service providers, for this was a key issue. Pursuant to the provisions of the Bill, the Ministry of Health assumes oversight of ambulance service providers and consequently will oversee and regulate ambulance service providers. To assist the ministry in executing this function, the Minister of Health will be supported by an Emergency Ambulance Regulatory Committee whose powers and functions are detailed in clause 4 of the Bill.

A key function of the Emergency Ambulance Regulatory Committee is the evaluation of applications by emergency ambulance service providers and in this regard the Bill provides for the establishment of an Appeal Committee to review rejected applicants. In relation to the actual provision of a national emergency ambulance service, we propose the establishment of a National Emergency Ambulance Services Authority. The authority is governed by a board of directors whose functions are detailed in clause 8 of this Bill.

These responsibilities include:

“(a) responsibility for the delivery of a national emergency ambulance service; and

(b) monitor and evaluate its services.

... the Authority shall have the following functions in respect of the delivery of emergency health care services to:

- (a) develop a communication system for the national emergency ambulance services;
- (b) developing a co-ordinated trauma care system through the integration of emergency care facilities into the emergency medical services system consistent with the minimum standards and protocols for pre-hospital triage and treatment, destination policies and inter-facility transfer policies;
- (c) monitor the quality of the emergency medical services purchased or provided;
- (d) establish a complaint review committee for the effective management of matters that may give rise to a risk to health or safety of patients;
- (e) develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of ambulances;
- (f) develop, monitor and implement disaster preparedness programmes;
- (g) ensure the provision of continuous and uninterrupted emergency and ambulance service;
- (h) liaise with the Ministry with responsibility for disaster preparedness management;
- (i) develop quality improvement programmes and risk management systems; and
- (j) develop public information and education programmes relating to this service.”

The Bill also provides for the regulation of the emergency medical personnel, but before I go there, there is a regulatory committee and there is a service provision committee, and the regulatory committee could not regulate itself and that is why you needed one that would provide the services and one that is a regulator, but the regulatory committee is merely an advisory committee to the Minister, and therefore, it is not indeed cumbersome.

The Bill also provides for the regulation of emergency medical personnel.

In keeping with the model which exists for other health professionals, clause 37 of the Bill provides for the establishment of the Emergency Medical Personnel Board of Trinidad and Tobago.

Clause 38 provides that all registered EMTs will be automatic members of the board. The functions of the board include:

- “(a) register emergency medical personnel;
- (b) keep and review a register of emergency medical personnel;
- (c) add names to or remove names from the Register of Emergency Medical Personnel;
- (d) regulate the emergency medical personnel profession;
- (e) develop standards of practice for health service providers in respect of ambulance services and emergency medical services;
- (f) develop competency programmes to continually assess fitness to practice;
- (g) review the continued competence of emergency medical service providers;
- (h) develop standardized medical direction for emergency medical technicians;
- (i) prescribe education and training requirements for all levels of Emergency Medical Personnel;
- (j) prescribe annual continuing education training; and
- (k) discipline its members.”

Mr. Speaker, it is a whole First World, a whole new way of regulating and developing a very important area of health care in Trinidad and Tobago health care delivery.

Clause 40 of the Bill provides that the Emergency Medical Personnel Board will be governed by a Council. The Council will consist of both elected and non-elected members. Further, in light of the fact that the emergency medical personnel are not now regulated, it was necessary to put in place a transitional arrangement.

Consequently, clause 41 provides for the establishment of an Interim Council whose only responsibility will be to register all existing emergency medical personnel and to facilitate the election of members to the council of the Emergency Medical Personnel Board; thereafter the Interim Council will cease to exist.

In preparing the policy document, the ministry considered several options for the management of the emergency ambulance service. Such options included:

- A statutory authority;
- A department in the Ministry of Health;
- A department in one of the RHAs or a department in each RHA to manage their individual ambulance service; or
- A special purpose state enterprise national emergency ambulance company.

We considered all of those options. However, all except the statutory authority presented shortcomings. For example, a department in the Ministry of Health would have to overcome bureaucratic constraints within the public sector. In a department in the RHA, patient access will be hindered by geographical constraints; and special purpose state enterprise would function in isolation. But an ambulance authority will function within an umbrella framework, covering all aspects of emergency ambulance services. Accordingly, the creation of an authority was deemed the most viable and beneficial to all.

I now turn to some questions that could arise in response to this Bill, including some that arose in the other place, the issue of governance and the extent to which the Minister has power over appointment of board members that might be a concern to Members. It is important however to note that in all Commonwealth countries Ministers bear the responsibility of their portfolio; accountability for all matters pertaining to one's ministry rests with the Minister. As such, various laws empower Ministers to perform their functions. This is not new; it is not unique to this Bill, nor is it unique to Trinidad and Tobago.

For example, under the Ambulance Service Act of 1990 of New Brunswick, Canada, the Minister is the one who appoints the director of ambulance services, inspectors and the ambulance advisory committee. Under the Emergency Health

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Services Act of Alberta, Canada, the Minister appoints both the registrar and the appeal committee; under the Ambulance Services Act of 1990 of New South Wales, Australia, the Minister issues, revokes or suspends licences, and the Minister inspects and evaluates ambulance services; under the Associations Incorporations Act of 1985 which regulates ambulance services in South Australia the Minister issues, revokes and suspends licences as well. So, I just want to make that point in anticipation.

Of the appointment of inspectors by the Minister of Health, I wish to note that the Minister of Health is charged with the responsibility to provide the proper delivery of health care to the nation of Trinidad and Tobago. The emergency health care services constitute a major component of our healthcare system. Therefore, inherent to the responsibility of the Minister to ensure delivery of proper health care for the citizens is the authority to appoint persons to assist in carrying out the provisions of the Bill. As such, the Minister of Health can appoint inspectors, inspection teams to visit and inspect ambulance service providers.

In terms of geographic distribution of public sector ambulances; the authority will ensure that they will be properly distributed, currently they operate out of 13 bases across the country and that the fleet is in constant communication and monitored appropriately for quality and efficiency. The services will be available continuously, 24 hours a day, seven days per week, 365 days per year. [*Desk thumping*]

2.30 p.m.

The ambulances of the fleet shall also be equipped with adequate medical equipment and medicine. It shall be the job of the Emergency Ambulance Regulatory Committee to provide the Minister with advice relevant to these matters.

In addition, the National Emergency Ambulance Services Authority is vested with the functions of developing a communication system for the National Emergency Ambulance Services, as well as developing a coordinated trauma care system through the integration of emergency care facilities into the emergency medical services system. These two functions will help to ensure that ambulances respond quickly upon receipt of an emergency call.

Mr. Speaker, our aim is to get that response to be within five and 10 minutes. That is our objective. Another issue worth clarifying is the liability of directors of the board of the authority. Why should we protect those directors? Well, they will be individually protected from liability in the exercise of their public functions once these actions are performed in good faith. However, this protection does not prevent the board from being liable as a body for its actions or omissions.

The right to choose. Mr. Speaker, currently, if you take an emergency ambulance, the emergency ambulance will send you to a predetermined site or the closest public institution. The Ministry of Health's policy is that persons accessing this emergency ambulance service must be taken to a public hospital. That is what it is now. However, with the establishment of the new authority, that will change. The National Emergency Ambulance Services Authority will have the power to develop its own policies and as such, nothing will prevent it from introducing a policy where persons accessing national emergency ambulance services, would now have the right to choose to be taken to a private hospital or some institution of their choice, given the fact that the Ministry of Health will ensure that it is within a policy framework that does not put the patient in any greater danger.

This Bill is of critical importance for the advancement of our health sector to First World standards and practices. The provision of the emergency medical services sector is at a critical point in the dynamic national environment, and the national health system. The need for emergency ambulance response to illness, injury, or accident has grown, and continues to grow since the introduction of a modern EMS service by the Ministry of Health in the year 2000.

Mr. Speaker, this growth in demand and use for the service, is compounded by the fact that there now exists a significant and growing private sector which provides a full range of health and medical services from hospitals, laboratory testing, to ambulance response. The Government considers it imperative that this sector be regulated by the introduction of legislation which ensures that the emergency ambulances, equipment, material and personnel be aligned to the highest international standards.

Mr. Speaker, I believe it was in 2008 or late 2007, when that ambulance caught afire and those two people were burnt. Had we had proper regulatory oversight, we might have been able to prevent that and we must do everything in our power to ensure that such a situation does not recur without the Government doing its duty. This, today, is the duty of this Government and we propose to do exactly that.

We recognize that emergency ambulances must be well equipped with medical and communication equipment, and be available throughout the country in a timely manner to ensure that all patients receive the mobile pre-hospital emergency care they need. Consequently, it is given that such personnel must be appropriately trained, supervised by a medical practitioner and be able to respond to the public's needs as they arise.

The Bill before us today, represents a refinement of our thinking, taking on board and responding to suggestions from the other place. We have had

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consultations with the RHAs, the medical association and the current emergency services provider, as well as other institutions. Mr. Speaker, this Bill has been praised far and wide. In fact, at a Pan American Health Organization Colloquium on Organization and Management of Medical Emergency Services in 2008, the experts found that Trinidad and Tobago had one of the best proposed models. [*Desk thumping*] The regulation of emergency ambulance care is one of the activities which will ensure that quality health care is provided to the people of Trinidad and Tobago, and will thus contribute to the Ministry of Health's transformational plan.

Mr. Speaker, it is important for me to inform this honourable House that this Bill was fully debated and ventilated in the other place and subject to a special select committee, where Opposition, Government and Independent Senators contributed. In fact, we were provided with a matrix of all issues raised during this debate, and as such, issues were considered by the committee one by one. To this end, more than 90 per cent of the contributions were accommodated. We believe that legislation is a collaborative thing. We believe we ought to collaborate. We ought to talk to everyone, take on board all of the ideas, but get for our citizens what is indeed the best possible piece of legislation that we can advance. To this end, more than 90 per cent of the contributions, as I said, were accommodated and we now firmly believe that this Bill has been comprehensively reviewed and refined. We believe this is an excellent document.

In closing, I wish to indicate that comprehensive supporting regulations have been developed and will be laid in Parliament shortly after the enactment of this legislation. We are confident that once enacted, this Bill will help meet the emergency medical needs of our population more effectively. It will ensure that the services provided to victims of vehicular accidents, or victims of sudden illness or injuries will not only be of the highest possible quality, but will also be provided through a structured framework. This means that EMTs will operate in a professional manner when responding to scenes of medical or surgical emergency within the parameters of responsibility, accountability and care.

Mr. Speaker, I beg to move. [*Desk thumping*]

Question proposed.

Dr. Tim Gopeesingh (*Caroni East*): Thank you, Mr. Speaker, hon. Members in this House. The first issue I want to raise is the question of—Mr. Speaker, we were presented with the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009 from this parliamentary document and I am not too sure,

which is the one that we are really considering. Is it the one as amended in the Senate, which is this document? [*Member displays document*] So, it became a bit confusing as to which one we should really be discussing. I would like to know because we have had to read both of them to understand what was going on.

Hon. Narace: Thank you very much, Member for Caroni East for giving way. It is the amended version.

Dr. T. Gopeesingh: We would have expected that when the Member for Diego Martin North/East on Friday last indicated that we were going to discuss this Bill, that he should have mentioned that it was the amended or circulated one. We have had to fight to obtain the amended one.

Mr. Imbert: I thank the Member for giving way. The usual practice is that if a Bill comes from the Senate, and comes to the House from the Senate, it would naturally be the Bill that was amended in the Senate.

Dr. T. Gopeesingh: Mr. Speaker, that is the issue. This is the Bill that was circulated first in Parliament to Members of this House. We have had to search and fight to get this. This was not circulated to us. We have had to go and ask Parliament ourselves to try and get the information as to whether this was the Bill, the one that was amended in the Senate. Nevertheless, we were able to get it with some difficulty.

Mr. Speaker, health is one of the fundamental pillars of any civilized society and health care must be provided to every citizen of every country, and health care must be given on demand by the population. Who pays for it, is another question. But generally, someone has to pay for it whether the person himself or herself, or whether the State.

When we heard the hon. Minister of Health here this afternoon, a while ago, we would have thought that Trinidad and Tobago has one of best health care systems in the world. He indicated that PAHO complimented this Government for the presentation of this Emergency Ambulance Services and Emergency Medical Personnel Bill, but it is sad to say that I do not think that sentiment is echoed by the people of Trinidad and Tobago. When people speak about what is happening in the country, one of the most important social problems that they think about or they speak about, is the lack of good health care. Every day you see problems arising in the health system and people speak negatively about the health care that is provided in this country. People are dying needlessly, who do not need to die as a result of what is happening in the public health care systems at the primary care level and the secondary care level. But what we are debating today is the

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Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009, and therefore, I will try to confine my discussions related to this Bill and compare what has happened when this Bill was first presented, to what has come out of the Senate.

We believe that this first Bill that was sent was one of the sloppiest pieces of legislation that ever went through in Parliament. The Bill that was circulated first had to have almost 51 changes in it, for it to be amended to be brought to this amended Bill which we are being asked to debate. We have to ask the question, why was that necessary? Was the Bill not carefully thought out? Was it hustled? Was it not taken care of in the drafting situation, and by whom? We understand that it was a private drafting firm, a private firm of lawyers who did this Bill originally and this is why we have found so many difficulties arising in the other place that needed to be corrected.

We understand that part of this Bill, especially the second part of the Emergency Medical Personnel Bill, 2009, was copied almost exclusively from the pharmacy—*[Interruption]*

Mr. Imbert: Mr. Speaker, on a point of order. Standing Order 36(1), relevance. The Member for Caroni East is quoting from a Bill that has not been circulated in this House.

Mr. Speaker: No, he made passing reference and I think he is now on the Bill before us. I was paying attention. The Member really did make passing reference to the Bill. That was the original Bill that was laid in the House, but I think he quickly got on—

Mr. Imbert: *[Inaudible]*

Mr. Speaker: I know. That is not valid. What we are in fact debating is the Bill that is before us.

Dr. Moonilal: Why are you such a nuisance?

Mr. Speaker: Order! *[Interruption]*

Dr. T. Gopeesingh: You see, when you raise the point about the effectiveness of the Bill, they seem to have difficulty because they know themselves, that the Chief Parliamentary Counsel with the legal drafting team, did not participate very much in this original Bill and I rest my point here—this one that was circulated in Parliament.

2.45 p.m.

Dr. T. Gopeesingh: How did I obtain it? If this was not circulated, how did I obtain it? Mr. Speaker, this Bill, as amended in the Senate, is a mass of confusion. I want to draw your attention to the confusion.

You have in Part III a National Emergency Ambulance Services Authority then you have the National Emergency Ambulance Regulatory Committee; then you have a National Emergency Ambulance Services Board; you have inspectors and an inspection team; you have Emergency Ambulances Services Committee; you also have Emergency Medical Personnel Board of Trinidad and Tobago and an Emergency Medical Personnel Council of Trinidad and Tobago. This is mass confusion, six or seven areas of authority for one piece of legislation to deal with an emergency ambulance service.

I just want to repeat them: An Emergency Ambulance Regulatory Committee; a National Emergency Ambulance Services Authority—so you have a regulatory committee, a services authority; you have an Emergency Ambulance Services Board; so you have a board now. So you have a Regulatory Committee; a Services Authority and an Ambulance Services Board, and an Emergency Ambulance Services Committee. *[Interruption]* *[Hon. Narace rises]*

Dr. T. Gopeesingh: You will respond when you are winding up; hold on. *[Crosstalk]* You also have the Emergency Medical Personnel Board; you have about six different areas on this one piece of legislation dealing with an emergency ambulance service. *[Interruption]*

Dr. Moonilal: "All ah dat to run an ambulance?"

Dr. T. Gopeesingh: Where does the authority come from? Who is the real person responsible for all these different areas? The functions and the authority seem to overlap. You have a regulatory authority; you have a regulatory committee; you have a services board and a services authority? The functions and the authority seem to overlap. You have a Regulatory Authority; you have a Regulatory Committee; you have a Services Board; a Services Authority; what a mass of confusion. Where is it going?

When you look through the Bill to see what the functions are, they are ill-defined to some extent and you never know what is the crossover responsibility. For instance, the Emergency Medical Personnel Board of Trinidad and Tobago that deals with the emergency medical technicians, would they not be inside the ambulance? Those ambulances would be owned by the National Emergency Ambulance Services Authority, and that authority would have a board. *[Laughter]*

The Emergency Medical Personnel Board of Trinidad and Tobago has a council. So you have a council to take care of the technicians; you have a board for the technicians, but they are driving in ambulances and you have an Ambulance Services Authority responsible for those ambulances. So where are

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we going? Do you see the mass of confusion this is causing in terms of responsibility, authority and overlapping of functions and responsibilities as far as that is concerned?

We do not have any difficulty with the fact that we need an emergency ambulance service in Trinidad and Tobago; we all are certain about that. We will not buck the Government for this whatsoever. We are in sync with you in ensuring that the citizens of Trinidad and Tobago get the service that is needed. An emergency ambulance service is a must in any developing country or, even moreso, in a developed country. We are in agreement that we must have an emergency ambulance service provided in Trinidad and Tobago.

We are gratified to know that the Minister spoke about going throughout the length and breadth of Trinidad and Tobago, and that we would have many more centres; that is fine. You have 45 ambulances; you are getting 14 more; that is fine. It is important to note that the Minister of Health recognizes the work that the UNC government had done under the stewardship of Mr. Basdeo Panday, Leader of the Opposition, in 1999 when we started, [*Desk thumping*] under the then Minister of Health, Dr. Hamza Rafeeq. We had the vision and the ability to implement. Dr. Rafeeq implemented a National Ambulance Service for the first time in Trinidad and Tobago in 1999 under the Panday administration. [*Desk thumping*] Within a six-month period, I understand that almost 10,000 calls took place and the average response time was relatively satisfactory between 15 to 20 minutes, at that time, even when people did not have the knowledge of the phone number. We have to give you credit for establishing the 811 number which makes it easy for nationals to understand that this is the number they have to call. At that time we could not have established it, but yet still the response time was relatively quick.

At that time we had very few ambulances and the cost to the country for running that ambulance service was then about \$19 million per year. Now we understand, subject to correction when the hon. Minister is responding subsequently, that the services at the moment cost about \$50-something million per year. We were able to run an effective service at \$19 million, now it is being run at \$50-something million. The question I want to ask is: With this proposed Emergency Ambulance Services, which is regulated, what is the approximate cost, what is the expected cost, going to be, based on what you desire? [*Interruption*]

Hon. Narace: Let me just clear one thing; thank you very kindly. This kind of behaviour is what will shape a different culture for generations to come.

There are two committees only: The service deliverer and the regulatory committee. Clearly, if you are delivering a service, you cannot regulate yourself;

so you must have two committees. Therefore, when you speak about an EMP board and a council, just like the Medical Board has a council, which is the board of directors, and just as the Pharmacy Board has a board of directors, you must have a board. It is a profession all of its own. Finally, in the Service Authority you must have a board controlling it; so it is not at all a mass of confusion.

Dr. T. Gopeesingh: Sure, hon. Minister, but you would agree that with the overlapping responsibilities and governance structure of these, there would be overlap in terms of the governance of each one of these areas. You need to clarify this, at some point, in terms of the Regulatory Authority and how it is going to relate to the Services Authority, and how the Services Authority is going to relate to the Services Board. Then how is the Emergency Ambulance Medical Personnel Authority going to relate to the Services Authority? These are the issues we need to have clarified. It is very bureaucratic, it is confusion, and there is overlapping as far as the governance is concerned.

The other point the hon. Minister tried to indicate was the reason for the power of the Minister in the whole management and governance of this service. I am sure the hon. Minister would realize that this Bill gives a tremendous amount of power to the Minister. First of all, the Minister may appoint clause—in the first set of clauses it says:

- “(1) There shall be a Committee to be known as the Emergency Ambulance Regulatory Committee (hereinafter referred to as the ‘Committee’) which shall provide advice and support to the Minister for the delivery of efficient and effective emergency medical services.
- (2) The Committee shall comprise nine members appointed by the Minister...”

So your Regulatory Committee is appointed by the Minister and it consists of:

- “(a) a representative of the Ministry of Health;
- (b) a biomedical engineer or an emergency medical care specialist...
- (c) a representative of the Ministry with responsibility for disaster preparedness; and
- (d) two medical practitioners with experience in emergency care...”

So that is a situation where the Minister appoints the members of the Regulatory Authority.

The second one is the National Emergency Ambulance Services Authority; that is also appointed by the Minister. So the Minister is appointing members of

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the Regulatory Committee; the Minister is appointing members of the Services Authority, and the Emergency Ambulance Services Board:

“...shall consist of nine persons appointed by the Minister and who shall have qualifications...in the following disciplines...”

Then the hon. Minister appoints members of the Emergency Ambulance Services Board and the council as well. You appoint members of the council as well. It shows that this authority is really an authority of the Minister. You try to justify that in all countries around the world the Minister has authority, but there should be some independence away from the Minister in the management of this.

If we look at the Regional Health Authorities, the Cabinet appoints the members, four in Trinidad. If someone resigns he has to submit his resignation to the President. Why should we have a situation where the Cabinet—well, it might boil down to the Minister. The Minister may have the overall responsibility for managing the overall performance in terms of the reporting mechanisms and the guiding of policies; this is what the Ministry of Health does, makes policies and evaluates functions and performance.

When the Minister has to appoint and then evaluate performance, people may say that we have to guard against political interference, we have to guard against cronyism, nepotism and victimization. It is not necessarily you Minister Narace, it could be any minister to come in the future. You are there now, but no minister must have that type of power to appoint members here and appoint members there, but yet still the Minister has to do the monitoring and evaluating himself or herself.

Mr. Speaker, do you know what? The Minister also appoints the Appeal Committee.

3.00 p.m.

So if somebody is unhappy about what has happened to him or her in the provision of services and they formulate an appeal, the appeal goes to an appeal committee, which is also appointed by the Minister. So all the appointments in this are from the hon. Minister and that is not a very healthy situation. You tried to justify it, but I think it is unjustifiable. Something has to be looked at as far as that is concerned. I would like to suggest at this point, hon. Minister, although 51 changes were made in the Senate, I will show today that there is the necessity to make a few additional changes at this stage as well in the Lower House.

So we have to be careful about the role of the hon. Minister in all these appointments that are being made. Then the criteria used for making appointments,

nobody knows. This amended Bill does not substantially give information as to what are the criteria as far as the appointment of these members; it just says somebody from the medical fraternity; a public health inspector, other types of people; employees of the Ministry of Health; such other persons as the Minister deems necessary for the purpose of conducting inspections.

Remember you are dealing with people's lives here and life could be lost in a few seconds. Therefore, the criterion that you must use for appointment of people in these Authorities must be of a very high standard and it is important for you to consider, in making appointments, the criteria used in selecting people to serve on these various authorities, committees, boards, et cetera. So that criterion needs to be taken into consideration.

In clause 3 of the Bill, under definitions, there are a number of definitions that ought to have been included. If you look at clause 3 in the Bill, you have some definitions, but I would like to proffer that we clarify certain areas of definitions and we include some other areas. For instance, the Emergency Ambulance Services Board is repeated 24 times between clauses 5 and 12. Instead of repeating that 24 times in the body of the Bill, can we not put a definition of that to the front, under clause 3 and possibly call it the "Board of Directors" to distinguish it from something else; to distinguish it from the Emergency Medical Personnel Board, which can be called "The Board"?

So you have a definition for Emergency Ambulance Services Board and you could name that, "Board of Directors" in your definition and that would take care of the 24 times that the Emergency Ambulance Services Board is mentioned. Then you could have another definition called "Board" which will deal with the Emergency Medical Personnel Board members. That Emergency Medical Personnel Board is repeated at least 12 times between clauses 36 and 46 and, therefore, can be defined in clause 3 as the "Board".

So you can have a definition, the "Board of Directors" to take care of the Emergency Ambulance Services Board which is repeated 23 times in the Bill and you could have another definition called "Board" which takes care of the Emergency Medical Personnel Board, clauses 36 to 46. And if you really look at clauses 39(1), 39 (1)(a), 40(7), 41(1)(a), 42(2), 44, 45(1), 45(2), 48, 48(c) and so on, you see that repeated. In clauses 49, 54, 58, 60, 60(b), 60(c), 60(j), the Emergency Medical Personnel Board is repeated all these times along these different clauses. So I think we should look at that and probably add two areas in the definition, one called "the Board of Directors" and one called the "Board". This is our suggestion.

I want to go through certain aspects of the Bill that will need some clarification and explanation by the Government. You did correct what is clause 8 which was originally clause 8(2)(e), "vehicles" and you really meant ambulances. You did correct that.

Now the funds of the Authority, clause 13, when he was speaking, the Member of Parliament for Caroni Central, Dr. Rafeeq, asked a question.

“The funds of the Authority shall consist of—

- (a) monies identified by the Ministry of Health and appropriated by the Parliament...”

This is why we asked you what was going to be the approximate cost for managing these services.

“(b) monies collected as fees;”

We asked fees paid by whom and whether the public will have to pay fees for this service. You mentioned something, but we need to have some deeper clarification on what formula you are going to use in determining the cost to the State in running this emergency service.

Clause 14, hon. Minister, and, Mr. Speaker through you, states:

“The Authority shall keep proper books of accounts and records of all sums received and expended by the Authority and shall record the matters in respect of which such sums were received and expended.

- (2) Within three months after the end of each financial year the Authority shall cause to be prepared, in respect of that year—
 - (a) a report setting out the activities of the Authority; and
 - (b) audited financial statements prepared in accordance with GAAP”—audited by the Auditor General.

And thank God you saw the light of day and you incorporated that the Auditor General must do the accounting which the other place had to push for and you eventually agreed, or an auditor authorized by the Auditor General in writing.

“and a copy of such report and audited financial statements shall be forwarded to the Minister and shall be laid in Parliament as soon as possible thereafter.”

This is not acceptable: "as soon as possible thereafter". The Minister could take six months; he could take a year; he could take two years, and such reports done by the Auditor General might not be laid in Parliament.

Therefore, we want to advocate that within three months of receiving the report of the audited financial statements forwarded to the Minister, he shall lay that in Parliament within a three-month period. That is another one of the changes we want to recommend.

Clause 15 states:

“The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team to visit and inspect an ambulance service provider licensed under this Act and to submit a report to him upon any inspection.

(e) such other persons as the Minister deems necessary for the purpose of conducting inspections.”

We do not agree that a single person, an inspector, one person, should be inspecting an ambulance service provider licensed under the Act. It is subject to a lot of problems and we would like to suggest that an inspection team visit the ambulance service provider and not just one person but a team of inspectors.

Clause 17 brings about a very fundamental question, that is:

“An inspector appointed under this Act shall, for the purpose of the execution of this Act, have the power to do all or any of the following:

(a) to enter with the consent of the owner or occupier at all reasonable times any premises, place or ambulance where he has reasonable grounds to believe that such premises, place or ambulance do not meet the requirements of the Act;”

So here it is, an inspector appointed by a committee can go into someone's place under any pretext and say "I want to come to investigate your ambulance service or your vehicle." But the mere fact of going into someone else's place—

Hon. Narace: With their permission.

Dr. T. Gopeesingh: With their consent. It raises a very fundamental human right of privacy of property. But I am very happy to hear the Minister say that with consent. Now if consent is not granted by the individual, what is your response to that?

Hon. Narace: Then you would have to go to a court and get the proper warrant and only then. You will have to show cause and then do it.

Dr. T. Gopeesingh: Which court? Is it the Magistrates' Court or a Justice of the Peace or magistrate or Justice of the Peace?

Hon. Narace: Magistrate.

Dr. T. Gopeesingh: Who goes? The inspector goes or is the inspector accompanied by a police officer, or a police officer goes on behalf of the inspector? That is an important issue.

Hon. Narace: I will respond to that.

Dr. T. Gopeesingh: Because when you say here:

“The Minister may appoint inspectors from among the following qualified persons:

(a) employees of the Ministry of Health;”

It could be a clerk of the Ministry of Health. That is at clause 15, Part IV:

“(b) public health inspectors;”

So you can have a public health inspector marching into somebody's property and saying, "Look, I have come to inspect your emergency ambulance system." So we are treading on some dangerous territory there. I hope, whether it is you, hon. Minister or any other Minister, because you know, your Government changes Ministers often. We had two in 2001 to 2007. You are there now finding your way, feeling your way. I wish you well. You are trying. I know you are trying, but you are not trying hard enough. You should be trying harder and working smarter and taking more advice. The advisors you have down there are not helping you at all, you know, so I hope you do not rely on those advisors there at all. *[Interruption]*

All right, Member for Port of Spain North/St. Ann's West, watch what you are saying. Are you going to pay Mr. Warner his money and so on?

So the question of being able to go, as I mentioned, a team of people should go into premises and not just an inspector. And you should eliminate:

“The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team...”

I would say: "inspection team to visit and inspect", not just an inspector. *[Interruption]*

Clause 17(2) states:

“Where consent is not obtained under subsection (1) the inspector may obtain a warrant in accordance with section 19.”

That answers the question.

Clause 18 states:

“In the exercise of his functions under section 17, an inspector may, at any time, take for analysis—

(a) sufficient samples of any material...”

What samples are you speaking about there? That is a vague and ambiguous term. We are dealing with health care. Is it blood samples? What type of samples are you taking? Is it samples of the ambulance? Is it samples of the gas in the cylinder? Is it a sample of the IV fluid in the ambulance? What samples? Because you know what is happening to Michael Jackson now. So many samples are being taken from everywhere and we do not know which one was the one that was used, until we get the pathology of the brain, which takes months to get, to see which sample was actually given to him.

So when you use the words here:

“In the exercise of his functions under section 17, an inspector may, at any time, take for analysis—

(a) sufficient samples of any material which he suspects to be contaminated;”

that is a broad statement.

3.15 p.m.

If an inspector takes blood samples it is even worse. It invades a personal property of an individual. That does not need a simple majority here. It needs a larger majority. We have to look at that in this context. This is a very important issue for consideration.

We have no difficulty with clauses 25 and 26. I realize that you were pushed into bringing a new subclause (2)(b) in clause 27. It states:

“the Committee shall determine whether the services provided under the existing licence has met the prescribed standards and make the appropriate recommendation to the Minister.”

This is new addition and it is welcome.

Clause 31(1) deals with the Appeal Committee. It states:

“The Minister shall appoint a committee to be known as the Appeal Committee to review any decision to—

- (a) refuse
- (b) suspend; or
- (c) revoke,

a licence.”

Remember the Minister appointed the Emergency Ambulance Regulatory Committee, he or she, not necessarily Minister Narace. In this situation, it is you.

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You appoint an emergency services authority, an emergency ambulance services authority and a board. When he appoints all these, they have to come back to him. He appoints the Appeal Committee and the Appeal Committee would then make a recommendation to him. It goes minister to committee; minister appoints appeal committee and appeal committee comes back to minister. It is a roundabout circle coming back to the minister. What is that telling you at the end of it all? I am the big boss. I make the decisions. I appoint you. I can revoke your licence. I can issue your licence. I can suspend your licence. I can refuse to give you a licence. That is what I meant by too much authority on the part of the minister alone.

Hon. Narace: As I said, this Bill was subject to much discussion. At the committee stage, we would be more than happy to look at what suggestions you will have and it would allow us to do the work fast.

Dr. T. Gopeesingh: I am very happy to hear the hon. Minister make those types of conciliatory declarations indicating that they are subject to making changes. We want an emergency ambulance just as much as you want. Tomorrow, it could be you who require an ambulance service or it could be me. We could get into an accident or we might be at home. There is no question about it that the alternative government of the United National Congress on this side wants the same thing that you want as a government. We want to take care of the people and the people must be taken care of properly. We must overcome all these types of difficulties and hurdles within the Bill to give it proper and easy functioning.

I come to a very important point. Clause 40 deals with establishment and constitution of the council. Clause 40(1) states:

“There shall be a Council of the Emergency Medical Personnel Board which shall consist of eleven members to be appointed as follows:

(a) five emergency medical service personnel elected by the Board;”

We have about 500 medical emergency technicians who will comprise the board, just as the Medical Board will have 1,500 doctors. You have a medical council which guides the practice of the medical profession. You are now having:

“(a) five emergency medical service personnel elected by the Board;

(b) six individuals appointed by the Minister who may be drawn from the following disciplines:

(i) medicine;

(ii) emergency care;

- (iii) nursing; and
- (iv) law.”

They took out the original one that was there.

The medical person was nominated by the Medical Council; the law person on that council was nominated by the Law Association; the nursing person was nominated by the Nursing Council. We indicate that we must revert to this. The six individuals will be appointed by the minister. The minister is appointing six out of eleven. The minister has his say in any case. To give some neutrality to that to reduce it and make it appear as though you are not politically interfering, why can these individuals not be drawn from the following disciplines, medicine nominated by the Medical Council of Trinidad and Tobago; nursing by the Nursing Council and the law person by the Law Association of Trinidad and Tobago? That gives some objectivity and neutrality to the entire process. That is one that you must consider for change.

The former minister of health said that he moved away from that altogether. He formed the parallel medical board. This is why we are in so much trouble today. I do not want you to get in so much trouble, Minister. You have to be more honourable than that. People must see you to be doing things that are just and fair. It would be honourable of you to ensure that we revert to what was in the original Bill and not six nominees that you may consider. You may appoint a young doctor who might be one year qualified, when you have distinguished people like Dr. Rasheed Adam, a distinguished neurosurgeon with tremendous years of experience.

Mr. Imbert: What about Steve Smith? [*Laughter*]

Dr. T. Gopeesingh: I will not be distracted by irrelevance. [*Interruption*] The Prime Minister knows Dr. Mahabir very well. A very distinguished ophthalmologic surgeon. Tell them to leave him alone.

Clause 41(1) states:

“Notwithstanding section 40, on the commencement of this Act, the Minister shall appoint an Interim Council consisting of the following persons:

- (a) two medical practitioners one of whom must have experience and training in emergency care;
- (b) a representative of the National Training Agency;
- (c) a representative of the Accreditation Council; and
- (d) a representative of the Ministry with responsibility for health.”

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You are picking arbitrary people—this is an interim council—to run an emergency medical personnel board. You may have people who are not qualified in this to do a proper job. Remember it is life and death. When we come to looking at the classes of care that you would be taking care of in the ambulance, you have a basic care and then levels one and two and so on.

If you have an interim council with people from the National Training Agency—no offence meant to anybody in the National Training Agency—or two medical practitioners or a representative of the Accreditation Council, you need to have skilled people in this. You need to revisit the members of this interim council.

Clause 41(5) states:

“The Interim Council shall, within one month of being appointed, commence registration of all persons who hold qualifications as—

- (a) Emergency Medical Technician—Basic;
- (b) Emergency Medical Technician—Intermediate;
- (c) Emergency Medical Technician—Paramedic; and
- (d) Emergency Medical Technician—Instructor.”

The council that you are appointing does not have the expertise to deal with these issues.

Schedule 5 on page 55 has:

“Emergency Medical Technician—Intermediate (EMT—1).

Same qualifications as is required for EMT—B”

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

Motion made, That the hon. Member’s speaking time be extended by 30 minutes [*Dr. H. Rafeeq*]

Question put and agreed to.

Dr. T. Gopeesingh: Thank you, Mr. Speaker. I bring to the attention of the House the Emergency Medical Technician (EMT). It has:

“endotracheal intubation, peripheral intravenous line, wider range of oral medication—Glyceryl trinitrate and subcutaneous injections.”

These have to be done by emergency medical technicians, level 1.

Do you know what emergency medical technician, level 2 or paramedic has to do? "Manual defibrillation/cardioversion, external cardiac pacing, central venous line via jugular route." A jugular route is through the neck. There are major blood vessels here. One of my colleagues, a legal person died at Eric Williams Medical Sciences Complex when a young doctor struck an artery here and he died on the table. You have emergency medical technician, level 2. You are appointing an interim council to look after these technicians and the council has people from the Accreditation Committee and the National Training Agency. My colleague, Dr. Rafeeq is smiling because he knows that cannot work. You have to appoint an interim council almost in the same vein as you are appointing your emergency medical technical council. You must be given a time frame for this council to function. There is no time frame on this.

I want to complete the discussion on this Bill on a few other important points. Clause 48 states:

"The financial year of the Emergency Medical Personnel Board shall be from the first day of January to the thirty-first day of December."

That has been changed—that should be changed. Under a new law the financial year is from October 01 to September 30. I cannot remember the name of the law. It is one of those that was passed in 1997. This financial year should be changed.

We come to Parliament and say that regulations would be made. We never see the light of the day for these regulations because they take a long time in coming. Even though we pass this Bill and it is proclaimed, the whole operationalization of this Bill for the emergency medical services and all the things that you have been speaking about would be a long time in coming because the regulations are not here.

We would have expected that the time it took in Parliament from the other place to come here, the hon. Minister would have made some recommendations as far as the regulations are concerned so we could have seen some of the regulations. When the regulations are brought forward, they are brought as negative resolution of Parliament.

3.30 p.m.

I now come to another important part of my discussion on this Bill. Who are the people requiring emergency ambulance services in this country? There are people in motor vehicle accidents on the roads; people in their homes having problems. The statistics in Trinidad and Tobago show that we have almost 18,000 births per year now. We have almost 12,000 deaths; 6,000 men and 6,000 women, so

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the natural increase in the population is about 6,000 per year, except those that the hon. Prime Minister wants to bring in with his economic and political integration from the Caribbean. Many more people might be coming from the Caribbean.

Out of the 6,000 men, the most common cause of death is heart disease. Almost 2,000 persons die per year with heart disease and, from what I gather—I know there are more than 500 people who die of sudden death syndrome. Some of these people will need ambulance service in a split second. My brother died on a tennis court and if there was a defibrillation system there, he would have been saved. [Interruption] We are working with you on this. Now the second highest cause of death in men is cancer. It is a slow and insidious process. In women, the most common cause of death is cancer and the second cause of death is heart disease.

Now, 1,000-plus die from complications as a result of diabetes and 1,000 from strokes. Whom does the ambulance service take care of? They take care of people at home who are developing strokes. They take care of people who have problems related to heart attacks, and a number of the population die suddenly from heart disease because they think it is an epigastric pain. When someone has pain here [Points to stomach area] and they are obese and they are smokers, they must think that they are having a heart attack until proven otherwise. That is when the ambulance needs to be called.

What brings it on? Diabetes and hypertension. The Afro-Trinidadian population is prone to hypertension. We have young, strong, healthy-looking men walking around and they do not know that they are hypertensive until they suddenly end up with renal failure. We have the East Indian population with bad diets, obese, rotund abdominal girth distension, smoking, and they die in their thirties because of those complications. For whom does the emergency ambulance service need to go?

Hon. Member: The Prime Minister.

Dr. T. Gopeesingh: I think that God has been good to you. You have been blessed with good—

Mr. Manning: He cares for fools, little children and his own kind.

Dr. T. Gopeesingh: Are you in the first one?

Mr. Manning: I am trying to be all inclusive.

Dr. T. Gopeesingh: I gave that overall scenario to indicate that people have diabetes and hypertension; they get strokes and heart attacks; and then there are road fatalities.

I worked with the hon. Member for Diego Martin North/East on a committee almost two years ago on the breathalyzer. He indicated that he wanted to get it going, but the population has been waiting for the operationalization of this law. That will reduce significantly the need for ambulance service. You will find that plays a significant part and the population will not be in accidents because they cannot drink and drive.

Another aspect is the problem on the roads with lack of police monitoring the road situation and patrolling the roads. Those things go hand in hand. If I were you, Minister of Health, I would begin to work with the stakeholders to reduce the need for more emergency ambulance services. *[Interruption]*

The tobacco Bill, yes, but when you bring a Bill where someone smoking in their house could be arrested and you are taking away that person's rights, you have to change that whole process.

The Minister and the Government should work assiduously. Dr. Rafeeq's main attack when he was Minister of Health was primary health care. He made sure that 105 health care centres were established. You admitted that only six out of the 105 are open beyond 4 o'clock. You were supposed to build six district health facilities. You built only one, St. James. I think that Oxford Street is going up. We built Princes Town and Couva. So you should have about six more district health facilities. That is the intervening thing between primary health care and secondary health care. If you build the six district health facilities and patients are taken care of, there will be less need for the ambulance service because patients will not be getting sick. They will be cared for along the way.

As the alternate government, we are giving the Government suggestions and ideas to focus on primary health care and disease prevention; to educate the population on diabetes and hypertension; on the consequences of obesity, bad eating and cigarette smoking. These are the major killers.

Long ago, communicable diseases were the ones that killed the population. If I were you, I would put out, on a daily basis, on television and radio, issues related to prevention. Go for your pap smears. Your eating habits must be better. Reduce obesity. Go for exercise. This is where the Minister of Sport and Youth Affairs comes in. Throughout Trinidad and Tobago, we should have recreation grounds fully lit with walking paths so that people could go for exercise rather than being frightened at home. These are some of the issues that will reduce the necessity for—

The last one is the Chronic Disease Assistance Programme (CDAP). The hon. Minister of Health promised an analysis by the Central Drug Advisory Committee

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and the National Formulatory Committee to look into the CDAP drugs. We have told you time and again that the CDAP drugs are worsening the situation in terms of the management of diabetes and hypertension. They need to be done as quickly as possible. Review and change the drugs.

I know they are cheap now, but even though you have to pay a little more for better drugs, the end result will be better for the patients and you will spend less on health care cost than you are spending now because the patient will be taken care of.

Let me make a pitch now for the testing strips for not only insulin dependent diabetics, but for diabetics who are on oral hypoglycaemic drugs like metformin. They need to be tested for diabetes as well and they need to test their blood sugar. The money spent on that will be worth the while. In your budget presentation for the year to come, we advise that you look at ensuring that all diabetics be given insulin testing.

I want to raise a very important point here, Mr. Speaker. When patients come from the ambulance and go to the hospital, they may have been involved in motor vehicle accidents; they may have brain damage and orthopaedic injuries—hip fractures—bleeding from the chest, soft tissue injuries and bleeding internally, they need CT scans and MRIs.

Now, CTs are available in hospital, but when it is done it is not read immediately by radiologists. Some of them are on call and junior doctors have to look at the CT scan and make a decision. You have to look at that. Make sure that the radiologists are well managed so that the reports are easily available to the surgeons and persons looking after the trauma cases so that lives will be saved.

I told the hon. Minister in the tea room some time ago that I wanted him to look into the absence of neurosurgeons at two of the major institutions in Trinidad and Tobago. The San Fernando General Hospital does not have a neurosurgeon. The Eric Williams Medical Sciences Complex does not have a neurosurgeon. So when someone gets into an accident and has cerebral injuries—

Mr. Imbert: Mr. Speaker, on a point of order, there is a matter on the Motion on the Adjournment on this precise thing.

Dr. T. Gopeesingh: Mr. Speaker, I am trying to tie in the question of the necessity for neurosurgeons at the hospitals. We have eight neurosurgeons in Trinidad and Tobago: two in the public service and six in the private sector. They made recommendations to be able to give a service because lives are lost. When these patients go to the hospitals and need a blow hole to drain the bleeding in the

brain to save their lives, they are now transferred by ambulance to the Cocorite Community Hospital. Sometimes they need to have surgery done in five or 10 minutes and the Eric Williams Medical Sciences Complex and the San Fernando General Hospital does not have anybody. By the time they reach there, they are dead. The Minister has to go to his governance people. They are failing him. He needs to take a big stick. You are the Minister of Health.

Hon. Narace: Mr. Speaker, I know this matter is supposed to be discussed in the form of a motion, but suffice it to say that only this week we met with a group of people. We are getting a neurosurgeon from India and we have a covering service that is ongoing.

Dr. T. Gopeesingh: We have six available neurosurgeons here in Trinidad. Why do you have to get one from India? It does not make sense. Six of them made proposals to have the service delivered here. Do you know what it cost the Government for 2006 and 2007 to transfer patients to the Cocorite Community Hospital? The sum of \$22 million, which does not include the cost of the surgeons involved.

Mr. Manning: Mr. Speaker, is the Member suggesting that there six neurosurgeons in the country who have made a proposal to the Government to provide these services—not in the public sector, but in the private sector—at a fee?

Dr. T. Gopeesingh: They are in the private sector and have made proposals to provide the services in these two hospitals in the public sector and the Regional Health Authorities have not taken them on.

It could be the Prime Minister or one of us who get in an accident. We would have to be transferred to the community hospital and there is one neurosurgeon there who is private. He may be doing a case. By the time he is finished, you are dead. That is the situation at the moment. That goes back to the whole question of the absence of senior doctors in the institutions.

The next thing is the cardiac issue. Many patients who get heart attacks, the family calls the ambulance—I said about 500 will die and not even reach the hospital. When they reach the hospital, there is no facility in any one of the public institutions, whether in Port of Spain, the Eric Williams Medical Complex or the San Fernando General Hospital for a cardiac monitoring unit where they hook you up onto monitors so that the doctors can monitor your heart from time to time.

What is the use of taking you into the hospitals from the emergency medical service? You land up there and you are dead. The additional thing is that you cannot even get a bed. You have to be in a trolley for about two days. I have seen

and known of patients who have died on trollies in the Accident and Emergency Department, coming off ambulances and waiting for two days and not getting the care they needed.

3.45 p.m.

Hon. Minister, your job is not only to bring on the Emergency Ambulance Service, you have to go further than that if you to want to achieve First World status, as far as health care is concerned. We have no cardiac monitoring. There is a cardiac monitoring system for the patients who would have had heart surgery done by a private group at Eric Williams Medical Sciences Complex. They do that, but there is no general monitoring of cardiac patients.

I want to talk about the intensive care unit. At the San Fernando Hospital, you have only increased the intensive care unit beds by two. These patients need intensive care unit support. *[Interruption]* I have little time, hold on. At the Eric Williams Medical Sciences Complex, there is a pediatric care unit and nine beds are not operating. At the adult intensive care unit at Eric Williams Medical Sciences Complex, most of it is used for cardiac surgery, so very few beds are available for patients of the intensive care unit. There are issues in that.

Then there is the burns unit issue. They were promised—they have to be transported in ambulances when they get burnt. They go in the ambulances, but when they reach the hospital, who is taking care of them? The hon. Prime Minister must know, he is working with his Minister of Health, that there are no consultant burns doctors or plastic surgeons at the San Fernando Hospital, Eric Williams Medical Sciences Complex or at Port of Spain General Hospital. Those who were there have left.

I am raising a very important point. I am being told—some may not like it and I do not know whether it is true—that there has been an issue of ethnic cleansing at the Port of Spain Hospital, as far as the doctors are concerned. I understand that most of the East Indian doctors have had to leave Port of Spain Hospital. I understand that Port of Spain Hospital is a virtual African hospital now. I am being told. The hon. Minister of Health—*[Interruption]*

Mr. Imbert: “Who say so?”

Dr. T. Gopeesingh: There are over 150 senior doctors in this country who are basically East Indian in nature and they have left the service. They had been forced out of the service. We understand that Port of Spain Hospital— what is happening now, hon. Minister of Health, I am sure it has been drawn to his

attention, is that there is collaboration between the Medical Chief of Staff and the administrator at the Port of Spain Hospital to deal with this situation. *[Interruption]*

Mr. Speaker: I think what you are raising there may be the subject of another proceeding, but not on the Bill before us.

Dr. T. Gopeesingh: All right, Mr. Speaker, thank you for the guidance. I want to show when patients come for the emergency ambulance services, we need consultants with the ability to deal with these patients.

You do not have a burns unit. You promised a burns unit seven years ago and that is not available as yet. People with a number of orthopedic injuries such as fractured hips, fractured femur or ankles mashed up—what has been happening? Hon. Minister, you know there have been problems at Eric Williams Medical Sciences Complex. They come off the ambulance and they are landed at Eric Williams Medical Sciences Complex, but what happens to them? They cannot have surgery because you do not have the pins, plates and screws. They are told by the authorities at Eric Williams Medical Sciences Complex that they must get their own pins, plates and screws. The poor people cannot get the pins, plates and screws and they are strung up with a fractured femur with their feet like that on a pulley for six weeks to three months; that is an accident victim on the street coming off an ambulance and going to Eric Williams Medical Sciences Complex, Port of Spain Hospital or San Fernando Hospital because you do not have the pins, plates and screws to do the surgery. Could you imagine a patient lying three months on his buttock or back, cannot move from the abdomen or side and his leg strung in the air like that with a pulley, trying to keep the muscle taut, so that the fractured femur would heal? A simple orthopedic surgery, which takes less than two hours could land that patient out of the hospital in two days. That is what is happening now. I raised it with the hon. Minister. I told him that this is happening in the country. They promised that an investigation would have been done and no investigation has been done, as far as that is concerned. We do not know what is happening.

I told him that the Government is spending \$320 million in a cardiac catheterization programme. The hon. Prime Minister knew that UTT had no right to be in any cardiac catheterization programme. If that money was spent properly, we would have been able to take care of the patients leaving the ambulances and going to a proper cardiac care unit. You need to look at that.

Mr. Speaker, and colleagues, in closing, I have indicated that there is need for prevention and the role of the Minister of Health in educating the population in preventative health care. We need a good primary health care system that will

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bring about the reduction in diabetes and hypertension, and as a result the complications which follow. Therefore, there will be less need for ambulances to go to the homes of people developing heart attacks and strokes. We need to police the roads. We need to bring the breathalyzer. We need to refurbish the institutions. We need to do the things to make sure that the right number of doctors and the proper doctors work in institutions and, of, course, we need to let this whole Bill, the clumsiness of it, be sorted out with the recommendations I have made.

I thank you very much.

The Minister of Works and Transport (Hon. Colm Imbert): Thank you, Mr. Speaker. The Member for Caroni East has made a number of scandalous and false statements, which cannot be allowed to remain on the record. In the first instance, the Member for Caroni East has made the most outrageous statement that there is ethnic cleansing at the Port of Spain Hospital and that most of the doctors of East Indian descent have been forced to leave the Port of Spain Hospital and that it is now an African place. Is that what you said? *[Interruption]* I see! The Member for Caroni East is saying that most of the doctors of East Indian descent have been forced to leave the Port of Spain Hospital, it is now an African place and if you walk through that hospital you feel like you are in Africa. I am scandalized that a Member of Parliament could utter such untruths, such provocative and such controversial untruths in this Parliament and bring this without a shred of evidence.

The Member, through you, is saying—now that I am challenging the Member—*[Interruption]* “Well dey tell me so”. I consider it entirely irresponsible in the extreme, for an elected Member of Parliament to utter these racist statements, statements that provoke racial hatred, without a shred of evidence; irresponsible in the extreme.

Hon. Member: It is so!

Hon. C. Imbert: It is not so. It cannot be so. Mr. Speaker, the Member for Caroni East is operating on the premise that if you tell a lie often enough, it will somehow become true.

The ethnic composition of the medical fraternity in Trinidad and Tobago is well known to all and sundry. That is a fact. It is a fact that the majority of doctors in this country are of East Indian descent. That is a fact and I would give way to the Member for Caroni East to say that it is not so. *[Interruption]*

Dr. Gopeesingh: I have not done an analysis.

Hon. C. Imbert: So you will not say that is not so. Mr. Speaker, he knows that what I am saying is true; that the majority of medical practitioners in Trinidad and Tobago are of East Indian descent. He is aware that the majority of medical practitioners in the public health service are of East Indian descent. He knows that. The Member for Caroni East was, at one time in his checkered history, the Chairman of the North West Regional Health Authority. *[Interruption]*

Mr. Speaker: No, you cannot infer to the “hon. Doctor” that he has had a checkered history.

Hon. C. Imbert: Very well, Mr. Speaker, I accept your ruling. Mr. Speaker, I accept that I am not allowed to say that he has had a checked history, but I can say in his controversial history, that Member for Caroni East was the Chairman of the North West Regional Health Authority.

I have had the pleasure to serve in the Ministry of Health. I have seen the statistics. I am well aware, as the Member for Caroni East is aware, as he knew and as he knows now, when he was Chairman of the North West Regional Health Authority that what I am saying here today is irrefutable; that the majority of doctors in public health service in Trinidad and Tobago are of Indian descent. *[Interruption]*

Dr. Gopeesingh: Will you give way?

Hon. C. Imbert: Sure.

Dr. Gopeesingh: If the Minister is going that route, is that why Dr. Rowley indicated that the Government was seeking affirmative action? When you do an analysis of the scholarships at the University of St. George's Grenada, you would see that there is affirmative action in the award of scholarships and this is irrefutable. Out of 174 scholarships that were given by the end of 2007, check for yourself. I am stating facts and it is for you to determine whether that is so or not. If you refuse to hear the facts, refuse to hear it.

Hon. C. Imbert: Mr. Speaker, I want to serve notice I shall not be giving way to the Member for Caroni East again, because I really am in no mood to hear that level of nonsense and that kind of dotish talk. We are talking about a false allegation made by the Member for Caroni East, that there is ethnic cleansing at the Port of Spain Hospital. That is so far from the truth, it is in another country or another universe. The fact of the matter is, not only in the public health service, but at the University of the West Indies, where the Member for Caroni East says he is a lecturer from time to time, the vast majority of students and graduates from

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the Faculty of Medicine are of East Indian descent. The vast majority of doctors in the public health service are of East Indian descent. It is therefore impossible for there to be a majority of Africans at any public hospital in Trinidad and Tobago. They do not exist. We are talking about numbers coming out of the University of the West Indies, in excess of 80 per cent—[*Interruption*]

Dr. Gopeesingh: “Whey yuh get dat figure?”

Hon. C. Imbert: Those are my figures, go and challenge them. Eighty per cent of the graduates of the Faculty of Medicine at UWI St. Augustine are of East Indian descent. I challenge you to prove that is not so. Those graduates come out of the Faculty of Medicine and they go into the public health service. I am telling you and I can say without any fear of contradiction that the majority of doctors in the public health service in every hospital in Trinidad and Tobago, with the possible exception of Tobago, is of East Indian descent. [*Interruption*]

Dr. Gopeesingh: That is why you want them out.

Hon. C. Imbert: No, I will not stand here and allow the Member for Caroni East to utter falsehoods and to promote racial hatred in this country, based on total fabrication. [*Interruption*]

Dr. Gopeesingh: I am being told. [*Continuous interruption and crosstalk*]

Mr. Speaker: Order, please. You have had 75 minutes. While the Member is on his legs, you cannot sit and contribute. You can ask him to give way and if you are lucky he may do so.

Hon. C. Imbert: No way, not happening. Not today! I shall not give way to the Member for Caroni East. I am disgusted that, in the face of what every person who finds their way into a public hospital in Trinidad and Tobago, they will know what the truth is. They will see it in front of their faces, in terms of the ethnic composition of doctors in public hospitals in Trinidad and Tobago. They would see it. Everybody knows what the facts are and yet the Member for Caroni East will come here and try to propagate this kind of vicious falsehood. It is just not true. It could not be true. It is impossible. Impossible!

4.00 p.m.

Let me just deal with some other issues uttered, that the Member could sink to such a low degrading level. I am ashamed for him. [*Interruption*] I am ashamed that this Parliament has elected him. [*Interruption*] All right, okay, no problem.

Mr. Speaker: Order!

Hon. C. Imbert: Let us go now to the Bill itself. During the Member's contribution, the Member made a number of points and tried to make issue with a number of matters in the Bill. The first point that the Member made, which needs to be addressed, is the question of what Bill this Parliament should be debating. The fact of the matter is, the Member has in his possession, a document that has on top of it, the words that read as follows:

“As amended in the Senate”

This document was circulated by the Parliament to the hon. Member for Caroni East—I do not know why I am saying honourable. The Member for Caroni East has been a Member of the other place; he has been a parliamentarian for a number of years; he is well familiar and versed in parliamentary procedure, and he is aware that it is impossible for a Bill to be in two Houses of Parliament at the same time.

It is impossible for a Bill to be introduced for first reading in both Houses of Parliament at the same time. That is not allowed by the Standing Orders. So, he knows because he was a Senator for at least five years. He knows that the way legislation is enacted is that a Bill would be introduced in one of the Houses of Parliament, whether in the Senate or whether in the House of Representatives; it will be debated; it will then go into committee stage; they would discuss amendments; amendments may be made or not made, as the case may be, and then it will come out of the committee stage, whether it is in the Senate or the House of Representatives, and then a vote will be taken as to whether the Bill should be passed with or without amendments. When amendments are made to a Bill and the Bill has been voted on, and the Bill has obtained a majority of votes, the Bill is then passed in that particular House. This is all child's play and the Member for Caroni East knows this.

He therefore knows that a Bill cannot come into this Parliament from the other place, until it has been debated, amended and passed in that other place. So, this Bill—as the Member very well knows, because he has been in contact with his Members from the other place—was introduced in the Senate, was sent to a select committee. This is a matter of public record; it was on the television, on the papers, on the radio, that the Emergency Ambulance Services and the Emergency Medical Personnel Bill, was sent to a select committee of the Senate, and was in a select committee in the Senate for some considerable time.

He knows that that committee reported to the other place and reported to the Senate and proposed amendments to the original Bill introduced in the Senate. He knows that the Senate accepted the recommendations of the select committee,

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resulting in an amended Bill, which was then sent to this House. So, he very well knows that the Bill we are debating today is the Emergency Ambulance Services, as amended in the Senate. If he does not know, he does not deserve to be in this place. [*Desk thumping*]

I do not know who the Member is trying to fool. Is he trying to pretend that he was not in Trinidad for the last three months, when the Ambulance Bill was being debated vociferously in the Senate; when the Ambulance Bill went to a select committee; when it came out of the select committee and was amended in the Senate; the amended version came here? Was the Member for Caroni East in some other country? Was he daydreaming? Was he sleeping? Or is he just "dotish"? [*Laughter*]

Mr. Speaker: No, no, you know you—

Hon. C. Imbert: Sorry, Mr. Speaker. Let us now move on. The other thing that concerns me about this Bill—I mean the comments made by the hon. Member—is that he has demonstrated a classic lack of understanding of process, complete misinterpretation of legal drafting, colossal confusion in terms of understanding of basic English words and their meanings. He was hallucinating—I am being assisted by the Member for Port of Spain South. I would demonstrate the level of his hallucination. I will go straight to the whole question of the appeals tribunal that is referenced in clause 31 of the Bill to demonstrate the level of hallucination in the mind of the Member for Caroni East.

What did the Member say? The appeals tribunal is appointed by the Minister and whenever they make a decision or they come to a conclusion or they make a finding, they have to report back to the Minister. So, it is himself to himself to himself. He made this convoluted, irrational argument in order to demonstrate that the Minister has too much power. He tells us that the Minister will appoint an Appeal Committee; the Appeal Committee will review decisions of the Minister; then the Appeal Committee will revert back to the Minister; then the Minister would make the final decision; that was his dissertation in this Parliament today.

What this demonstrates to me, Mr. Speaker, is either colossal ignorance on the part of the Member for Caroni East; a lack of basic literacy; the need for remedial education in our schools and our universities; the need for the Accreditation Council to check the validity of alleged university degrees, and so on, because when you read clause 32, look at what it says:

“Where a person is aggrieved by a decision of the Minister under section 26 or 28, he may—”within 28 days of the decision—“appeal to the Appeal Committee.”

So far so good. Subsection (2):

“The Appeal Committee shall, upon receipt of an appeal under subsection (1), review the decision of the Minister”—and within three months of the appeal—“either affirm or reject the decision of the Minister.”

Subclause (3):

“Where the Appeal Committee rejects the decision of the Minister, the licence refused, suspended or revoked shall be issued or re-instated.”

Now, even a child in primary school, who has just done SEA, and has done the basic comprehension section of the SEA exam, will understand from what I have just read that the decision of the Appeal Committee is final and further, that the Appeal Committee has been given the power to overrule decisions of the Minister. If the Member for Caroni East did not understand it when I read it the first time, I will read it again:

“The Appeal Committee shall, upon receipt of an appeal under subsection (1), review the decision of the Minister”—and within three months of the appeal—“either affirm or reject the decision of the Minister.”

If the Member for Caroni East, is having problems with the English language, the word "reject" means not accept. So, the Appeal Committee has been vested with the power to reject a decision of the Minister to issue a licence to an ambulance provider or to not issue a licence to an ambulance provider. Subsection (3) crystallizes it by saying:

“Where the Appeal Committee rejects the decision of the Minister, the license refused, suspended or revoked shall be issued or re-instated.”

And the Minister cannot do squat about it; cannot do anything. So, once this appeal goes to the Minister, the committee's decision is final. I am ashamed that a Member who pretends to have university qualifications cannot understand basic English and coming here in this House to make mischief.

Dr. Rafeeq: Mr. Speaker, on a point of order, 36(5), he said the Member pretends to have a university degree.

Mr. Speaker: Standing Order 36(5) talks about imputing of improper motives. He is saying that the Member cannot understand basic English.

Dr. Rafeeq: He said pretends to have a university degree.

Mr. Speaker: No, well he does have university education. The Member does in fact have university education.

Hon. C. Imbert: Mr. Speaker, as I said, that is why we need an accreditation council to check the authenticity of these alleged degrees, or to check the credibility of the institutions from which these degrees were issued, because if that is true, and accepting but not admitting that it is true, then why can this university graduate not understand basic English? Why can the Member for Caroni East not understand that the decision of the Appeal Committee is final? *[Interruption]* And after they are appointed by the Minister. The President is appointed by the Electoral College. The members of the Public Service Commission, Mr. Speaker, through you, are appointed by the President, but after they are appointed they are vested with legal powers. The way this Bill is written, the committee, once it is constituted, can override the decision of the Minister. What is fairer than that?

The point that the Member for Caroni East made, is that he alleged that after the Appeal Committee dealt with a matter, it would have to come back to the Minister, and then the Minister would have the final say. As I said, I am ashamed that someone who is reported to have university qualifications cannot understand basic English terms and words.

The other thing that I find shocking is that the Member for Caroni East is well aware that currently, the ambulance services are run by the Ministry of Health. The Minister has all the power now. The Minister is in charge. It is a department of the Ministry of Health. So, this clearly is a vast improvement because this is a devolution of power, away from the Minister, who is now the supreme authority for the ambulance service to a statutory board, which will have members with the requisite qualifications and have their various rules and regulations to apply for and the various standards and the provisions in the law. So, at the current time, the Minister is the boss.

So, again, when the Member for Caroni East was saying, why you want to give the Minister so much power; the Minister has much more power now. The Minister is giving away a considerable amount of the power he has over the ambulance service at this point in time. Again, this is what bothers me in terms of dealing with contributions from Members on the other side, especially the Member for Caroni East, sometimes, not always, sometimes, making arguments that have no merit whatsoever.

The other thing that the Member for Caroni East believes is that we were born yesterday; we come in town last. Right now, the ambulance services is a department of the Ministry of Health, which is under the control of the Minister of Health, but the Member for Caroni East would want us on this side, to create an

authority and then populate that authority with persons over whom the Government and the Minister has absolutely no control. Your friends in the medical council.

You think we come in town last, so that we are going to put persons from the law association who just had that spurious vote of no confidence in the Attorney General on the ambulance authority? We are going to put people from the medical council, who forever in opposition to the People's National Movement Government on the medical council? "You think we stupid?" Why should we do that, Mr. Speaker? Why should we create an ambulance authority and then abandon our responsibility to the people of this country, who elected us, and put control of the ambulance authority in the hands of political activists and pseudo politicians, who populate these so-called professional organizations? You think we stupid?

We are not going to do that. [*Desk thumping*] We are not stupid at all. That was before; that was yesterday; that is not happening again. [*Interruption*] Of course, we "fraid". I agree, we are afraid to put people like Dr. Steve Smith, et al, in charge of any governmental authority that we have responsibility for. [*Desk thumping*] This is the dichotomy. Herein lies the dichotomy; herein lies the conundrum, the contradiction.

4.15 p.m.

The population elects a Government by popular mandate; a government is sworn in and Ministers are allocated portfolios and then in administering their portfolios they are confronted with non-governmental organizations and professional organizations which do not support the Government; whose objective is to undermine and sabotage the work of the Government—

Dr. Moonilal: Which organization?

Hon. C. Imbert:—and all sorts of issues occur; issues arise; problems occur within various sectors of the public service, created by these individuals who are in opposition to the Government and then Ministers have to take the blame. All kinds of things going on outside there because of these individuals who are in opposition to the Government, but they are in quasi governmental organizations, so-called professional organizations, non-governmental organizations; pretending to be professional, impartial and mutual; all this time they are trying to sabotage and undermine the Government. When a problem occurs the Members of the Government have to take complete responsibility.

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For example, if we were to put God out of our thoughts and put all of these political activists who are in opposition to the PNM in control of this ambulance authority and a problem occurred and somebody—God forbid—died en route to a hospital, or some issue with an ambulance, the first person getting the blame is the Minister of Health; not these political activists who would be populating that ambulance authority, who will be doing nonsense, denying it, ducking and running for cover and saying “not me, is the Minister”. We are not doing that! We have been elected to represent the people of this country. [*Desk thumping*] We take our mandate seriously and no longer are we going to be humbugged and hamstrung by these pseudo-politicians and political activists outside there, pretending to be impartial and neutral, and instead their only objective is to bring the Government down. We are not stupid!

That is why in this Bill, in terms of the composition of the council we have done like all developed countries do—as is done in the United States, as is done in Australia, as is done in all progressive developed countries—the Minister has been given the authority to appoint a majority of persons to the ambulance board. While I am on that—[*Interruption*] “It doh matter, is all right, all yuh” know what I am saying is true.

Dr. Moonilal: I will put the Member for Fyzabad to respond to you.

Hon. C. Imbert: “Yeah, yeah”, you could put anybody. Bring the whole side, that will still be unfair. If you bring 10 “ah all yuh” it will still be unfair. I could handle 10 or 20 of you all, it does not matter! [*Interruption*] I meant unfair for you.

But let me go back now to the definition section. The Member for Caroni East said that he wanted to change the definition section because he felt that the Emergency Ambulance Services Board was repeated too often and appeared too often in too many places.

Dr. Gopeesingh: Twenty-six times.

Hon. C. Imbert: I could not understand the point, because if you take out the words “Emergency Ambulance Services Board” and replace those words with “Board of Directors”, what would happen is that instead of “Emergency Ambulance Services Board” appearing 25 times, “Board of Directors” would appear 25 times. So, what is the improvement? You take out five words, replace them with four words but they have to be repeated in every single clause. You see, this is the problem I am having!

Even a child doing English in SEA could figure that out! What kind of foolish recommendation is that? So, take out “Emergency Ambulance Services Board”

and replace it with “Board of Directors”, and you are telling us that this is an improvement. [*Steups*] So, you have something 25 times here; you change it and have something 25 times here!

Dr. Gopeesingh: What about the board—[*Inaudible*]

Hon. C. Imbert: It does not matter! The same concept will be repeated in every clause. Because, what I am picking up is that it is a basic lack of training of the Members on the other side, because the words have a meaning. The Emergency Ambulance Services Board, whenever it appears in a clause it has a meaning and it is related to something. So, the Emergency Ambulance Services Board will have the power to do X or to do Y or they must consult with Mr. Z, but it has a meaning, and therefore, you cannot delete it.

Therefore, the complaint that it appears too many times and should be replaced with "Board of Directors" is a wholly irrelevant recommendation, because whatever you replace it with would be repeated 25 times as well. It just underscores my belief that the Members on the other side do not know what they are doing. They just come into this Parliament and they are just grumbling and complaining for complaining sake. Taking up space! That is all the Members on the other side are doing; they are taking up space. Wasting people's time! The points made are wholly irrelevant, baseless, unfounded, frivolous and vexatious. [*Laughter and crosstalk*] I mean, look at the complaint of the Member for Caroni East.

Dr. Gopeesingh: They are laughing at you.

Hon. C. Imbert: No, they are laughing at you! You see, you lack basic comprehension, you cannot even understand they are laughing at you.

But, Mr. Speaker, look at the complaint of the Member. The Member is upset because as far as the Member is concerned there are not enough doctors from the Medical Council on the proposed ambulance board, and as far as the Member is concerned that is going to lead to tragedy. That is the gist of what he said, you know.

Dr. Gopeesingh: Will you give way? I think you are misleading.

Hon. C. Imbert: I am not giving way to you! I am not giving way. [*Laughter*] I told you that already and I meant it.

Dr. Gopeesingh: You are misleading the House.

Hon. C. Imbert: You want to talk again; talk on some other Bill, not this one. You had your chance!

Mr. Speaker, let us move now to the authority itself. Clause 5:

“The Emergency Ambulance Services Board shall consist of nine persons appointed by the Minister and who shall have qualifications and training in the following disciplines:

- (a) medicine;
- (b) medicine and emergency care;
- (c) law;
- (d) management;
- (e) accounts;
- (f) human resource management; or
- (g) information technology.”

Now if we are to listen to the Member for Caroni East and if you were to follow the trend of his illogic and the trend of his irrationality—[*Interruption*] I said if we are to follow the trend of his irrational illogic, then what is he complaining about? The board will require somebody trained in medicine. Is he annoyed about that? [*Interruption*] The board will have somebody trained in medicine and emergency care. He “vex” for that? There will be somebody trained in law, in management—Mr. Speaker, what he wants us to do is to populate this board with his friends. We are not going to do that! I think that if you put in the law that persons need to be professionals with professional qualifications; law, medicine, management, accountancy, that is more than adequate.

Mr. Speaker, this is a standard form that appears in legislation in Trinidad and Tobago and has appeared in legislation in Trinidad and Tobago for the last 100 years. The Port Authority Act, for example, follows this form and it is the best, most flexible and most innovative form. You simply list the qualifications that are required to ensure that you get a proper mix and then the Government is free to select competent persons with these professional qualifications in order to form this Authority.

When you go the other way and you say a lawyer with 10 years’ experience, a doctor with 15 years experience, a representative of this council and a representative of that council, you find yourself in no man’s land, because when the member from the Medical Council decides he “vex” or he “doh” want to serve, or he decides he wants to engage in civil disobedience and resigns, as soon as that person resigns, because of the way that the law has described the composition of the authority, the board is immediately *functus*, because the law will say, “You must have a nominee from the Medical Council with 10 years’ experience”; he resigns one time; you have a vacancy on the board now and the board is now *functus* and it cannot function.

We have long gone away from that kind of constricting, inflexible and foolish composition of boards. It makes no sense! Now you will see clauses that appoint boards that will say “no less than six; no more than 10; containing persons with qualifications in medicine, law, management and accounts” and that gives you the flexibility. So, if you appoint nine members and three resign, the board is still established; it has not become *functus*, and once you have the flexibility to look at professions in terms of determining whether somebody should come from the profession of law, or accountancy, or whatever, you have the ability now to deal with a problem. But once it says 10 years experience, you have to go and look to find somebody with 10 years experience; run quick and appoint them and make sure that nothing happens in that authority in the intervening period, because the next thing you get is a legal challenge that the board was not properly constituted; that it took decisions that it was not empowered to do and somebody filing for judicial review.

You see, the Member for Caroni East thinks we were born yesterday. We are not stupid! We have learnt. We understand. Being the party that has been in Government for the vast majority of the last 50-odd years that this country has been an independent country, we have learnt and we understand the way that things must be done to give Government maximum flexibility in terms of managing the affairs of this country.

So, in answer to the Member's recommendation that we should change this and put his friends to run the ambulance authority, the answer is a resounding, no! We are not doing that. [*Desk thumping*]

Dr. Gopeesingh: I have no friends there.

Hon. C. Imbert: The Member for Caroni East is always interfering—[*Interruption*—and you see this issue about inviting the medical board? I want to read into the record a letter published in the *Trinidad Guardian*, June 24, 2009—

Dr. Gopeesingh: You write that letter?

Hon. C. Imbert: No, no. Below is a letter by Dr. Tim Gopeesingh to the President of the Trinidad and Tobago Medical Board, Dr. Steve Smith—partner one to partner two—on establishment of a special panel for the registration of doctors:

“Dr. Steve Smith
President
Medical Board...
Dear Dr. Smith,

The recent announcement by the Minister of Health, Jerry Narace...that Cabinet has approved the establishment of a ‘special panel for the registration of doctors’

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which will allow him to circumvent the Medical Board, and allow 20 Cuban doctors to be granted licences is a cause for serious national concern.”

He goes on and on about how horrible it is that these Cuban doctors and United Nations doctors are practising in this country and how it is an affront to the constitutionally established legal medical board. He goes on to say:

“The Government found a way to legally circumvent this position, and in the meantime, devise new legislation to ensure that the Medical Board would be under its control. By 2007, when the ‘parallel Board’ expired legally, the Government brought a controversial amendment to the Medical Board...seeking to give the Government political influence by its power to appoint seven members. This measure succeeded in Parliament, but it is noteworthy that it has not successfully addressed the ongoing problems of shortage of medical personnel...”

It goes on and on.

“Now, six years later, we are faced with the same Government proposed remedies, which have been a proven failure.”—et cetera—“...in this context, I”—Dr. Tim Gopeesingh—“extend an invitation to all stakeholder groups in the medical profession to meet and deliver their views on how this ongoing problem can be rectified, or...dealt with in Parliament”—[*Interruption*—“and indeed, if there is any legal action that can be taken...I would appreciate if you can meet with the Opposition team as soon as possible”—because—“of the urgency of this issue...” [Crosstalk]

And you want us to put Smith and whoever else, all of your other friends in the Medical Council on the ambulance authority?

Mr. Speaker, as I said, we were not born yesterday. [*Interruption*] We were not born yesterday and the Minister of Health is reminding me that the Member for Caroni East’s intervention in the medical board has resulted in a vote of no confidence in his friend the “hon. Dr. Smith”. [*Laughter*] It could not have happened to a nicer fellow. But the point is, with all of his incendiary remarks, his attempts to provoke racial hatred; his attempts to—

Dr. Gopeesingh: Mr. Speaker, Standing Order 36(4). [*Crosstalk*]

Mr. Speaker: While you ponder the Standing Orders we will have tea. So the House will suspend for tea and we will resume at 5.00 p.m. [*Laughter*]

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Hon. C. Imbert: Thank you, Mr. Speaker. I did not realize that we had a quorum, but I bow to your superior knowledge of mathematics. It is not 12? I do not doubt, you know.

Mr. Speaker: Proceed.

Hon. C. Imbert: Are you sure we have 12? Okay, no problem. Mr. Speaker, before we took the break, I was making the point that the arguments advanced by the Member for Caroni East really had no substance and no merit, because what the Member for Caroni East did, was to make a number of the allegations with respect to the structure and provisions of the Bill which really were irrelevant. In fact, I am beginning to wonder whether the Member for Caroni East was reading the wrong Bill, because when one listened to his arguments and one takes a look at the Bill that was originally laid in the Senate before it was amended and sent to this place, perhaps one might forgive the Member for some of the things he said. That is the only conclusion I can draw, that through lack of preparation or just plain ignorance, the Member was reading the wrong Bill and debating the wrong Bill. That is the only way one can explain his arguments with respect to the Appeal Committee.

The other point that he made—which I really wonder about him—was when he said that this Bill may require a special majority, and in making that argument, he spoke about section 17 and he alleged that section 17 would require a special majority because it allows an inspector to take samples of material which he suspects to be contaminated and equipment which he suspects to be defective. Now, I was tempted to give the Member for Caroni East the benefit of the doubt, but then I remembered that we had addressed this very point with the Member for Caroni East before and we have made the point in this House on several occasions, that what determines the constitutionality of a Bill and whether that particular Bill offends sections 4 and 5 of the Constitution, is whether or not there is a provision in the Bill for due process. We have gone through this before with the Member for Caroni East and we made the point that as long the provision requires the consent of the person involved, and as long as a warrant is required that would have to be issued by a magistrate or a Justice of the Peace, then the due process requirements of the Constitution are satisfied. When one looks at the clause 17, clause 17(2) in particular, it says:

“Where consent is not obtained under subsection (1) the inspector may obtain a warrant in accordance with section 19.”

And subclause (1) made it crystal clear:

“An inspector...shall, for the purpose of the execution of this Act, have the power to do all or any of the following:

- (a) to enter with the consent of the owner or occupier at all reasonable times any premises, place or ambulance...”

So clause 17(1)(a) makes it crystal clear that the consent of the owner or occupier is required before the inspector can exercise the powers under the Act, and clause 17(2) makes it crystal clear that where consent is not obtained, the inspector will have to obtain a warrant. We have gone through this many times before, and therefore, by the Member claiming that this Bill requires a special majority, he is therefore demonstrating profound ignorance, chronic amnesia, inability to comprehend basic matters, or he is just up to mischief. One of the three; one of the four. One of them! Because any experienced person, any experienced Member will know—and the Member for Caroni East is an experienced Member, as I said he spent five years in the other place—that once you have the due process provision with the requirement for a warrant that has to be given by a judicial officer, then the rights and freedoms in sections 4 and 5 of the Constitution are not offended by the legislation.

I have also been reminded that the said Dr. Steve Smith, the person to whom Dr. Gopeesingh wrote this letter, inviting him to engage in civil disobedience and to take up arms against the PNM administration, was appointed by the UNC as an Opposition Senator in the Senate not too long ago. An Opposition Senator, the said Dr. Steve Smith. Now, you can put that on a plate with peas and rice, but it still boils down to the same thing, that the gentleman in question has shown his colours, has indicated that he is willing to take an appointment as an Opposition Senator, and to oppose the Government on political grounds. He is a politician and Dr. Gopeesingh will want us to put a practising politician, an Opposition Senator, on the ambulance authority to terrorize and sabotage the Minister of Health. As I said, we were not born yesterday, and therefore, none of the points made by the—

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

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

Question put and agreed to.

Hon. C. Imbert: Thank you, Mr. Speaker. I will certainly not take the 30 minutes. I simply want to conclude by making the point that none of the issues raised by the Member for Caroni East have any merit whatsoever. The points he made about clauses in the Bill, in so doing, he demonstrated a woeful lack of understanding of basic legislative drafting principles. He demonstrated complete ignorance of the law, of the Constitution, of the English language, and therefore, we on this side are not impressed by the recommendations made by the Member for Caroni East for amendments, because his amendments make no sense. Foolish!

I simply want to end by condemning again—I do not know what got into his head on a Bill to deal with the emergency ambulance services. I do not know if I am permitted to say; I do not know whether he smoked a crazy weed or what before—I am not permitted to say that? Okay, I withdraw that. I withdraw that. I do not know what got into him. I do not know if it is the time of the moon or whatever, but why the hon. Member—[*Interruption*]

Hon. Member: [*Inaudible*]

Hon. C. Imbert: The time of the month. I do not know why the hon. Member for Caroni East would seek to contaminate and desecrate a Bill dealing with emergency health care with his spurious, false, outrageous, scandalous, untruthful and venomous allegations about ethnic cleansing at the Port of Spain General Hospital. I do not know if he is trying to get a headline. I do not know if he has friends in the media, friends in TV6. I do not know what he is up to, but I suspect, come to think of it now—in TV6, yes—that what the Member for Caroni East was trying to do was to make headlines in the 7 o'clock news and in the papers tomorrow, so you would have a big headline with the dirty allegation, this false allegation, this untruthful allegation about ethnic cleansing.

So, Mr. Speaker, I am in full support of this Bill. I do not see any change that we have to make. Not a full stop, not a semicolon, not a dot and I commend this Bill to this House.

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

Mr. Jack Warner (*Chaguanas West*): Thank you, Mr. Speaker.

Mr. Imbert: [*Inaudible*]

Mr. J. Warner: One man has two hands. Mr. Speaker, I want to begin where the last speaker ended, because I feel a bit aggrieved and in some ways embarrassed about all this talk about ethnic cleansing. [*Desk thumping*]

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Mr. Speaker, I sit on this side of the House with pride. Pride might be wrongly placed, might be misplaced, but with pride. When "Gypsy" and I chose to sit on the Back Bench—

Mr. Speaker: The Member for Mayaro.

Mr. J. Warner: Thank you, Mr. Speaker. I am sorry. A habit, my apologies. When the hon. Member for Mayaro and I chose to sit in the back bench and leave the Front Bench as it is—[*Interruption*]

Hon. Member: [*Inaudible*]

Mr. J. Warner: Come to think of it, you are right. [*Laughter*]—I was influenced by ethnic cleansing. It may look so on television, it may look so on the radio, it may look so in the newspapers, but there were no considerations of ethnic cleansing which influenced the hon. Member for Mayaro and me to sit here, and for me to hear this being mentioned on this side today, I am embarrassed. [*Desk thumping*]

Mr. Speaker, I go further. [*Desk thumping*] You see, I have to put this in perspective. A couple days ago, I gave nine scholarships in Chaguanas West—nine Indians. I did not see Indians or Africans. I gave nine scholarships to the best qualified students [*Desk thumping*] in Chaguanas West and then I was advised I should have had an African. [*Interruption*]

Hon. Member: What?

Mr. J. Warner: So I said again to the advisor—[*Interruption*]

Mr. Maharaj SC: Who is the advisor?

Mr. J. Warner: No, that is all right—that the scholarships which were given to Chaguanas West were transparent, open, and if anybody wants to ask any question, you tell them I am trying to match the Front Bench in the Opposition. I told him so. Why I am saying this, is because we who are here in Parliament must at all times try to avoid further polarizing the society. [*Desk thumping*] If somebody told me that, I could not care where. I do not have to come here and repeat it. I have to behave in a more mature way than that and I want this to go on record. You see, I am in a political party where I meet this every day. Far too often where I go, some of us resort to tribalism in the worst possible way and I do not want to be part of that. Therefore, for the record, I want to say that I resent very much this thing about ethnic cleansing. [*Desk thumping*]

"Yuh all clapping de table. If yuh feel you go geh meh expel, I have news for yuh all. [*Laughter*] I have news for all yuh." [*Desk thumping*]

5.15 p.m.

Mr. Speaker, one of the things I want to say, before I make my humble contribution, is that this Bill does not give anyone a predominant position, whether you are a doctor or not. Therefore, the points I shall raise today are as an ordinary, humble person, because I believe they have some sense in them, and they basically are points for which I am asking an explanation from the Minister. I do not have to knock the Minister. I repeat: I have come here to make a contribution for the betterment of this country. If I have to leave in the process, so be it. Therefore, having said those few words, I will raise some points which, in the Minister's winding up, I hope he would answer accordingly.

I saw in the Bill where the creation of the Ambulance Regulatory Committee had representatives from the Ministry of Health and a provision for two medical practitioners. The Bill did not say whether they were from the public service or the private sector. If that is deliberate, I want to know, because if it is not, it is quite possible that you could get all the appointees from the Ministry of Health. Therefore, if the Ministry of Health wants to have itself cabined and cribbed in this way, it is not good for the Bill.

My second point concerns the fact that there is a clause which says there should be a limit to what the ambulance carries; in other words the Minister is saying here that there must be a limit to what the ambulance carries. I asked myself: What is the purpose of that clause? Would the equipment not depend on the nature of the emergency? A high-rise building collapses, the nature of the equipment would be different to a two-car collision; therefore, to have a clause limiting the equipment, I do not think it is a prudent recommendation for us. I ask that it be looked at in the context of improving the Bill.

I am not criticizing anybody; I am not talking about ethnic cleansing. I am simply saying that if this could be looked at and it is valid, then consider it.

I also saw that the Minister has a right to veto licences. I am wondering if the Minister really wants to put himself in this position. I recall a whole licence confusion, a couple years ago, with radio and television stations. I would have thought that the Minister would want to free himself from this and give that to the board, so it would seem to be an objective thing; the board would veto, but not the Minister per se. In any event, the board is appointed by the Minister, so ultimately it would be the Minister, but free yourself from the accusation that you have vetoed a licence. I do not think the Minister needs that; at least, of course, the country does not.

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Worse yet, the Minister has a right to revoke, at any time, the appointment of a board member; at any time. But I ask the question: What does the Bill say about any time? The Bill did not say that the Minister could revoke the appointment for incompetence; the Bill did not say that the Minister could revoke the appointment because the member has missed three consecutive meetings—that sounds familiar [*Laughter*]~~—the Bill did not~~ say any of these things. I am asking that you put some kind of qualification in the Bill, so that you do not have it as wide as it is, that the Minister is constrained by some rules and regulations whereby a board member could be revoked.

Then there is a clause which says that the board wishes to employ someone, a professional, whose salary is more than \$150,000 a year. I would like to get from the Minister the rationale for that. Why \$150,000? Why not to \$200,000? Why not \$250,000? Why any figure at all? If you could tell me that a figure was used to justify A, B, C and D, I have no problem, but I could not come up with an explanation for \$150,000.

More importantly, I looked at the Bill and I thought that in certain parts there seemed to be duplication; I could be wrong. The Bill provides for the establishment of a National Emergency Ambulance Services Authority; so we have a committee being created, then we have an authority with a board of directors. This authority has the responsibility for the delivery of a National Emergency Ambulance Service. It would seem to me that clearly there is some duplication here; there seems to be some overlap, which potentially could lead to two groups with responsibilities for one and the same thing.

Hon. Narace: Thank you very much for giving way. I tried to make the point before. We are trying to regulate ambulances and mobile services, just like the Central Bank is supposed to regulate financial institutions, so they are regulators. We are trying to put in a regulatory feature for the mobile emergency services.

I made the point that mobile emergency services are one-third the area of health care, the first two having been regulated already. The regulatory body's job is to regulate the private sector and the public sector. In the public sector, we have to have some mechanism by which we could also deliver the service in the public sector; therefore, the Services Authority cannot be the regulatory committee and, by need, there must be two different committees. One is a regulatory committee seeking to regulate and the other one is a delivery committee, which is a service provider, like any other of the private service providers.

Just for the information, that service provider could outsource the same GMRTT and say, "Do the service for me." At the end of the day you have a body

that, in case of disasters, could commandeer, deploy and do as they wish. That is why the separation and creation of those two.

The third one is an Appeal Committee which gives a clearly laid out process, so if you were aggrieved there would be a process that you do not have to go and pay money. Persons would not have to do judicial reviews, pay all these lawyer fees and so on.

Mr. J. Warner: Thank you, hon. Minister, for the clarification. I thought that there seemed to be some duplication. I asked myself why these two bodies to deal with the emergency services. You have a third body, an Emergency Medical Personnel Board, and I was saying to myself, "How do you expect these three boards, these multiple committees and boards to assist?" I thought these were highly undesirable, but your explanation has helped, and I thank you for that. [*Interruption*]

Dr. Browne: "Dat is man!"

Mr. J. Warner: "Why yuh want to get me in trouble, boy? All yuh eh see I in enough trouble already?" [*Laughter*]

Mr. Maharaj SC: You could take trouble; you made for trouble. [*Laughter*]

Mr. J. Warner: Mr. Speaker, there is something else. When one looks at the complement of the board, you do not see anyone with qualifications in disaster preparedness. Of course, I believe this is a part of the board's responsibility. I see persons in medicine; persons in law; persons in management; persons in accounts and so on, but no one skilled in disaster preparedness and response. I believe that is an area we should look at.

In fact, more importantly, the Bill seeks to set up a board which would have responsibility to develop, monitor and implement disaster preparedness programmes. You already have an organization that does that, the ODPM, the Office of Disaster Preparedness and Management; this was established by Cabinet in January 2005. This ODPM is responsible for leading the national effort in protecting public health and, restoring essential government services and providing emergency relief to those affected severely by hazards.

In fact, the ODPM website states:

“By its very mandate the ODPM is committed to formulating an all-hazard approach to emergency/risk management. This all-hazard approach encompasses a comprehensive framework that includes mitigation, preparedness, response and recovery.

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This in and of itself identifies the agency as the principal player in leading the community's efforts in preparing for, responding to, and recovering from disasters."

So what are we doing? Are we replacing the ODPM with another body?
[*Interruption*]

Hon. Narace: The Ministry of Health currently has a disaster preparedness team, and many ministries do. Our disaster preparedness plan is adaptive, but that is a health response. Our disaster preparedness is a health response. The ODPM would have a national response, but, at the end of the day, it would be made up using all the local government bodies, as the case may be, health, that would do their part, depending on what service is required.

The emergency ambulance's job would probably just be to move people; that person there would simply be for augmenting that function. So nobody is replacing anything, but we are ensuring that proper focus is put, so that in the event of a disaster, we can have a response from health and ambulatory services, as is required.

Mr. J. Warner: Thank you, Mr. Minister, for the clarification. I was coming to ask: How would you grant money in your budget to which organization? How would you determine who gets what? Your answer helped me; thank you.

I want to make the general point that all over the world there is one properly structured and managed unit to deal with emergencies. It might be useful or prudent for us to see how it is done in other parts of world. Mr. Speaker, for example, in Australia you have the Emergency Management Australia (EMA); in Canada you have the Public Safety Canada; in India you have the National Disaster Management of India and, of course, in the US, you have the Federal Emergency Management Agency. So it might be useful to see how it is being done in these other countries, just to make sure that what we are doing here is correct.

I come to my penultimate point. The Bill also seeks to provide for the appointment of an inspector of inspection teams to visit and inspect ambulance service providers. Of course, it is the Minister who appoints these inspection teams; I have no problem with that. One day I will do the same. [*Laughter*]

Hon. Narace: I have a tie for you. [*Laughter*]

Mr. J. Warner: What balisier tie? I want you to understand that there is a very fine line between aspiration and achievement, a very fine line. Right now there is aspiration and very soon there will be achievement.

5.30 p.m.

I am saying, therefore, that it is the Minister who appoints these inspection teams; not the board, but the Minister. I wonder if the Minister, with all the health problems he or she has to do to make this country better and safer and so on, if the Minister, whoever he or she is, would want to be bogged down with this. I ask the question: Why does the Minister not delegate this authority? Why does the Minister want to appoint and approve? If the Minister has to do substantial work in the Ministry of Health, he does not have that time. Therefore, I am suggesting that that is an area, for me, an additional burden that no Minister should want to be bogged down with. More importantly, you want to empower the inspection team:

“To exercise such other powers as may be necessary for carrying out his function.”

That, for me, is too broad and opens the gateway for abuse. In other words, I am saying you cannot limit liability of inspectors and, therefore, you should not have it in. I believe that we must have separate regulations to deal with the role and conduct of these inspection teams.

Finally, I come to licences. The Minister has the final veto on licences. It does not frighten me at this point in time, but it may at another point in time, depending on who the Minister. Therefore, I believe that the Bill should not be a Bill that should be designed, based on who the Minister is, but should be one that should stand up regardless of who the Minister is. Therefore, to appoint, licence, that is open to abuse. I am saying that it can easily lead to political patronage. More importantly, it can lead to nepotism where, of course, the friends of a Minister can get licences and we have to transform the society and avoid even the perception of those things.

We have to remember the controversy with regard to the Maha Sabha and the licence for TV and radio. We have to remember that this case went as far as the Privy Council. Therefore I am saying that this part of the Bill has to be amended. But more importantly, I am suggesting to the hon. Minister that this part of the Bill must also include a section that disqualifies members of the board or the committee or the inspectors and their respective families from applying for licences. It must disqualify them from applying for licenses and the reason is simple. In other words, therefore, it would prevent any undue influence being placed upon the board in granting licences.

Then, of course, there is a clause about the appeal board which the Minister appoints, and I am saying it is quite possible that you can find a situation where

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you are going from Caesar to Caesar. The Minister appoints the appeal board; the appeal board is the creation of the hon. Minister of Health and, therefore, it is quite possible that this could happen, because it is hardly likely in this scenario that an appeal committee would reverse decisions which, of course, they feel compelled to support because of their ministerial appointment.

In conclusion, I want to say that the Bill—and the last time I spoke about a Bill here I got in trouble, so let me just think of what I am saying now.

Mr. Maharaj SC: Trouble? That is good trouble.

Mr. J. Warner: Well I know is good trouble, but I do not like the distractions. I am saying if the Bill can be tweaked to accommodate these recommendations, I think it would be a good Bill, bearing in mind that ambulances, however, by themselves cannot do it. You have to have ambulances with proper health care; ambulances with proper roads, and, therefore, no Member of Parliament should have to pave roads in his constituency because of the poor roads. If the ambulance has to be functional, you have to have proper roads; you have to have ambulances to go into areas where there are no floods. So the ambulances by themselves, therefore, cannot do it. It has to be, as it were, a holistic approach and do not think that the ambulance alone should be the be all and end all of the problems experienced.

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

The Minister of Social Development (Hon. Dr. Amery Browne): Mr. Speaker, it is a great honour to have the opportunity contribute to this debate on the Emergency Ambulance Services and Emergency Medical Personnel Bill and it is a privilege to be given the chance to commend the hon. Minister of Health for bringing an excellent piece of legislation to the Lower House. I salute the Minister because we recognize that it is very much a Bill for the people and I will explore a little more why I say that in those particular terms.

In the other place the Members of the Opposition did proclaim their support for the intent of this particular Bill but had some issues with wording and went about in their usual meandering fashion to try to detract from the fact that we are dealing with legislation that is critical to the health of the people of Trinidad and Tobago. But there was no real dissent as to the immediate need for this type of legislation and this type of regulation of the emergency medical field or sector.

The Opposition has been guilty of many things in the past and they will be guilty of many things in the future, and one of the things that they have been

guilty of is taking valuable legislation and somehow twisting it to seem as if it brings no value to people's lives in Trinidad and Tobago. And sometimes they would pretend that they have brought more valuable bills during their term in office, forgetting the fact that the majority of their legislative agenda at that time was crafted by one man and one man alone, to whom they appear exceedingly ungrateful today. You have to give Jack his jacket and Jim his “jim boots”. [*Desk thumping*]

With the attempts to silence one particular Member, they have much less of substance to contribute to any debate in the Lower House at this time. Unfortunately, much of the burden has shifted to the Member for Princes Town North who, unfortunately, is not in the House at this time and the strain has been showing on him. The colour of his hair has been changing from week to week and his demeanour has become more and more surly and his diatribe filled with vitriol.

The other Jack of all trades is the erstwhile Member for Caroni East. This distinguished former lecturer seems to have struck some sort of deal—

Mr. Abdul-Hamid: Formerly distinguished lecturer.

Hon. Dr. A. Browne: Formerly distinguished former lecturer, seems to have struck some sort of deal with his constituents that he would speak on every single matter in this House and he will do his human best to pretend to be a great expert on all matters under the sun.

I had the distinct and singular pleasure of having had the Member for Caroni East as a tutor at the University of the West Indies, a distinct and singular pleasure. I remember him quite well. He was always dressed “to the nines”; he generally had a very positive and can-do attitude and disposition, and when he spoke in those days, he always seemed to know what he was talking about. How times have changed—[*Desk thumping*] and after just a few years in the Opposition, the Member for Caroni East that we know today is still dressed “to the nines”, but he has become the epitome of opposing for opposing sake. His attitude is more “can't-do” than can-do and whenever he speaks we all know that he has absolutely nothing to say. [*Desk thumping*]

Today was a special day and I think it was one particular head of Government from the Americas who said, when rising to speak on a particular occasion, he said that he still smelt sulphur in the room. After the presentation by the Member for Caroni East today, I have to say that I smelt sulphur in this Chamber today. [*Desk thumping*]

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As a young Member of Parliament, I have come here with very high expectations—and those expectations remain—that we would engage in a particular process of elevation of the minds of the people who we were elected to serve and those comments about ethnic cleansing at Port of Spain Hospital, if the Member for Caroni East was here I would tell him do not bring that in here; do not bring that into this honourable House. This nonsense about ethnic cleansing of medical practitioners, there was no evidence, no figures, no statistics, no support, no references, no truth, no basis, no sense, no dignity, no hope, no sanity, no class, no shame, no proof, no regard for the young people who want us to move beyond the racist innuendo and take this country to another level. [*Desk thumping*]

I, frankly, am quite embarrassed to have heard that degree of foolishness from the Member for Caroni East and I want to endorse the comments of the Member for Chaguanas West who wasted no time in putting some distance between himself and those very unfortunate and—I do not want to use the word, despicable, but I find the comments extremely offensive, as a Member of this House and also as a medical practitioner myself—extremely offensive comments and I wish he were here to rise and withdraw and apologize to the House for those comments. [*Desk thumping*]

So in the past there were various Members on the other side who would accuse the Government of bringing legislation that has no core value to the people, but there is no way that that accusation can be made of this particular piece of legislation, because it really does add value to the lives of the people of Trinidad and Tobago. It is about improving the health and the welfare of our people.

This Bill seeks to assist an elderly gentleman, maybe from Chaguanas, who might be looking at the parliamentary channel right now, but who, within the next few years may develop a heart attack and whose very life will depend on a proper emergency health response, the swift arrival of a properly equipped ambulance with a properly trained attendant to give him immediate care and attention and rapid transit to a hospital.

This Bill is all about the people. It seeks to assist a little girl from Pleasantville who might right now be playing in a holiday camp but who has serious allergies to the sting of insects and if she is stung by a bee, her future and life may depend on the passage and implementation of this particular piece of legislation.

This Bill speaks and seeks to assist a worker in a cloth store in Port of Spain should there be a fire and an injury due to smoke inhalation; in that individual's life, with a trained expert by her side within minutes to channel life-saving oxygen into her lungs.

This Bill seeks to assist the single mother from Laventille who is worried about a car running off the hill and into her front yard. If her family is hurt, she wonders, will an ambulance get there on time; will it get to hospital on time? And will her children get lifesaving care en route to the Accident and Emergency Department?

This Bill seeks to assist a young asthmatic boy from Cumuto who refuses to let his asthma stop him from playing cricket. His parents allow him to play, but are worried about him, knowing that his life may depend on the efficiency and proficiency of the future response of our emergency medical service providers.

This one is a little bit speculative, but I feel that this Bill may even come in handy at the next UNC general assembly or on the day of their next internal elections. [*Laughter*] If their last meeting was anything to go by, and if we are to believe the press report—I was not there myself—there was some alleged involvement in fistfights and scuffles with young children and physical battles among Members. Member for Caroni East, I do not know if you were there or not, but then you should be the first to support this Bill, because even the safety of politicians is wrapped into this particular measure. [*Desk thumping*]

So it is a Bill we should all acclaim on both sides of the House and I really want to salute the Member for Chaguanas West, while offering some recommendations for embracing the intent of the legislation, and I really think that is something that we would want to commend.

Beyond the condemnation of those very horrific and spurious allegations by the Member for Caroni East, I do not want to dwell too much—I thought his contribution was well rebutted by the Member for Diego Martin North/East, but there was a point at which the Member for Caroni East accused the Minister of Health and the Bill of confusing—he referred to the issue of mass confusion and he said some of that confusion was a result of the various structures for administration and regulation within this piece of legislation.

5.45 p.m.

He referred to the issue of mass confusion and said that some of that confusion was as a result of the various structures for administration and regulation within this piece of legislation. This Bill is not rocket science. It is very simple and crystal clear. I wonder if the Member for Caroni East was simply being a little mischievous in that regard. We have debated many more complicated pieces of legislation in this House, but maybe, in the committee stage he would seek to clarify any further issues in that regard.

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I also heard a point where he referred to a preference of Cabinet appointing the members of the authority as opposed to the Minister of Health making that appointment. I do not know if the Member had spent time in government when the UNC was around. I use those words very carefully. He would know that the Minister will take his nominees for such a board to Cabinet for approval. What actually is the point? I am not sure.

Again, it seems that there is a desire for a government with maximal responsibility but with minimal authority. We are hearing these echoes time and time again where the Government must be responsible for everything under the sun, but must have the minimal authority to respond to those particular responsibilities. That is very unfortunate. In that regard, the Member for Chaguanas West, at one point I thought that he was feeling a little sorry for the Minister of Health with regard to the Minister's challenge in monitoring and appointing inspectors, et cetera. I remind the Member for Chaguanas West that the Minister of Health does have a chief medical officer who advises him on health matters in general and now he has a committee on the passage of this Bill which would advise him on health matters related to emergency services. In addition to all of that, the Ministry of Health is quite capable and I am sure that the monitoring and appointment of inspectors would be no great burden on his very broad and well-tested capacity.

This is a Bill that I feel will serve the people of this country very well. I commend it to this honourable House. I remind Members that our disaster response capacity certainly will benefit—there was reference to the need for a disaster preparedness expert in the regulatory framework for emergency health services, but a reference to clause 4(2) will indicate that there is a representative from the ministry with responsibility for disaster preparedness on the committee that advises the Minister of Health. This will bring greater synergy between the health and the health emergency component of any disaster response in Trinidad and Tobago. That is a feature of this legislation that brings some additional hope for the people of Trinidad and Tobago.

At the end of the day this Bill is very much an advanced piece of legislation that speaks directly to something that is near and dear to this Government's heart. That is a key pillar of Vision 2020, the nurturing of a caring society. This Bill seeks to help to ensure that our citizens are empowered to live long healthy lifestyles and have adequate access to efficient health care delivery systems. This, as the Minister of Health explained so well is one key component of a health system that we are improving steadily over the period of time with which we are privileged to govern.

Health and social development are inextricably linked, as good health enables citizens to take advantage of opportunities to achieve their desires and life goals. It promotes productivity and it allows citizens to contribute to our country's economic development. Improving our health system in any form or fashion will help to eliminate and reduce barriers due to disability and enable individuals to enjoy their highest degree of productivity in their life time.

As a doctor or former doctor, I have witnessed firsthand what can happen if—

Dr. Gopeesingh: You are still a doctor.

Hon. Dr. A. Browne: Thank you very much, Member for Caroni East, for your recommendation. I have witnessed first-hand what happens to individuals who have had no or poor access to medical treatment by trained individuals prior to being brought in to the hospital. This is a very key period of time in terms of averting morbidity and preventing mortality in a number of acute situations. Some of the persons even if they survive, having had that poor experience, they often have to deal with deteriorating health and chronic condition consequences and by extension a lower standard of living in the long term. This is part of this Government's thrust to empower citizens and one of the reasons the Government continues to invest large sums in our social sector which encompasses the Ministry of Health, the Ministry of Social Development, as well as the Ministry of Education, the Ministry of Community Development, Culture and Gender Affairs, the Ministry of Sport and Youth Affairs and all the other agencies established by the Government to advance the welfare of our people. This Bill is one vital link in that broader change of taking services to persons who are most in need.

I commend the Minister of Health. As he indicated, at this time we have some regulation within the public health sector and community health services, but unfortunately, it has been a little bit of a free for all in some aspects of emergency care. With the embrace and passage of this legislation, I anticipate that some of these gaps would be closed in the very near future and the benefits would be brought very close to the hearts and lives of our citizens.

At present, I understand that anyone can simply label an ambulance. Any vehicle can be used as an ambulance to cart around an unsuspecting citizen who might be in need of services and charge exorbitant rates; have any type of equipment on board or be exposed to any type of training or a lack of training. This can be done with little or no regard to the most basic health standards or protocols. That cannot be acceptable in a country that is seeking to develop its human beings. This is where this Bill comes into play in terms of regulating a

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very wide spectrum of emergency health services from the service providers themselves to the medical personnel who would be interacting with these particular services.

The demand for these services has been growing and some statistics were presented on both sides of the House in this regard. A cursory glimpse of the current emergency medical services being offered would indicate that there is room for growth. There are insufficient trained emergency medical personnel who offer only basic life support involving CPR, chest compression and breathing assistance; offering of oxygen, aspirin which in itself can be detrimental to some patients if the training is not sufficient; offering of charcoal for cases of poison ingestion and sometimes measuring the glucose levels of patients. Even at this level, the doctors at the Accident and Emergency Units have been complaining about the quality of basic life support offered by these ambulance and medical personnel before the client gets to them. I want to make that connection between this legislation and the saving of lives in Trinidad and Tobago. It is something that we should not take lightly.

There has been much talk about bed space in our hospitals and some of the challenges to which the Minister of Health has been responding in this particular regard. If through this legislation we succeed in having more properly trained emergency health personnel in the field, they would be better able to identify true cases of emergency; advise and refer cases that may not be genuine emergencies and help reduce the burden on our emergency health and accident services and ultimately, the bed space in our wards being reserved for persons who need the care and attention provided at secondary and tertiary level institutions. Very broad benefits from this legislation. I hope that every Member of the Lower House will support this particular Bill and the public will recognize that this is another effort by the Government of Trinidad and Tobago to improve the services upon which they depend.

There are so many benefits and I would not go through the very exhaustive list that I have been preparing. With regard to communicable and non-communicable diseases, very often, the first interaction with any form of trained personnel and health personnel is the interaction between the client or patient and the emergency service provider. The quality of that interaction can mean a great deal for the use of resources in Trinidad and Tobago, for the morbidity and mortality pattern as well as the quality of life of all our citizens. There so many conditions upon which these quality services can make a huge difference.

The condition such as cardiac arrest, very often the first few minutes and certainly the first few hours, post arrest, the type of treatment being afforded to

our patients can have a huge impact on the life of the individual as well as the life and expectancy of the family, and the potential for that family to continue to strive. Cases of asthma are also very much susceptible to poor quality care in the very early stages and even to poor screening and diagnosis, in determining whether the child or adult is required to be taken to hospital in the shortest possible time and treated en route via the mobile services that would be provided through this particular legislation and cases of stroke, very early intervention, not just hustling the client on the smooth roads paved by the Member for Chaguanas West, but also providing emergency care in the vehicle en route to the particular health institution.

The old scoop and run approach where the vehicle is a form of rapid transportation has become outmoded in most countries and the call is to have trained personnel according to standards and well regulated by the appropriate authority to respond to the needs and take patients to our facilities in the shortest possible time and provide appropriate care. It can make a tremendous difference to the health service and the lives of the people. Without this we may have more of what has occurred in the past as long stagnant waiting lines; doctors who sometimes become disgruntled having to face sometimes very trivial issues in the Accident and Emergency Department and persons being brought in by ambulances with small cuts or bruises and other minor ailments, due to a lack of training and standards in the field.

In 2008, 100,000 persons arrived at the Accident and Emergency Department via an ambulance. I can tell you that many of them did not require that type of service. Out of this 100,000, 28,000 were hospitalized for acute treatment. That gives you a sense of how these services have been utilized in the past. It is good that people are able to access emergency medical transportation, but due to a lack of training and standards in the field, the proper utilization of this service may not be maximized at this particular time.

It is not that the 72,000 other cases were petty or unimportant, but it might appear that three-quarters of the cases coming into some of the casualty units may not have been critical enough to warrant further hospitalization. Proper training is essential and I am glad to see that that is well taken care of in this particular legislation and the provisions that would follow with its implementation.

There has been some discourse by Members about the incidence of road and traffic accidents that are claiming more lives in our country, especially among our younger drivers and our improved emergency health services and better trained and regulated emergency health personnel would also assist us in this regard.

6.00 p.m.

There is also a lot greater attention in the incidence of workplace injuries and accidents. Again, we recognize that citizens from all walks of life will benefit from a government that cares about its emergency health services and takes determined action to improve it. That is exactly what the Government of Trinidad and Tobago, in 2009, is doing and is seeking to do through this legislation.

So this Bill is not just about adding to the reams of existing laws in Trinidad and Tobago. It is not about nitpicking over what authority will handle which as opposed to a committee or a board. It is certainly not about the jurisdiction of the Ministry or Minister of Health, whether he has too much power and who will be the next Minister, et cetera. It is not about how many people he would be allowed to appoint or not, or the number of licences he should award or not, or how many inspectors he should have in his control.

This Bill is about delivering quality health care to the people of Trinidad and Tobago and about extending the current level of service being offered before the hospital, beyond the hospital; beyond the health centre, before the health centre; beyond the clinic, before the clinic; and even helping us to avoid those institutions, with the right type of training, application and implementation of this legislation.

Mr. Speaker, this Bill is about enabling each and every citizen and empowering them to live longer and healthier lives; giving them the opportunity should the need arise to receive emergency care on the spot. My mind just strayed a little to a very famous case that occurred in the United States recently where a popular singer was found unresponsive in his residence and there have been some questions about the response time of the medical personnel, the type of service and the intervention they were able to provide at that very point. So it can make a difference even in the world of music. I know we have our own “King of Pop” from Mayaro facing me on the other side. Maybe he would not like to be characterized as a pop singer, but he is a king in his own regard.

The regulations provided by this legislation are critical. We really do need a body to oversee the operations of our emergency ambulance services and we finally can institute an expansion of the services that we have envisioned for a long time in Trinidad and Tobago and past administrations have made certain worthwhile attempts in this regard. This really helps us to take this dispensation to a whole new level. This includes air ambulances and air transportation of patients, especially when persons from the sister isle—maybe we have more than one sister isle because we have so many sisters and brothers across the Caribbean Sea—need specialist treatment that may not be offered in the place that they live.

The Bill is so forward thinking it also contemplates the possibility of sea ambulances which may one day follow the same routes of the water taxis. It really is a Bill of today and a Bill for the future. The possibilities really are endless and I would not want us to belittle or negate the broad value of legislation like this once we are able to regulate and standardize this type of service and make sure that quality control does takes place. The Bill certainly takes that into consideration.

All our citizens deserve the same international standards of health care that are received in developed countries and we in Trinidad and Tobago owe them no less. The Government has recognized this. This action, taken on its own, will not be a panacea for all our health care concerns, but certainly it is a very critical and much needed step in the right direction.

The proposed improvements in emergency health care also resonate with what is being done in other ministries, including the Ministry of Social Development. Some of our vulnerable populations: the poor and indigent, senior citizens, children, persons with disabilities; all require proper emergency health services and the Minister of Health is seeking to implement exactly that by bringing this legislation to the Lower House at this time and it is extremely valuable.

Mr. Speaker, I do not propose to spend too much longer on my legs. I just want to note that there are yet other factors at play which demand a proper emergency medical response. I point to the highly successful 811 initiative of the Ministry of Health, which means that more citizens are empowered with information needed to access these emergency services. We must live up to what has been promised and maintain a proud tradition of delivering quality service to our citizens.

In addition, we have been marketing this country as the prime spot for regional and international conferences and this necessitates immediate improvement in emergency medical services that might be available. We are seeking to diversify our economy away from traditional energy-based industries into alternative sectors and forms of tourism, such as eco-tourism and business tourism, which are proving to be very valuable and highly marketable for the people of Trinidad and Tobago. There is further room for improvement in this regard. I have no doubt that this will be a very viable source of income for this country in years to come.

Part of this appeal lies in our developing conference districts or zones such as those around the world-class Hyatt Regency Hotel. These must be supported by appropriate disaster and emergency teams. Again, the Bill takes us into the future and provides a structure for the provision of those types of services and those standards.

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This Bill will really regulate the services of the only sector of practitioners within the health care system that are currently unregulated by the law. My colleague from the Ministry of Health has pointed out that the actions of the other medical practitioners are governed by laws—the doctors, nurses, pharmacists and practitioners in their specialized fields—and there is no doubt that we need to regulate emergency medical personnel and the ambulance operations. This regulation will assist and add immediate value through quality control and proper monitoring.

These personnel will need specialized training which we envision will come about through the enforcement of this legislation. I reiterate that the period immediately following an acute condition, which prompts the need for an emergency response, is extremely vital and the seconds or minutes it may take to transfer a patient or victim to a hospital or to a clinic are the most precious and important seconds and minutes, and effective treatment from trained personnel can mean the difference between life and death for our citizens.

In instances of survival, it definitely informs the quality of life that the individual will either enjoy or have to suffer through. All in all, pre-hospital care is really at an adolescent stage in this country as it exists. Though some strides have been made by those in the health sector, it only just suffices. The time for expansion and improvement is at hand and we are the ones who must make it happen. This Government is the one that must lead this process and we are doing so through this debate this afternoon.

If even for a moment any one of us doubts the need for regulated and improved pre-hospital care, I can jolt your memory to some instances where the existing services did not live up to what was expected. I do not need to remind individuals present about exploding ambulances, ambulances that took too long to arrive or never came. Unfortunately, emergency medical personnel cannot afford to make many mistakes.

The Ministry of Health, the health sector and the people of Trinidad and Tobago cannot afford to have services in which the emergency providers are not regulated, standardized or properly trained. They do not have the luxury of time to do things over. The service must be response driven; it must be precise.

I agree firmly that this legislation will not function as a cure-all to fix all the challenges facing the health sector, but the legislation will give us the tools with which we can put the necessary steps in place for the improvements we wish to see.

All in all, I commend this Bill to this honourable House. I thank Members opposite who have spoken thus far signalling their support, certainly for the core of the legislation and I would like to invite all Members to vote their hearty support for this very forward-thinking Bill.

Mr. Speaker, I thank you.

The Prime Minister (Hon. Patrick Manning): Mr. Speaker, thank you very much. I am indebted to the Opposition Chief Whip, the distinguished Member for Caroni Central, for giving me an opportunity to make a very brief intervention in this debate.

Mr. Speaker, I minimize the amount of talking that I do in this Parliament because, on our side, we have many new Members who are not as experienced as others and who, I believe, ought to be given every opportunity to participate in debates. So my tendency is to intervene in debates only when I consider it absolutely necessary. When I came to the Parliament, it was not my intention to intervene at all, but to sit and hear what colleagues on both sides have to say. I feel compelled to make an intervention following the contribution of the Member for Caroni East.

Trinidad and Tobago is a country that is not homogenous; it is quite cosmopolitan. We know that whenever differences exist between a people, those differences conspire to divide rather than unite. These differences, in many instances, are very emotive and when highlighted they can give rise to emotional passions that can have all kinds of effects and can be the source of an underlying discontent that leads to animosity between people who are different. In the case of the contribution of the hon. Member for Caroni East, the issue raised was that of race.

I hasten to point out to him and to all hon. Members of this House that in Fiji, a country in the Pacific where the composition of the population is similar to that of Trinidad and Tobago, the fact that they were unable to control these emotional passions led to a military coup in 1976 and another in 1986. The history of Fiji is something worthy of study by hon. Members on both sides.

What happens when people are unable to contain their ethnic passions? Not very far from here, we have the experience of Guyana. I have spoken to individuals involved in the issues of the 1960s that led to a virtual civil war in that country. They warned us in Trinidad and Tobago that whatever happens, we should try to contain the question of ethnic differences because it has the potential of bringing about serious divisions in the society.

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I have some regard for the Member for Caroni East because I consider him a senior practitioner in the medical profession. We have differences from time to time; we are from different political parties; we are on different sides of the political divide and there are times when our differences can become quite sharp. I prefer to look at these things as part of the cut and thrust of politics and the way they are conducted in a parliamentary democracy.

6.15 p.m.

Mr. Speaker, I was very much taken aback when, on the basis of what the hon. Member said he was told, he sought to come to the Parliament to raise an issue of race in such a manner that could be the source of tremendous discord. It would have been bad enough if the hon. Member had adduced some evidence in making the contribution. In other words, if he was able to say—*[Interruption]*

Dr. Gopeesingh: I would bring the evidence.

Hon. P. Manning: I do not want you to bring it. I am not interested in it. It would have been bad enough if the Member had come and said: on the basis of this evidence, I make this statement. I would have objected also, because evidence or no evidence, that kind of talk in a Parliament like this does us no good. *[Interruption]* They want to know why. *[Dr. Moonilal stands]* Please, my contribution is a brief one. It is not the kind of talk that I would ascribe to a Member of Parliament. It sounded like the kind of talk you would expect from a guttersnipe. That is how it sounded to me, most inappropriate. *[Dr. Moonilal stands]* Please. It is most inappropriate in this Parliament, on any matter. Mr. Speaker, it would have been bad enough if his evidence was produced, but to come and say that the statement was made on the basis of what he had been told, without any suggestion that there was any investigation on his part to determine the veracity or otherwise, of the statement, was irresponsibility in the extreme.

Mr. Speaker, I am not concerned whether there is evidence to support or whether there is no evidence to support, I am making a different point. The Member for Caroni East is new to this Parliament, so is the Member for Oropouche East, and if they feel that there is political advantage to be gained by talking in that way, they are free to talk that way. *[Dr. Moonilal stands]* Please, am I not entitled to speak? Let them go on their public platform and talk that, they do it all the time. In a sense, when they do it on their public platform, we look the other way. In the PNM, we ensure that we do not do that. It is bad enough to do that. Let them go ahead.

I will say like a former Prime Minister used to say in this Parliament: “If you sow the wind, you are going to reap the whirlwind”, so go ahead. If you believe, hon. Member for Caroni East, that by talking in that way and by seeking to inflame those passions, whether you are doing it for a headline or whether you are doing it in the context of internal party elections, or for whatever reason. *[Interruption]* Then, if that is the attitude—

Mr. Speaker, I was hoping that I could talk sense to the Member for Caroni East. I was appealing to his good sensitivity. That is what I am trying to do. I am not here to attack him. I am not here to attack the Member for Caroni East, because I want to put an end to that kind of talk in this Parliament. It must not take place; not in here—appealing to the baser instincts of those in our society who are so minded. Surely a Member of Parliament has a responsibility, in making his contribution, to say something that at least is uplifting to the society. We could disagree, but there is a certain basic level below which our contributions in this Parliament should never fall.

I came here as a young Member of Parliament and I was exposed to others in this society who were part of the traditions of this Parliament and who, notwithstanding differences that they may have had, understood that all of us have a responsibility to preserve the stability and integrity of this society, whatever we may think. Whatever happens on the outside, you go outside and do that. If we want to be responsible Members of Parliament and if we commit ourselves to trying to produce a society which, notwithstanding its differences, emerges as a nation of one people, then we have a responsibility to avoid that kind of talk in this Parliament. That is the point I am making.

I was hoping that I could appeal to my good friend from Caroni East. I was hoping that I could appeal—*[Interruption]*

Mr. Speaker: Please, you have spoken and the Member for Oropouche East has time, he can speak, so let us listen to the Prime Minister.

Hon. P. Manning: I was hoping that I could appeal to my good friend. Really, it is not a talk I think we should prolong. We should not prolong it. I am responding to the Member for Caroni East. I do not think we should prolong it. I am hoping that my good friend from Caroni East would understand that it might be better if he withdraws the statement and let us go on. *[Dr. Moonilal stands]* Please, please. Mr. Speaker, I was hoping that my good friend from Caroni East will see the wisdom of what we are saying and whatever he may have thought, whatever may have motivated him to speak in the way he did, I am hoping that he comes to the conclusion that there are some things in which you could be dead right.

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I say to our colleagues all the time, a gentleman was driving a mini, coming to a traffic light and on the opposing street on the crossroad was a man driving a 10-ton truck, loaded with gravel, coming to the light at speed. The gentleman driving the mini had a green light and the gentleman driving the truck had a red light. The gentleman driving the mini said: “What wrong with him, like he doh see I have ah green light? I right.” He decided he was right and therefore he would not stop. At the end of it, there was a crash and the 10-ton truck crushed the mini and killed him. In other words, he was dead right. He was right and dead. Therefore, I do not want the Member for Caroni East to figure he is right and to adopt a sanctimonious attitude and believe because he is convinced of the rectitude of his argument, because he is convinced whether he is right or not, of the rectitude of his argument that he can get up in this Parliament and say that. If you sow the wind, you will run the risk of reaping the whirlwind. Mr. Speaker, a word to the wise ought to be sufficient.

Thank you very much.

Dr. Hamza Rafeeq (*Caroni Central*): Mr. Speaker, I thought that the hon. Prime Minister was going to speak on the Bill. I was looking forward to him making a contribution and adding value to the piece of legislation.

When he started his contribution, I was reminded of a contribution made on this side of the House, by no less a person than the Leader of the Opposition and Member for San Fernando East at that time, hon. Patrick Manning. He stood right here and he, in his contribution, dealt with race. He took out a list and read 14 names from the list that sounded like Indian names and at the end of it he said: “I leave you to draw your own conclusion.” That was the contribution made by the Member for San Fernando East, in his capacity as Leader of the Opposition and Member for San Fernando East. That kind of hypocrisy exhibited by no less a person than the hon. Prime Minister is what seeks to bring this House into disrepute.

Today I will say no more on the issue because we will have other opportunities. When the hon. Prime Minister can stand here and adopt a totally different position and sits there and adopt a totally different position, that is what seeks to bring this House into disrepute. I would say nothing more on that today.

Secondly, it is quite unfortunate that the Member for Diego Martin North/East has launched such a vicious and unwarranted attack on members of the medical profession. We in this country have some of the best and most highly-respected medical professionals in any part of the world. Today, they have been subjected to a most scathing and scurrilous attack by the Member for Diego Martin North/East, totally and completely unwarranted.

I want to get to the Bill. [*Interruption*]

Hon. Narace: Thank you for giving way. The Member for Diego Martin North/East did not launch an attack on the medical profession. He did not do that. I would not have sat here and agreed with that. I am saying to you he did not do that and I would not want it to be communicated outside that this Government and certainly the Leader of Government Business did that. He certainly did not do that. He had an issue with a Member who was a UNC Senator and he made a point about it and also a letter written by the Member for Caroni East.

Thank you very much for giving way.

Dr. H. Rafeeq: I want to repeat what I said. The Member for Diego Martin North/East launched a scathing attack on the medical professionals in this country and I stand by what I say.

I want to speak on the Bill, that is what I came here to do. I am sorry for these distractions. If I had known—anyway. Up to 1999, we had no emergency medical service in Trinidad and Tobago. There were a couple of ambulances. In 1995, there was one ambulance with three wheels in San Fernando Hospital. That is when we got into office. When we came into office in 1995 and we saw that situation, within two years we purchased 14 new ambulances for the health sector and we got three or four donated. Within two years, we added 18 or 19 new ambulances in the health sector. That was not our vision, because those ambulances were to transport patients from institution to institution. That was not our vision. Our vision was wider than that.

I had the fortunate experience of visiting the province of Nova Scotia in Canada, where I saw first-hand, the operation of the emergency health service there. Through a government-to-government arrangement, the Government of Trinidad and Tobago and the Government of Nova Scotia, we were able to establish the Emergency Health Service, first of all as a pilot project. We bought second-hand ambulances. That is what we could have afforded at that time. They were left-hand drive ambulances. We bought them from the Government of Nova Scotia.

6.30 p.m.

We bought them from the Tri-Star—as I said, it was a government to government arrangement, between the Government of Trinidad and Tobago and the Government of Nova Scotia. We bought second-hand, left-hand drive ambulances, because that is what we could have afforded at that time. Mr. Prime Minister, you were the last person to speak. You said that there is nothing

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wrong; that you went to school with a bodice. Nothing is wrong with that because that is what you could have afforded at that time. Well, okay, that is what we could have afforded at that time, when you could have afforded your bodice to go to school. [*Interruption*]

Mr. Manning: Are you suggesting that was your medical bodice?

Dr. H. Rafeeq: When we bought our ambulances, that is what we could have afforded, because the oil price was \$9 a barrel. I am sure you will not give your sons a bodice to go to school with, because now you can afford more. [*Desk thumping*] With \$100,000 a month you can afford better than a bodice to send your children to school.

The point is, that is what we could have afforded. The thing is we established the emergency health service at that point in time. We started it as a pilot project, very soon it became so popular that we abandoned it as a pilot project and we instituted it throughout Trinidad and Tobago. We knew then that we had to bring systems in place to regulate the service, and that is the genesis of this piece of legislation that we are dealing with today; that is where it all started, and that, as I said, was in 1999.

An ambulance service is not only a transport service; it is a bit more than that. When you call an ambulance, there are many things that the people who manage that ambulance do, but I would just mention three of them. First of all, they respond, and that is, they come to the scene, whether it is the scene of an accident or it is a home, where someone has a medical emergency. So, the first thing they do is respond and to get to the scene. The second thing they do and very important is, the emergency medical technician makes an assessment of the patient and they institute some level of emergency treatment, whatever is available in the ambulance at that point in time. That is the second responsibility and the second function that the ambulance personnel do. Thirdly, they transport the patient to the most appropriate health facility. Those are the responsibilities and the functions of an ambulance.

This Bill seeks to regulate the ambulance service that we have at present and whatever else is to come. I agree with my colleagues who have spoken here before, to say that this is a very cumbersome and convoluted piece of legislation. If it were an English word I would say it is an "obzokee" piece of legislation, but I do not know how to spell that, so I would not say that. [*Laughter*] It is a very cumbersome and clumsy piece of legislation.

First of all, it seeks to establish a committee that would support and advise the Minister on ambulance affairs. There is nothing wrong with that. You can establish as many committees as you want. [*Interruption*] You find so? Like the

bodice. [*Laughter*] Most of the ministries have established committees to advise the Minister on various things. They do that just by a Cabinet Note. A Cabinet Note is written; a Cabinet note is taken to Cabinet; it is discussed and a committee is established. There is nothing that prevented this from happening here. This committee could have been established just by a Cabinet Note.

There is value in doing that, because Cabinet establishes a committee by a Cabinet Note. You can easily change the composition of that committee; you can easily change the powers and functions of that committee by going back to Cabinet. You do not need to come here to Parliament to change the composition or the powers and functions of that committee. So, that committee could have been easily established by a Cabinet Note.

Secondly, I want to jump here a bit to go to the regulation of the emergency medical personnel. There needs to be legislation to govern the emergency medical personnel. In law, there is a piece of legislation called the Professions Related to Medicine. This regulation of emergency medical personnel could have been best dealt with by putting in that piece of legislation and that is the Professions Related to Medicine. It could have been better placed there, and that would have made this piece of legislation a lot less cumbersome.

When an ambulance comes to a home, or a house or goes to the scene of an accident and picks up a patient, the situation does not end there. It takes that patient to the most appropriate medical facility for treatment. The response time, the time it takes for the ambulance to get to the emergency is extremely important. As the Member for Diego Martin Central was saying, minutes make a difference or seconds make a difference.

When you pick up a patient and you take them to the hospital and they do not get immediate treatment there, you have to wait minutes, hours, days before you get proper treatment there, then all the good that you have done by responding within a reasonable time—within 15 minutes, 20 minutes, half an hour—have been lost. [*Desk thumping*] This is a real situation that occurs.

You go to San Fernando hospital and you see trolleys lined up there and patients have to wait 24 hours, 48 hours, and sometimes 72 hours before they get a bed on the ward. I had mentioned and pleaded with this Government that there is a building right next to the San Fernando hospital in Chancery Lane, that when that building is completed, which I think would not be too long from now, to designate a part of that building, as part of the San Fernando hospital, and put some patients there, so that you would ease the overcrowding, so that patients would not have to wait two and

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three days in casualty before they get a bed on the ward. That is only one of the solutions to the overcrowding problem; there are more.

We know about the Point Fortin hospital. By now the Point Fortin hospital should have been built, commissioned and in use a long time. Mr. Speaker, I do not know if you recall, but when you were in another incarnation sitting right on the back here, you said that as soon as the PNM came into government they would build a Point Fortin hospital. I do not want to get you involved in the debate as the Speaker, but when you were a Member for San Fernando West, you made that commitment to the people of Trinidad and Tobago, that as soon as the PNM gets into government they would build the Point Fortin hospital and ease the burden of the people in Point Fortin.

Mr. Speaker: Yes, I know you are attempting to draw me into this debate, but let me say that I am reliably assured by the Minister of Health that it would happen before the end of the Ninth Parliament. [*Laughter*]

Dr. H. Rafeeq: Mr. Speaker, I hope that you would be here for the Tenth Parliament, so that if it does not happen by the end of the Ninth Parliament, at least you would see it through by the end of the Tenth Parliament. So, the promise is alive.

So, you do all the good work with the ambulances and you get to the hospital and then you have to wait two and three days to get a bed. Again, no less a person than the hon. Prime Minister promised the nation that he would build a hospital in Couva. Recently the Minister of Health said that that has now been put on the back burner because there are no funds for that, and that hospital in Couva included the burns unit, and we know how important that burns unit is, especially in an area like Couva where you have the Point Lisas Industrial Estate there. We do not know, there is no word as to when that would even start and when it starts, as to when it would be completed and commissioned.

If there is an accident on the Uriah Butler Highway, let us say in the vicinity of Preysal, Freeport, those areas and the ambulance comes and picks up a patient there, it should be able to take that patient to a health facility in Chaguanas and get proper treatment there. There is no proper health facility in Chaguanas. Again, the previous Minister gave three or four deadlines, commitments to the nation, to this Parliament, that the district health facility in Chaguanas would have been completed and commissioned by 2005, 2006, 2007. We are now in 2009 and recently when I asked the Minister a question he said that even the designs have not yet been completed for the district health facility in Chaguanas. Mr. Speaker, as I said, all the good work that you are doing with the ambulance, all that would go to waste.

Air ambulance from Tobago to Trinidad; yes, you want to be able to treat patients in Tobago. You do not want to put every patient in Tobago in an aeroplane and bring them to Trinidad. You do not want to have to put every patient in Tobago in an ambulance and bring them to Trinidad. You want to be able to treat patients in Tobago. Where is the Tobago hospital? We do not know when the Tobago hospital will be built. We do not know when it will be commissioned. We do not know when the people in Tobago will have that facility for their use.

The point I am making is, that while what we are doing here is very important—and I want to say that I support this piece of legislation—there are a couple issues here that I want to raise. While we support the principle of this legislation, if we do not address the other issues we are wasting time, because you will get to the scene of the accident in a very, very short time; administer your emergency treatment; take the patient to the hospital and then everything falls down after that.

I checked the Vision 2020 document and I was looking to see if there was anything mentioned there about the ambulance service, and as to what improvement or what benchmark the ministry is looking at as far as the ambulance service is concerned. Whether you are looking at a response time of 15 minutes or 16 minutes or whatever it is, now it is 30 minutes. What are you looking for in 2010, 2015, 2020? There was not one single word in that Vision 2020 document concerning the emergency ambulance service. I do not know if they are really giving the level of importance to what they are speaking about here today.

I want to go to the Bill itself. First of all, this one is a minor point, I do not know if this has value. On page 7 of this document, the title of the Bill is "An Act to regulate the emergency ambulance services, to provide for the registration of emergency medical personnel in Trinidad and Tobago, and for the establishment of a National Emergency Ambulance Authority and for matters connected therein. When you go further down, the word "services" has been added. I am not too sure if that is important, but I am just drawing that to your attention, that the word "services" in the title of the Bill has been left out.

In the establishment of the National Emergency Ambulance Services Authority, the question I really want to ask is, and I hope the Minister can answer. If you want to answer now or later, you can answer later. Is this National Emergency Ambulance Services authority a provider of ambulance service or is it a body that would monitor and evaluate services?

Hon. Narace: Which one?

Dr. H. Rafeeq: The National Emergency Ambulance Services Authority, a provider of ambulance service or is it a body that would monitor and evaluate services?

Hon. Narace: Thank you very much. That is a very important point. The authority is a provider, it is going to provide services. How they go about providing services could be a multiplicity of arrangements. They could outsource support if they wish, but it is an umbrella organization that would treat with all that it is supposed to treat with, as distinct and separate from the regulatory authority, which is the regulator, which is the one that will monitor both in the private sector and in the public sector.

6.45 p.m.

We can be assured that every ambulance is properly equipped and that every EMT meets the standard they are supposed to meet, so one is a provider and one is a regulator, and that is a very important point.

Dr. H. Rafeeq: Mr. Minister, through you, Mr. Speaker, I did not understand what you said. Are you saying that the—and let me get this correct—National Emergency Ambulance Services Authority is a provider and not to monitor and evaluate? Is that what you are saying?

Hon. Narace: It is not a regulator. It is a provider and that is why when people spoke about the overlap—that is why we needed two; one to regulate and one to provide the services.

Dr. H. Rafeeq: Mr. Speaker, well, now you have me totally confused. *[Laughter]* In clause 8(1) it says “The Authority”—and this authority refers to the National Emergency Ambulance Services Authority, the one that I am speaking about—

“shall undertake the following functions:

- (a) responsibility for the delivery of a national emergency ambulance service; and
- (b) monitor and evaluate its services.”

[Hon. J. Narace rises]

Just a minute, what does monitor and evaluate mean? But more importantly in subclause (2)(c) it says the Authority will:

“monitor the quality of the emergency medical services purchased or provided;”

Are you providing or are you purchasing? You have me confused.

Hon. Narace: That is the point I am making. Every provider should be monitoring and evaluating its own service. Any good organization will be doing that. Even though you are doing the monitoring of your own service, the regulator will be looking at all the services provided in Trinidad and Tobago. Then I made the point that the provider could outsource the management or outsource any capacity they require, and therefore, if it meant purchasing the services then they can purchase the service. So they have the ability—that is the service provider—to purchase services or to provide the service, and of course, they would monitor and evaluate their own service, but then the regulator will be regulating every single service provider in the country. Now, if you cannot understand that then you have a problem.

Dr. H. Rafeeq: Mr. Speaker, let us go to (e) then. It says:

“develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of ambulances;”

If you are purchasing this service from a contractor—an organization is being contracted to provide this service—what are you doing dealing with purchasing, upkeeping and maintenance of ambulances when that is not your business? Your business is not maintenance of ambulances. The maintenance of ambulances will be for the provider—the person that you have contracted to provide the service. *[Interruption]* It will be better if you answer at the end of my contribution, because I am saying that we are getting into difficulty here.

In the powers and functions of the authority, does the authority have the power to contract out services, to enter into a contract for services? I have not seen it here, maybe it is not—*[Interruption]* I am asking if it needs to be stated that the authority must have the power to contract with other parties to provide service? I am saying that I am not seeing that here and I do not know if that needs to be here.

Hon. Narace: But it is stated here; you just pointed it out.

Dr. H. Rafeeq: Just a minute, you will respond when the time comes. Mr. Speaker, we have three categories of ambulance services and we have four categories of emergency medical technicians; I want to find out which ambulance will have which personnel? Is it that the category three ambulance will have emergency technician three or emergency technician two, or how will you decide which category of emergency medical technician to put in which ambulance?

Hon. Narace: That is an operational matter.

Dr. H. Rafeeq: Okay, it is an operational matter, fine. Then the other question, Mr. Speaker, someone calls 811 and says I am having a chest pain or I am having an abdominal pain or something like that and I want an ambulance to come; the service provider has three categories of ambulances there, who will decide which category of ambulance to send? That is not an operational matter. That is a more serious matter. If it is an operational matter then something needs to be stated here. The point I am making is, even if you say it is an operational matter you need to train your dispatcher. That is the point I am making. Your dispatcher needs to be trained and there is nothing here about that. There is absolutely nothing here about the dispatchers—

Hon. Narace: Yes.

Dr. H. Rafeeq: No, Mr. Minister, take notes. [Laughter] You are speaking here about technicians, you are speaking about all sorts of personnel, but there is nothing here about dispatcher.

The other thing is, and again it might be an operational matter, right now is it true that in your ambulances you have two persons manning the ambulance; one is a director and one is an emergency medical technician, but the driver is also an emergency medical technician—that is, he is also trained as an emergency medical technician—and if that is so, will that continue? If that is an operational matter then fine, you will operationalize that when the time comes.

Mr. Speaker, I asked a question a while ago—and I am going through the Bill and I am now on clause 13(b), and I did not get a satisfactory answer that; “The funds of the Authority shall consist of—”and in (b) it is written, “monies collected as fees”.

[MADAM DEPUTY SPEAKER *in the Chair*]

I ask the question whether it was the intention of the Government at some point in time to charge for the services of the ambulance, and the Minister said “no”. Then what exactly is this meant by “monies collected as fees”? And you said something about the private sector, but in (c) it says something else. It says:

“(c) contributions by the private sector clients for non-emergency services;”

The point is the private sector is already covered in (c), what is referred to here when it says “monies collected as fees”? Is the emergency health service going to collect money from patients? That is the question I am asking, or is this being put in here, sleight of hand and at some later date you will come and say, “but it is covered in the Act. We told you in the Act that we will charge”? Mr. Speaker, that needs to be clarified.

Hon. Narace: No.

Dr. H. Rafeeq: Stand up and say—Madam Deputy Speaker, let us go to the inspectors. Clause 15(1) says:

“The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team to visit and inspect an ambulance service provider licensed under this Act and to submit a report to him upon any inspection.”

That is the only function that this Act gives to the inspector or the inspection team. Nothing else. That is the only function that it gives to the inspectors and that is the only mandate they have, that is to visit and inspect. This is not for people who have applied for an ambulance licence. This is for people who have applied to renew an ambulance licence, because it says here “to inspect an ambulance service provider licensed under this Act...” So after you have gotten your licence, then the inspector or inspection team can come for the renewal of your licence and inspect your premises. This is what the Bill says.

So, there is no inspection when you are applying for a licence, but when you are going to renew your licence then the inspection will take place. The Bill further down also gives the Minister the authority to give instructions for an inspector to go in at any time. That we understand. They can go in at any time, but the thing is, at the beginning of the exercise that is when someone applies for a licence and there is nothing here that mandates the inspector or the committee to inspect the premises and to inspect the equipment and so on.

Madam Deputy Speaker, the other thing I want to find out is—there is nothing here that says the time period that an inspector is appointed for. There is a form in one of the Schedules, “Certificate of Appointment”, but it does not give a time limit. A person is appointed as an inspector, but it does not say whether you are appointed for a year, whether you are appointed for five years, whether you are appointed for life or whether you are appointed to inspect a particular ambulance provider and then that is the end of it. It does not say anything like that. Not in the Bill and not in the Schedule where the Certificate of Appointment is given.

Next, in clause 17(1), it says:

“An inspector appointed under this Act shall, for the purpose of the execution of this Act, have the power...”

Now my understanding is power and function are two different things, “eh”.

“to do all or any of the following:

- (a) to enter with the consent of the owner...where he has reasonable grounds to believe that such premises, place or ambulance do not meet the requirements of this Act.”

Madam Deputy Speaker, I want to find out, and I am genuinely interested in this, “to believe that such premises or place”; we know where the ambulance is and we know what standards are required of the ambulance; that has been defined in the Act, but what is defined in this Act as being suitable premises and what is defined in this Act as being a suitable place? That is what I want to find out. What is the inspector going to inspect in this place? Which place is this? What are they going to inspect and what should be the standard of this place in order to fulfil the requirements of these premises, or the premises for that matter, but there is another word here, “place”? What are the requirements of this place so that it can fulfil the requirements of this Act? We do not know.

Next, in (c), and this one worries me. It says:

“to examine with consent either alone or in the presence of any other person, such documents as he thinks fit, with respect to any matters under this Act;”

An inspector is going, and it says, "with consent", so the ambulance provider gives him consent, because if he does not give consent then he will not have his permit renewed, and that inspector either alone or in the presence of any other person—so the inspector can take any person, grab somebody from the street and say come with me, I am going to inspect this place, not only the place, but you are going to inspect sensitive documents and you are taking anybody. When they say, "any other person", what does that mean? How do you define "any other person"?

“to examine with consent either alone or in the presence of any other person, such documents as he thinks fit...”

So, an inspector is going to inspect an ambulance provider's place and will take anybody and they are going to inspect documents. I am worried about that!

Next, clause 18, it says:

“In the exercise of his functions under section 17, an inspector may, at any time, take for analysis—

(a) sufficient samples...”

But the other one;

“(b) any equipment which he suspects to be defective.”

Again, an inspector is going, he finds that there is a piece of equipment—maybe the oxygen equipment or something and the ambulance is defective—and he takes it for analysis, what happens after that? The Bill does not say. You seize this piece of equipment and you carry it with you, then what happens?

[*Interruption*] There is nothing that says, okay, he will examine it and he will give a report to the provider and say, these are the defects, these are the deficiencies that you need to correct within a particular period of time and then we will come back and inspect again. Madam Deputy Speaker, nothing like that.

I want to find out—all ambulance providers that are providing emergency services will have to be licensed—whether that will include all of the Regional Health Authorities, all of the private hospitals, the St. John's Ambulance Brigade, because they also provide from time to time emergency medical service; the fire service, they also provide emergency ambulance services.

7.00 p.m.

There are some industrial establishments, large industrial establishments that provide emergency ambulance services. Madam Deputy Speaker, I do not know if you recall that in the Occupational Safety and Health Act, that is a requirement of an industrial establishment I think, that has beyond a certain amount of employers, ambulance service must be provided. [*Interruption*] Sorry? Beyond 250 persons, you need to provide an ambulance service. I wanted to find out whether all of these will be caught and will have to apply for ambulance services licence?

Madam Deputy Speaker, clause 24(1) says:

“The Committee shall evaluate the application and make recommendations to the Minister for the grant or refusal of a licence to provide emergency ambulance services.”

There is nothing in this Bill that says that if you refuse to grant a licence, you should state the grounds on which you refused the licence. At least the provider should know what grounds they are being refused on. Not only that, but they should know the grounds and then they should be given a time frame and say, "Well, okay, these are the grounds that you have been refused and we are giving you two months, or one month, or three months as the case may be to correct these deficiencies", and then you make another inspection. If the deficiencies are corrected, then you can go ahead and grant the licence. So that is an area of concern.

There is another area of concern in clause 25(2):

“An Ambulance Services Licence shall contain conditions regarding”—

And the one that catches my eye is (c):

“the geographical area in respect of which the licence is applicable;...”

I want to find out whether an ambulance is only restricted to a particular geographical area. I do not see the sense in that. Let us say you have an ambulance in San Fernando and you pick up a patient there, and that ambulance is in the geographical area in respect to which the licence is applicable—from San Fernando to Couva—when the ambulance reaches Couva, they will probably transfer the patient to another ambulance. It does not make sense and I hope the Minister can explain this when he responds.

Madam Deputy Speaker, clause 27(1) says:

“A licensee under this Act shall apply for the renewal of his Ambulance Services Licence at least two months prior to the date of expiration...”

It is reasonable that you should apply at least two months, but how far back can you apply? Can you apply six months before? Can you apply five months before? Can you apply four months before? You have to apply at least two months before, but how far back can you apply? Is it three months, four months, five months or six months? So that needs to be clarified.

In clause 27(2):

“(a) an inspector shall visit the site or the premises of an ambulance service to inspect and evaluate the premises, equipment and administrative practices...”

As I mentioned before, while this is specifically stated here that the inspector should visit the premises, inspect and evaluate the premises, equipment and administrative practices and so on, it says nothing about if you are applying for a licence for the first time. It is specifically stated here as far as the renewal is concerned, but nothing is stated as far as your first application is concerned.

Then clause 27(3) says:

“Where the Minister is unable to grant a renewal before the expiration of the Ambulance Services Licence, the Minister may extend the life of the original licence for a period up to three months and such licence shall not be extended for any further period.”

Madam Deputy Speaker, what happens then, if you apply for a renewal two months before—because you can apply two months before, or you can even apply three months before—and the Minister does not have the time to deal with the renewal, so he extends the life of your licence for three months and after the three months have expired, nothing happens. You do not get the licence, then what happens? There is no recourse. There is no recourse as to what happens after

those three months. So for those three months you have ambulances, equipment, personnel, people to pay and so on, and nothing happens after those three months because you cannot extend that period for more than three months.

In clause 28(2), as I said again, it does not give reasons and that I think is important.

Madam Deputy Speaker, as far as the emergency medical personnel are concerned, it says in clause 39:

“The Emergency Medical Personnel shall—

- (g) Review the continued competence of emergency medical service providers;...”

This is a board that is dealing with emergency medical personnel. They are dealing with emergency medical technicians. They are registering them and looking after their degree of competence and so on, but what are they doing here—“review the continued competence of emergency medical service providers”. These are people who are providing emergency medical service, and this board which is looking after the interest of the emergency medical personnel and the emergency medical technicians, is now being given the responsibility to review the continued competence of the emergency medical providers. That is, those people who are providing an ambulance service. That does not make sense to me.

In clause 40(2), it says:

“Except as provided in sections 42 and 43, every member of the Council shall hold office for a term of three years, but may from time to time be re-appointed or re-elected.”

I do not know if that is a legal term, that is, “may from time to time be re-appointed or re-elected”, or that they may be re-appointed or re-elected. I do not know what “from time to time” means if that is a legal term. Madam Deputy Speaker, I know you yourself are a lawyer and maybe you can guide us as to whether that is a legal term.

Madam Deputy Speaker, I just have one area again that I want to mention and that is clause 51:

- “(1) A person shall not conduct emergency medical services unless he is registered to perform such services in accordance with this Part and his name appears on the register of Emergency Medical Personnel under section 52.
- (2) A person who contravene subsection (1), commits an offence.”

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So, unless you are covered and registered here, a person shall not conduct emergency medical services. Unless he is registered here, you cannot provide these services. I am asking what about a doctor, what about a nurse? Can they provide emergency service, or only those who are registered and covered here? So these are a few of the areas that I wanted to mention.

Finally, regulations may be subject to negative resolution of Parliament. I have no problem with that. We would prefer affirmative resolution, but I will tell you—

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

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

Question put and agreed to.

Dr. H. Rafeeq: Thank you, Madam Deputy Speaker, and I am about to finish. I was just saying that as far as negative resolution of this Parliament is concerned, a practice has crept in this Parliament now, where when the Opposition files a motion for negative resolution, that is now being considered as a Private Members' Motion and that can only be debated on Private Members' Day. [*Interruption*]

Mr. S. Panday: True.

Dr. H. Rafeeq: Because of that, we cannot support negative resolution because it eats into our Private Members' Day. [*Desk thumping*] We have one day per month and if you bring regulations here, subject to negative resolution of Parliament and we are not in favour of these regulations, and we file a motion to negative those regulations, then it takes our Private Members' Day. That is the practice that has crept into the Parliament now, so we cannot support negative resolution. As a matter of fact, we cannot support negative resolution for anything because as I said, that is taking away our Private Members' Day.

Madam Deputy Speaker, with these few words, as I said we have no great difficulty with the policy of the Bill to regulate ambulance services, but all of these issues that I have raised, we have serious concerns about them and I hope that the Minister will be able to address these in his winding up.

Thank you very much. [*Desk thumping*]

The Minister of State in the Ministry of Social Development (Hon. Alicia Hospedales): Madam Deputy Speaker, I thank you for the opportunity to join the Minister of Health in this debate, on a Bill entitled the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009.

Madam Deputy Speaker, at the beginning of my contribution, I would like to respond to an issue raised by the Member for Caroni East, who noted that in 1999, they had the vision and ability to implement an ambulance response service. They may have had the vision, because we on this side do acknowledge that Dr. Hamza Rafeeq was instrumental in piloting this particular initiative, but when it comes to the ability, that remains questionable. If the service was adequate, then we would not have had to review or restructure it over the years and today, we would not have to bring this Bill to this House.

I would like also to re-emphasize the point made by the Member of Parliament for Diego Martin North/East in response to the Member for Caroni East, who questioned the power of the Minister to appoint Members of the board. If the Member had done his research, he would have realized that this practice is not alien to what happens in other Commonwealth states, and is highlighted in various Acts that relate to the provision of the ambulance services. For example, the Ambulance Services Act of 1990, New Brunswick, Canada; the Emergency Health Services Act, Alberta, Canada; and the Ambulance Services Act of 1990, New South Wales, Australia.

I was also quite disappointed in the discourse or arguments put forward by Members on the other side. It did not do anything for me and I want to say factually, it did not do anything for me to stimulate my intellect. They presented no substantial information that could have edified me. Madam Deputy Speaker, it is quite disheartening for me to hear senior Members on the other side presenting information that is not grounded in fact, only hearsay. [*Desk thumping*]

Miss Cox: Hearsay, hearsay.

Hon. A. Hospedales: Madam Deputy Speaker, the Member for Caroni Central simply nitpicked at the Bill and did nothing of substance to present any information to us, to edify us in any way, only presented a list of nothing as he would have said. [*Desk thumping*]

It must be acknowledged that this Government continues to make a significant investment in the health sector, and the positive outcomes of these investments are reflected in numerous indicators that have been said by the Ministry of Health, such as the life expectancy of the population. These initiatives or the initiatives that have been put forward by the Ministry of Health are a part of the overall transformational plans that they have set out to create and maintain a First World health care delivery service.

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It should be noted that no one initiative stands alone, all are part of a comprehensive approach to achieve their overall objective. For the information of Members on the other side, this Bill forms part of the transformational agenda of the Ministry of Health and is a critical component in the achievement of its objectives.

The prevailing vision behind this Bill is to have an efficient ambulance dispatch system that separates emergency from non-emergency cases; as a result, an ambulance used to transport non-emergency individuals is not covered in this Bill.

The services offered for emergency care falls under various categories, which probably would have been highlighted by the Minister of Health as “prehospital” emergency care, or emergency care upon arriving at the hospital, and “post-arrival” emergency care.

This Bill specifically focuses on prehospital emergency care; thus taking emergency mobile care from the present basic level, where attendants provide basic life support, such as offering patients oxygen, aspirin, activated charcoal and so on. Additionally, these attendants would also measure glucose levels of patients they are administering treatment to.

Madam Deputy Speaker, as a Government we recognize that this basic level of prehospital emergency care provided to a patient who is sick, injured or otherwise medically or psychologically incapacitated, is inadequate. As a result, the prudent Members on this side and, in particular, the very enthusiastic Minister of Health, recognized that in order for us to comprehensively plan for emergency services, we must move our systems from basic life support to advance life support, which involves the introduction of airways, the availability of more pharmaceutical agents for use by the attendants, and so forth.

Even the World Health Organization recognizes the benefits of establishing a comprehensive prehospital emergency service. In fact, most of the benefits of this type of system, they noted, could be realized utilizing a country's existing resources and health care infrastructure. Considerable good, they have noted, may be accomplished by ensuring that victims receive life sustaining care within a few minutes of injury. The World Health Organization also noted that the foundations of an effective prehospital system could be laid by recruiting personnel and providing them with training, as well as the basic supplies and equipment they need to provide effective prehospital care.

No longer would the scoop and run method to prehospital emergencies be employed; patients would be picked up and advanced treatment would be

administered while they are being taken to hospital in the emergency ambulance. According to research, this type of intervention has been known to decrease mortality, prevent premature deaths, sustain life and improve patient outcome. Through the implementation of this Bill, the chances of someone who receives advanced life support, dying would be significantly decreased.

Madam Deputy Speaker, regulating the prehospital emergency care or mobile emergency care ambulance services, the licensing of ambulances, including those owned by private emergency ambulance service providers, the regulation of the standards, quality and equipment of those vehicles, as well as the regulation of emergency medical personnel is, therefore, a necessity if we are to get the desired results for patients, who come into contact with these services.

Again, regulation in this area is of utmost importance, if we are to meet the international standards set for emergency medical services. This Bill provides the legal framework to regulate this critical medical service and will ensure that there exists a well equipped and efficient ambulance fleet. There is an efficient emergency ambulance dispatch system, which also includes giving the information to the patient or other persons, until the ambulance arrives, that there are emergency medical personnel who are trained to provide prehospital advanced medical support and that there is a reliable communication system from the ambulance to the emergency room, through online medical control, which I explained earlier.

One may ask the question: Why regulate? At present, anyone can purchase an ambulance, hire two or more persons to pick up ill or injured persons and drop them off to receive treatment for their illness or injury. Through this Bill, this practice would cease, because it mandates that anyone desirous of operating an emergency ambulance service in this country could only do so if they have a licence to operate, which would be issued by the Minister, according to clause 21.

The issuance of a licence is only done when all the requirements for the application process are fulfilled. The committee's recommendations to the Minister is to grant or refuse the licence. Additionally, all ambulances will have to be registered and inspected. Random checks of these vehicles would be made by certified inspectors or inspection teams, as noted in clause 15, thus ensuring that the condition of the ambulances, owned privately or by State, are maintained according to the stipulated standards set out. As a result, this Bill seeks to establish a National Emergency Services Authority, according to clause 5.

This authority is governed by a board of directors who are responsible for the delivery of a National Emergency Ambulance Service. Additional responsibilities

of the board are comprehensively outlined in clause 8. This type of regulation is needed at this point, again to reemphasize, because there have been a number of complaints about the condition and quality of ambulances and concerns surrounding the level of training of personnel, which has also impacted on the level of public confidence in these individuals.

The Bill, therefore, seeks to ensure that people of this country get the best possible prehospital emergency care; not only through the proper equipping of the ambulances, but also through the regulation of emergency medical personnel.

It should be noted that there are currently 500 emergency medical technicians in this country; 265 of these persons work for the public health sector and have been exposed to basic training. There is, however, some ambivalence regarding the level of training provided for some of these EMTs who work for several institutions that hire them.

These personnel must be regulated as well to ensure efficiency and quality in the delivery of the advanced life support emergency service they will be providing to the persons who come under their care. It should be noted that every profession connected to the field of medicine is regulated by an Act, except the EMTs. Regulation and continuous training of these individuals increases their level of accountability, as well as increases public confidence in their ability to perform the duties they have been hired to perform.

The Ministry of Health, in recognizing the importance of training, proposes to involve each EMT in 450 contact hours of training early next year. Providers will also be required to conduct in-house training for EMTs that they have employed. The Bill also seeks to ensure that these persons are registered to practise in the emergency medical field in this country.

Clause 37 provides for the establishment of the Emergency Medical Personnel Board of Trinidad and Tobago. This Board shall consist of all registered emergency medical personnel and shall carry out registration of personnel, keep and review a register of EMTs and regulate the profession, together with a number of other functions that are listed in clause 39 of the Bill.

Clause 40 indicates that the Emergency Medical Personnel Board would be governed by a council which would consist of elected and non-elected members. It should also be highlighted that at the commencement of this Act, the Minister would appoint an interim council. This council will only be responsible for the registration of the existing emergency medical personnel and will facilitate the election of the members of the council of the Emergency Medical Personnel Board. After this, the interim council will cease to exist.

The Bill also makes provision for emergency medical personnel who are unable to perform his or her duty, due to mental or physical disability, to be suspended from practice; for the council to exercise disciplinary powers over members; for appeals from decisions of the council and reinstatement, according to clauses 54, 55, 56 and 57 respectively.

The implementation of this Bill would provide a greater level of monitoring for the private sector emergency ambulance providers and increase public confidence in the emergency medical personnel, who would be better trained to provide advanced life support for persons being transported to the hospital.

This Bill is timely and would make a significant contribution to the overall transformation of the health sector. [*Desk thumping*]

The Minister of Health and the staff at the Ministry of Health must be commended for this well thought out Bill that would benefit all citizens. Madam Deputy Speaker, I give full support to this Bill.

Thank you.

Dr. Roodal Moonilal (*Oropouche East*): Madam Deputy Speaker, I will be extremely brief; I anticipate nothing more than 10 or 15 minutes.

Mr. Imbert: Thank you very much.

Dr. R. Moonilal: Like the Member for San Fernando East, it was not my intention to speak on this matter today, but on this side we believe that we should, at least, set the record straight on just a couple issues raised, in the very short contribution of the Member for San Fernando East, the Prime Minister.

Earlier in the proceedings the Member for Caroni East raised an issue concerning medical practitioners at the hospital in Port of Spain. The Prime Minister responded to that and made several statements which I just want to deal with, very briefly.

I want to state for the record that when I indicated to the Prime Minister that I wished to raise a couple of questions during his contribution, that would really have saved an intervention, but the Prime Minister did not give way. I begin by saying that there is a reason why in the Opposition, and members of the UNC, we are very, very concerned with matters of equality and complaints of discrimination. We believe that one of the several problems facing Trinidad and Tobago and other developing countries, particularly countries that have been plagued by concerns of discrimination, and countries deemed to be plural societies, there is a concept called a plural society, that sociologists such as MG Smith and GS Furnivall developed.

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They dealt with societies like Guyana, Fiji. The Prime Minister raised the issue of Fiji and the political troubles that that country has faced for almost a generation, as they attempt to build consensus and to build a society that is harmonious. In Guyana, we also saw over the years that Guyana is a very plural society and they have had political troubles and social problems, and so on, emanating from their differences and their diversity. Trinidad and Tobago, thank God, has been spared some of the brutal, social and political outcomes of Fiji and Guyana and so on and there are several reasons for this. Among them may well be the issue of a middle class, an educated elite and so on, but also a stable political party structure in a Westminster system that gave rise to a certain stability.

The United National Congress, for the record, has always had a central concern on equality of opportunity for all citizens in Trinidad and Tobago [*Desk thumping*] and today, there is, in effect, a law in Trinidad and Tobago. It is called the Equal Opportunity Act; it is an Act that became law in 2007, but it is an Act of 2000 and it was passed by the government of the United National Congress to meet and confront this issue of diversity, of differences.

I want to say to all of my friends opposite, that there is absolutely nothing wrong from our perspective, in confronting the issue of diversity; absolutely nothing is wrong with that. [*Desk thumping*] There is absolutely nothing wrong in confronting complaints; there is absolutely nothing wrong—let me finish, because I will take a couple minutes. If you wish to interrupt me, I will give way. If you wish to interrupt me when I am speaking, I will give way. I wanted to ask the Prime Minister, is he saying—is the Prime Minister of Trinidad and Tobago saying that a discussion on diversity, race and opportunity is not a discussion for the Parliament of Trinidad and Tobago? Is the Prime Minister saying that? Because that, to me, I humbly suggest, is a dangerous statement; is a dangerous thought process where a Prime Minister or a leader could suggest that raising complaints of inequality should not be raised in the Parliament.

If we cannot raise complaints of inequality in the Parliament, then really we should raise it nowhere else. The Parliament is the seat of democracy. [*Desk thumping*] That is where the leaders, elected by constituents and the national community come to bring their complaints. We do not dream up these complaints.

I want to indicate to my colleagues opposite and the Prime Minister, when we sleep in Caroni East or Ste. Madeleine or Rienzi Complex, wherever, we do not dream these issues; it is our constituents who make complaints; it is members of the national

community. I want to say that the UNC stands firm on this issue of equality of opportunity. [*Desk thumping*] This is why, when we were in government, we passed not only the Equal Opportunity Act, but the Judicial Review legislation, so that today Feroza Ramjohn, Ganga-Persad Kissoon, Hardath Maharaj and others, take advantage of the legislation passed by the UNC to get equal treatment and social justice at the courts of the Trinidad and Tobago. [*Desk thumping*]

Equality is not for one race. There is no living human being that has championed the cause of equality more than Nelson Mandela and he said in his book, *Long Road to Freedom*, "Equality belongs to no one group, no one race; it is for all." So anyone who speaks on discrimination, issues of equality, equality of opportunity, it is not for a race; it is not for a group; it is for all and to liberate a society—[*Desk thumping*] and truly reach developed country status which we aim for. That can never happen unless you treat all equally, unless you provide your state resources to all on the basis of equality, and the first step, Prime Minister, is when a government or a leader acknowledges that there may be a problem and let us meet and treat with the problem, rather than attempt to assassinate the messenger.

The Member for Caroni East raised an issue. You may wish to ask the Member for Caroni East: Could you elaborate on this issue? You may wish to ask the Member for Caroni East: Could you bring more evidence and elaborate? But, you see, when you take an approach that "I do not want to hear you", that is a dangerous approach. [*Desk thumping*] No leadership can do that, particularly in plural societies.

It does not work that way. The Member for Caroni Central raised the issue, when the very Prime Minister was in another incarnation—and I will not spend time on that—he did raise the issue of "Petrosingh". He looked at the management structure in Petrotrin and referred to it as "Petrosingh". He was raising what, to him, was an important national issue. You were raising what you considered then to be a legitimate issue. What is wrong now if we in the Opposition today also raise that issue? [*Desk thumping*]

It was the former Minister of Trade and Industry, the hon. Ken Valley, who then as Leader of Opposition Business in the House, came to the House with a list of persons to get entry into the coast guard. He raised an issue which for him was an important issue. He said he found that there was an ethnic imbalance in the list and Mr. Valley stood there and raised it. It was an important issue for him and he was allowed to—let me tell you something. When you were talking, I said to myself that as long as I speak in this Parliament I would never give way to you, but I would change my mind now and give way.

Mr. Manning: Madam Deputy Speaker, I thank the hon. Member for Oropouche East for giving way. I want to ask him if he believes that the statement made by the very distinguished Member for Caroni East was, indeed, a statement made in an academic context raising an issue of which there was genuine concern, or whether you believe that the Member for Caroni East, saying what he said, which was that somebody told him that there was ethnic cleansing among doctors at the Port of Spain General Hospital, whether that was a responsible way of raising a matter however legitimate he may have thought the matter to be. Tell me if you believe that.

Mr. S. Panday: When you said “Petrosingh”, you had the evidence? [*Crosstalk*]

Dr. R. Moonilal: Madam Deputy Speaker, I want to tell the Prime Minister that as Prime Minister, you are the Prime Minister for the entire country. [*Desk thumping*] Never forget that. The entire country may not support you; the entire country, certainly, will not vote for you, but you are really the Prime Minister of the entire country. When the Member for Caroni East raised an issue, the issue he raised may not be in the language that you like; he may not have raised it in the way that you like, but he is raising an issue of inequality of treatment.

Mr. Imbert: No, he did not.

Dr. R. Moonilal: That is the issue he is raising. He is raising an issue of imbalance. [*Desk thumping*] That is the issue he is raising.

Mr. Imbert: He said ethnic cleansing.

Dr. R. Moonilal: I want to end now by saying that the Member for Member for Caroni East raised an issue of imbalance. If he is wrong, you can bring the evidence and the data and demonstrate that he is wrong. You can do it; no problem at all. But the approach in saying that the issue should not be raised is a dangerous approach in the plural society. [*Desk thumping*]

I want to end now because the 15 minutes is finished. I want to say, this approach, Prime Minister, explain why at the court in Port of Spain at the Hall of Justice, almost every Monday morning there is a judgment condemning your approach to governance as it relates to promotion, hiring and selection. You can now pile up in your library, judgments against you as Prime Minister from public officers who believe that they were wronged and to whom the court has agreed.

All I am saying is—I am not going to press the issue—it is something for you to consider and I leave it there. There is no need to go further. It may be systemic

and it is a problem that whichever party is in government will confront the problem of pluralism, diversity and managing complaints of discrimination. Your approach, I humbly suggest, may not be the current approach.

I leave it there and I thank you. [*Desk thumping*]

The Minister of Information (Hon. Neil Parsanlal): Madam Deputy Speaker, I rise to join this debate at a juncture in which I had really hoped I would never have to enter a debate in this august Chamber.

Mr. Partap: Then sit down.

Hon. N. Parsanlal: The comment from the Member for Cumuto/Manzanilla is typical of what we, as the younger Members of this House, have come to experience from that side. It is a sad day when in the course of a debate, a debate that is designed to give effect to a measure that would bring relief to thousands and thousands of our citizens; it is a sad day when that debate is allowed to degenerate in the manner in which it has. [*Desk thumping*]

When we came into this House 20 months ago, we were called neophytes; we were called all sorts of things and we were called that way by those who sit now on the front bench of that side, because they had the experience and they were there to teach us neophytes a thing or two. But what we had today, the experience we have had today from the distinguished Member for Caroni East and followed up by the distinguished Member for Oropouche East is a tragedy of immense proportions. [*Desk thumping*] And I will go on to demonstrate why.

You see, it is not a question of whether we ought to discuss the issue of race or not. That is not the issue. It is not the issue of whether or not we should talk about equality. That is a moot point. But when the Member for Caroni East gets up and talks with such vitriol and invective about ethnic cleansing at the Port of Spain General Hospital, it makes you wonder about motive.

I am not here to impute improper motives on the goodly gentleman; I am not going to do that. But the point that the hon. Prime Minister has sought and the point that we are going to make on this side and we will continue to make is not what you do, it is how you do it. And what we see—and I will demonstrate—is a pattern from the Member for Caroni East and I dare say we wait with bated breath for the Member for Fyzabad, because that is exactly what is going to come.

The Member for Oropouche East speaks all the time but he is a little more eloquent than the others. He is a little more eloquent; he is a little more cautious; he is a little more clever than the others on his side, and perhaps, Member for

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Oropouche East, had the Member for Caroni East adopted the tone and the inflection that you did as you presented your case, then we might not have been in the position that we now find ourselves. [*Desk thumping*]

7.45 p.m.

You see, we are told that once is a mistake and twice is a habit. The Member for Caroni East has a penchant for describing anything dealing with the medical fraternity—from the time you say medical fraternity, he gets upset as if the medical fraternity is his exclusive preserve. I say to him and the national community that the medical fraternity is not the exclusive preserve of the Member for Caroni East or the Member for Lopinot/Bon Air West. It is for all of us. That is why the People's National Movement would continue to ensure that all our citizens have equal access to every facility available to them. [*Desk thumping*] That is why we will do it.

I will demonstrate yet again, Member for Caroni East, the hypocrisy that emanates from that side. Every time we talk about scholarships or something for the medical fraternity—[*Crosstalk*]

Madam Deputy Speaker: Hon. Members, please. Hon. Member for Caroni East, you spoke for almost 75 minutes, as well as hon. Members on this side, some did not speak. You certainly have the freedom to speak if you choose to do so. Please do not disturb the hon. Member for Lopinot/Bon Air West.

Hon. N. Parsanlal: Thank you very much, Madam Deputy Speaker. Every time there is a discussion in this House and the term "UTT" is mentioned, the Member for Caroni East pops a blood vessel. Every time something is said about the medical fraternity and medical students, the Member for Caroni East gets up on his high horse, and the first thing he cries is discrimination. It is almost as though someone or some group is threatening to break the glass ceiling, as it were, that once existed at the medical faculty at St. Augustine. [*Desk thumping*] We talk at length about St. George's University and there is always the cry of discrimination and the scholarships are not advertised or that no one should have been sent there.

I will read into the record again the date was Tuesday February 06, 2007. The erstwhile Member for Caroni East, then hon. Senator stood in the Upper House and raised a Motion on the Adjournment with respect to the same scholarships. On that occasion the then Minister of Public Administration and Information, Sen. the Hon. Dr. Lenny Saith outlined a clear case and showed the hon. Member chapter and verse of what happens with respect to the selection of persons for St. George's University. Since February 2007, more than two years ago, Member for Caroni East, you had this information in your possession. More than two years

ago you were shown very clearly, all the advertisements for scholarships for 2003, 2004, 2005, 2006 and 2007. It was also demonstrated to you, Member for Caroni East, beyond a shadow of a doubt that there is an independent scholarships committee at the Ministry of Public Administration comprising senior public servants including two Permanent Secretaries who sit and adjudicate on a merit list that is sent to them by St. George's University. Nobody in the PNM comes up with that list.

A merit list is provided by St. George's University. You know that Member for Caroni East. You are aware of it and you ought not as a senior Member in this House come here week after week and attempt to mislead the population. What you are saying declares yourself as a stranger to the truth. [*Interruption*] I never said that you are a liar. If you wish to ascribe such appellation to yourself, well then, you are free to do it. All the evidence is here.

Dr. Gopeesingh: Madam Deputy Speaker, Standing Order 35.

Madam Deputy Speaker: No. Not on this occasion. Continue.

Hon. N. Parsanlal: As a senior Member you would realize that parliamentary language allows for stranger to the truth especially when it is true.

PROCEDURAL MOTION

The Minister of Works and Transport (Hon. Colm Imbert): Madam Deputy Speaker, I apologize. I was distracted by the Opposition Chief whip. In accordance with Standing Order 20, I beg to move that the House continues to sit until the conclusion of this Bill and the amendment to the T&TEC legislation.

Question put and agreed to.

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Hon. N. Parsanlal: I do not intend to prolong the response to the Member for Caroni East. I think that the point is made. There is a level of hypocrisy that emanates from that side, that says once we are introducing anything that will level the playing field—one remembers the hullabaloo that was created or erupted when the attempt was made to bring the entry requirements for the Medical Faculty at St. Augustine more in line with international standards. It was no longer a case of academic merit only or equality. This is what equality is about.

Medical faculties throughout the world do not only take people purely on the basis of academic merit. At St. George's University there are different criteria, but they must qualify. There is a matriculation exercise. It is only when they qualify

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and are accepted in the university a merit list is sent to the Ministry of Public Administration and a group of senior public servants then adjudicate on the matter. Outside of the public service, I am told by the Minister—there is nothing of a PNM cabal and party hacks as you will like to make it out.

When I was doing history years ago, there was a book on Caribbean history we used and it was written by a guy called D. H. Browne. There is a quotation that I am reminded of and it has stayed with me for a long time. The quotation says:

It is the ignorance of the negro; it is the arrogance of the brown man and the pride and prejudice of the whites that will continue to frustrate for some time, to frustrate the endeavours to amalgamate their interests.

We have a duty in this Parliament to ensure that all the attempts to amalgamate our interests, no matter where we; what colour or creed we find ourselves in; what political persuasion we might be, we have a duty in this House to demonstrate a level of responsibility that all those looking at us from the outside can say to themselves, we do in fact have leadership at the top of our society. We do in fact have leadership amongst our politicians. It is a sad day when the Member for Caroni East can utter the words he did and feel that he was perfectly right, unabashedly, and make absolutely no apology for it.

[MR. SPEAKER *in the Chair*]

It reminds me and those statements and attempts to speak to the baser instincts of persons in the society usually come out at very specific times. It is akin to drowning men clutching at straws. As they see their very existence dissipating before them, the rugs being pulled from under them, they grab and call out for that which is basest to the society. They appeal to the race of the society.

That has to be deplored in the strongest of language. [*Desk thumping*] It must be deplored. We passed that stage long time. Come to the people on your merits. Let the people decide on your merit. What is your vision for them? Is it the failed leadership that you are exercising now or something that could come better? We in the People's National Movement have a vision. When the Member for Caroni East says that he looked through the whole of the Vision 2020 document and did not see anything about the Ambulance Bill, I wonder. This is a man who sat as a minister of government. In case he missed it, let me tell him.

Dr. Gopeesingh: Standing Order 36(1).

Mr. Speaker: I have just entered the Chamber. I was listening in the room and 36(1) relates to relevance. I think he is responding to the Member for Caroni Central.

Hon. N. Parsanlal: I wonder about my friend, the Member for Caroni East. I will not ascribe onto him the things that the Member for Diego Martin North/East says.

Mr. Speaker: As I said, I was here and I was in my chamber. If we have to blame somebody for the straying from this Bill, then perhaps, unfortunately, my good friend, the Member for Caroni East, is the author. [*Crosstalk*] The hon. Member for Caroni East raised an issue which prompted a response from the Prime Minister. From what I am observing, this whole debate has gone off track. I think on both sides you have had your say. I am appealing to both sides to come back to the Bill before us.

8.00 p.m.

Hon. N. Parsanlal: That is all we are doing; getting an emergency ambulance to rescue the Member for Caroni East from his own myopia perhaps, but I am not going to deal with him anymore.

The Member for Caroni Central, in his contribution, indicated that he was not aware that there was reference to the ambulance Bill anywhere in the Vision 2020 document. I just want to share with him what the document says about health care and he will understand where we derive emergency ambulance health from. It says, in pillar four, which is Developing a Nurturing and Caring Society, that all citizens will be empowered to lead long, healthy lifestyles and have adequate access to an efficient health care delivery system.

As we roll out an efficient health care delivery system, Mr. Speaker, an emergency ambulance authority is part of that delivery. An emergency ambulance authority and the regulation of that is part of that delivery. If he expects to see everything spelt out in the document, he is not going to see that. But you have a broad parameter and then you derive from that the essential elements of your plan. So we have a vision and this Bill seeks to bring a level of quality control to what exists in an otherwise unregulated system. We are seeking to establish standard operating procedures and to put the mechanisms in place through which certain minimum standards will be set for the delivery of an efficient health care system.

Why would anyone want to oppose such a system? Why would anyone not want to see the development of an appropriate and efficient health care delivery system? Why would anyone want to continue with the madness that exists; with the proliferation of a million and one private organizations doing what they want, as they want and how they wish? Why would anyone want to see that? Why would any sensible Member of the Opposition not want to ensure that there is adequate regulation?

I had the privilege, in 1999, to work at the South West Regional Health Authority. It was in that period that the emergency health system was brought in. I had the privilege then of working with the emergency medical technicians. In fact, I was part of their training programme. I would ensure that the customer service and communications element of their training programme was done and done well. So I have first-hand knowledge of it.

What existed then certainly cannot compare with what exists now, what we are attempting to bring into fruition. Once you do this and you expose your EMTs to 450 hours of training, you come up with an emergency medical technician, emergency medical dispatcher and all of those can now transfer that learning anywhere in the world. They are no longer being trained only for Trinidad and Tobago. We can train them and they can operate anywhere in the world and that is the mistake that hon. Members opposite continue to make.

They see themselves only in a small area of Trinidad. They do not even see themselves in Tobago. They see themselves only in a small area in Trinidad, but we are trying to ensure that it is locally bred, but worldwide interested. We are trying to get a system in place to ensure we can meet and beat any standard set by any jurisdiction in the world. That is why the Minister of Health can boast of what PAHO says about the system we are trying to put into operation here in Trinidad and Tobago.

I will not talk about the second-hand ambulances that came to South West. If I start to talk about them, I may be forced to go elsewhere and I do not want to do that. The debate has already gone off track and we are trying to bring it back.

It is important that we understand that the grave concern being expressed by Members opposite is certainly with respect to ministerial responsibility. The argument is—and it was an argument that we heard in the other place—that the Minister has too much power to hire. We have to come to a point in this country where we begin to understand ministerial responsibility and accountability.

We ought not to have a situation where every day, Tom, Dick and Harry curses the Minister left, right and centre because he cannot get an ambulance and the Minister himself has no authority to commandeer an ambulance. You cannot have a situation where a Minister—and all of us here who are Ministers experience it and those on the other side would have experienced it as well—has all kinds of titles, but absolutely no authority. We are trying to ensure that the Minister has the requisite authority, guided by the Parliament, to ensure that we have a workable solution to ensuring that we have ambulances that are available and accessible to the people of Trinidad and Tobago. That is all we are trying to do.

I wonder about the inconsistency we hear on that side. On the one hand, the Member for Caroni East speaks about the power being given to the Minister via the Bill. The Member for Caroni Central then got up and said that perhaps we should establish the committees by Cabinet. On the one hand, you are saying somebody should be doing it; it should come through the legislation and all kinds of other persons; the Minister should not do it; then the Member for Caroni Central gets up and says that all we have to do is to send a Cabinet Note and establish the committee and because it is a Cabinet Note, then you can change it anyhow you want.

What is more whimsical than that approach to the legislation? That certainly would put a lot more power in the hands of the Minister. What are you really saying? What is the point you are making? As far as that is concerned, you are being very inconsistent, and if you propose an amendment or something that will strengthen the legislation, at least let us get something consistent from that side.

The Member for Caroni Central, fortunate because in a previous incarnation he too was a Minister of Health, understands very well the dilemma that the current Minister of Health is facing. One of the things he said was: How could you attempt to bring a Bill such as this where one of the pillars is ensuring that people have access—that people are picked up; the second part is that they are treated with some pre-hospital care and the third part is that they are delivered to the hospital? He was arguing about the sense in bringing the Bill to the Parliament when there is nothing to stop you when you get to the hospital from taking three days to get a bed.

It is almost as though we have to fix everything in the world before we bring legislation. You have to make sure everything is right before you bring the legislation, but the Member for Caroni Central ought to know better. When he was Minister of Health, as the Member for Diego Martin North/East was Minister of Health and the current Sen. The Hon. Jerry Narace is Minister of Health, they would all be aware, as I was and am, of what obtains at the San Fernando General Hospital. They would all be aware how we as citizens treat our very own. They would all be aware of the ward at the San Fernando General Hospital that houses abandoned children and requires the services of all the medical personnel—doctors, nurses, orderlies; everyone. We even had a situation where a doctor was living in the hospital. We remember that.

So when we talk glibly about overcrowding at the nation's hospitals and why you are doing this and then you bring them to the hospital and there is no bed for them, we need to bring the entire thing into perspective and it is only then we will understand why the nation's health system is the way it is.

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Why, for instance, around the San Fernando General Hospital, there is a proliferation of private hospitals? Staffed by whom? Certainly not by the vendors that sell at the entrance of the hospital. Why is that? Ask the nurses and they will give you the answer. That is why there is overcrowding. Every time the situation gets dire, we have to move people from the general hospital into the private hospitals. Who benefits? The people of Trinidad and Tobago must be aware of that. We cannot simply come here and talk about overcrowding of the hospitals as glibly as we do.

This Bill seeks to bring some sanity to an otherwise insane situation. It seeks to bring regulation to a previously unregulated area. It seeks to bring order where there is disorder and that is why we commend the Minister of Health for his fortitude after enduring all he did in the other place and then to come in this place only to suffer again at the hands of the Member for Caroni East. In so doing, we commend this Bill to the entire House for support.

Mr. Speaker, I thank you.

8.15 p.m.

Mr. Nizam Baksh (*Naparima*): Mr. Speaker, after listening to all the bantering, I think we have settled down now. The old people have a saying: "Cockroach eh have no right in fowl business."

As I listened to the hon. Minister earlier this evening, it made me feel like I was in a First World Parliament. Look at the reality of what we are facing here in this country, the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009 have come at a time when the health care of this country is at the lowest ebb. The tears and fears of citizens are overflowing as young babies and children die at our hospitals for want of proper care. Citizens, especially our senior citizens, complain of long wait at health facilities for attention and medication. Pregnant mothers cannot obtain beds at hospitals. The entire health sector needs emergency overhauling.

As we speak of this Bill, what treatment will be given to the persons on arrival, as they are brought by the ambulance service? It is our experience at the accident emergency centres of these hospitals, when the accident victims go there, they have to wait for long periods for the arrival of a medical doctor for treatment. This is something we have to tend to. While we are offering an emergency ambulance service, we have to look at what is the position when the patients come at the hospital and what nature of treatment they get. What is our track record for post arrival emergency treatment? This Bill will not allay the fears of the citizens

who are becoming desperate as they experience a frightening and alarming decline in the delivery of proper and adequate health care in Trinidad and Tobago. There is the total lack of confidence by the population in the Government's ability to deliver.

The Bill seeks to create authorities when the track record of authorities in this country leaves a great deal to be desired as they lack credibility, accountability and transparency. The only transparency in the Bill is the authority of the Minister to appoint and disappoint as he wishes.

I have conducted some research of the *Hansard* record of the debate of this Bill in the other place. The record shows that the first reading was on January 09, 2009, the second reading commenced on February 10, 2009 and continued on February 17, March 03 and April 07, 2009. The third reading and passage took place on June 16, 2009, after a committee report was laid and debated.

It took more than seven months for this Bill to reach this honourable House, from the other place. This extended period of time tells me, in no uncertain terms, the level of urgency and importance which this PNM Government commits to the Bill. This tells us on this side that the Bill is not critical to them. Over the past seven years, this PNM Government has debated and passed Bills within a one-week or two-week period. This Bill took more than seven months to reach us. I do not think that this Government is serious about the establishment of an Emergency Ambulance Service Authority. Moreover, I perused the Bill and I have noted the elaborate and extensive areas which it covers. All these instruments or provisions will entail extensive administrative structures and organizational framework. Given the implementation disability of the PNM, I could well see the debate and ultimate passing of this Bill just as another exercise in futility.

I do not think that this Bill would ever see the silver lining at the other end. Within the past few years, this honourable House has debated and passed several pieces of important legislation, which have never seen the light of day. I would give one or two examples: the DNA Bill, the Children Authority (Amdt.) Bill, the Children's Community Residences, Foster Homes and Nurseries Bill, the Children Bill and the Status of Children (Amdt.) Bill. Apart from these—my colleague on this side claims that he drafted all those Bills and they are still waiting for final approval—the breathalyzer legislation, which was introduced in this honourable House on October 04, 2006 and assented on July 26, 2007, is still awaiting proclamation. On a daily basis, we have accidents on our highways and on our roads and there are allegations that drunk driving has caused a number of these accidents. The Emergency Ambulance Services and the Emergency Medical Personnel Bill, 2009, like the breathalyzer legislation, may never see the light of day.

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Mr. Speaker, the regulatory emergency ambulance services means that the Bill will regulate emergency ambulance services, which are administered at present by ambulance service providers. My concern is who or what agency regulates the services of the ambulance providers at present? What will happen to the current regulators?

I look at the Emergency Ambulance Regulatory Committee, clause 4. This comprises nine members, all appointed by the Minister of Health. There will be two medical practitioners with relevant experience. There is no indication that these will represent any particular institution. Those from the Regional Health Authorities will represent the political appointment of the Minister of Health, because he also appoints the board of the health authorities. There are Five Regional Health Authorities. This means that five members will come from these organizations. The entire regulatory committee will represent PNM political appointees, who will be required to tow the PNM party political influence. There will be one independent member on the regulatory committee.

We have heard it from the Member for Diego Martin North/East this evening. In this Bill, there are key stakeholders who are service providers. Who will represent the service providers on the committee? Should the service provider not be encouraged to form an association of service providers and be asked to nominate at least two members on the regulatory committee? There will be no one to look after the interest of the service providers.

Among the functions of the regulatory committee, they include evaluation and recommending of licences of the prospective service providers. Because of the reputation of the PNM to grant political patronage to supporters, we could anticipate preferential treatment for licences would mainly be granted in accordance with affiliation with the ruling party. The Minister of Health would approve licences for service providers. There is no doubt that political affiliation could play a determinant factor in the granting of licences. Persons who are not PNM financiers may not get a licence to operate as a service provider. We will wait with bated breath to see the outcome of this.

We also think about the regulatory committee at which there would be nine members appointed by the Minister of Health. Their role would be to advise and support the Minister on expert services, in respect of standards and specifications, evaluate and recommend to the Minister and instruct and direct the operations of the inspectors. Ministers can also direct Ministers to investigate and report within 72 hours. These are some of the stipulations. Of the nine members of the regulating committee, there are no representatives from among service providers or other stakeholders. This, to me, is very critical. The views of the service

providers are necessary and critical. This is the continuation and expansion of the dictatorial practices by this Government.

Clause 15(4), (5), (6) and (7) shows that the regulatory committee, as well as the Minister, directs and instructs the work of inspectors. This is a recipe for political dominance and influence. It shows that the Minister would be engaged in micromanagement. The Minister has ultimate responsibility to approve and grant a licence, on the basis of reports from inspectors and recommendations from the committee. This means that the Minister could initiate and instruct the work of inspectors and grant a licence within 72 hours. It reminds this House of the granting of a radio licence to a certain radio station—head of the Maha Sabha application for a licence. My colleague mentioned this earlier on. This provision reeks of nepotism, favouritism and political patronage.

The National Emergency Ambulance Services Authority, Part, III, clause 5 of the Bill, would be governed by a board of directors, comprising nine members appointed by the Minister. They shall have qualifications and training in the following disciplines:

- “(a) medicine;
- (b) medicine and emergency care;
- (c) law;
- (d) management;
- (e) accounts;
- (f) human resource management; or
- (g) information technology.”

I would like to make reference to the structure of the governing body of the ambulance services in South Australia, which was raised earlier by some Members here and look at another area of the ambulance services in South Australia. In South Australia, the Ambulance Services Act of 1992 states:

“The governing body of the association must comprise—

- (a) three members nominated by the Minister one of whom will be nominated by the Minister to be the presiding officer of the body; and
- (b) two members nominated by the Priory;”—that is the religious community and organization.

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- (c) one member who is a serving volunteer ambulance officer nominated by the Priory from a panel of three such officers selected by the advisory committee...
- (d) one member who is a person serving as a volunteer in the administration of the provision of ambulance services nominated by the Priory from a panel of three such persons selected by the advisory committee established...
- (e) a member of the Ambulance Employees Association nominated by that association; and
- (f) a member nominated by the United Trades and Labor Council..."

What you are seeing here in the Australian model is that they incorporate the assistance of all the stakeholders in that organization. We need to look at it as well, because we want the participation and the fullest support of all those service providers. This is not represented in this Bill today.

The South Australian model shows the extent to which the community and voluntary organizations are included in the administration of an emergency ambulance service. If this Bill becomes law, we will not have a single representation, either from the private service providers or the community. Every single member of the board will be handpicked PNM appointees, who will not have a voice of their own and will always tow the line of the party. This is a recipe for corruption and failure.

I looked at the functions of the National Ambulance Services Authority, clause 8(1). I have noted in the Bill that the functions of authority included a diverse range of responsibilities, some of which are as follows: the responsibility, from time to time, for the delivery of the National Emergency Ambulance Service and monitoring and evaluating of its services; and the monitoring of the quality of the emergency medical service purchased or provided. I will speak on this. I interpreted these different functions to mean that the authority would be solely responsible for the National Emergency Health Services of Trinidad and Tobago and that the said authority will have the power to provide the service or to procure the contractor or contractors for the service.

I further interpreted the scope of the authority to include the majority of ambulance services, which will be provided by the authority itself and that some of the services would be contracted out to private enterprise. There is going to be a mixture with the authority and it being contracted out of the enterprise as well.

I would like to single out the functions related to the purchase, upkeep and maintenance of a fleet of ambulances. These functions will entail heavy capital expenditure for purchase of ambulances and also heavy recurrent expenditure for maintenance and upkeep of ambulances and salaries for maintenance personnel.

8.30 p.m.

This would also entail a range of craftsmen, technicians and supervisors trained in the maintenance of vehicles. Given the experience we have with other ministries, like the Ministry of Works and Transport and the Ministry of Local Government and the protective services, where we have the ministries looking after the maintenance and the acquisition of these vehicles, we could see the long delays and the costs in providing these transport services.

My view is that over the years we could see the elaborate cost and so, and the agencies are plagued with financial allocation problems, financial release problems, availability of parts problems, on-time delivery problems, and of course, corruption in the award of contracts for supply of spares. It was against this background, I recall that the UNC produced the Vehicle Maintenance Company of Trinidad and Tobago (VMCOTT) and this, I understand is still working very well to this date.

I am strongly of the view that the entire Emergency Ambulance Services should be contracted out to the private enterprise and that the authority should be responsible for monitoring and servicing the contractors. This to my mind, will redound to quite a few benefits for the country. It would definitely be less costly in terms of capital expenditure, no recurrent expenditure and no maintenance of personnel will be needed for the maintenance of these ambulance services. There will be no need for financial provision for pension and gratuity of maintenance personnel, which have become a burden to taxpayers.

It is advisable that we focus more on outsourcing the services for the ambulances and so, rather than the Government embarking on purchasing and acquiring these services themselves. The outsourcing of the entire service would also mean that the authority will not compete with the private enterprise. In our economy we should allow and encourage private enterprise to grow and develop. We should not appear to be competing with them.

Only recently, the hon. Prime Minister of Trinidad and Tobago, indicated that the Ministry of Works and Transport should not be involved in the construction of highways, because this is better done by the private sector. This should be a guide in selecting the type of service we want for the ambulance services in this country.

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The services administered by the private enterprise are not plagued with delays, timidity, over-cautiousness, tediousness and excessive checks and balances, which emanate from the bureaucracy and especially politicization of the bureaucracy. If private enterprises need to purchase an ambulance to replace another which is out of service, that decision could be done in a day, unlike if it is done by the authority, which would take months because of the process which will include quotations, estimates, allocation, budgetary provisions, Cabinet approval and so forth.

There is no doubt that private enterprises are equipped with higher expertise, decisions are taken faster and implementation is more rapid and expeditious. Public enterprise cannot avoid delays, red tape, political influence and intervention. I would like to refer to the Canadian experience in which instance the service may be contracted out to one private company, which may turn out contracts to other sub-contractors, and this is because of the size of that country. Trinidad and Tobago would be better off with private enterprises established within each Regional Health Authority, so that we could have a number of these service providers within each regional authority. This will very well assist in a timely manner in reaching out to needy cases.

I looked at Part III, clause 9, which deals with “no personal liability...to any member of the board or personnel employed in the authority”. I am aware that legislative provision for most, if not all statutory authorities are provided for members of boards to be exempted from personal liability. The provision has always been accepted because members of the boards are really part-timers, who take decisions on the basis of recommendations from employees of the particular organizations. They are in fact, policy makers.

Personal liability therefore, rests with full-time workers. This provision has been accepted and practised on the premise that responsibility for liability in an organization must exist somewhere. In the case of the Emergency Ambulance Service Authority, no liability exists anywhere in the organization. This authority will be engaged in emergency operations which in itself is a high risk area.

Only last year an ambulance was involved in an accident and three occupants were severely burnt—I am sure we could recall that—and the Government footed the bill for treatment. This is a serious flaw in this Bill. There must be provisions for personal liability, because the operation of an ambulance service at all times is exposed to damage and destruction of person and property.

I do not know how a Bill of this nature could be drafted with the exclusion of personal liability anywhere in the organization. Is this honourable House aware

that insurance does not have coverage for accidents which may be caused by drunk driving, willful neglect or the operation of defective vehicles? What happens in the case where there is no personal liability from these insurance companies and the legislative provision? I am strongly recommending that personal liability must be included in the Bill, and it is important. The risk is too high to allow this exclusion.

Finally, I looked at Part IV, clause 24, where the Minister grants licences on the basis of evaluation and recommendations of the emergency ambulance regulating committee. Persons whose application for a licence has been refused, revoked or suspended by the Minister, could seek redress from an appeal committee. The Appeal Committee is appointed by the Minister.

This honourable House must note that the Minister granted licence in the first instance. The Bill empowers this said Minister to revoke or suspend the said licence. This said Bill also empowers the said Minister to appoint an appeal committee. The membership of this Appeal Committee will be selected and appointed by the Minister to review the work of the said Minister. This could never be expected to be fair and unbiased. Perception is that members would always be appointed from among those who will endorse the decision of the Minister. A case of Caesar onto Caesar. The decision of such a committee will always be in support of the views of the Minister to whom these members owe their appointment.

Mr. Speaker, as we speak about land ambulances, I think it is important for us to also look at incorporating the services of air ambulances as well, because we have situations in this country, because of the location of these land ambulances, it is going to take a long time to reach to deliver the appropriate services. Also, that would be the extent of deep sea drilling and so, you may have need, when you have emergencies on these platforms as well. So, there is going to be a need for air ambulances as well.

I want to look briefly at the Gladys Gafoor Commission of Enquiry, in the second part of its report into the operation and delivery of public health care services. The Enquiry report said:

“The national ambulance service has encountered numerous challenges over the years in providing an efficient service to the population.

Noting the importance which the World Health Organization (WHO) places on the role of ambulances or mobile emergency services, the Commission recalled the formation of the Emergency Health Services (EHS) under the former UNC government in 1999 and its management on the South West Regional Health Authority (SWRHA).”

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This is a case where, when this was introduced, I recall, when these ambulances were visiting the rural communities, the members of these communities said this was the first time they were hearing sirens and they were applauding it because it was the first time they were actually witnessing the services in these rural communities. This is something we took note of and the people were very satisfied with that service and today we need to extend this, to reach out fully to all our communities.

As I speak of the sirens today—it is just an aside here—we hear sirens blaring from other vehicles as well, and one of those that comes to mind immediately are those that are transporting the prisoners from Magistrates' Courts and other courts and so on. If you look at the way these people operate, you want to know that—I want to see the Prime Minister and when we have royal visitors in this country, they are given that kind of freedom and leeway on our highways and they break every traffic light and so on. I am not sure whether they are provided for in the law for this sort of thing, but if it is not, we need to look at it and address it.

There is another situation I observe that is developing, that when contractors want to transport their heavy equipment, they pay for the escort services of police. I thought that even though they are doing this, they need to observe all the traffic laws in this country, that when you approach a traffic light and it is red, you supposed to stop and wait until the light changes, but this is not so, they operate just like the prison services, where the policemen would come at the junction, stop the traffic and they get across. It is something we ought to know, whether this is lawlessness we are tolerating in this country.

It is only a UNC government that would turn the tide in the affairs of this country and restore the confidence of the people of Trinidad and Tobago.

I thank you very much.

Mrs. Indra Sinanan Ojah-Maharaj (*Toco/Sangre Grande*): Mr. Speaker, thank you for the opportunity to contribute to the debate on a matter of the provision and enhancement of this vital health service to the people of Trinidad and Tobago.

Before I make my contribution, I would like to say that I sat here and listened to this debate and was taken by surprise from my colleagues on the opposite side. It is a sad day to see, when this country is actually waiting, there are senior citizens, there are sick people, young and old, who are glued to their television sets, waiting to see the response and waiting to see the implementation of this Bill, when this Bill had to be taken down a road, which most of us here today

were taken by surprise, race factor kicked in, yes it did. The race factor kicked in. Was that really called for? I would not go down that road, I would get straight into my remarks.

I want to begin briefly be relating a story of a recent accident involving a constituent of mine. She was driving along the Toco road at about 5.00 a.m. one morning, on her way to work in Arima, when her vehicle picked up a skid. She ended up 150 feet away from the road, down a precipice, into the cold waters of the north coast. An ambulance had to be summoned and of course, there was none. One was eventually sent from the area of Port of Spain, because the few that were assigned to the Sangre Grande or the East-West Corridor were out on calls.

What happened to the ambulance at the Sangre Grande Hospital or the Toco Health Centre? Well, it was surprising to find out, in fact, we later found out that day that those ambulances were there on the compound.

8.45 p.m.

Because of the bureaucracy with the hospitals these ambulances could not have been sent to the site. As we are all aware in most health centres and hospitals, ambulances do not go out for those types of services except when called by the police. She was eventually taken to the Sangre Grande Hospital by the said ambulance that was sent from Port of Spain which arrived between the hours of 8.30 and 8.45 that said morning. She was then transferred because of the seriousness of her injuries, to the Mount Hope Medical Sciences Hospital only to be told of the many damages she got throughout her body which also included the visit of a neurosurgeon.

Mr. Speaker, I do not want to get into the discussion about why a neurosurgeon did not see this young lady until days after. When my colleague earlier on spoke about the race factor and brought all of those issues—but it is well known and it is a fact that a number of the doctors at the hospitals do have their practice at other areas in the country and we know—in fact it is evident enough, the facts are there, you can investigate them—sometimes they turn up to work and spend two or three hours and they are gone for the day. Hon. Members, only God was with that individual on that morning. To get into an accident at 5.30, go off the road down into a precipice and be given service between 8.30 and 8.45, my God, where are we? I thought I would have heard tonight support from the Opposition. I thought we would have been able to put some people to bed tonight with the hope and intentions of getting up tomorrow and saying, well at least I would live to get good medical care.

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The issue, Mr. Speaker, tells us of the need for a new management within the system. I say so because the National Emergency Ambulance Service needs this new legislation. I am very heartened that this would be effectively dealt with through this legislation here and for this and several other reasons I am happy to offer my support for the measure, as I am quite sure, the thousands of people in this country who are anxiously awaiting the implementation of this Bill. This Bill has been thoroughly debated in both Houses of Parliament and the final version for us today is the result of the collaboration of our best legislators on both sides of the House.

Let me at this time congratulate the Member of Parliament for Chaguanas West, Mr. Jack Warner for his contribution which was outstanding. [*Desk thumping*] In addition, the Joint Select Committee has fine-tuned some measures to create legislation that is most relevant to the delivery of health care to the people of Trinidad and Tobago. In my view, Members of the committee deserve our commendation. Hon. Members on both sides of the House are quite knowledgeable of the provision of this legislation which would essentially address two key umbrella matters:

- 1) Regulation of the system and governance of the procedure;
- 2) Providing the best possible care in times of health emergencies.

Mr. Speaker, this is all aimed at a simple purpose. It all ties in with the Government's stated objective, creating a health care service that sets new standards, and in the process ensuring that citizens can enjoy long and healthy lives. In addition, in securing a mandate from the electorate, the ruling party had promised to continue to improve the delivery of health care at all levels and promoting healthy lifestyles. That is what we are doing here today. [*Desk thumping*] We are delivering what we promised.

For my part, I want to briefly address concerns that have been aired during the prior debate of the legislation and assure all that the Minister of Health will deliver what was put in the package. Will the Bill help ensure that ambulances are properly located across the country? That was a question raised sometime earlier. The truth is that the National Emergency Ambulance Services Authority would have the responsibility of ensuring that there are smooth emergency and ambulance services.

The Bill indicates ambulances are to be strategically assigned to Trinidad and Tobago, Mr. Speaker, not as the system is at present where an ambulance has to leave Port of Spain to come to Cumana some three and a half hours after. I

remember sometime ago that an air ambulance took someone to Florida in a mere three hours. Is that what our people are worth, while we had two ambulances sitting within a one-hour drive?

Another question was whether ambulances would be properly equipped. With respect to that, the Emergency Ambulance Regulatory Committee, a creature of this legislation, would recommend to the Minister minimum medical equipment to be placed on ambulances.

Thirdly, was the query about whether ambulances would be readily available for emergency calls. The National Emergency Ambulance Services Authority would be empowered to ensure such a service. Then there is the related question as to whether ambulance would respond promptly. Is that not what this legislation is all about? This is what we are trying to change in this country. The authority is being mandated to develop a communication system for this service along with a coordinating trauma care system.

In the case of the young lady from Cumana, had there been such a system, we would not have had to wait three and a half hours. The results of these two facilities would be the ability to respond quickly and efficiently. A further question is whether ambulances would be available to deliver the required emergency services with due care, diligence and competence. This falls within the ambit of the regulatory committee and the emergency personnel on board the ambulance whose council would regulate the relevant medical personnel.

Mr. Speaker, still another matter pertains to the monitoring and evaluation of the system here. This is where the regulatory committee would advise the Minister. It is not a one-man shop as my colleagues on the other side were trying to put it across. This committee has the responsibility of monitoring the professional function of the service. A seventh query relates to whether there is room for dealing with public complaints. The legislation also provides for the establishment of the Complaints Review Committee. Never before was that available in this country.

Hon. Members, this is a piece of flawless legislation which could have been dealt with and thousands of people glued to their television could be going to bed tonight with a bit of ease that this was passed. For this, credit must be given to the hon. Minister for laying such a Bill today in this House. Also, to the contributors of both Houses who made valuable recommendations. The episode involving my constituent may have been one example of a blemish in the system. Are there many more right here? I am sure there are thousands out there, but I could assure

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you that with all of you coming together tonight and having similar experiences we can all put an end to this, and while the national emergency ambulance system has generally worked well and served Trinidad and Tobago efficiently within its scope, this legislation seems to update and tweak the system to provide the required machinery for management of the service and for supported and related matters for a better quality and delivery of service.

It also introduced a modern and appropriate regulatory system, and this is all part of our Vision 2020 led by the hon. Member for San Fernando East and hon. Prime Minister, a man who had a vision which is envied by many. That backdrop to this improvement is the fact that there has been an increase in incident related to accidents and emergency cases. The raw data indicates that this is so, just check it for yourselves, Members, there is enough evidence to show with the increase of emergency cases. Rapid and efficient response could make a difference between life and death, or between returning to a good quality life or suffering as a human vegetable.

Mr. Speaker, this legislation before us today, therefore, leads to the reduction of premature deaths. There has never been before such an urgent need for the provision of the system as there is now. All of us here today have been entrusted by our constituents for legislation like this. This Bill is for all. It is for the young lady in Cumuna, for Ms. Jean in Pointe-a-Pierre, for Ellis in Chaguaramas. It is for the rich and the poor. As I stand here I am convinced that this is going to work. This is what I owe to my constituents, to ensure that this Government could deliver a service, a service, when, at times, none of us, or any one of them could be in a position where they cannot speak, they cannot say a word and their lives are in the hands of a stranger. Thank God it will be in the hands of the Minister of Health under this PNM administration with this new legislation.

9.00 p.m.

The passing of this Bill here today, would effectively help those in need at a time when time is of the essence, when they, as I said, are in no position to even answer a question. Modern technology, well-trained health care personnel and a generally improved system, are boosting this specialized service in several developed countries. There are advances in emergency basic life support and critical care of patient-in-mobile medical services. That, Mr. Speaker, is the pathway this legislation takes us to. Indeed, even more and even now, this system is much more modern than it used to be. I admit that there is a lot more that can be done, but at present, advice is given as soon as a call is made to the emergency centres. Also, clinical treatment begins at the scene of the incident and is maintained by the EMT on the way to the hospital emergency rooms.

In addition, the legislation would address matters such as quality standard, and the provision of the required equipment for ambulance. Emergency medical personnel would also join other professionals in the health sector in being regulated. This I assure you under this legislation. This is the way it should be. In fact, that is what exists in modern and developed countries. With a regulation of these emergency technicians, citizens would be able to have a better quality of health care, especially since they are dealing with possible life and death situations. These health care providers are at the core of the system. Therefore, no one would deny the need for critical regulations.

Mr. Speaker, in an emergency, every second counts for our constituents, our family and our friends. This is not the time for a complicated administrative and procedural system, it is just a time to get this Bill passed for the betterment of all. Life threatening situations and circumstances call for a smooth, efficient and professional service. I have read what obtains in the modern societies including Singapore, to which Trinidad and Tobago's developed programmes have often been linked. I am happy that the improved administration and regulated system would be a fact of life with the passage of this legislation. This is further reinforced by the fact that the service will now be better equipped for national disaster. The available resources would be properly and efficiently managed and aligned for such disasters.

Mr. Speaker, I end by again commending the hon. Minister for working to deliver an overall health care system that Trinidad and Tobago deserves and is entitled to, and it took this administration to bring such a Bill to this honourable House. This policy approach is to facilitate citizens; citizens from this country; citizens who our Prime Minister in his Vision 2020 mission said, "Living long healthy and fruitful lives is a must." And in that respect, the Minister has undertaken radical improvements throughout the sector. There is of course, a primary responsibility on citizens to do their part, but the authorities have also a critical role in delivering a public health system that is working.

All the central aspects with respect to emergency ambulance services and emergency medical personnel, I now urge all Members of this House to support this Bill as it may be one of us here tonight who may be in need of such a service, or it may be a member of our family, a friend, and as I have said before, a member of the constituencies throughout Trinidad and Tobago. It is against that backdrop, I am most pleased to support and endorse the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009.

I thank you very much. [*Desk thumping*]

Mr. Chandresh Sharma (Fyzabad): Let us do some exercises: breathe in, breathe out, get ready. Thank you, Mr. Speaker. The Prime Minister did indicate that part of today's session will be a little training for the new Members. I think they did well. The Member for Diego Martin Central did excellent; the Member for Arouca/Maloney; and of course, the Member for Toco/Sangre Grande. Any other new Members spoke? No?

Hon. Member: Arima.

Mr. C. Sharma: Arima? You do not know what is new. Anyway, what emerged in today's debate to a large extent is that a number of factors were hidden. [*Crosstalk*]

Mr. Speaker: Order!

Mr. C. Sharma: We heard a lot about race, and it came from all the Government Members strange enough, starting with the Member for Diego Martin East, North/West, whichever constituency it is. Now, the Prime Minister did intervene and expressed some dissatisfaction on a matter raised by the distinguished Member for Caroni East, and in Trinidad and Tobago such matters occur every day.

In fact, when you look at what obtains in the court, we saw in yesterday's newspaper, the Assistant Transport Commissioner, Mr. Maharaj, having to go to the High Court to obtain redress, and the court did rule that he was discriminated against. You saw the case of Gangar Persad Kissoon and the case of Feroza Ramjohn. So when the Member for Caroni East raised the matter in the context of the debate, only when the courts deliver a judgment, then we can treat with it. If matters come to the attention of Members, should they fear the Government in speaking about it? I do not think so. The day I have to fear speaking in this Parliament about any issue and to fear speaking about the truth, I will be in serious trouble.

When the Member for Diego Martin North/East said 80 per cent of the medical students are persons of East Indian origin, what was he trying to say? If there is 80 per cent, so be it. There is a process for the students to become medical students. They did not receive any favours from this Government. When the Ministry of Community Development, Culture and Gender Affairs spent \$44 million and gave scholarships, up to today that information has not come to this Parliament.

When the Member for St. Joseph indicated that there were 160 students studying medicine in St. George's Medical College in Grenada, up to today we do not know who those students are. So for the Member for Diego Martin North/East

to bring that race thing here, it is most unfortunate. When he indicated—preventing the Opposition Members or threatening the Opposition Members from doing their duty, because when the Member for Caroni East wrote to the President of the Medical Association—that is the responsibility of the Opposition to consult with anyone in this country and to consult with any organization.

In fact, when you look at what is obtained under the PNM, the country went into fear when the then Opposition Leader consulted with a group that attempted to overthrow this Parliament. If you remove that curtain, you would see a bullet hole there. If you look at that photograph there, it was a Member of Parliament who was killed and that came out of a consultation with Abu Bakr and others. When the Prime Minister used State funds and held consultations with community leaders, every one of them was shot and most of them were involved in illegal activities. The records are there. *[Interruption]*

Miss Le Gendre: *[Inaudible]*

Mr. C. Sharma: Now, I cannot hear you when I am speaking. If you have something to say, stand up and say it and I will respond. Do you want to? Please.

Miss Le Gendre: I was suggesting that the book on that was written by your former colleague, Mr. Baksh.

Mr. C. Sharma: It does not matter who wrote the book. The fact of the matter—and it is good it is written. The country must know and thank you for confirming it. So I want to thank the Member for Tunapuna for confirming that the current Prime Minister, the then Opposition Leader, met with a group that overthrew this Government, the Parliament that is, and further met with community leaders. So when the Member for Caroni East meets with the medical association—now, what is the fight with the medical association since race came into it? The Member for Lopinot/Bon Air West claims all kinds of foolishness, indicated why are there so many private hospitals around the hospital? Well, where do you want them to be, around the beaches? What kind of foolish statement is that?

All over the world there are private hospitals, why did he raise it? Who is he attacking? He is attacking the doctors there; the same 80 per cent that your colleague spoke about. Why are there lawyers around the courts? Where would they expect to have their practice, around the savannah? So you are not making sense. But you are so caught up with the race thing, showing that the doctors are largely persons of East Indian origin and they do not practice in the hospitals, they go and open private nursing homes, what silliness. What foolishness!

Mr. Dumas: [*Inaudible*]

Mr. C. Sharma: Do you want to say something? Say it.

Mr. Dumas: The case is that they should be at work getting paid.

Mr. C. Sharma: Of course. You will talk after, you have time. So the issue of private doctors and private hospitals is a global thing, public institutions all over the world. If you go to Canada, the United States, United Kingdom and elsewhere, there are private institutions. So that is a lame attack. [*Interruption*]

Dr. Browne: Doctors should [*Inaudible*]

Mr. C. Sharma: I did not hear what you said. Say it.

Dr. Browne: The doctors should spend more time in the hospital.

Mr. C. Sharma: The doctors should spend more time in the hospital?

Dr. Browne: I am asking you.

Mr. C. Sharma: What do you think, you are a doctor? Why are you not in the hospital? Silly arguments. Very silly arguments. That fact of the matter is that doctors work a certain number of hours in the hospital. You would have been better off in the hospital, but your area of specialty was—I do not remember.

Mr. Speaker, it is important today for the national community to observe the Government at work. The fact that they introduced race so many times, every one of the speakers tried to defend what, I do not know. They have even tried to change the admission requirements for medical students. All over the world it remains largely academic. Here, they are engaging sports and they have been very selective in sports, pan and something else. No tassa, no Indian classical dancing. You are not aware of that? Well, it is there. [*Crosstalk*]

They are talking about Government services. The Government is engaging many private enterprises; providing services in the country; spending large sums of money; the transport of prisoners; ambulance services and a host of other services. The Government is saying that this is different, and now making it appear as if this is something very new. The country was without an ambulance service and the Government in its wisdom suddenly created this to save lives.

The very Member for Lopinot/Bon Air West indicated that he was part of it in 1999 and even though he could not perform, we employed him because we wanted to give them an opportunity so that he could perform, because when you look at his presentation today, it certainly did not say anything. What he should

have said in 1999, while he was still in San Fernando at the South West, overpaid, doing very little there, is that we were negotiating, and in 2000, an information seminar on Health Care Financing and National Health took place here. The main purpose of this seminar was to inform senior officials from the Ministry of Health and the Ministry of Finance officers regarding the criteria aspects of a National Health Care Programme.

9.15 p.m.

That was happening under the UNC, including ambulance services. In fact, this foolishness about how many ambulances they have now, 31 carrying X number of patients— Member for Lopinot/Bon Air West, you have 14 on the road, the others are not yet here; they are coming.

The point is that under the UNC—you could only spend what you have—so when we brought in used ambulances, that was all the money we had. Oil was \$9 a barrel, so we were negotiating the best. [*Crosstalk*]

Are you suggesting that we should not have any? If you could afford a Cortina car at a given time—before you became a Minister, you were travelling by the bus, today you have a Q7. [*Interruption*]

Mr. Parsanlal: If you would be so kind as to provide me with the details of the Q7 and when I purchased it, I will be quite happy to hear it.

Mr. C. Sharma: I thought you really had something important to say. After Parliament we would go to the tea room.

Mr. Speaker, in 1999 we had 14 ambulances. Do you know what number of patients we were carrying? I was hoping that the Member for Lopinot/Bon Air West, since he was aware of the information, he would have raised it. We responded to 200 calls per day, in excess of 5,000. With 75 per cent of these calls, we were responded within 15 minutes. We had the ambulances parked at good locations, sometimes on the highway, sometimes at the police station, so they could access the accident victims very quickly. In fact, we did a study and we knew that on weekends there were a lot of accidents on the highways, we had those ambulances. Mr. Speaker, 5000 calls per month.

Today, under this current Minister and Ministry, they have not improved at all. They are doing approximately 200 calls per day. They are doing worse, because more than 75 per cent of these calls responded to, under the current administration, are within 31 minutes. We were doing it in 15 minutes; they are doing it in 31.

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Training—the Member for Lopinot/Bon Air West did not know what he was talking about. The Prime Minister said that they needed some training, so they come and say anything. All the training you talked about was in the pipeline. It does not happen overnight; there is a procedure. You do not do A levels before O levels; you do not do your degree before A levels; there is a system. You do not do a lot of things; you should not talk unless you are prepared to speak. We had the EMTs that were highly trained, and they were certified by a body out of the United States.

Mr. Speaker, it was clear that the Government had very little to say today, and they came around to all kinds of things. Emergency ambulance service is much more than transport; it is about providing patient care and ensuring proper service. Let us look at what obtains in the hospital.

The Member for Toco/Sangre Grande spoke about a particular patient. How many patients end up in the hospital and are unable to be cared for, because it is overcrowded. One of the challenges in the country is the employment of doctors. The Government's practice is clear. It is not about who is available; it is who they want to be made available. In fact, that is one reason why at the local government corporations, many are without doctors today.

Are you aware of that? Which corporation do you belong to? Couva/Tabaquite/Talparo, no doctor? Because of the employment practices. When you look at the cases going to court, why do we pretend that these things do not exist. Why are we destroying this country? Do you think you would be Ministers of Government for the rest of your lives? Hardly likely; we have to return to reality. Our kids are going to ask us, “Mommy, daddy, uncle, stepdad, what did you do?” [*Laughter*]

We must ensure, however, that we improve the service. This started in 1999. What are some of the programmes that we made available? I am disappointed that the mover of the Motion, the hon. Minister, in thanking a former Minister of Health, the Member for Caroni Central, did not identify these things. If you had forgotten or you did not have enough time, the Member for Lopinot/Bon Air West was in the Ministry when this was happening, he was at south-west. We were talking about managing risk; we are talking about how to manage the accidents on the highways and how to make sure that when the calls are responded to, the treatment starts immediately. We were making sure that there were two-way radios; we were making sure that they could have contacted a doctor at the hospital to advise on what should be done while the patient was on the way to the hospital. That does not obtain today. You are lowering the standards.

How to manage transfers over time? How to make sure that the persons who need these services— When you think about an ambulance, you only argue from an accident standpoint; that is not the intention of ambulance services, at least, not under the UNC. Emergency ambulances, the most common types, are to provide care to patients coming out of an injury, maybe from an accident, but there are also patient transport ambulances. We had that in place as well. Sometimes you need to take a patient from their home to a doctor or to the hospital, as the case might be, for therapy, et cetera. There is also the response unit.

Mr. Speaker, when I heard Members from the Government side talk today, I wondered where they had been for the last 10 or 15 years. Did they study what obtained? Whatever government is in office, its intention must be to do the best with the resources available. How do you do the best? You engage the best minds.

Under the PNM it is jobs for all the friends and family, persons who reach the level to be appointed to the higher posts are denied. There are so many cases in the courts, it should disturb Members. Forget that you are on the Government side for five minutes. Would you want that for your own relatives, for anybody for that matter? It cannot be.

We were talking about exchange programmes, and we did have some with the Canadian and the United States Governments. We wanted to see what they had, so they agreed to some exchange programmes. In addition to that, for the first time in many years, we encouraged doctors to do training in accident and emergency care. Normally at the hospitals when patients came in, they were attended to by the regular doctors who may not have had a subspecialty in accident and emergency medicine. We made sure that those things started. In fact, when you look at what obtains under the current administration, many of those doctors who are trained in ambulance and emergency care are not in the emergency rooms at all.

Ambulance response times for the most seriously ill patients today, have changed from what it was under the UNC administration. So you have more ambulances, you have more people, but you have less intelligence in managing the outfits. One of the reasons for that is that you are engaging and employing square pegs. There are too many party officials; it is no longer about who could get the job done. "You support the party, come, there is a job for you."

I hoped that the Minister and the Members of Government today would have told us where the improvement was going to come from. Tell us what is happening in terms of that; do not come here with all the public relations and fancy talk, and read from prepared texts. Tell us how this is improving. The most

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important thing for a human being is to be cared for. In fact there was a study in the United States on 100 senior citizen homes—since you cry for the senior citizens every half hour—when asked the question: What do you want? The 90-plus per cent responded, "We want to be cared for; we want to be loved; we want to be spoken with."

When you look at what obtains with pensioners in this country today, the very citizens you want to care for with this Ambulance Bill, it certainly does not reflect at all.

There is certainly scope for the ambulance service to improve; there must be a concerted effort. Legislation alone will not improve it, because there is an ambulance service in this country at present. You cannot say that legislation would make wonders. Every time the Government has to present something, "This legislation will change the face of earth." They cannot do anything without legislation; they cannot seem to care and love and to treat with people without legislation. You are always hiding behind legislation.

All the legislation you have brought this far has not added value to anybody's life in this country. The service should improve. We want to hear those issues, how you are going to improve them.

First of all, you must do everything to minimize having accidents. The current state of our roads—I think the Member for Naparima made some reference to it; there are a number of accidents, because the roads are in horrible condition. You have a former Minister, who is now the Minister of Works and Transport, who makes absolutely no reference but hides behind attacking personally a Member of the Opposition for doing his duty; personal attack. And he talked about 80 per cent of the medical students are East Indians, so, "We are a fair government." How can you be so silly.

We want to know what the considerations are in terms of making sure that when the patient is taken up from point A and taken to the hospital, a follow-up treatment obtains. Many of these patients when they go to the hospitals cannot get medication, because it is not there. Sometimes they have to pay moneys to get MRIs and CT scans, et cetera. This is what the Government should be telling us today: Why do patients still have to pay for MRI and CT scans? That should not be.

Do not fool us with this legislation. Why is it that a patient today, for a simple operation, has to go on a waiting list until 2012? What is the point? Does this improve health care? Do you really feel that you are fooling the national community? Are they not aware? Do you and I not have constituents who come to

us; date of appointment, July 12? Do we not see these patients who come? "MP I need money, I need help," to pay for an MRRI scan or whatever it is called.

The Minister should have told us the targets that he hoped to achieve with this; he has not told us that. You are a very impressive guy, but you seem to be losing your flair. You are sometimes good looking. [*Crosstalk*]

We should have some performance measures. [*Interruption*] Member for Diego Martin North/East must not do anything; everything is bribe, bribe, bribe. The PNM is sunk into bribe. [*Laughter*] [*Desk thumping*] I just made a ministerial thing, he quickly asked, "How much you pay for dat?"

Dr. Moonilal: "Like de rapid rail."

Mr. C. Sharma: I have looked at some of the ambulances in operation, in some of them the two-way radios are not working; simple little things. The data terminals are not working. You do not need legislation to fix that. Those are simple little things.

Evidence gathering, do you know about that? You need to improve on that. Let me tell you what obtains in Canada: When you pick up a patient from an accident, from the time you punch in the patient's name, you can immediately get to the hospital screen, so the doctors at the emergency room in Toronto, Vancouver or wherever, could see who is coming in, and would also have some medical history of that person; and that is a population 1,000 times ours; simple little things. You could put that in.

The Government has a way of looking after the business of private individuals, threatening them, put that into the system. So when you are not a minister, and after Friday night you have to be picked up, we will have every bit of information on you and others. [*Laughter*] [*Crosstalk*]

9.30 p.m.

I have seen some of these ambulances without a tail lift or ramp, as you call it; a simple thing. You go to pick up a patient and there are two attendants there, most of these things can be fitted with that. In most of these ambulances it is recommended that the air condition be functional at all times, because it helps the patient to become stabilized. In many of them, the air conditioner is not working. You do not need legislation to fix that.

I think you need to come and consult with the Opposition; consult with Dr. Gopeesingh, an eminent surgeon, highly qualified, very distinguished, worked in many hospitals and his area of specialty, very few like him. [*Interruption*] You

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are interested in obtaining the services? I do not want to do a promotion here, but the Member for Princes Town wants to get your services. [*Laughter*]

Mr. Speaker, I went back to our records and I looked to see if there was something that the Ministry could have continued and I found it. There was a master plan from the vision and the vision of the Government is to treat with the national community. The vision has not changed, and there were goals. This was obtained by bringing some of the best minds together and this is at your ministry, Minister. I could perhaps make a copy available to you.

We looked at all the aspects of it, and some of them you have not mentioned. Maybe you have it there. Perhaps when you are closing the debate you may say that. But you must also know what the common man is thinking; what the common citizen is thinking; what he is experiencing and he is experiencing pain in the country; he is experiencing the lack of delivery of goods and services, and health care is an area that requires a lot of attention. You must give to our citizens, not just legislation for ambulance services, they must know when they go to a public health institution, the services are also available; the manpower to deliver the services are also available.

I remember during the UNC administration, the national community was very excited when the ambulance service came on and the response time was less than 15 minutes in many instances, and when they would have gone to the hospitals there would have been a medical team waiting there for them. You need to reintroduce that. Too often we see accident victims dying because of lack of care; care not reaching them on time, and even when they are transported from the scene of the accident to the other place, the support services are not there. The families have to get involved to rush and run around to get medication and to get money to purchase things 12 o'clock in the night. That has to change.

So when we debate in the Parliament, the national community must be satisfied that both of us have done our work. You have brought legislation and we have treated with it to the best of our ability. Do not ever attack the personality of Members. It makes no sense, absolutely none. Whoever did it. You have to be collective. You know, when Mr. Panday was Prime Minister, you dared not do that. You were drilled. When you went to that meeting the next day you were in serious trouble.

We are privileged—you see, the Member for Caroni East and I are close friends. We are also from the same constituency. I am from Fyzabad and so is he, so he is well known, but I also know of his many international associates who sing his praises because of his ability in the area in which he is qualified. He was

a professor, taught many medical students and his patient listing can run anything like 100-plus or 1,000 people. So when you get into the personality of an individual, it does not add any value, and some of you cannot debate in this Parliament unless you attack something silly. I want to suggest we move away from that.

I understand you are also the PRO of the party and you may want to consider some work at another place. It is 9.34 p.m. I was in this Parliament early this morning because I had a committee meeting. There was no breakfast. I hope there is dinner.

Mr. Imbert: “But yuh just eat a lot of breakfasts. Ah see yuh eating a whole set of food.”

Mr. C. Sharma: You know, when you were speaking, somebody sent me a text, let me read the text. I did not intend to read it. Okay, I would not read it; I will say what it is. When you were making your contribution and you were attacking Dr. Gopeesingh, the Member for Caroni East, people sympathized and some people said, “Listen, we must treat each other like brothers and perhaps that Member needs some help.” They recommended somebody in your constituency in St. Ann's.

Mr. Imbert: St. Ann's in Port of Spain North.

Mr. C. Sharma: It does not matter. The important thing is that you go and get the treatment, whether it is St. Ann's or San Fernando.

The point I really want to make—

Hon. Narace: You are closing.

Mr. C. Sharma: Yes, I am closing. After 10.00 p.m. I think we qualify for accommodation. [*Laughter*]

Hon. Narace: Do not worry. I am going for 75 minutes, so you qualify.

Mr. C. Sharma: Thank you. I want to conclude with us recognizing that we are talking about people who may have conditions that are painful; we are talking about families who are unable to receive medical attention for one reason or the other and legislation of this kind that is intended really to treat with the needs of people, must have a people's presentation. It must not be about all the other silly issues that were introduced. Let us be focused so that anybody looking at us tonight and listening to us would know that we are making a concerted effort to add value to their lives.

This is a good time for me to take my seat and I suggest you take 25 minutes. [*Desk thumping*]

The Parliamentary Secretary in the Ministry of Works and Transport (Mr. Nileung Hypolite): Mr. Speaker, thank you kindly for the opportunity to contribute to the debate that is before us tonight, a debate on a Bill that I believe will benefit and enhance the people, the constituents of Laventille and, by extension, Trinidad and Tobago, the Bill entitled the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009.

This Bill is very timely as our nation is actively moving to achieve developed nation status by 2020. Mr. Speaker, I have no intention of speaking on race, because the number one presenter of racial issues in this House just completed. However, I would like to concentrate on the delivery of quality health care which remains a challenge for all nations globally. I must add that even the United States of America is facing challenges in the health care delivery and access to health care. However, as a responsible Government, the People's National Movement is resolved to meeting this challenge and the Bill we are debating today is to enhance our health care system.

The Member for Fyzabad made mention of some calls that were made on a daily basis. He made mention of 200 calls a day; over 500 calls per month, but one of the mistakes that he made was that of the 15 minutes. Actually, the Member for Fyzabad went on the Internet and downloaded an address made by the Minister of Health and that address stated quite clearly that Trinidad and Tobago has one of the better ambulance services in the Caribbean. [*Desk thumping*] It handles nearly 200 calls per day; over 5,000 calls a month and 96 per cent of these within 31 minutes. [*Desk thumping*]

Mr. Speaker, having reviewed the Bill, as well as the contributions from Members of the other place, I am confident that the nonpartisan approach which we as parliamentarians would take here tonight as we pass this Bill, is for the betterment of this country.

This Bill will, without doubt, enhance the quality of health care services in Trinidad and Tobago. We have given recognition to the hon. Dr. Hamza Rafeeq as the Minister of Health who was instrumental in the operations of health care sector reform, but it was the People's National Movement between 1991 and 1995 that worked feverishly in putting together a plan for the reform of the health care programme. That was done under the IADB funding.

This Bill is evidence of the People's National Movement's governance. Our philosophy in 1991 to 1995 was "Nurturing a Caring Society", and which has remained in the pillars of development in our present vision today, our Vision 2020. This Bill

today is evidence of the constant and continuous responsible governance of the PNM in moving the lives of the citizens of Trinidad and Tobago forward.

We live in a time when risks are increased as a result of development and as such, the People's National Movement, the Government of today, recognizing these realities, included in our development a health care reform which is linked to our Vision 2020. This reform worked with stakeholders and also used state-of-the-art methodologies in development models for achievement of developed country status. The strength of this Bill lies in the integrity of services of the providers of emergency, quality transportation vehicles and medical professionals into an emergency ambulance service system managed by one single statutory authority. Mr. Speaker, what exists now is not a system; it is a linked group of services, but not a system, and what we are moving towards is a quality system.

The current ambulance service is not accessible by all of our citizens and that is what we want; for all of our citizens to have full access to our ambulance services. The quality of the service is not standardized and not consistent and that is what we are moving towards, having a standardized and a consistent ambulance service. The response time is not always prompt and risk increases, and that is why we are moving towards decreasing the response time to 15 to 20 minutes at any one call.

Let us be aware that there are four types of ambulance providers right now. We have private, which can be profit and non-profit; we have Government, which includes the fire service departments, the hospital-based, as well as volunteers. The accountability for the quality of health care during an accident and to a health institution is not assured and not standardized and this Government has taken the step to ensure that accountability and quality are integral to the emergency ambulance system.

It is necessary to have quality intervention in critical situations when urgent health care service is required. Life depends on this.

9.45 p.m.

The emergency ambulance health service is critical to saving lives, but these services must be in a system with a structure for our citizens and that ought to be a quality health care. When we speak about quality health care we speak about value for money and access for all citizens being a one-stop-shop, a one system management. To establish a framework for an emergency medical system in which the financial resources available deliver the most reliable service, the highest level of patient care at the lowest cost to all citizens, we need to look at our legal framework. That is what we are doing.

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The Government must by law, set policies. We must develop the emergency medical service system and ensure compliance with local standards. The authority must interpret the law; set standards for all ambulance providers; approve budgets; monitor and evaluate performance; plan and guide the development of the emergency medical service; account to the citizenry at the level of community through Parliament.

A system of ambulance services with approved qualified medical personnel is critical to reduce risks which are increased when timely ambulance intervention is not assured. It is important that this system has approved quality protocol and equipment for the medical personnel. These are critical to support our injured citizens on the way to the health care institution. As a government, we seek this Bill to ensure legally, that the vehicle, the ambulance is first and foremost approved with quality. This process of approval will manage the technical and knowledgeable services of the Ministry of Works and Transport. The role of the Ministry of Works and Transport is critical to ensure that the vehicles are approved not only for road but also air transport. With that in mind, one must look at clause 63(3), which speaks of the registration of the sirens on those ambulances by the Licensing Authority. I believe that that is a very good idea for all ambulances to be registered.

I am certain that many of us would have realized while driving down the road, whether it be the Eastern Main Road, the Bus Route or the highway, when we looked in our rear view mirror, we would have seen an ambulance, but on approaching a red light, when we stopped, suddenly we heard a siren. That ambulance would have crossed the intersection and then the siren comes to a total end. No longer did we hear the siren and two blocks down the road, we saw that ambulance stopped to let out someone probably to go to church or something like that. [*Laughter*] Having that siren—it happens. I have seen ambulances going down the road, pass straight and then you see them stop to let out somebody. We are moving towards correcting all those systems and issues. [*Desk thumping*]

We have also aligned our planned system with international best practice in the component of the services of this quality system. A most important aspect of this Bill which we cannot overlook as a responsible government is the legal aspects of service and liability. This Bill has made provision for all legal aspects. The Minister of Health has outlined these important issues and this Bill will ensure legality in operations and quality in delivery. This Bill will also ensure checks and balances in the operations, finances and administration of the statutory authority which will manage our system of ambulance services. Research and development will enhance the training of personnel so that our emergency services would be delivered with protocol and strategic methods comparable with international best practices.

Our geographical position and our industrial profile require us to be prepared for natural, industrial and domestic emergencies in a timely manner. As a nation, we are developing by leaps and bounds in international activities, as well as here in Trinidad and Tobago. We can look at sports, the international financial centre and conferences. All these activities where humans are at risk, emergencies can arise. As such, we need to look at our emergency medical care services.

As a developed nation we must continue to be responsible and rise to the challenges of disaster and health preparedness. We are starting with our services for our citizens. The Ministry of Works and Transport is currently undertaking a number of initiatives, simply because having these ambulances on our roadways cannot be the only solution to ensure that our people are taken to these health care facilities on time. As such, our roadways also need to be looked at. We agree. You will see in the near future the enforcement of the laws on our roadways. You will also see that ease in the traffic congestion on our roadways which would also enhance the time between picking up that sick or injured person and reaching to the medical facility. It is not just the ambulance with a siren going down the road. We will have proper roadways.

You have heard the Minister of Works and Transport speak of the highways that will be constructed pretty soon, in addition to that of the ease in traffic congestion that would also take place. We need to look at this whole emergency medical service from a holistic point of view. I trust that we all will support the Bill tonight, so that a proper health care and ambulance service would be given to the people of this loved nation of Trinidad and Tobago.

In closing, I will make mention that in this House we accept people or the Members making complaints and giving their points of view. What we do not and will not accept is the whole race talk that tends to take place from on the other side. [*Desk thumping*] The People's National Movement since 1956 to today, 2009, has always been an inclusive party. We celebrate 53 years as an all inclusive movement. [*Desk thumping*] We stand proud to be members of a government and movement that look after the care of not one side of the fence, but all the people.

Thank you. [*Desk thumping*]

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. Speaker, permit me to thank all honourable Members of this House for their respective contributions during the debate on the Emergency Ambulance Services and Emergency Medical Personnel Bill.

Mr. Maharaj SC: You sure the Bill was about that? [*Laughter*]

Sen. The Hon. J. Narace: That is a very pertinent question. I am sorry that my friend, the hon. Member for Caroni East is not here because I would have told him that I am not on a political mission; I am on a humanitarian intervention. Therefore, I am here about people and serving people. All this talk about cleansing, I will speak to some other issues.

As I indicated previously in this honourable House, we recognize that there is a gap in the regulatory framework relating to emergency health care services. For example, currently, there are no regulations governing pre-hospital emergency care; the licensing of private ambulance service providers; the licensing of ambulances at large and the standards, quality and equipment of the ambulances or the training certification for continuing education of the emergency medical personnel.

As we speak, I am aware that the ambulance providers, technicians and services have reached a very good standard. We have enunciated that quite clearly this evening. When we think of the fact that there is a possibility that the private provider might jeopardize the life of any citizen, then that is a responsibility that this Government must take quite seriously. Such a situation is highly unsatisfactory. I will take a few words from the hon. Member for Diego Martin Central, when he said that it is not just time, but the quality of care which is of the essence.

10.00 p.m.

The speed and quality of pre-hospital care when taking a patient to the Accident and Emergency Department of a hospital or any facility can make a huge difference in the status of the patient's health. In some cases, it is the difference between life and death. In some cases, it can make a difference between life as a human being versus life as a vegetable. In others, it can make the difference between a comfortable life versus a life with disabilities. That is caring for citizens in your country. That is about being responsible and we take that responsibility most seriously. As such, the fact remains that the starting point of any comprehensive patient care is the arrival of emergency ambulances with trained emergency medical technicians at the side of the patient in an accident or health emergency.

This Government is convinced that it is now necessary to provide the legal framework to support and regulate this critical medical service, which is achieved through this Bill. Furthermore, the Bill is in keeping with the Ministry's plan for the country's emergency health care services and in particular its plan regarding pre-hospital emergency care. What surprised me about the Member for Caroni Central is that even though he conceptualized the idea, clearly someone gave it to

him because, in his explanation, he did not seem to understand it. When he spoke about a Cabinet Note establishing that, clearly we are trying to grow a whole new area. Five hundred EMTs is a whole new area of medical care and I am very surprised that he did not understand it.

This Bill will ensure, for example, that there is a public provider dedicated to mobile emergency health care services in Trinidad and Tobago; there is a well-equipped and sufficient ambulance fleet; there is an efficient ambulance dispatch system to separate emergency from non-emergency cases; to dispatch ambulances and to give emergency instructions to a patient or other person on site until the ambulance arrives; there are trained and registered emergency medical technicians to provide emergency care and transport and there is a reliable communication system from the ambulance to the emergency room physician for online medical control and/or treatment and for seamless patient transfer to the emergency room.

Mr. Speaker, this is saying that as you make that telephone call, your emergency medical care begins. Someone on a phone starts giving instructions. Someone, when the ambulance arrives is receiving instructions. We can determine the quality of ambulance you will require and you are being looked after from the time you make the call. How can anyone argue with that? I was very clear to say that the policy came from Dr. Rafeeq. I thought it was a very good policy and therefore I fought for the Ambulance Bill against all odds. And today I am proud to hear the Opposition finally say, as they said in the other place, that they are prepared to approve it. I thank you very sincerely for that.

There were some issues raised. There was the issue of governance and adequately addressed in a previous sitting. However, let me again illustrate some major points. There are just two bodies that relate to the regulation of the ambulance service providers and one Appeal Committee. The two bodies are the NEASA and the Emergency Ambulance Regulatory Committee; a provider and a regulator.

The Bill also provides for the establishment of an appeal committee to review rejected applicants for ambulance services licences. In anything you do there must be a process and the appeal committee lays out a process where you will not have to find money and file for judicial review if you were badly treated and I may not always be the Minister. Therefore, there must be a process, as the Member for Chaguanas West precisely said, whatever we do, we must leave good, solid legislation for future generations as indeed what we hold and bequeath for future generations. I daresay—I do not want to revisit the conversation, but whatever we say and do in this Parliament, time will judge us and whatever we do people will look back at it.

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I want to tell you, Mr. Speaker, that I come to this Parliament, as I said, I am on a humanitarian intervention, the Prime Minister asked me to serve in this capacity; I am trying as hard as I can; I acknowledge that we have issues in health care and will tell you in a little while some of what we are trying to do; some of what we hope to achieve and how far we have reached in some circumstances.

Mr. Speaker, as much as some people plan to put impediments in the health care system, the Member for Diego Martin North/East read a letter where, when we were trying to bring doctors, that the Member for Caroni East—I am sorry that he is not here—put out a letter saying let us block these doctors. This matter is being aired in the public domain today and I want to say to this honourable House that I am truly saddened that the medical council has split in the way it has. I really wish that that council would work in the interest of all medical practitioners. I am the Minister who had a choice of coming back to the Parliament. I said no, you are the medical profession, you must regulate yourselves. I therefore signed off on it. I could have brought it back to the Parliament and changed its composition. I did not do that. I allowed them to regulate themselves and today when I try to get to license, as is a Caricom requirement, a Caricom obligation under treaty, an individual in whom the council has now moved a vote of no confidence, decided that none of the other councillors could talk and the whole council "mash up".

Let me say to every citizen, as long as the Prime Minister keeps me in this position, I recognize that I have a responsibility to the national community and I will ensure that the national interest is served. Whatever I have to do to get medical personnel, I will do in the interest of people of Trinidad and Tobago, especially the small people.

I was about to say that the Bill provides for a few committees and I enunciated what they are. I want to go through a few points made here. There are 51 changes to this Bill, a point made by the Member for Caroni East. That is the role of the Senate. As I have said before, we are a collaborative Government, if there are suggestions that would give us better legislation—I believe that we are here to serve the people's interest—we will look at it. It went to a select committee and we accepted as many recommendations as possible.

Too much power of the Minister: well this has already been addressed.

Definitions of the Emergency Ambulance Board: this was also addressed by the Minister of Works and Transport in his contribution.

The audit report must be laid in Parliament within three months: the Member for Chaguanas West spoke well about that.

Parliament indicated that the select committee of the other place was preferable to them not to specify a time frame for laying the report.

Inspections must be done by teams and not one inspector. You may want to have a spot inspection and as such you may only need at times one inspector. We have choices in the matter.

Where a warrant is to be obtained, who seeks the warrant? The inspector. He executes the warrant with the assistance of a police officer.

Why not use the nominations from the various bodies? This was addressed by the Minister of Works and Transport.

Persons may not be qualified to hold office and perform functions. We disagree. Persons selected and appointed will be qualified.

There is no life to the interim council. Clause 41(7) provides a life of four months to perform its function. I think that the Member for Chaguanas West raised the point about the Interim Council. We will put in that council almost immediately because the body must be properly represented within short order.

In order to register the EMTs and hold elections, you will have to have a body. I know that the Member for Tabaquite and the Member for Chaguanas West will understand well when we do not have the proper arrangements in place how frustrating that can be. I certainly would not want that situation.

Is it the intention of the Government that the public will have to pay for the service now? No. The authority may provide the service to a private organization for a fee as I indicated before.

I am really surprised that the Member for Caroni Central was having such difficulty understanding. I am truly surprised. For the man who would have developed this policy, I would have thought he would have understood it better.

Is the authority a provider also? I told him about six times yes.

Why is the authority monitoring and evaluating this service. This is only with respect to the services which the authority itself performs.

How would you determine what level of EMT would work in an ambulance? It depends on what licence the provider holds as there are three different types of licences. Is it the policy that only EMTs would be allowed to drive ambulances. Yes. Dispatchers are not addressed in this Bill; they must be trained EMTs as such any EMT can be a dispatcher.

As I said, from the time the phone call comes in, a process starts and they start monitoring you, giving instructions, online, offline until you reach your destination.

Why limit the ambulance licence holder to nine particular areas? This is to ensure that if a provider only owns a limited number of ambulances, say two, they should be confined to an area so that he can respond in a timely manner.

Is "from time to time" a legal term? Yes. It provides for appointments and reappointments at any time a vacancy may arise.

Does clause 51 prevent a doctor or nurse from performing emergency medical care? The member for Caroni Central asked that. All doctors and nurses by virtue of their licences and oaths are not only expected to provide health in any emergency wherever it occurs, but they are protected by their professional licence in giving this care. I would have thought that the Member for Caroni East and the Member for Caroni Central would have known that.

Why are the regulations not subject to positive regulations? This is not necessary since the regulations will still be subject to parliamentary scrutiny. All we have to do is to invoke a certain position and that kicks in automatically.

Clause 15 only permits for inspection of a licence holder. Agreed. We will amend to include applicants for a service licence.

Why is there not a term for the appointment of inspectors? This allows for greater flexibility for the appointment of inspectors on a case by case basis and also for long-term appointments.

Clauses 16 and 17: What is meant by place or premises? Premises or place is not used in isolation. They are qualified by the words "for the purposes of this Act, "therefore this will limit the operation of the words "to the scope" of this Act, which is in relation to emergency medical services.

Mr. Speaker, there are some issues that were raised and I cannot let them go without saying something. The member for Caroni Central raised the issue of neurosurgeons. There are currently eight neurosurgeons in Trinidad and Tobago: three in the public sector; five in the private sector. We have coverage from private institutions. We have new neurosurgeons coming; one from India, one from the Philippines and one from Cuba. In fact, the very licence they are ganging up not to give is for a neurosurgeon and holding discussions with other service providers so that we can have a full complement.

Mr. Speaker, let me just talk about the strategies of the Minister of Health because a lot was said about the Ministry of Health and the kind of health care we will have for the ambulances.

10.15 p.m.

The Ministry of Health has three major objectives: strategic objectives to foster healthy and productive population, through preventative care; to develop and manage a comprehensive customer-based public health system; and to create and maintain a First World health care delivery system. We are employing strategies that will do just that. They include upgrading our infrastructure and services, skilled development and availability, rationalizing our health financing to create sustainable financing mechanism for the health sector and institutional reform.

We would be looking at all institutions, the South West Regional Health Authority and the North West Regional Health Authority. We will be putting institutional strengthening in those areas. We will be strengthening our vertical services and providing quality services in accordance with international best practices within a regulated framework. This was the third area that required regulation. Now, all three areas of health care delivery, when we pass the Bill today, would have the legislative approval so that we could have that kind of regulated framework.

Developing an information and communication technology—I am sorry we do not have the time to tell them about the e-health card and how it will change the experience of people as we go down the road; what we will be doing about e-health, tele-medicine, patient demographics and all the information; both from an administrative point of view and from a customer service point of view for medical records and e-health. It would be a critical intervention in our health sector. Of course, there would be continuous improvement at all levels.

Mr. Speaker, we will continue to survey. We are doing surveys all the time. I am the first to admit that all is not well with our health care system. All is not bad either. When we look at the United States of America, we see the problems that the current President faces. He wished he had the system we have today, so that he would have something to work with. He now has 100 million people who cannot access health care and he does not know where to start. He says that the cost of health care in the United States, to quote President Obama, “will break the bank”. It is a simple thing, they have some institutions in the United States that give very good health care, but the cost is prohibitive. It is like doing the school breakfast at the Hyatt. Who would be able to pay for that? Clearly, this is mass health care. Certainly, you would expect that.

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Let me talk a little about prevention. I spoke about the strategies of which prevention was a major part. I heard the Member for Caroni Central speak about prevention. Within my first six months in my term, we set up the Chronic Non-communicable Disease Council, headed by Professor Surujpal Teelucksingh, one of the most distinguished medical minds in this country. It is a multi-sectoral team and they are currently working on making interventions. We are doing healthier lifestyle and a lot of health promotions and wellness programmes. As you have noticed, we are opening wellness centers all over the country and we are pushing education and promotion. We have strengthened community care and community-led health care. We are pushing health care into the communities with health in the marketplace and our mobile caravans. We are going out—*[Interruption by Mr. Warner]* Health caravans, not the kind that you are dealing with, Sir, that is a different kind of caravan.

Mr. Speaker, public policy—one of the first Bills I introduced was the Tobacco Bill. The Tobacco Bill will be returned. It went to a select committee and it is now ready. Soon, it would be introduced in the Upper House. We have improved service delivery. Let me talk about public policy. Public policy is important as we look at trans fats and sugar drinks. We are using public policy to make sure that people's lifestyles and behaviours change. We would be doing a number of things, including trying to get responsible drinking and not have the excessive use of alcohol, eating, or obesity and all that goes with that.

We are looking at an adequate supply of trained and qualified caring personnel, easier access and a number of things. We are doing more screening. We are screening our school children for hearing, diabetes and a number of things. We are testing in schools, as I have said. I know it is late so I do not want to go through too much. Prevention is a critical pillar on which we are going to change the behaviours of this country. I may not benefit from it, but future generations and future Ministers will benefit from it as we get that change going with people.

Let me tell you something about doctors. In fact, let me tell you about human resources. The Member for Caroni East was the Chairman of the North West Regional Health Authority in 2002. He was an integral part of the system. In 2002, there were 1,054 doctors. Today, we have 1,543, a 46 per cent increase. Cabinet has just approved 119 specialists. I am in pursuit of that and they are soon to be here. Just for the record, you would have seen advertisements in all the newspapers for any doctor that required a job. The Ministry of Health said we are going for locals first. I want to make sure. All our interns and those who have just graduated have already been placed, I am told.

Dentists, in 2002, 220; 2007, 294, a 34 per cent increase; optometrists, 74 to 98, 32 per cent increase; vets, 138 to 195, 41 per cent increase; pharmacists, 501 to 641, 28 per cent increase; and nurses, 3,815 to 4,677, 23 per cent increase. You would believe when the Member for Caroni East was in that system, he would have done a better job. Clearly, a lot of talk, but nothing behind that.

Let me also take this opportunity to say that I recognize that doctors are one of our most important resources. I continue to show respect to all members of the medical fraternity, doctors in particular. I totally reject the statement about the Port of Spain General Hospital. In fact, only this week, at a meeting of all the RHAs, I pronounced that if I found anybody using any method that sought to include favouritism, nepotism, racism or any kind of political persuasion and giving trouble, I would personally intervene. Let me also say for the record, that the Prime Minister of this Government has never instructed me or never encouraged me to do anything like that and it does not form part of Government's policy and it does not form part of PNM's policy. *[Interruption]*

Mr. Sharma: Minister, are you giving this House and the national community the undertaking that if such information is presented to you, you would treat with it?

Sen. The Hon. J. Narace: The answer is an unequivocal, yes. With respect to infrastructure, let me tell you what worries them. In the 20 months that I have been Minister, I have completed the Oxford Street enhanced Health Center; San Juan Health Centre; Debe Health Centre, which Dr. Moonilal and I opened; Ste. Madeleine Health Centre, the Member for Naparima opened that health centre with me; the neonatal ward at Port of Spain General Hospital; St. James District Health Facility; the new Pediatric Accident and Emergency Department at the Eric Williams Medical Sciences Complex; the new Pediatric Specialty Unit; the new orthopedic ward at Port of Spain General Hospital; Barataria Mental Health and Wellness Centre; and the new ward at St. Ann's Psychiatric Hospital; the refurbishment of the National Radiotherapy Centre, now the best in the Caribbean. At the National Radiotherapy Centre, you would get a complete package of services, most of all support. We have now rolled out oncology and dialysis to Sangre Grande and we are rolling it out all over the country, and, of course, the intensive care unit. We are opening, next week, the Pembroke Street Wellness Centre and in the next three to four months we are going to complete the Siparia District Health Facility. That will make a big difference to the San Fernando General Hospital. *[Interruption]*

Mr. Warner: What about Chaguanas?

Mr. Sharma: I am coming to Chaguanas. Let me tell you about Chaguanas. We have the Chaguanas District Health Facility. That is on the cards for this

year. I do not want to go through the balance, it would take too long, but we have a number of things. Certainly, in the budget debate you would hear more about that.

Let me give some other statistics. Let me talk about the surgical procedures. In the Port of Spain General Hospital, it went up from 4,900 to 6,100 from 2002 to 2008, 25 per cent increase; San Fernando, 4 per cent increase; Eric Williams Medical Sciences Complex, 25 per cent increase; Mount Hope Women's Hospital, 41 per cent increase; Sangre Grande Hospital, 12.4 per cent increase; Point Fortin, 57 per cent increase; and Tobago, 92 per cent increase. *[Interruption]*

Dr. Gopeesingh: Could you investigate what is happening in the ophthalmology department and the urology department at Port of Spain Hospital, where house officers are doing surgeries for cataract and patients are getting blind and the urology department, where a house officer is doing major prostate surgery and patients are dying?

Sen. The Hon. J. Narace: Send me a note on it and I would investigate it. Write me and I will investigate it.

I would speak a little about infant mortality. Infant mortality has decreased in Port of Spain General Hospital by 48 per cent; San Fernando by 38 per cent and Mount Hope Women's Hospital by 55 per cent. This is from 2002. In Port of Spain, there were 87 deaths; 2008, 25; San Fernando, 102; 2008, 63; 2002, Mount Hope Women's Hospital, 122; today, 55. The infant mortality has some great results. Our births have been up, 28 in Port of Spain, 10 in San Fernando, 51 in Sangre Grande and 159 in Point Fortin. Admissions have been on the increase, but I would not burden you with all of that now.

What is clear is that the Ministry of Health is doing its work and in doing its work we recognize that it is a tall task and a big order, but we are going to make sure that as we move to 2020, Trinidad and Tobago will have a First World health care delivery system.

In closing, let me say that it is our responsibility, not only the responsibility of the Ministry of Health but also the responsibility of this Government and the responsibility of all Members of this honourable House to care for the safety and well-being of our citizens. Emergency situations can happen to everyone, you, me, our kids, our parents and our loved ones. I am sure that when it happens to us we would want the emergency medical services of this country to deliver and deliver well. We would want an ambulance right away. We would want highly trained EMPs on site. We would want lifesaving interventions under the direction of qualified responsible doctors. We would want, in other words, medical care from the time the ambulance arrives at the site of the accident or other emergency.

As I indicated previously, this Bill seeks to move our emergency medical services to another level, not just a level that would elevate our services to international best practices, but most importantly a level which would ensure we provide the proper medical care to patients on the emergency side and before they reach the hospital.

Mr. Speaker, I beg to move.

10.30 p.m.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole House.

House in committee.

Clauses 1 to 4 ordered to stand part of the Bill.

Clauses 5 to 13.

Question proposed, That clauses 5 to 13 stand part of the Bill.

Dr. Rafeeq: Mr. Chairman, can I just ask a question, please. Just for clarification in clause 13(2):

“For the purposes of subsection (1)(e) and subject to sections 32 to 37 of the Exchequer and Audit Act, the Authority may—

(a) borrow money required by it for the efficient exercise of its functions...”

Does the Exchequer and Audit Act say that to borrow money you must get the approval of the Minister?

Mr. Imbert: What is that?

Dr. Rafeeq: In clause 13(2), the Authority has been given the authority to borrow money, and they say: "and subject to sections 32 to 37 of the Exchequer and Audit Act". I am asking whether those sections in the Exchequer and Audit Act say that you must get the approval of the Minister to borrow money.

Mr. Imbert: It would normally be the Minister of Finance, but we can check that for you. So, if you want we could defer the consideration of that clause.

Dr. Rafeeq: While I have no problem that they be given the authority to borrow, but it should be with the permission of the Minister.

Mr. Imbert: I expect it would have to be the approval of the Minister of Finance. What I would suggest, Mr. Chairman, is that we defer the consideration of clause 13, while the legal advisors check that matter for us.

Mr. Sharma: Mr. Chairman, clause 11. Why is it that the Minister's approval is required? The Minister is not an employer; he is not the accounting officer; he is transferring a power that does not obtain under the present arrangements.

Mr. Imbert: The reason for that is that the Minister, himself, will be required to go to a sub-committee of Cabinet, called the Public Sector Negotiating Committee, which establishes salaries and allowances across the board, in the public service, statutory authorities and state enterprises. What this is, is a control mechanism, so that this Authority, similar to many other authorities, would not be allowed to pay staff members, say, \$100,000 a month or \$1 million a year, or something like that.

A limit is normally set in legislation of this nature, which gives the Authority the freedom to set salaries below that amount, after that they come to the Minister, who has to go to this sub-committee of Cabinet in order to get authorization. It does not mean that the Minister would be sitting there and personally approving; it is just a control mechanism to prevent authorities from being reckless and giving their employees exorbitant salaries.

Mr. Sharma: What is the role of the CPO in this context now?

Mr. Imbert: The CPO is a member of that committee, and is the advisor to that committee. In effect, when there is an issue with respect to what salary should be paid, the CPO is the one that renders the advice to that particular sub-committee of Cabinet.

Dr. Gopeesingh: Does remuneration apply to salaries and benefits?

Mr. Imbert: Just a second, please. Remuneration normally would apply to all money that the person would receive. If you want I could get a little clarity on that as we go along. I do not want to detain the consideration of the clause, but I would get them to confirm as we get to the end that it does mean salaries and allowances. Okay, but normally it would. It means money paid to the person; it is like emoluments.

Question put and agreed to.

Clauses 5 to 12 ordered to stand part of the Bill.

Question put and agreed to.

Clause 13 deferred.

Clause 14.

Question proposed, That clause 14 stand part of the Bill.

Dr. Gopeesingh: Mr. Chairman, I want to raise an issue here on clause 14(2), the last paragraph:

“and a copy of such report and financial statements shall be forwarded to the Minister and shall be laid in Parliament as soon as possible thereafter.”

Can we sincerely consider; the Minister has the report, can he lay it within a three-month period, subsequent to that?

Mr. Imbert: We have looked at that formulation with respect to this Bill and other Bills. Now, many Bills say three months, one month, 28 days; they give varying periods. We have found that to be very impractical, because for one reason or another, the Minister may not lay the report, then it is out of time. So, we are of the view now it is far better to put, “as soon as possible”, “as soon as practical”, and so on, rather than to put a fixed time.

Dr. Gopeesingh: But you realize that when you put that it is open to abuse? It is not necessarily the Minister would abuse it, but if you put a definitive time, because he has already received the report and the audited statements, it is just a matter of laying it in Parliament. So, I think you should give some sincere consideration to it.

Mr. Imbert: There have been several occasions under successive administrations including the administration that your party formed, where Ministers have had obligations under legislation to lay reports in Parliament, and for one reason or another, these reports are not laid, and you get a sort of nonsensical situation, because what is the penalty for example. Let us say we put 28 days in this and the Minister laid it on the 29th day, what is the penalty for the Minister exceeding the specified time frame?

Dr. Gopeesingh: Well, put something reasonable, that is all I am asking. I mean three months is a reasonable period, if you want—

Mr. Imbert: We are going to try this formulation for the time being. If it lends itself to abuse or it does not work, then we would consider putting a specific time frame.

Dr. Gopeesingh: I will give you a similar example with the joint select committee reports that come to Parliament. They are laid in Parliament and the Minister responds within a three-month period. Minister Hazel Manning did it in education, which was a big thick report, and she responded within a three-month period. I do not see anything onerous with it at all.

Mr. Imbert: So, where there are a number of ministries that have to file administrative reports and for one reason or another have been unable to do so, because they cannot meet the time frame—

Dr. Gopeesingh: I just ask for it to be considered, if you do not want to consider it—

Mr. Imbert: All right, but we are going to leave it so for now.

Mr. S. Panday: Mr. Chairman, you spoke about penalty. I think penalty is not the issue in this matter; it is merely really for guidance of the Minister. You say, look, try to bring it within three months. You give him some guidance, rather than leaving it open-ended and then every time you come, you say, but am—

Mr. Imbert: Member for Princes Town North, that is an excellent point, and you are right, but at this point in time, we have had many difficulties with the specified time frames, because they just do not work, and we wish to try this formulation at this point in time.

Question put and agreed to.

Clause 14 ordered to stand part of the Bill.

Clauses 15 to 20.

Question proposed, That clauses 15 to 20 stand part of the Bill.

Dr. Gopeesingh: Mr. Chairman, clause 15:

“(1) The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team...”

I raise the issue that to appoint an inspector to visit and inspect an ambulance service provider, one person going there, subject to many variations in terms of findings and so on. It would be better if a team, just more than one, at least two people, can go to appoint; and we could probably consider leaving out "appoint an inspector", but just leave "appoint an inspection team" to visit and inspect an ambulance. I am sure you would agree with that.

Mr. Imbert: Member for Caroni East, it says "or an inspection team".

Dr. Gopeesingh: No, but "appoint an inspector".

Mr. Imbert: "or an inspection team"

Dr. Gopeesingh: Yes, but that means you could send an inspector.

Mr. Imbert: Precisely. The way it is written it gives the Minister the flexibility to appoint one inspector or a team. So, everything is there.

Dr. Gopeesingh: That is what we find difficulty with, to appoint one person to go and inspect something will create difficulty.

Mr. Narace: Member for Caroni East, it gives us the flexibility if someone complains to send an inspection team. So, we have a choice, if there are no complaints then there is no problem.

Dr. Gopeesingh: It is not a nice thing to send one person.

Mr. Imbert: It might be just a limited inspection that might only require one inspector. Not every inspection requires a huge team.

Dr. Gopeesingh: If I am running an ambulance service and you send one person to investigate me, the findings on that would be better if a team—

Mr. Imbert: Minister, I am sorry, Member for Caroni East—I do not know why I said Minister—it might be just one component in one ambulance, it might be an engineering function. You do not need to send a team to do that.

Dr. Gopeesingh: As well as it could be a wider issue.

Mr. Imbert: That is why it says "an inspector or a team".

Dr. Gopeesingh: In practice this is where you may consider, but in theory how it is written, it is—

Mr. Imbert: All right, we do not agree. Mr. Chairman, we wish to propose an amendment to clause 15, in consideration of a point, I believe made by the Member for Caroni Central. So, I am advised, that we want to add in clause 15, subclause (1), in the third line:

To insert after the word "inspect" the words "any facility being sought to be licensed to provide ambulance services under this Act; and"

What this would do, Mr. Chairman, is allow inspection, both of licensed providers and persons applying for licenses.

Mr. Chairman: Hon. Members, the question is that clause 15, be amended after the word "inspect" in the third line, by the insertion of the following words:

“any facility being sought to be licensed to provide ambulance services under this Act; and”

Question put and agreed to.

Clause 15, as amended, ordered to stand part of the Bill.

Clause 16 ordered to stand part of the Bill.

10.45 p.m.

Clause 17.

Question proposed, That clause 17 stand part of the Bill.

Dr. Rafeeq: Mr. Chairman, I have a difficulty with this word “place”.

Mr. Narace: We explained that.

Dr. Rafeeq: Sorry, I was not here when you explained it.

Mr. Narace: I will tell you about it.

Dr. Rafeeq: If you explained it and you are comfortable with it, that is okay. I have no problem with that. The other thing is—

Mr. Imbert: Member for Caroni Central, what is your problem?

Dr. Rafeeq: No, I was saying I was not comfortable with the word “place”. I do not know what it means, there is no definition, but that is okay. If you explained it, that is okay. The other issue is in (c), “in the presence of any other person”, that is the other area I have a difficulty with—in 17(1)(c), an inspector will have the power “to examine either alone or in the presence of any other person”. So, he could take your wife and go and inspect and that is it.

Mr. Imbert: I believe the intention is that you would have, perhaps, a police officer.

Dr. Rafeeq: What if his intention is—

Mr. Imbert: Well, I am just saying, I believe the intention is an inspector may wish to have a lawyer or police officer present.

Dr. Rafeeq: I have no problem with that

Mr. Imbert: That is what it means.

Dr. Rafeeq: But this any other person is too—

Mr. Imbert: That is what it is.

Dr. Rafeeq: No, you cannot leave this to that kind of interpretation, if the intention is to have a lawyer.

Mr. Imbert: So what do you suggest?

Dr. Rafeeq: I am suggesting that you change “any other person” and put what the intention was.

Mr. Imbert: It could be a range of persons, it could be an accountant, a police officer, an attorney, an engineer, it could be anything.

Dr. Rafeeq: It is now a crook, a criminal, it can be anything. Any other person means anything.

Mr. Narace: It could be the Member for Caroni East or you.

Mr. Imbert: I am being advised that it is best to leave it as is.

Dr. Rafeeq: [*Inaudible*]

Mr. Imbert: You need to be aware of something; that has to be done with the consent of the owner or occupier.

Dr. Rafeeq: The owner is giving consent for you to come to the place; he is not saying whom to bring.

Mr. Imbert: No, all of this is with the consent. All of this is with the consent. The examination, et cetera, has to be with the consent, and if the person does not consent then the inspector has to go before a magistrate and all of these matters would come up. The magistrate will surely want to know who this person is that you are taking with you.

Dr. Rafeeq: The consent is for the examination; to examine with consent.

Mr. Imbert: He has to enter first. He cannot examine anything unless he enters and he can only enter with the consent of the person. He cannot examine by remote control, so he first has to get in. Obviously, if you are an owner or occupier and an inspector comes and wants to enter your premises for this purpose, you are going to ask him who is this person you have with you and if the person is not suitable you would say no. You will withdraw your consent; you will deny your consent.

Dr. Rafeeq: I do not agree.

Mr. Imbert: Okay, I am afraid I am not persuaded by your arguments.

Dr. Gopeesingh: The inspector may have a warrant in accordance or there is a typographical error here in clause 19?

Mr. Imbert: You are correct, and Mr. Chairman, we need to delete the second “section”. You are correct.

Dr. Gopeesingh: Right. What about “may”?

Mr. Imbert: There are two sections. Look at subsection (2), at the end there, they have “section” twice; “section, section 19”, you have to take one out, it is a typo.

Dr. Gopeesingh: On that page, the inspector may obtain a warrant; is it not necessary that he must obtain a warrant if there is no consent?

Mr. Imbert: No, he may decide he is not coming. This does not allow him to enter the premises. He has to get in with consent. If he does not get consent, either he does not go at all or he gets a warrant. That is why “may” is there.

Mr. Chairman: This word in the third line in clause 17(2) that will be taken care of so we do not need to put a formal amendment for that.

Question put and agreed to.

Clause 17 ordered to stand part of the Bill.

Clause 18.

Question proposed, That clause 18 stand part of the Bill.

Dr. Gopeesingh: “Sufficient samples of any material”, the same way that Dr. Rafeeq was having problems with the definition of place, what, in legal jargon at this time does it refer to, “samples”?

Mr. Imbert: What is the problem with it?

Dr. Gopeesingh: When you are going for samples, what is it you are really going for in a licensee?

Mr. Imbert: It is governed by the words in the second line, “which he suspects to be contaminated”. So it has to be material that is capable first of being contaminated, so this would be pharmaceuticals, intravenous fluids and things of that nature which are capable of being contaminated.

Dr. Gopeesingh: You know it could be blood as well, a technician could draw blood for sampling under Level 2 and that is an infringement of the person. So when sufficient samples of material that could include blood—because if you look at Schedule 5 it has that you can remove blood and so on from a person.

Mr. Imbert: It all ties back to clause 17. Remember this flows from an inspector entering with the consent of the owner to examine the ambulance and everything inside the ambulance. There is no reference whatsoever to human beings. So it is inanimate objects that he is examining.

Dr. Gopeesingh: All right.

Question put and agreed to.

Clause 18 ordered to stand part of the Bill.

Clause 19.

Question proposed, That clause 19 stand part of the Bill.

Mr. Sharma: I am of the opinion that the magistrate already has this power.

Mr. Imbert: I beg your pardon?

Mr. Sharma: You have to pay attention.

Mr. Imbert: [*Interruption*] Of course the magistrate has his power—

Mr. Sharma: So why are you doing it now?

Mr. Imbert: But if you go back to clauses 17 and 18 you will see that clause 19 is referenced by clause 17(2).

Mr. Sharma: Does not make sense but it is the Government.

Mr. Imbert: It makes absolute sense! It says in clause 17(2) that if he does not get consent, he gets a warrant under section 19.

Question put and agreed to.

Clause 19 ordered to stand part of the Bill.

Clause 20 ordered to stand part of the Bill.

Clause 21.

Question proposed, That clause 21 stand part of the Bill.

Mr. Sharma: What is the understanding here?

Mr. Imbert: That is not a proper question.

Mr. Sharma: Say that again?

Mr. Imbert: What aspect of the clause is bothering you?

Mr. Sharma: An unlicensed person to provide ambulance service, what does that mean? Does it mean a citizen going to the scene of an accident and taking patients to the hospital?

Mr. Imbert: No, that is not an ambulance service.

Mr. Sharma: What is it intended here?

Mr. Imbert: The ambulance service is defined in the Bill. If you go in the definition section and then you look at all the clauses in the Bill, you will understand what an ambulance service is. A private person picking up an injured person and putting them in the back of their car is not an ambulance service.

Mr. Sharma: So what do you hope to achieve from this?

Mr. Imbert: It means that if somebody is operating ambulances with all of the things that go with ambulances, the life support mechanisms, the registered professionals and so on, then that is an ambulance service. Your putting somebody in the back of your car is not an ambulance service.

Mr. Sharma: This legislation does not make any sense, absolutely none. Also clause 23—

Mr. Speaker: Let me do clause 21 first.

Question put and agreed to.

Clause 21 ordered to stand part of the Bill.

Clause 22.

Question proposed, That clause 22 stand part of the Bill.

Mr. Chairman: Mr. Sharma, you had some concerns on clause 22?

Mr. Sharma: No, my concern is clause 23.

Question put and agreed to.

Clause 22 ordered to stand part of the Bill.

Clause 23.

Question proposed, That clause 23 stand part of the Bill.

Mr. Sharma: Why is it that the Minister has to forward applications to the committee? That should not be the job of the Minister.

Mr. Imbert: Because if you looked at the preceding clause you would see that the application has to be made to the Minister, but the Minister is not a technical person and therefore he has to forward it to technical people, which is the committee.

Mr. Sharma: You know we have done these pieces of legislation in the past; a lot of new things are coming and they are totally useless. But let us continue.

Mr. Imbert: No problem, but ask proper questions.

Question put and agreed to.

Clause 23 ordered to stand part of the Bill.

Clause 24.

Question proposed, That clause 24 stand part of the Bill.

Dr. Gopeesingh: Can the Minister—clause 24(b) and (c), this is Advanced 1 and 2—and the Member for Diego Martin North/East indicate whether these services are being provided now or are they contemplated and this is the reason for including them? Are they contemplated for the technicians, because advanced life support 1 and 2 are really things that doctors generally do? I cannot see a technician now at the level we are at in Trinidad doing cardiac pacing. Surgical air means you are doing tracheotomy to cut the trachea. Now, this is a serious situation where—

Mr. Imbert: Member for Caroni East, have you finished your question?

Dr. Gopeesingh:—EMTs are doing this; basic is fine, but—

Mr. Imbert: Member for Caroni East, have you finished your question?

Dr. Gopeesingh: Yes, answer it.

Mr. Imbert: No.

Dr. Gopeesingh: So, why do you have it in the legislation?

Mr. Imbert: That is where we want to go to. Right now we are only providing basic.

Dr. Gopeesingh: Suppose somebody comes and asks to be registered under Advanced Level 1—

Mr. Imbert: Then they will have to meet the necessary qualifications. They will have to satisfy the necessary qualifications.

Dr. Gopeesingh: Do you remember when I questioned the Interim Council for determining whether that person could be licensed or not, the qualifications and skills of the Interim Council—you have somebody from the Accreditation Committee and you have someone from the National Training Agency, they cannot license or give support to an Advanced 1 and 2; they would not even know what a tracheotomy is about, so how can an Interim Council recommend to the Minister that this person be licensed for Advanced 1 and 2?

11.00 p.m.

I am suggesting that this is a dangerous place we are going now because that interim council, which has basically lay people in it, will be licensing for Advanced 1 and Advanced 2. Because there might be people who would want to run that service and would be applying for a licence to run that service. I am sure the Member for Diego Martin Central will agree with me on that.

Dr. Browne: I am not agreeing with you.

Dr. Gopeesingh: All right. Well, I do not think you understand the gravity of it.

Mr. Imbert: Member for Caroni East, there are two doctors in the Interim Council. [*Interruption*]

Dr. Gopeesingh: There are what?

Mr. Imbert: There are two medical practitioners on the Interim Council. Are you saying that is not enough, and that these two medical practitioners would be incompetent to determine whether someone should be granted a Level 1 licence?

Dr. Gopeesingh: You have to differentiate the experience of medical practitioners. When you ask for medical practitioners to be on committees and so on, there are interns who have just finished internships and are in their first year of the house officer, they could be considered to be on this council. A medical practitioner is anybody who has finished their internship. So a doctor with only one year experience could be on this council and they do not understand the gravity of it.

Mr. Imbert: One of the medical practitioners must have experience in emergency medical care. That is what it says.

Dr. Gopeesingh: Well, I am very skeptical about this Advance 1 and Advance 2 at this stage. I would like to say that we leave this out for now and when you begin to get applications for that, the Minister could make regulations and bring these regulations to Parliament for that.

Mr. Imbert: Member for Caroni East, your points are well noted. I am certain the Minister is taking careful note of your concerns, but the Interim Council will have two medical practitioners on it, including one who has experience and training in emergency medical care.

Dr. Gopeesingh: Let me tell you something. I get into an accident and an Emergency Medical Technician picks me up on the side of the road, and somebody who does not know what they are doing, put a needle down my thing, or cut my

trachea, I would be dead even before I reach hospital. You all do not understand the seriousness about this issue. You all are playing with people's lives. [*Interruption*]

Mr. Imbert: Okay. Your comments are noted.

Dr. Gopeesingh: Take off Advanced 1 and Advanced 2—[*Interruption*]

Mr. Imbert: Your comments are noted.

Mr. Chairman: Okay. I think I have reached the point where I have to put the vote, because the Government apparently is not minded to accept your recommendation.

Question put and agreed to.

Clause 24 ordered to stand part of the Bill.

Clauses 25 to 27 ordered to stand part of the Bill.

Clause 28.

Question proposed, That clause 28 stand part of the Bill.

Mr. Sharma: Mr. Chairman, I have a concern about clause 28. The concern I have is, would the person have an opportunity to appeal before the Minister has that power to revoke or suspend the licence?

Mr. Imbert: Mr. Chairman, I went through this at length in my contribution.

Mr. Sharma: You did?

Mr. Imbert: Go to clause 32, and I was very painstaking in explaining how clause 32 operates. Of course, they can go to the Appeal Committee that can overturn the decision of the Minister.

Mr. Sharma: No, but this is before. I am asking before the suspension, notice will be given of a suspension or to revoke, what opportunity do they have? You have to wait to be suspended and then appeal?

Mr. Imbert: Okay, let us go.

Question put and agreed to.

Clause 28 ordered to stand part of the Bill.

Clauses 29 to 35 ordered to stand part of the Bill.

Mr. Sharma: Mr. Chairman, clause 34.

Mr. Chairman: I have already put it to the vote and it is passed. [*Crosstalk*]

Clauses 36 to 39 ordered to stand part of the Bill.

Mr. Chairman: Do you have anything between there?

Clause 40.

Question proposed, That clause 40 stand part of the Bill.

Dr. Gopeesingh: Clause 40(1)(b):

“six individuals appointed by the Minister who may be drawn from the following disciplines:

(i) Medicine;”—nominated from the medical council—*[Interruption]*

Mr. Imbert: No.

Dr. Gopeesingh:—“(iii) nursing;”—nominated from the nursing council—*[Interruption]*

Mr. Imbert: Take it to the vote, please.

Dr. Gopeesingh:—“(iv) law”—nominated by the law association.
[Interruption]

Mr. Imbert: The answer is no.

Dr. Gopeesingh: That is only fair. You are picking any lawyer, nurse, medical doctor.

Mr. Imbert: Yes.

Dr. Gopeesingh: There are representative bodies in the country that can nominate people for these issues, as it is done in the Medical Broad Act, the Pharmacy Board Act, whatever Act.

Mr. Chairman: The Government is not minded to take your suggestion.

Question put and agreed to.

Clause 40 ordered to stand part of the Bill.

Clauses 41 to 60.

Question proposed, That clauses 41 to 60 stand part of the Bill.

Dr. Rafeeq: Mr. Chairman, there is not a clause for this, but the issue has been raised in these clauses and I just wanted a little clarification. There is a Schedule 2 on page 44—*[Interruption]*

- Mr. Imbert:** Mr. Chairman, as a matter of procedure, what clause is he on?
- Mr. Chairman:** What clause are you on?
- Dr. Rafeeq:** There is a clause with fees that I just missed—one with fees.
- Mr. Imbert:** What clause?
- Dr. Rafeeq:** Fees.
- Mr. Imbert:** Clause? Mr. Chairman, is he having a senior moment?
- Dr. Rafeeq:** What I am asking is—*[Interruption]*
- Mr. Imbert:** What clause?
- Dr. Rafeeq:** I am seeing here—*[Interruption]*
- Mr. Imbert:** Mr. Chairman, what clause?
- Dr. Rafeeq:** I am just looking for the—it is mentioned in a section about fees for the emergency medical technicians between clauses 41 to 60.
- Mr. Imbert:** Mr. Chairman, what clause?
- Mrs. Persad-Bissessar:** Just wait, you would get it in a minute.
- Mr. Imbert:** If it is a clause that we have done already, forget it, you know.
- Mrs. Persad-Bissessar:** In a minute.
- Dr. Rafeeq:** Where is it?
- Mr. Chairman:** *[Inaudible]* clause 60, inside there?
- Dr. Rafeeq:** Yes. It is emergency medical technicians that they must be registered by paying a fee and I just missed the—*[Interruption]*
- Mr. Narace:** *[Inaudible]*
- Dr. Rafeeq:** Since it is your Bill, you should be able to point it out to me.
[Crosstalk]
- Mr. Chairman:** Let me—
- Dr. Rafeeq:** So what, there is not a fee that is supposed to be?
- Mr. Narace:** What are you asking me?
- Dr. Rafeeq:** Yes, I am asking you. I am asking you—
- Mr. Chairman:** Order! Order!

Dr. Rafeeq:—whether a fee is necessary? Whether a fee is required for emergency medical technicians?

Mr. Imbert: What is the clause, please?

Dr. Rafeeq: You do not know your own Bill, man?

Mr. Chairman: Hon Members, in light of the fact—Yes?

Dr. Rafeeq: Mr. Chairman, okay, I will come to it when you put the Schedule?

Mr. Chairman: Yes.

Question put and agreed to.

Clauses 41 to 60 ordered to stand part of the Bill.

Dr. Gopeesingh: Mr. Chairman, clause 48—

Mr. Chairman: They agreed, too late. We are on to clauses 61 to 66. Which one are you in there? If you want to revisit, I will have to put it to the Committee.

Dr. Gopeesingh: Clause 48. They agreed that the financial issue there is a big—

Mr. Chairman: No, no. If you want to recommit clause 48, I will have to put it to the Committee. Do you want to recommit clause 48?

Hon. Members: Yes.

Mr. Chairman: Hon. Members, the question is that clause 48 be recommitted?

Question put and negatived.

Mr. Chairman: Therein is your answer. [*Crosstalk*]

Clauses 61 to 66 ordered to stand part of the Bill.

Schedule 1 ordered to stand part of the Bill.

Schedule 2.

Question proposed, That Schedule 2 stand part of the Bill.

Dr. Rafeeq: Mr. Chairman, Schedule 2, can I make my contribution?

Mr. Chairman: Yes, certainly. Let me put Schedule 1 first.

Dr. Rafeeq: I did not find the section, but you have already passed it, so that is okay. It is clause 51(3), but that is okay. Schedule 2, registration fee for emergency medical technicians, basic and immediate, and paramedics and so on, the question I was asking was, just as for ambulance fee, whether there was a renewal fee for emergency medical technicians?

Mr. Imbert: I was not listening.

Dr. Rafeeq: I have already put my question.

Mr. Imbert: No, no. What were you saying?

Dr. Rafeeq: No, I put it already.

Mr. Imbert: To whom?

Dr. Rafeeq: To the Chairman. No, I put it to the Chairman.

Mr. Imbert: Just give us one second. If I do a simple reading of the legislation and the relevant section, clause 51(3), it would appear they register once.

Question put and agreed to.

Schedule 2 ordered to stand part of the Bill.

Schedules 3 to 5 ordered to stand part of the Bill.

Clause 13 reintroduced.

Mr. Imbert: Mr. Chairman, section 36 of the Exchequer and Audit Act states that no statutory body shall borrow without the sanction of the Minister, and the Minister involved is the Minister of Finance. Caroni Central? Caroni Central?

Question put and agreed to.

Clause 13 ordered to stand part of the Bill.

Question put and agreed to, That the Bill, as amended, be reported to the House.

House resumed.

Bill reported, with amendment.

11.15 p.m.

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

Hon. Narace: Mr. Speaker, division. [*Interruption*] [*Crosstalk*]

Mr. Speaker: Before you continue with this division, it has been drawn to my attention that only a Member of the House can call for a division—[*Laughter*] [*Desk thumping*—while you are the Minister, the Standing Order states:

“Any member may challenge the opinion of the Chair by claiming a division.”

Just out of an abundance of caution, perhaps, Mr. Imbert could call for the division.

Mr. Imbert: Division.

Mr. Speaker: You need to start all over again.

The House voted: Ayes 26

AYES

Imbert, Hon. C.

Gopee-Scoon, Hon. P.

Kangaloo, Hon. C.

Abdul-Hamid, Hon. M.

Dumas, Hon. R.

Ross, Hon. J.

Taylor, Hon. P.

Swaratsingh, Hon. K.

Parsanlal, Hon. N.

Beckles, Miss P.

Mc Donald, Hon. M.

Hunt, Hon. G.

Le Gendre, Hon. E.

Browne, Hon. Dr. A.

Callender, Hon. S.

Cox, Hon. D.

Jeffrey, Hon. F.

Hospedales, Hon. A.

Joseph, R. Hon.

Hypolite, N.

Regrello, J.

Roberts, A.

Sinanan Ojah-Maharaj, Mrs. I.

Peters, W.

Maharaj SC, R. L.

Warner, J.

The following Members abstained: Mrs. K. Persad-Bissessar, Dr. R. Moonilal, Dr. T. Gopeesingh, S. Panday, Miss M. Panday, Cr. Sharma, H. Partap.

Mr. Speaker: Order!

Question agreed to.

Bill accordingly read the third time and passed.

TRINIDAD AND TOBAGO ELECTRICITY COMMISSION (AMDT.) BILL

Order for second reading read.

The Minister of Public Utilities (Hon. Mustapha Abdul-Hamid): Mr. Speaker, I beg to move,

That a Bill to amend the Trinidad and Tobago Electricity Commission Act Chap. 54:70, be now read a second time.

Having regard for my honourable colleagues, I will try to be as concise as possible.

This Bill includes only seven clauses; it is fairly straightforward, but it is extremely important. We are presenting two critical amendments that we are attempting to make to the Act.

In clause 3 we are introducing a definition. We are proposing to make an inclusion in section 2 of this Act. We are proposing to introduce a definition of the word "Minister". We are defining the Minister here as the Minister with responsibility for T&TEC. This is really out of an abundance of caution, because the Interpretation Act when applied can, in fact, refer to this particular Minister, the Minister with responsibility for the commission, but elsewhere in the legislation, I believe in section 33A, reference is made to the Minister of Finance. It is really to provide clarity, and out of an abundance of caution, that we are introducing this particular clause. This has become necessary, because later in clause 5, the amendment to section 50, we are introducing a specific function for the Minister with responsibility for the commission.

[MADAM DEPUTY SPEAKER *in the Chair*]

It is necessary to avoid any ambiguity or confusion, that we have included this definition in this section, so clause 3 provides that definition.

In clause 4 we are inserting a new 22(A) to introduce a provision that would allow for the Government to make allocations, by way of Parliament, directly to T&TEC.

Section 22 provides for a mechanism by which funding could be made available to T&TEC; that mechanism is a loan mechanism. It is the only mechanism contemplated

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in this section and in the Act, so wherever or whenever the Government proposes to intervene financially in T&TEC, it has to be by way of a loan.

That really was put in place at a particular point in our history, very early; I think this legislation was enacted in 1945. We must remember that the repayment of the loan would be with interest. The challenge is that applies even for projects that are undertaken in the public interest; even for projects where the Government may give an instruction to T&TEC to undertake a particular project, not necessarily in the economic interest of T&TEC, not necessarily a project that is contemplated to be a profit making project for T&TEC, it may be a project that aims to provide a social service, that aims to provide an improvement in the quality of life of our citizens, that aims to advance the Government's national development objectives. Those may not necessarily be projects that are calculated to be economically profitable for T&TEC; they may be projects, as we have defined them, in the public or national interest.

Should the Government give an instruction to T&TEC to undertake such projects, it ought to be reasonable that the Government should provide the funding. But according to section 22 of the legislation, the only mechanism by which the Government can make a financial contribution to T&TEC is by way of a loan with interest. That could result in T&TEC unfairly having to carry a loan burden that may prove to be very difficult for them to service.

One must remember that at the time this loan mechanism was introduced, T&TEC had the authority in the legislation to set rates or to give guidelines for the setting of rates. That could be clearly seen in section 53 of the Act. So it was contemplated that whatever expenses T&TEC had, whatever expenditure it may have to undertake on an ongoing basis, they would be able to provide the guidelines, to set their own rates to allow them to recover their expenses, whatever those expenses might be and, as a consequence, ensure that the company was profitable.

Along the way, there were two significant changes that took place in our history: In 1966, the introduction of the Public Utilities Commission and later in 1998, its replacement, the Regulated Industries Commission (RIC). With the existence of the RIC assuming full responsibility for setting the rates for T&TEC, it is obvious that this independent body, while it is desirable, generally speaking, the authority to set rates would have been removed from T&TEC; so that the rates are being set elsewhere. The view of that body became very important in terms of the funding mechanism for T&TEC.

That would have been a very important factor. So the reality we have today is that the Government has engaged T&TEC to install infrastructure, in the public interest. Mr. Speaker, this investment is in the interest of the people. There are a number of projects

that we have identified and we have asked T&TEC to implement. These projects are in the national interest. They may prove to be profitable and may be able to provide revenue to T&TEC along the way, but the RIC has determined that these projects ought to be funded directly by Government. That determination by the RIC really, in large measure, has created the necessity for this particular amendment.

The final determination rate and miscellaneous charges for the period June 01, 2006—May 31, 2011, on page ES27, Chapter 6, is a critical factor in this particular amendment in guiding or informing or making the determination that this amendment has to be passed. The report states:

“The RIC has identified projects that should be fully funded by Government. These projects should be totally ring-fenced. If and when one of these projects is set to proceed, the RIC would require T&TEC:

- to demonstrate that the project will have no negative impact on any other users;”

11.30 p.m.

What that means is that the rates to be charged to the consumers of electricity ought not and should not be affected by the expenditure incurred as a consequence of these projects. RIC is saying, the Government must pay for these projects by direct allocation to T&TEC and that T&TEC ought not to be attempting in their rates to recover the cost of these particular projects. So whatever the cost might be—and these are significant projects—T&TEC cannot increase its rates to allow them to recover these costs.

So that the only way these projects can be funded, according to the RIC, is by direct Government allocation. Even if we were to provide a loan, T&TEC would still have to repay the loan with interest, and so the only source of revenue will be their rates, but the rates cannot and will not be adjusted by the RIC to allow T&TEC to repay even those loans, because as the RIC has indicated, these expenditures must be ring-fenced and must be directly funded by Government.

The Act as it stands now, does not allow for Government to provide a direct allocation to T&TEC in this way via the Parliament. It only allows in section 22 that we provide a loan; that the only mechanism by which we can get involved is a loan and that is a major factor, as I have said.

In addition to that—I can read from another part just to strengthen the point. It says:

“The RIC has identified projects amounting to \$1.772.6 million which should be fully funded by Government, as they would benefit only a target customer and/or

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industry. Such projects should have no impact on prices faced by network users and thus they have been excluded from T&TEC's Capex building-block.”

In short, the point is made that the RIC finding has really left us with no choice but to make this amendment—this inclusion of section 22A to allow the Government by the Appropriation Bill to make an allocation to the Trinidad and Tobago Electricity Commission. And when we proceed to make those allocations, they will, in fact, form part of our budget documents and it will be evident and clear for all to know and to see as we go along.

The second important—and among those projects, just for easy reference, would be our transmission infrastructure. All would be aware that we are at present constructing a major power generation plant at Union Estate and there are two other plants to come. There is a replacement plant for the Wrightson Road plant. We are right now examining a site in Sea Lots and another plant would come later, perhaps around 2013 or so, and that was set for the Wallerfield area.

Once you have generated power, you have to move that power around, as you all would know, and it calls for significant investment in the transmission infrastructure and I am including in there, that is our tower lines, et cetera, and also a number of substations. Those are the projects that the RIC referred to as having to be projects to be ring-fenced and to be funded directly by Government and you will understand that those projects are critical to our national development.

The second important amendment is the amendment to sections 50 and 51. This is a completely different issue from the one I have just outlined. Section 22 deals with an allocation to T&TEC by Parliament. The second amendment we are proposing to make is to allow for the Ministry of Public Utilities to make payments to T&TEC for public lamps. Right now as the legislation stands, that responsibility for payment is with the regional corporations. You notice I did not say that the regional corporations pay for these lamps; I say that they have the responsibility for paying for these lamps.

The reality today is that before 2005, that is between the years 1945 and 2005—before 2005, let me say—this country would have installed 65,000 lamps over that period. Between 2005 and now, we have installed an additional 90,000. So our total stock is over 150,000 public lamps. Now the legislation provides that the local bodies, whether they be boroughs, cities or regional corporations, will pay for lighting that they request. If you read the legislation carefully there is a request to be made and as a consequence of that request, the regional bodies will pay for those lights.

In 2005, the local bodies were not making requests over several years. The requests they made were for very few lamps and as a consequence in 2005 we really did not have adequate lighting in public spaces and the central government took a decision to embark on a National Street Lighting Programme and ensure that the country was lit. Of course, there is great value in that. We all know that it improves community activity, social interaction; it was intended to impact positively on our fight against crime and so on, and we have been quite successful, we think, in this National Street Lighting Programme.

The reality that we face today, though, is a position among the regional bodies which, as you all know, are independent elected bodies and the position that they have taken is that they did not request these lamps and so they have no responsibility to pay for these lamps. But the law only allows for the regional bodies to pay; the law does not allow the central government, the Minister of Public Utilities to pay the bills for these lamps. So we must make an amendment in the legislation to allow the central government to make payments for these lamps. It is a responsibility that we are prepared to assume.

The reality is that up until about four months ago, all the regional bodies, up until April, would have been indebted to T&TEC to the tune of just over \$71 million. This goes across many local government bodies. One will argue—I know I am going to hear that we did not allocate the money, et cetera, but I have argued otherwise in other places that the fact that a number of regional bodies, and Chaguanas, in particular, would be reporting surpluses and would be asking for permission to use money to construct a disability home or a senior citizens home—some home—demonstrates to me that there is funding available so that is excess revenue they are asking for permission to utilize for the purposes of construction of a building to provide a service for which they do not have a responsibility, and at the same time they are indebted to T&TEC to the tune of over \$5 million. It tells me that there is a lack of willingness on the part of some of our local government bodies to pay for the lamps, in addition to some of the comments we have been getting, that we did not request these lamps; we are not prepared to pay for these lamps.

So what we are doing, we are making an amendment to the legislation and the central government is going to take responsibility for the payment of these bills. So the two amendments that we are contemplating is the one at 51. I will go to that one first:

“...energy supplied to public lamps shall be payable by the Minister in accordance with the rates as determined by the Regulated Industries Commission pursuant to the Regulated Industries Commission Act.”

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And because the Minister in section 51—that is clause 6—is assuming responsibility for making payments for the public lamps, we have to go back to section 50, the previous section to ensure that the liability is created in the Ministry of Public Utilities. Because we cannot have a situation where two independent, separate bodies, discuss a matter, agree on the infrastructure to be installed and a third party has to make the payments without involving the third party in some way and creating the liability for the third party. That is all that section 50 proposes to do. It proposes to create the liability for the Minister of Public Utilities, the Minister with responsibility for the Trinidad and Tobago Electricity Commission.

What we have done in section 50, we have left the entire process that normally takes place in terms of the local government bodies approaching T&TEC; they will have their discussions; they will make a determination as to what is required, what they would like to do, and in order to create the liability, we have added the words, “shall upon approval of the Minister”. The Minister will have to sign off on the infrastructure so that the liability can be created inside of the Ministry of Public Utilities.

That is nothing new; it exists in the Government. In various ministries, Ministers have authority to take actions like these. We are very familiar with the Town and Country Planning. The Minister has authority to give approvals; in the Minister of Works and Transport, the Minister has authority to approve port charges; the Ministry of Tourism, the Minister has authority to make duty-free concessions to hoteliers and so on. It is nothing that is new to the Government and nothing new to the Government system and to governance in Trinidad and Tobago.

So very briefly, that is what we propose to do. One very important amendment is to allow the Government to make direct appropriation to T&TEC, really as a consequence of the RIC and its findings and its determination. The second one is because we have all this public lamp infrastructure, we are having difficulty in getting the local government bodies to make the payments. The Minister of Public Utilities, the Minister with responsibility for the Trinidad and Tobago Electricity Commission, will take responsibility for these public lamps.

There is one consequential amendment, which is to remove the words, “and lighting”, which is to remove the responsibility for the payment for lighting from the local government bodies, and that is an amendment to the Municipal Corporations Act. Of course, you all would know, that is only for a short time, we expect—because right now, this is just to give us cover for the period of the life of the Municipal Corporations Act, because, as you all know, all of these matters will be discussed at the joint select committee which is meeting to discuss the Local Government Bill.

So those are the amendments we propose and we would be very, very happy if this honourable House would find those amendments agreeable. Thank you very much.

I beg to move. [*Desk thumping*]

Question proposed.

Mr. Jack Warner (*Chaguanas West*): Madam Deputy Speaker, I would be very brief because, as the hon. Member for Chaguanas East said, the whole Bill, actually, is meant as an interim measure pending the local government reform. But there are one or two points which I would like to raise and I want to, again, give the House the assurance, I shall be very brief.

The Bill seeks to do four things. In my mind, the Bill seeks to enable the commission to receive sums appropriated by Parliament to provide services in what is described as “public interest and in accordance with public policy considerations”. The Bill seeks to provide for the Minister who is in charge of T&TEC, to approve requests made by local authorities. It seeks to make all charges for the provision of energy to public lamps to be payable to the Minister, and last but not least, it seeks to remove responsibility for the payment of street lights from the municipal corporations, as the Minister was at pains to explain to us a while ago.

I find that there are some broad undefined terms which are used in the Bill. The Bill seeks to insert a new section 22A which will allow the commission to receive sums appropriated by the Parliament for purposes being described as those in the public interest and in accordance with public policy considerations. I have some difficulty in understanding what these terms really mean, because these terms have not been defined in the Bill.

In section 22 of the parent Act, which is the section immediately preceding the amending section, it is stated:

“The Commission may borrow by way of advances from the Government such sums as may be necessary for carrying out its functions under this Act...”

11.45 p.m.

The definition section of the parent legislation sets out functions as those in the realm of private purpose and public purpose. In other words, private purpose is described as those not being public purpose, while public purpose means lighting our streets, places of worship, walls belonging to public authorities, public theatres and so on. The parent Act sets out the private and public purposes for the commission. The amendment introduces public interest and public policy considerations.

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These two terms appear to be wide, vague and in some ways even obscure. Actually, you can ask yourself: What do these two terms mean? Who decides what is in the public interest? If you want to carry it to its extension, one can easily ask: Can the Minister tell the commission to run lights at a function and say that it was in the public interest? That I know is carrying it from the sublime to the ridiculous but it is quite possible.

Clause 50 of the Bill proposes that upon receiving reasonable notice—again, one has to ask: What qualifies reasonable notice? The Bill says:

“...upon receiving reasonable notice from any Local Authority..., the Commission...shall on the approval of the Minister, give...a supply of energy...”

As I asked earlier this evening, why does the Minister want this power? I get the impression that the commission is vested with the skills and ability to decide when and where a supply of energy should be given. What I see happening here is that in some ways the minister is given a final veto and that therefore, in my humble view, tends to emasculate the decision making ability of the commission and places on the minister, powers which are not ordinarily exercisable by a minister.

In other words from where I stand, it seems to me that there is a certain level of micromanagement which I believe is contrary to the parent Act, because the parent Act empowers the commission to provide certain services and to give unfettered powers for the minister to determine the allocation of basic humane necessities. The question that can easily be asked is: Why do we employ technocrats whose job it is to determine the feasibility and usefulness of projects, if of course, the Minister has to decide where and when a street light is run? This can be carried from the sublime to the ridiculous. An area that has caused me some concern also is the fact that there is no arbitration.

Clause 6 of the Bill provides for a new section to repeal and replace the old section 51 of the Act. Under the old section prices to be paid for services were to be decided by agreement between the commission and the local authority. Furthermore, the old section provided “in case of difference” it is to be determined by arbitration. Under the old Act, the parties would settle prices on agreement based on arbitration if there are differences.

In the new Bill two things are proposed. The first is that the parties are no longer the commission and the local authorities. The parties have been changed. The minister now replaces the local authority. Therefore, the minister’s powers are increased. This may not be a bad thing now. If it is not picked up with local government reform, it may be a bad thing then. What is worse is that they remove

the right to arbitration whereby if there are differences in agreement, both sides can arbitrate. If I can get that explained I would be grateful.

One gets the impression that the major thrust in this Bill is to empower the minister some more at a time when we are talking about decentralization and devolution of power. It seems to me that it is difficult to understand. I got the Minister's attention just now. Why do the duties like payment for street lights have to be taken away from local bodies? I ask the question and I would be happy if the Minister answers me: Why does the minister not provide the funds and authorize the regional bodies to pay? Is there a flaw in that system? *[Interruption]* "Dey doh pay." If they do not pay and that is the solution, fine. I do not know. The Minister can tell me. I would have thought that it is a very easy thing to say that he has the funds and go to pay.

I said that I will be very short. Finally, I get the impression that more comprehensive amendment is needed. When one reads the parent legislation, Chap. 54:70 which governs the commission, it is clear the law, like so many others is outdated. In one of the sections of the Act I saw that the President—I know that the President is the Head of State or the Cabinet—has the power to give the commission "directions of a general character". If this is the case it would mean that it is quite possible that the head of State can advise T&TEC on the provision of lights. It means that the Act is outdated. Many sections of the Act are not only outdated, but also, no longer are they relevant to the realities of the time. Times have changed and so too must our laws within reason.

When I look at what is happening in this Bill, it suggests to me that we should have a law reform agenda in which we study all the laws and see what has to be updated. We should do this in a holistic fashion and not tinker with those areas and make amendments from time to time. It seems to me that if we are talking about Vision 2020, we have to come to this House to make comprehensive changes to our laws that would obviate some of the problems which we have experienced in this present Bill.

Thank you. *[Desk thumping]*

Mr. Harry Partap (*Cumuto/Manzanilla*): Madam Deputy Speaker, I cannot give you the assurance that I will be short. *[Laughter]* This legislation adds no value to the people of Trinidad and Tobago. Nothing in these amendments will improve the delivery of electricity to the people across this country. On the face of it, the amendments appear to be quite innocuous. The hon. Minister in a cloak of Puritan innocence led us to believe that the amendments are indeed simply to

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correct a deficiency of five or six decades ago. The amendments are not innocuous. In fact, they are quite fundamental. If we are not careful we can put more power in the hands of a government that has demonstrated that it cares nothing about people, so long as it can spend and spend carelessly.

The amendments open another trough for the frenzy feeding of PNM corruption, nepotism, wanton waste and political manipulation.

Clause 4 of the Bill inserts a new section 22A which would allow the Government to appropriate money to T&TEC through Parliament, for the purpose of providing services in the public interest in accordance with public policy considerations. This new section 22A removes the restrictions of section 22 of the parent Act which did not allow the Government to make direct financial contributions to T&TEC. The Minister would have us believe that this section creates a problem with funding for T&TEC to pursue infrastructural work based on public policy. We do not agree.

Section 22(1) of the current Act allows the commission to borrow by way of advances from the Government, such funds as may be necessary for carrying out its functions, so long as notice of such advances is given to Parliament.

In insulating the taxpayers from having to fund bad management and inefficiency at T&TEC, the framers of the law, that is the parent Act provided at section 54, for the commission to make any agreement with a consumer and in this case the government, as to the price to be charged for the supply of electricity. Section 54 of the Act provides for the commission to negotiate with the consumer or person requesting a supply of energy—as I said in this case it is the Government—on what price the energy would be made available. Therefore, the commission can negotiate directly with the Government.

What is the new catch phrase of the PNM? “We getting ready.” I have no doubt that they are getting ready. They are getting ready to dip their hands deep into the cookie jar to feed corruption and steal from the Treasury. That is what they are getting ready to do.

The new amendment is making it easier for taxpayers’ money to be made available to prop up inefficiency, bad management and corruption at T&TEC. The Minister must come clean on this matter. The Minister must tell us whether the amendment to section 22 is designed to rescue T&TEC from \$1 billion dollars owed to the National Gas Company. *[Interruption]* It is already midnight. I would not worry. You will get a chance to answer.

12.00 midnight

Madam Deputy Speaker, an article published in the *Business Guardian* of Thursday, July 09, 2009, one week ago, the new President of the National Gas Company, Andrew McIntosh, revealed that the Trinidad and Tobago Electricity Commission (T&TEC) owed the National Gas Company (NGC) \$1,082 million. That was in the newspaper and it is a quote from Mr. McIntosh. It says that T&TEC owed the NGC \$1,082 million for natural gas supplied for the commission over the period 2005—2007.

Apparently, the NGC had called a halt to this situation and demanded that T&TEC pay for gas on delivery. According to Mr. McIntosh, T&TEC started paying for the gas they were consuming as they ordered the gas. That started in March 2009. So T&TEC was not getting any more trust from NGC. The PNM had put T&TEC in that disgraceful situation. What a shame and disgrace!

Allow me, Madam Deputy Speaker, to quote again from Mr. McIntosh's statement reported in the same article at page 5. This is what he said:

“In order to treat with the quantum of money NGC is owed requires the co-ordination of the Ministry of Energy, the Ministry of Public Utilities and the Ministry of Finance.”

Look at it in terms of this new amendment and you will see what Mr. McIntosh is saying.

“That is being co-ordinated by the Minister of Energy and we will soon be having that meeting. A way will be found as to how they will satisfy this payment to us.”

We are seeing it in Parliament today. The article continued:

“McIntosh said the \$1 billion bill was a lot of money in relative terms, but he is confident NGC will get paid. ‘There is no question of debt forgiveness. We will get the money.’”

I can only draw my conclusion from Mr. McIntosh's confidence that NGC will receive the \$1 billion owed to it by T&TEC. Perhaps what will happen is that once this Bill is passed here this morning, Government will move swiftly to bring an Appropriation Bill to Parliament to wipe out the T&TEC debt.

Madam Deputy Speaker, it is time that the Government comes clean with its intentions and stop pussyfooting with critical issues facing this country. The Minister must tell us how T&TEC accumulated this debt. Somebody at T&TEC

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must have misled this Parliament when its senior officials appeared before the Public Accounts (Enterprises) Committee on July 18, last year and were questioned on T&TEC's audited statements.

I will quote a section, at page 56, from the First Report of the Public Accounts (Enterprises) Committee for the 2007/2008 Session of the Ninth Parliament when T&TEC appeared before the committee. The question was: Has T&TEC been able to repay its debtors since 2005? The answer T&TEC gave was that it had paid its debt and had not defaulted in any of its loans for 2006—2008. Something is not right. NGC is saying that T&TEC owes it over \$1 billion, yet T&TEC is telling Parliament that it paid all debtors since 2005. Something is both confusing and fishy.

Madam Deputy Speaker, we are entitled to know whether the Government had made demands on T&TEC to meet political objectives for the general election of 2002 and 2007 without knowing how T&TEC would pay for them. We are entitled to know whether the PNM was using taxpayers' money to finance its election promises. Today, T&TEC has become a victim of that illegality.

This brings into focus the National Street Lighting Programme. This is a case of a good project drifting into a quagmire of corruption leading to a PNM feast at the trough. This \$54 million programme—sometimes we hear it is \$644 million; the report from which I got it says a \$54 million programme—has been tainted from the start. PNM friends and families had been lining up at the table and I would like the Minister to state whether one of the Prime Minister's sons had been the sole contractor or involved with the sole contractor in importing and distributing the lamps and fittings for the National Street Lighting Programme.

Our information is that the suppliers of the IP66 street lamps is a British-based company named URVIS. We were told that these lamps were available only from Western Europe, effectively removing any chances of lamps and fittings coming from cheaper sources outside of Western Europe.

I am not accusing anyone; I am simply asking the Minister of Public Utilities to tell this House if one of the Prime Minister's sons is or was a contractor or is or was involved with the sole contractor for the supply and distribution of the lamps and fittings.

The issue of the National Street Lighting Programme is relevant in this debate because Government is seeking, through the amendment of the Act, to pump money into T&TEC through an appropriation in Parliament. The Government is asking Parliament to improve an amendment to the law that would commit taxpayers' money to feed the corruption in some of these projects.

The majority union at T&TEC, the Oilfield Workers Trade Union, wrote both the Minister and the acting Commissioner of Police about breaches in the tendering procedure and the tendering procedures for the National Street Lighting Unit.

OWTU President General, Ancil Roget, outlined some of these breaches in the procurement procedures in a letter sent to the Acting Commissioner of Police, dated March 03, 2009. I received a bundle of documents, which OWTU sent both to the Minister in October 2008 and the Acting Police Commissioner in March this year. Mr. Roget tells the Police Commissioner, and I quote from his letter, which says:

It is our firm belief that a few top level officials in T&TEC, past and present, corruptly conspired to undermine the commission's procurement systems to illegally acquire financial gains.

The letter went on:

In this regard, we are requesting that an independent investigation be conducted by the Fraud Squad.

That was the end of this letter, but what was OWTU's allegation? Again I quote from Mr. Roget's letter to the police commissioner. The allegations were:

1. That a senior management official knowingly procured 1,300 utility poles treated with a dangerous chemical called chromate copper arsenate (CCA) and this was done despite a decision of the T&TEC board not to proceed with the purchase. Additionally, the rules of the procurement were openly flouted by exceeding the limits set by T&TEC's procurement policy;
2. That on several occasions, T&TEC's procurement policy was flouted by the illegal division of contracts into smaller portions in an apparent attempt to avoid board scrutiny;
3. That technical specifications were altered to facilitate particular suppliers.

This is why the lamps could not come from anywhere else but from Western Europe. This resulted in illegal financial gains to a former member of T&TEC's board and Mr. Roget is asking the commissioner to decide if there was a conflict of interest between some of these suppliers and a former Member of T&TEC's board. He wanted to know whether any person or persons illegally benefitted financially from these breaches of procedure. He said in his letter that the investigations should focus on three businesses in Central Trinidad: a car muffler

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establishment, a hardware store, an office complex in Chaguanas, which have allegedly benefitted from corruption emanating from these contracts.

As a result of persistent action by the OWTU, the Minister, we understand, launched an investigation using the Ministry of Finance's Central Audit Unit. He did not go to the Fraud Squad. That is where he should have gone. That unit was given two months to deliver its report. I think they are found months in arrears already. That time has elapsed and all we have heard have been excuses from the Minister.

In fact, Sen. The Hon. Mariano Browne, in response to this amendment in another place, said, and I quote from the *Hansard* dated June 02, 2009.

"...the draft report has been considered and has been and is being re-evaluated in the light of certain additional information which we have had."

You must agree with me, Madam Deputy Speaker, that these are very serious allegations being made by the OWTU, an organization which is perfectly placed to know if transgressions have been made.

12.15 a.m.

What did the goodly Senator say later? I am taking this quote from the *Hansard*.

[MR. SPEAKER *in the Chair*]

"So that report is not yet final and we are currently in discussion between ourselves and the entity to finalize that report."

That is a serious allegation of corruption, but you are going to talk to T&TEC. Are we to believe that the report is being sanitized? Who is Minister Browne referring to, when he said discussion on the draft report is being held "between ourselves and the entity"? Which entity, Minister? We call on the Minister of Public Utilities to make the report public. In fact, it should have been made public even before the Bill was brought before us this morning. What is in that report may have some implications on the amendments, which the Government is now seeking to make in the parent T&TEC Act. Minister, we asking you to make the report public.

Clause 5, section 50 of the parent Act is repealed and replaced by clause 5 of this Act to amend the T&TEC Act, Chap. 54:70. The Government has inserted five words "upon approval of the Minister". That is the change in amending section 50. This amendment that was pointed out by my colleague effectively removes the location and the installation of street lights from the regional corporations and

put it in the hands of the Minister of Public Utilities. The intention of the original section 50 was that the local authorities, the regional corporations and so on, requested the commission to install street lights at particular locations and the commission would comply. In practice, the commission controlled the distribution of street lights, whereas the regional corporations controlled where they were to be located. That section is now amended to explicitly give the authority to the Minister to control the location and the distribution of street lights. That is unacceptable.

When the Basdeo Panday government came into office, we met a system where the commission, perhaps, acting on instructions of PNM Ministers, allowed only three street lights per year to councils in regional corporations. Mr. Speaker, the poor councillor was in a quandary as to how to locate three street lights per year in his electoral district. What he did was place one near where he lived. He put the second one near to where his mother-in-law lived and then the third one, he put it where his girlfriend lived. The system was designed to fail and it did, like everything else that the PNM does, including street lights. It came as a basis for patronage instead of needs. The UNC government, led by Basdeo Panday, freed up the allocation and distribution of street lights. Strapped for funds, but determined to increase the number of street lights in the communities, the then Public Utilities Minister, Ganga Singh used the \$9 million accumulated through the standby generation fees, to increase the street lighting programme then by over 100 per cent. Even with limited funds, the UNC initiated what we called the Hardship Relief Programme for pensioners, which reduced their water rate liability by 25 per cent.

The point I am making is that we cannot go back to the old days, when a central authority, previously the commission, now the Minister, will decide who, when and where gets a street light. We cannot go back to those days. The term “on the approval of the Minister” gives the Minister complete control over where and when street lights will be installed. This PNM Government should not be allowed to impose ministerial and political power over the distribution of street lights and the electrification of communities.

What prevents the Minister of Public Utilities from ignoring a request from any regional corporation? He has the power. What will prevent him from ignoring the request? What will be the sanctions against him? There will be none, especially in Opposition-controlled areas. The PNM is known to ignore requests from the Opposition. One Minister said I was too greedy by calling for roads to be repaired in my constituency. There is no guarantee that the PNM will not ignore a request from an Opposition-controlled regional corporation. Every year

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Opposition-controlled corporations have their allocations maliciously cut, affecting delivery of critical services like garage collection, waste distribution and water distribution as well. We know about that. We just cannot trust them to do the right and decent thing.

You will no doubt remember how the PNM conned senior citizens during the 2002 general election and 2003 local government election campaign. They conned them into believing that they would get an enhanced pension with the increase of NIS benefits. The PNM then went on to change Old Age Pension to Senior Citizens Grant. Like a thief in the night, they robbed them of their pension by putting a ceiling of \$2,008 as a maximum amount of income any senior citizen can receive. Pensioners woke up to the reality of getting \$800 from the Senior Citizens Grant. Some got as low as \$100. That this is the level of care coming from the PNM and we see nothing different, with respect to the street lights when they put it under the control of a PNM politician. In fact, do not put it under the control of any politician.

Allow me to demonstrate the mischief that the PNM wants to inflict on citizens by changing the law to read “upon the approval of the Minister”. Let us see the mischief. The mischief is we have something called the National Social Development Programme (NSDP). It is one of the good programmes that has drifted into partisan politics and naked favouritism. It is a good programme. It has become an election tool, under the current Minister of Public Utilities.

I am informed that not a single NSDP for the extension of electricity house wiring and the extension of water mains has been approved by the hon. Minister, since October last year. I am told and I stand to be corrected, that the hon. Minister has assumed total control of that programme. He has established a small committee in the Ministry to screen applications, which are then subject to the personal approval of the Minister. That is what is wrong with it. For all intent and purposes, NSDP is at a standstill. I invite the Minister to respond to this observation in his closing statement, but I must hasten to add, however, that the NSDP operated evenhandedly and urgently under the former Minister, the distinguished Member for Arima. We fear that what is now taking place with the NSDP, the Minister can use the amended section 50 of the T&TEC Act to delay approval of requests for street lights for Opposition-controlled regional corporations. [*Interruption*] The morning is young.

Clause 6, section 51—I would not be long again. The amended section 51 removes the responsibility for payments to T&TEC for street lights from the local government bodies and it is placed in the hands of the Minister of Public Utilities.

The intent is clear, the PNM has always treated local government with contempt. The PNM has emasculated local government to the extent that is now being proposed to reduce it to a monitoring agency. I would go no more into that.

To further their aim, the PNM has gone on campaign to malign and heap blame on regional corporations for non-delivery of services to citizens. How do you expect the local government bodies to deliver services if you do not give them the funding? How do you expect the regional bodies to pay for increased electricity costs if you do not provide them with the increased funding? The Minister said in his statement because he is going to pay the bill, he must control where the lights will be installed. He wanted the regional corporations to pay the bill, but they cannot tell him where to put the street lights. That is not fair at all. What you have been inflicting on the regional corporations is the responsibility to pay T&TEC for energy consumed, but not the right to say where those street lights are to be located. That is not fair to the regional corporations. This is why, when you drive around you see street lights installed in roads and traces where no one lives and where people live there are no street lights.

There is the case of one family in Loversville in Coalmine, in the constituency of Cumuto/Manzanilla, who has been requesting one pole to have electricity extended to his home for more than four years and there has been no response. There is another family in a place called Jawahir, on De Gannes Road in Guaico, in the constituency of Cumuto/Manzanilla, who has been waiting for four years to get eight poles to get connection. That is what the NSDP was there for. They cannot get it four years now. But, in Coalmine, Sangre Grande, there is a private development, without a single house and it has street lights in all the roads which are now being developed there. Something is terribly wrong.

12.30 a.m.

So far, the hon. Minister has not offered a good reason for wanting to change the provisions of the original clause 5. The Minister has not provided any justification for taking away the responsibility for paying for street lights from the regional corporations and centralizing it in the Ministry of Public Utilities.

However, we can rely on the recommendation of the Regulated Industries Commission (RIC) from the same report that the Minister read. The RIC said that with respect to additional lighting, it is satisfied with the existing arrangement where regional corporations are responsible for the paying of street lighting bills and as such, they must have the responsibility for determining where new lights are to be installed.

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So, the RIC is saying leave the payments and the determination of where street lights are to be located, in the hands of the regional corporations, but the Minister is saying no. The Minister wants to control the payments so he can control the tune. He wants political control, so that the PNM would determine when and where new lights are installed, further emasculating local government and playing politics with street lights.

We are of the opinion that these amendments— *[Interruption]* I would finish in a minute or two—to the Trinidad and Tobago Electricity Commission Act, Chap. 54:70, are unnecessary, for they will not benefit the vulnerable in the society. So far, all changes initiated by T&TEC, influenced by the current Minister of Public Utilities, have resulted in hardship for those in our society who could least afford it. Since the Minister assumed control of the public utilities portfolio, there has been a swift deterioration of services to the poor. People cannot get access to free house wiring; the new meters are running amok; pushing bills up to such a height, almost 100 per cent in some cases, for the poor; the extension of electricity in rural villages has virtually dried up; street lights are placed in undeveloped roads and traces, but none in built up areas, and the list goes on and on. We urge the hon. Minister, not to centralize the delivery of electricity services, but maintain its decentralization. We submit that this could best be done by withdrawing this Bill. We also call on the Minister to make the Central Auditing Report public and resist any attempt to cook up or cover up any wrongdoing in the National Street Lighting Programme.

Today I want to end by going one step further. The newly reappointed Attorney General is desperate to create the impression that he is some sort of corruption buster. I want to challenge him to live up to his claim. There is a long established trade union, the OWTU, making some very serious allegations of corruption. He should investigate them seriously and realistically. He could take two months, three months, but the fact is, he must act so that if he finds evidence, he must deal with it.

Mr. Speaker, that is a challenge for the Government as well. I want the Minister, in his reply, he must say that the report would be made public today.

Thank you.

ADJOURNMENT

The Minister of Works and Transport (Hon. Colm Imbert): Mr. Speaker, I beg to move that this House do now adjourn—"I ain't able with all yuh, tonight" *[Laughter]*—to Wednesday, July 22, 2009. *[Interruption]* You really think at 2 o'clock

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in the morning I want to listen to you? On that day we would complete this Bill and we would do Motion No. 3 on the Supplemental Order Paper. I have already informed the Opposition Chief Whip that on that day we will be taking through all its stages a Bill to establish a special medical panel—[*Interruption*]

Mr. Speaker, I know the hour is late; this is the Supplemental Order Paper, and on it, it says, "Be it resolved that this House adopt the Eighty-Ninth Report of the Salaries Review Commission on a General Review of the Salaries and Other Conditions of Offices within the Purview of the Commission". So, we shall be doing Motion No. 2 on the Supplemental Order Paper, okay. We would be completing this Bill and we shall be taking through all its stages a Bill that I have already discussed with the Opposition Chief Whip—[*Interruption*] Whether you agree or not, you have been so informed—to establish a special panel for the registration of doctors. [*Interruption*] You would get it.

Mr. Speaker: You did not say whether we are meeting at 8 o'clock or 8.30.

Mr. Imbert: We shall be meeting at 1.30 p.m. on Wednesday.

Mr. Speaker: [*Interruption*] Sorry? You have one that you are doing? You see, you must communicate with your Whip, you know. He is not communicating. [*Laughter*] [*Desk thumping*]

Report of the Commission of Enquiry into UDeCott

Mr. Ramesh Lawrence Maharaj SC (*Tabaquite*): Much obliged, Mr. Speaker. Pursuant to the leave you granted, I raise the following matter on the Motion on the Adjournment, the need for the hon. Prime Minister to assure the House of Representatives that the Report of the Commission of Enquiry into UDeCott will be laid in the House of Representatives.

Commissions of enquiry are appointed to appease public disquiet in respect of specific matters, which members of the public have expressed concerns about. Where such commissions of enquiry are appointed, it is the duty of Government to ensure that it accounts to the people in respect of the reports which have been prepared.

The practice in Trinidad and Tobago has been that where commissions of enquiry have been appointed that those reports are normally laid in the House of Representatives. Over the years we have had about 10 reports of commissions of enquiry, which have been laid in the House of Representatives.

The concern about this particular report is that when you look at the background, which caused this enquiry to have been appointed, we see that

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there were several efforts made by the Government not to have an enquiry into these matters and, very quickly, this House will remember that notwithstanding calls from the national community, even members of the Cabinet and even from the business community and the trade union movement, the Cabinet took the position that there was no need for any enquiry.

As a matter of fact, in the newspaper on May 09, 2008, the Cabinet conducted press conferences and said among other things: "Why should there be a commission of enquiry into UDeCott?", "Why should there even be a forensic audit into UDeCott?"

Mr. Speaker, this honourable House would recall that the Prime Minister even went into the Senate and informed the Senate there was no need for any such enquiry. Several statements were made and I know the time is early in the morning and I do not want to go through all of them, but the statements which were made and appeared at headlines in the newspapers included: "Government cannot investigate UDeCott". Even with respect to a Minister responsible for planning, Minister Keith Rowley, at the time, he was accused of "wajang hooliganism" because he raised the issues of UDeCott at a Finance and General Purposes Committee meeting. Another heading was "Prime Minister defends UDeCott at breakfast meeting" and "Cabinet, no real basis for enquiry", "Cabinet shuts down enquiry into UDeCott".

There is precedent which I think this Government ought to follow if it is serious or if it wants the public to believe that it was serious with this enquiry. When the commission of enquiry was appointed into Landate, that is in respect of the allegation that from the Scarborough Hospital, materials and resources were transported to a site known as Landate, in which a Minister of Government, Minister Keith Rowley, had interest.

The Prime Minister, in announcing the commission of enquiry in the Parliament, stated that the report of the commission would be laid in the Parliament because of the public importance of the enquiry. When that report was concluded and it ended up with the Prime Minister, he took steps immediately and laid it in the Parliament.

This is a commission of enquiry which I can say originated from the Parliament, because when the Government came with a motion in this Parliament, to appoint a joint select committee to consider the serious allegations of impropriety and wrongdoing, the Government in opening the motion said that it was of the view that there was no basis for the enquiry, but in order to satisfy public concerns, it was having a joint select committee enquiry. The Opposition opposed that stating it would be political partisan, and it would amount to a cover-up.

Then during the debate when matters were disclosed specifically relating to CH Development and Construction Company Limited, in which Calder Hart's brothers-in-law were directors of a company, which was registered just a few weeks before the contract was awarded, did not have any pre-qualification criteria, was awarded a contract although it was not the lowest bidder. As a matter of fact, it was the third highest bidder and there was a difference of about \$89 million.

12.45 a.m.

Mr. Speaker, Mr. Calder Hart has been at the centre of these allegations, and the Prime Minister has defended Mr. Calder Hart at every turn and notwithstanding the serious allegations of corruption which have been made against him, Mr. Calder Hart still occupies public office in every area of public life which he had at the time when this commission of enquiry was appointed.

During the commission of enquiry which was carried on the electronic media, these are some of the facts which came out. The state-owned special purpose company UDeCott breached its own tender rules and did not comply with the Government's procurement procedure in the award of certain contracts. Hafeez Karamath Limited had bypassed tender procedure and was recommended and accepted by the UDeCott board for the Brian Lara Cricket Stadium in Tarouba. UDeCott paid no heed to the standard procurement procedure document submitted to it by the Government and the document was not adopted by UDeCott. UDeCott was a law unto itself and did not see itself as having to answer to the Government of Trinidad and Tobago or follow any of the directives of Ministers of Government.

UDeCott chairman approved a special request made by China Jiangsu Company Limited for an additional \$8 million for its work at the Morvant Housing Project in defiance of an instruction not to do so from the company's line Minister back in March 2005. And in respect of the Custom and Excise Building also managed by UDeCott, Dr. Keith Rowley wrote a letter to the Prime Minister stating there was clear evidence that the tender process had been and was being manipulated to the detriment of the company and the Government of Trinidad and Tobago. Dr. Rowley met with the Prime Minister and explained to him how there was manipulation of the award of this contract in favour of his friend, the owner of Hafeez Karamath Limited.

Contractor, Hafeez Karamath Limited was provided with \$46 million as part of an advanced payment even before the contract for the Brian Lara Cricket Academy was signed. UDeCott paid a total of \$125 million in unauthorized advanced payment to Hafeez Karamath Limited for work to be done at the Brian

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Lara Stadium Project notwithstanding the fact that the company guaranteeing the payment had assets of only \$36.8 million.

Mr. Speaker, Mr. Calder Hart told the commission of enquiry that he was receiving five salaries and that the salaries were approved by the public sector negotiating company. So, in this matter it is my submission that the public interest would not be vindicated if the public continues to have suspicions at this time that the Government is going to try to bury this report, it is not going to lay the report in the Parliament. Therefore, the Government has the opportunity to assure the national community that this report, its appointment, originated in the Parliament and the Government, like the Landate commission of enquiry is going to lay this report in the Parliament and the whole purpose of this motion is for the Government to give that undertaking, because obviously if the Government says we will send it to the Cabinet, we are going to get the Attorney General to look at it, we are going to appoint a committee to go into, then obviously we would understand what is the purpose of this enquiry, it was really not to vindicate the public interest.

As a matter of fact, one of the matters which also came out publicly at the commission of enquiry was that even the site at the Brian Lara Stadium on which this stadium is being built, may not have been an appropriate site—the soil may not be able to hold that stadium.

Mr. Speaker, thank you very much.

The Minister of Works and Transport (Hon. Colm Imbert): Thank you, Mr. Speaker. As the Member for Tabaquite is well aware, the commission of enquiry into the public construction sector in Trinidad and Tobago is still sitting, it has not made any findings and it has submitted no report, and therefore, it is inappropriate for these matters to be discussed in this place at this point in time.

Secondly, the Government does intend to lay the report, unless matters of a criminal nature require further investigation by the competent authority. [*Desk thumping*]

Question put and agreed to.

House adjourned accordingly.

Adjourned at 12.51 a.m.