

**THE  
PARLIAMENTARY DEBATES  
OFFICIAL REPORT**

*IN THE SECOND SESSION OF THE NINTH PALIAMENT OF THE REPUBLIC  
OF TRINIDAD AND TOBAGO WICH OPENED ON DECEMBER 17, 2007*

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**SESSION 2009**

**VOLUME 11**

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**HOUSE OF REPRESENTATIVES**

*Wednesday, July 22, 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 the following Members requesting leave of absence: the hon. Ramesh Lawrence Maharaj SC, Member of Parliament for Tabaquite, for the period July 22—28, 2009; the hon. Neil Parsanlal, Member of Parliament for Lopinot/Bon Air West, for the period July 18—24, 2009; the hon. Fitzgerald Jeffrey, Member of Parliament for La Brea from today's sitting of the House; the hon. Vasant Bharath, Member of Parliament for St. Augustine, for the period July 22—31, 2009. The leave which these Members seek is granted.

**WRITTEN ANSWERS TO QUESTIONS**

*The following questions were asked by Mr. Winston Peters (Mayaro):*

**Palo Seco Agricultural Enterprise Limited  
(Details of Operations in Rio Claro/Mayaro Region)**

- 83.** With respect to Palo Seco Agricultural Enterprise Limited, and its operations in the Rio Claro/Mayaro Region, could the hon. Minister of Local Government state:
- (a) All the projects undertaken to date (September 2007—December 2008); the estimated and actual costs of each project?
  - (b) All new projects proposed for 2009, the estimated cost of each and the scope of works to be done?

**Rio Claro/Mayaro Region Bridges  
(Details of Construction/Repair)**

- 85.** With respect to the construction/repair of bridges in the Rio Claro/Mayaro region, could the hon. Minister of Local Government state:
- (a) All bridge construction and or repair works undertaken from September 2007—December 2008, the location and the actual cost of works done for each?
  - (b) All new bridge construction and/or repair works identified for 2009; the location, the estimated cost of each project and a tentative date for commencement and completion?

*Vide end of sitting for written answers.*

**Mr. Speaker:** Before I take this matter and call upon Dr. Tim Gopeesingh, may I inform the House that it has been intimated to me that a matter of privilege will be raised. The matter is not quite ready and I have given leave to the Member seeking to raise it, to do so later on in the proceedings. I now call upon Dr. Gopeesingh, Member of Parliament for Caroni East.

**DEFINITE URGENT MATTER  
(LEAVE)**

**North-West Regional Health Authority  
(Hiring Practices)**

**Dr. Tim Gopeesingh** (*Caroni East*): Mr. Speaker, in accordance with Standing Order 12 of the House of Representatives, I hereby seek your leave to move the adjournment of this honourable House for the purpose of discussing a definite matter of urgent public importance, namely the failure of the Government and the Ministry of Health to immediately investigate the continuing highly questionable and inequitable hiring practices of the North West Regional Health Authority. [*Desk thumping*]

The matter is definite, as it pertains to the fact that the North West Regional Health Authority has been forcing out the specialists and consultants—[*Interruption*]

**Mr. Dumas:** Shame! Shame!

**Dr. T. Gopeesingh:**—who have for decades carried out critical surgeries for thousands of patients throughout the country.

**Mr. Speaker:** One second, please. It is not in order for Members opposite to utter the word "shame" when the Member is on his legs. Let us hear him.

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**Dr. T. Gopeesingh:** Thank you, Mr. Speaker. You will expect a lot of that this afternoon. We expect a lot of that, but I have my duty to perform.

The matter is urgent, because of the increasing numerous complications of surgery resulting in serious morbidity and deaths of new born babies, children and adults which are preventable.

The matter is of public importance because the lives of over 600,000 citizens throughout North, East, West and Central Trinidad and Tobago are endangered as a result of the absence of senior consultants and specialist doctors in the institutions.

**Mr. Speaker:** Hon. Members, this Motion does not qualify under the Standing Order.

#### **MEDICAL BOARD (AMDT.) BILL**

Bill to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in case of a shortage of persons available to practice medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto [*The Minister of Health*]; read the first time.

*Motion made,* That the next stage be taken at a later stage of the proceedings. [*Hon. J. Narace*]

*Question put and agreed to.*

#### **MEDICAL BOARD (AMDT.) BILL**

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

That a Bill to amend the Medical Board Act ne now read a second time.

This Bill seeks to amend the Medical Board Act, Chap. 29:50 to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice medicine in the public health sector and for the recognition of diplomas granted by certain institutions and for matters related thereto.

This has become necessary because of the impediments posed by a few members of the medical council, who are now causing the entire council to be unable to register foreign medical personnel to address the shortfalls in the staffing of the public health system.

Mr. Speaker, some Members of this Chamber might recall, and certainly the public would recall the situation in 2003, when Government, because of the

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severe shortage of doctors in the sector, adopted a policy of recruiting foreign doctors. We sought doctors through the United Nations as well as other countries, including Cuba and the Philippines.

The medical council of 2003 refused to license them to practice in Trinidad and Tobago. To overcome this hurdle, the then Government brought to the Parliament, the Medical Board (Amdt.) Bill, 2003. Mr. Speaker, this Bill sought to inter alia, establish a panel to issue special temporary licences. The Parliament by Act 22 of 2003 amended the legislation, which was subsequently implemented by the Ministry of Health, and a panel was set up to grant special temporary licences to foreign doctors. It is important to note that those licences were limited, and the foreign doctors were restricted to practice medicine only within the public health system. The legislation contained a sunset clause which caused it to expire in 2007.

Mr. Speaker, recognizing the need for more beds, better services, a reduction in waiting time in the accident and emergency wards, increasing access and availability in the primary care facilities, particularly in the rural communities, the Ministry approached Cabinet and got an approval to further augment a cadre of medical professionals with 119 specialist medical officers and 450 nurses. I will speak a little more about that later.

To ensure no locals were displaced, we placed advertisements in the newspapers for all medical health professionals. Mr. Speaker, I have an example of that advertisement which is dated Monday, April 06, 2009 in the *Guardian*, and it shows the expression of interest for all of the medical professionals for which we sought to advertise, to make sure that every national of Trinidad and Tobago wishing to work in the public sector would be able so to do. The health professionals included pharmacists, nurses and doctors. In the case of doctors, only eight qualified and registered doctors applied, six of whom were already employed at the time in the public sector. Permit me to inform this honourable House that all recent graduates who applied to the public sector have already been placed and commenced work on July 01—91 last year and 201 this year in the public sector. So all Trinidad and Tobago doctors, who applied and were qualified and registered were employed, with the exception of two whose assignments are pending. Let me note here, Mr. Speaker, that not only are the numbers increasing, but our training investment is paying off. For the last 70 years, people whose first language was not English have been registered by the medical council. They included nationals of India, Nigeria, the Philippines, Venezuela and Cuba.

Mr. Speaker, when we approached the medical council in 2009, however, our efforts were stymied. Doctors are in fact a scarce resource globally. We

recognized that. It is estimated the 57 countries have an absolute shortage of 2.3 million physicians, nurses and midwives. The developing world is inadequately served as a result of the acute shortage of available physicians. For example, WAHO African region experiences 24 per cent of the global burden of diseases, while having only 2 per cent of the global supply of physicians.

Recognizing the value of this critical human resource, we have made every effort to treat doctors with due respect and appreciation, and indeed, to partner with them in improving the health sector. I want to make it absolutely clear, that we wish to show all doctors the highest level of appreciation, and we wish to work with every single doctor in Trinidad and Tobago. I am convinced that without a partnership of the Minister, the Ministry, the administration, doctors and all other medical personnel, as well as other stakeholders, the health care needs of the country will not be adequately served. Mr. Speaker, do you know who will be hurt? Small people; poor people; constituents of Couva South, Caroni East, Mayaro, D'Abadie/O'Meara, and so forth.

Mr. Speaker, it is most painful for me to be confronted with this kind of behaviour from a few individuals, but I remain assured that the vast majority of medical and health care personnel are committed to the same goals as the Ministry, and indeed this Government. Moreover, a difficulty in the Government's efforts to meet public health service medical human resource needs internally is inextricably bound to the issues of immigration and internal migration. Between 2004 and 2008, an average of 85 doctors per year graduated from the University of the West Indies' Faculty of Medical Sciences. Of these, approximately 45 per cent were employed in our public institutions, the other 55 per cent migrated to other countries and this is where the problem intensifies. There is also the phenomenon of internal migration when professionals leave the public sector for the private sector, and those in the private sector expressed marked preferences for employment in the urban centres at the expense of the rural areas.

Rural areas in Trinidad and Tobago are the hardest hit because of these issues that I have laid out here. This is by no means unique to Trinidad. In most OECD countries there has been a continuous increase in the proportion of their foreign-trained doctors. In the United Kingdom, the proportion is 33.1 per cent; New Zealand, 35.6 per cent; Ireland, 27.2 per cent; and the United States, 25 per cent. Trinidad and Tobago has contributed significantly to the United Kingdom's score of foreign doctors.

These valuable medical graduates, the finest products of our education system did not leave Trinidad and Tobago with the intention of emigration. Some after

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gaining experience in the public sector then go abroad to pursue post-graduate training—sometimes it is because of marriage and different circumstances, they remain in their host countries and do not return.

**1.45 p.m.**

In addition to the major investment and other initiatives for human resource development, particularly doctors, Government has committed to invest a further \$100 million in medium and long-term solutions. Therefore, this current initiative sought to deal with a short-term solution. Given the facts as I have laid them out no reasonable person could argue that at least in the short-term, we have a distinct need for foreign doctors and that the Government has done everything in its power to meet our short, medium and long-term needs.

As we sought to increase our cadre of doctors from as early as 2008, we commenced holding several discussions with the Medical Council, the Cuban Ambassador and the Accreditation Council indicating to them a desire to continue to supplement our cadre of doctors with foreign doctors and therefore, the need to have special temporary licences granted. After near nine months of discussions, it is now clear to the ministry that the temporary registration we sought would not be forthcoming. What makes this situation unique is that based on discussions held with the council, it is only a few members of the council who are seeking to frustrate the efforts of the medical council and the board to register these doctors. I want to make that absolutely clear.

Permit me to illustrate all the Minister's efforts to work with the council. From March 2008 to July 20, 2009, there have been no fewer than 18 occasions of official communication written and face to face between the Medical Council and the Ministry of Health. There were six occasions between the secretary of the council and the CMO; one occasion between the president and the CMO; three occasions between the Permanent Secretary and the secretary of the council and 10 occasions between the office of the Minister and various members of the council including the secretary of the council and the president, in addition to three face-to-face meetings with members of the council. We did everything possible to try to reach out to the council recognizing the need for collaboration and working together in the interest of the national community.

I requested several meetings with the council and was continually frustrated. I requested a meeting with the council on April 24, 2009. On April 27, 2009, Dr. Smith, the president of the council responded that no council member was available for the meeting. On May 05, 2009, a meeting of the council was

scheduled for May 08, 2009. It was cancelled. On May 08, 2009, I requested a meeting with the council on May 11, 2009. On May 11, 2009 I was advised that no quorum could be raised for the meeting. All this time, people were having difficulties with accidents and emergencies; people were not being served in their rural communities; people were not getting the primary care that they should get and this is what is going on. I finally met with the council on July 02, 2009 and communicated the Government's intention and gave the council another opportunity to reconsider its decision to not register the Cuban doctors. Unfortunately, as I was later informed the council was only prepared to register doctors if they were subjected to a series of examinations on language and medical.

The impression given by certain Members of the Opposition is that the Government of this country is taking the health of the citizens lightly and is being negligent in fulfilling its obligations. Week after week the Member for Caroni East will bring all kinds of motions and questions as if he is really serious about citizens in this country. When he is put to the test he abstains or back down. I regret to say from the above that a few members of the Medical Council—let me tell you that I am aware of the members of the medical council meeting with the Members for Caroni East and Caroni Central and plotting in Chepstow House how to frustrate the efforts of this Government trying to give proper medical care.

**Dr. Rafeeq:** Standing Order 36(5). He is imputing improper motives. I never met with the doctors to plot.

**Mr. Ramnath:** Why are you lying in the House? Big man like you coming here to lie.

**Mr. Speaker:** Hon. Member for Couva South, I am on my feet.

**Mr. Ramnath:** I want to go on my vacation, "yuh know". Just hurry up.

**Mr. Speaker:** The Member has raised a valid Standing Order. You are imputing improper motives. Whilst I am on my feet, let me warn all Members that if you intend to have a raucous sitting of the House today, I am not going to put up with it. I have the Standing Orders here in my hands and I am going to enforce it rigidly. There are no exceptions. Please, continue.

**Sen. The Hon. J. Narace:** Mr. Speaker, I will sit and let any of the Members say that they did not meet with Dr. Steve Smith on Tuesday.

**Mr. Speaker:** No. You went on to say something about a plot. In that regard, you are in fact imputing improper motives.

**Sen. The Hon. J. Narace:** Mr. Speaker, in that regard, I withdraw the word "plot". I wish to ask both Members to say to this House that there was not a meeting with both Members and the president of the medical council. *[Interruption]* You have it there. Look it is here, Mr. Speaker. Dr. Gopeesingh invites medical board to meet on issues. When they met was when all hell broke loose. What they do not know is that I have a letter from the secretary of the council. I am going to read it in Parliament. Let us continue.

I regret to say from the above that a few members of the medical council have been uncooperative in their dealings with the Government and have created impediments to the registration of foreign medical professionals. This is in marked contrast to the cooperation of the nursing council or for that matter, the Trinidad and Tobago Medical Association to facilitate the recruitment and licence of foreign professionals to fill the shortages in the local system.

I can cite specific examples when the medical council—before I go there, let me read a letter from the secretary of the medical council. Having had that meeting and several arrangements, the president kept telling the council members that they cannot speak and write. I asked him to put it in writing for me. Permit me to read this to the Parliament. This is to Jerry Narace, the hon. Minister of Health. It was written on July 07, 2009 by Dr. Neil Adrian Singh. He is also the secretary to the Medical Council of Trinidad and Tobago.

“I write to you in my private capacity as a medical officer who has been involved with the Medical Board of Trinidad and Tobago for over five years. Hon. Minister, the Ministry of Health and the Medical Council have had numerous discussions since early 2008 regarding your request to register Cuban medical practitioners. At our most recent meeting on 6th July 2009, council members had the benefit of all the necessary information regarding the Caricom Treaty with respect to Cuba, as well as the status of vacancies plaguing the Ministry of Health.

It is my candid opinion that some council members are unwilling to compromise with regard to the registration of Cuban medical practitioners in spite of all the above. It is clearly evident that council members are sharply divided with respect to registering Cuban medical practitioners and painfully obvious, that the President's views conflict with the secretary and other council members, thereby not allowing for any compromise on this issue.

The current status with respect to registering Cuban medical practitioners remains same as for Medical Board's letter dated 8th May 2009. In light of the



above, I believe that there is no alternative but for you to proceed with your stated intention to implement a parallel board in order to register your Cuban medical practitioners.

I must confess that this initiative was not in the best interest of the medical fraternity. All attempts made to prevent this have thus far failed. I hope as a council member and private practitioner that this initiative on the part of the council would not have any negative effect on the functioning of the council.”

This is a letter from the secretary of the medical council saying to me this is the only way. I want people to know what has happened. I can cite specific examples of these impediments. When the medical council objected to registering graduates from St. George's University in Grenada the ministry paid for members of the council to visit and assess the Grenadian facilities and review its curricula. The council members expressed satisfaction with what they saw in Grenada and, consequently, agreed to register the St. George's graduates. As such, the ministry proposed that the council follow the same process with Cuba in 2008. The medical council agreed to send a delegation to Cuba comprising three members of the council in conjunction with the accreditation council. Plans were well advanced when the president of the council in a telephone conversation with me indicated that they were no longer prepared to participate.

The council visits us; we agree; go to Cuba; do the accreditation; do the checks and all that we need to do; they agree and then one man takes the decision that this is off, regardless of the needs of people in Trinidad and Tobago. However, the accreditation council subsequently visited Cuba and several Cuban institutions have been duly recognized by the Accreditation Council of Trinidad and Tobago. In the wake of these developments, the council then began to propose an additional qualifying medical exam for the foreign doctors and a language exam. Let me read that letter for you. *[Interruption]* I would love to see you do that. This is the letter written to Dr. Anton Cumberbatch by Dr. Steve Smith on July 20.

“I am constrained to respond on behalf of the council as I have had no feedback from Dr. Singh...

Please be advised that any Cuban doctor who wishes to take advantage of the job opportunities offered by the Ministry of Health may submit their application.”

He said that they would require them to do the Caribbean Association Medical Council (CAMC); the Professional and Linguistics Assessment Board (PLAB); the United States Medical Licence Examination (USMLE) and, of course, the Medical

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Council of Canada Qualifying Examination. They kept moving the goal post every time we thought we came to a conclusion.

They also wrote to me and said that this is what happens in Jamaica and the Bahamas and that was a Caricom requirement. I have a letter from Caricom. Having said to me now that this is a Caricom arrangement, we contacted Caricom. I will read a letter from Dr. Edward Green, the Assistant General Secretary of Caricom.

“The Caricom Ministers of Health at their caucus on May 18, 2009 in Geneva, Switzerland discussed and agreed on the following.

With respect to the issue of registration of Cuban and other medical practitioners serving Caricom governments within the confines of bilateral agreements, Ministers supported the recommendation for a model approach to professional registration of Cuban and other medical practitioners serving within bilateral technical cooperation agreements as follows: That provisional or institutional or special registration be utilized to register Cuban and other medical professionals as they do not automatically qualify for full registration in the subregion.

The requirement of English language proficiency will remain in place to be determined by the local authority.”

**2.00 p.m.**

Mr. Speaker, a Caricom letter. If we were to violate this letter we would be violating our Caricom arrangements. This is a meeting that is contrary to what was said of the Caricom countries.

Moreover, we can assure the public that the practitioners licensed by the panel are of the highest quality to date and we have Cuban doctors working here. They have been working here, as the Member for Caroni East would know, for quite some time, and to date there have been no reports of involvement of any adverse events. In fact, we can assure the public that the practitioners licensed by the panel are of the highest quality. A bit of greater importance is that we have had petitions from various citizens from the area of Point Fortin, asking us to keep the Cuban doctors. I have received telephone call after telephone call asking us if we can keep these doctors.

Despite the ministry’s efforts at collaborations, it appears that the agenda of a few members of the Medical Council is clearly dubious. This Government recognizes its responsibility to the national community and will take all necessary action that is in the best interest of every single citizen. Therefore, it has

unfortunately become necessary for us to introduce the Medical Board (Amdt.) Bill, 2009 which is one such measure.

I have attempted to demonstrate our efforts to try to put doctors in our institutions and how our efforts have been frustrated. What obtains in Caricom, what was advised by the secretary, and I will now go into the Bill clause by clause.

Mr. Speaker, as I previously mentioned, the amended Bill reflects the provision contained in Act 22 of 2003 which established a panel for the issue of special temporary licences. The provisions of this Act expired on July 31, 2007. Consequently, the provisions contained in this Bill have been tried, tested and proven to be very effective.

Clause 3 of the Bill would insert several new definitions.

Clause 4 seeks to amend section 9 by inserting two new sections, 9A and 9B. Section 9A(1) establishes the panel, whereas 9A(2) speaks to the appointment of members to the panel. Consequently, the Panel shall comprise the Chief Medical Officer, three medical practitioners and one lay person, representing the interest of the public. Let me reiterate, that the practitioners will have at least ten years experience. This level of expertise, we feel, offer some security that the panel would ensure the quality of physicians allowed to practise in Trinidad and Tobago.

Section 9B, speaks to the functions of the panel. This panel will have the power to consider applications, issue special temporary licences and reject unsuitable applications.

Where the panel rejects an application it must give its reason for so doing.

Clause 5 provides for the repeal of section 12 of the parent Act and substitutes a new section 12. The new section 12 enables the council to recognize diplomas granted by institutions which may not be recognized by the General Medical Council of the United Kingdom.

Clause 6 provides for the amendment of section 13 by providing two new subsections, that is (1A) and (1B). Subsection (1A) provides that,

“...where the Minister is satisfied that there is a shortage of persons available to practice medicine in the public health sector, the Minister may request the Panel to consider applications for the issue of special temporary licences.”

Consequently, the panel can only be invoked when there is a shortage of persons available to practise medicine in the public health sector.

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Subsection (1B) provides that:

“The Panel may, after consideration of the application...issue a special temporary licence to any person who establishes to its satisfaction that he holds a diploma—

- (a) in respect of which he is entered or entitled to be entered on the Medical Register of the General Medical Council;
- (b) granted by an institution listed in the Schedule; or
- (c) granted by a recognized institution approved by the Panel.”

Clause 6(c) provides for the substitution of subsection (2). The new subsection (2) provides that:

“The Council or the Panel, as the case may be, shall determine the nature and extent of a temporary licence...including—

- (a) the time during which the licence remains in force;
- (b) the area to which it extends;
- (c) the nature and character of the work which may be performed; and
- (d) such other terms and conditions as the Council or the Panel may deem expedient to impose.”

Pursuant to this, all the 207 special licences issued between 2003 and 2007 restricted their holders to practice in the public sector.

Subsection (2A) provides that:

“A special temporary licence shall not—

- (a) remain in force for more than three years;
- (b) be renewed unless the holder of the special temporary licence performed satisfactorily during the period covered by the licence; and
- (c) be renewed more than once.”

As I previously indicated, we had a performance appraisal conducted on all individuals who held these licences.

Clause 7 provides for the maintenance of a book to be known as a "Book of Special Temporary Licences". The book shall contain—

- “(a) the name and address of every person issued with a special temporary licence;

- (b) the date of issue of the special temporary licence; and
- (c) a description of and dates of the diplomas the persons hold...”

This book is available for public inspection between 8.00 a.m. and 4.00 p.m. and the members of the public are entitled to ask for extracts from it in accordance with the Freedom of Information Act.

Clause 8 of the Bill will amend section 14 of the Act to exempt holders of special temporary licence from the payment of fees under the Act.

Clause 9 would amend section 16 of the parent Act to require persons applying to the Panel to furnish to the Chief Medical Officer, the same type of information that is currently required by the Council in respect of persons applying for registration.

Clause 11 would amend section 19(1) to require annual publication of a list of persons holding special temporary licences. This will allow for a degree of transparency and accountability. The public will have knowledge of the names of the persons registered by the special panel.

Clause 12 of the Bill will amend section 24 of the Act. The amendment to subsection (2) would give the Council the power to investigate and make recommendations to the panel where a holder of a special temporary licence is convicted of an indictable offence or guilty of infamous or disgraceful conduct.

Further, the amendment to subsection (5) would make clearer the circumstances in which the holder of any temporary licence shall be deemed to be guilty of infamous or disgraceful conduct. This is to ensure that only fit and proper persons are allowed to practise medicine in Trinidad and Tobago.

Clause 14 provides for the indemnification of members of the Panel for anything done in good faith pursuant to the exercise of the functions and powers of the panel. This section would also exempt members of the board from liability as regards acts or omissions of the panel and of holders of a special temporary licence.

The Government is of the view that it is necessary to offer a level of protection to persons performing public functions so long as their actions are done in good faith, Cognizant that the Council of the Medical Board will not be issuing special temporary licences, we have sought to protect the Council of the Medical Board from any liability that could flow with respect to the holder of a special temporary licence. In light of our training programme and our retention policy, we expect that by 2015 we will have a full complement of medical personnel, all as a result of our training and our educational opportunities provided to citizens and so on.

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Clause 15 would limit the duration of the provisions of this Act as it relates to the special panel. Consequently, the panel will only be valid for a period of six years after the passage of the Bill.

Clause 16 provides for the insertion of a schedule which details the names of universities, whose students would be granted automatic registration.

Mr. Speaker, you will recall that the 2003 amendment provided for a schedule which enlisted universities which qualify for automatic registration of its students. The list contains:

- The University of the West Indies, Trinidad, Faculty of Medical Sciences; and
- the University of the West Indies, Jamaica, Faculty of Medical Sciences.

We have now included:

- The University of the West Indies, Barbados, Faculty of Medical Sciences.

It is our intention to compile a list of universities recognized by the Accreditation Council of Trinidad and Tobago. Subsequently, the schedule will be revised. This need to protect the University of the West Indies graduates arose in 2003 when the General Medical Council of the United Kingdom took a decision to deregister a number of universities including our own University of the West Indies.

**Hon. Member:** Why?

**Sen. The Hon. J. Narace:** They did it around the world.

Unfortunately, because of the insertion of a sunset clause, the entire Act expired in 2007. [*Interruption*] To this end we intend to remedy this defect by reintroducing clause 5 and the Schedule and retaining the said provision beyond 2015. Consequently, by virtue of clause 15, clause 5 will survive beyond the life of this panel.

Mr. Speaker, I take this opportunity to give an account of the work of the special panel which was established in 2003. The panel consisted of the CMO, three medical practitioners of at least ten years experience and one attorney—a senior counsel. The panel was set to only be invoked in cases of shortages of medical practitioners available to practise in the public sector. The panel performed the following functions:

- (a) it considered applications for the issuance of special temporary licences where requested to do so by the Minister pursuant to section 13A; and
- (d) it issued special temporary licences and rejected unsuitable applications.

Where the panel rejected an application it gave reasons for doing so. Further, by amendment of clause 6 at section 13B, the panel also considered applications from graduates of institutions recognized by the panel. An amendment to section 29 ensured that rejected applicants had the right of appeal. The special licences issued by the panel were valid for three years. The professionals issued with special licences were subject to a biannual review—that is every six months—and the licences were renewable for one three-year period only. The panel developed stringent review guidelines which included communication skills and the use of English; professional skills; clinical competence; deportment and attitude; attendance and punctuality and evidence of continued professional development.

The Ministry of Health conducted periodic performance appraisals of all foreign doctors in collaboration with the RHAs. All performance appraisals suggested that the foreign doctors' work, professional deportment and general conduct were clearly satisfactory. During the life of the now expired panel, 210 special temporary licences were issued. A meticulous applicant pre-screening procedure ensured the high quality of considered applications, therefore, the panel rejected only two applicants. The panel also renewed 175 applications out of 210 applications. Before we brought those doctors we sent an advanced, well-composed team and they checked all of these arrangements before we came back.

The need for foreign doctors must be considered in the broader context of the health sector in Trinidad and Tobago. In the past years our country has seen a rapid increase in the demand for health care services to which several factors have contributed. These factors include the rise in accidents and injuries and the increase in CNCDS. The report of the Caribbean Commission on Health and Development 2006 indicated that in the Caribbean, five times as many people died from CNCDS than all other diseases combined.

**Hon. Member:** What is CNCDS?

**Sen. The Hon. J. Narace:** Chronic Non-communicable Diseases. In Trinidad and Tobago the five leading causes of death have been clearly identified:

1. heart disease;
2. diabetes;
3. cancer;
4. cerebrovascular disease; and
5. accidents and injuries.

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Mr. Speaker, the clearest indication of this growing need is visible in the use of our emergency ambulance service which is used by a steadily increasing number of people. When the service was launched in 2000 the ambulances responded to 20,000 emergencies per year. It is projected by the end of this year, in excess of 70,000 would have used the emergency service. So, you must have an appreciation for the demand of the services in the public sector. It is increasing, it is growing and I have figures, and maybe later in my closing I would give you those figures.

The Ministry of Health has responded to this increase in demand for health care services in a number of ways and it has made it part of the underlining factors of its strategic plan. Inherent in our strategies are health promotion and disease prevention, infrastructure development, strengthening of our primary care network, and of course, human resource development.

Permit me to speak about primary health care first. We believe that a strong primary health care system which encompasses community health care is essential to improving the health of the citizens of Trinidad and Tobago and ensuring universal access.

### **2.15 p.m.**

Good primary health care takes responsibility for meeting the needs of the people served and working closely with local communities. Apart from responding to people's needs when they are worried or sick, primary health care service also educates and supports people to improve their health, prevent illness and guides them to look after themselves and their families.

This Government is committed to providing citizens with a broad spectrum of primary care services, including health education, disease prevention and support for self care, early intervention, diagnosis, treatment, ongoing care, rehabilitation and referral. This is important, particularly to rural Trinidad and Tobago. This is important to Penal, Debe, Caroni, Mayaro, Toco, Chaguanas and, indeed, Caroni. This is important to rural Trinidad and Tobago.

To improve our health outcomes and indicators as a nation, we are putting more emphasis on health promotion. Our goal is to promote prevention throughout the population and the best avenue to accomplish that is through primary health care. Our rigorous infrastructural plan shows our commitment to improving both our primary and secondary care. In the last year alone—they are worried that this Government might succeed in health and cause all kinds of trouble.

We have launched a new oncology centre in Sangre Grande. We are now moving it out into the rural areas. There are new and refurbished health centres in



Debe, Ste. Madeleine, La Romaine, San Juan, Oxford Street; a new mental health centre in Barataria, a new ward in St. Ann's, a new therapeutic centre for cancer patients in St. James—state-of-the-art; all the services, including support, the best in the Caribbean; a new paediatric specialty and A&E Unit at Mount Hope, a new orthopaedic ward at the Port of Spain General Hospital and, only this morning, I opened the Pembroke Wellness Centre in Port of Spain.

Mr. Speaker, if we are opening all these facilities, we need doctors, and to try to block us is unconscionable. The Government fully recognizes that any expansion in physical resources needs to be matched with an equal expansion in human resources who will be able to deliver the services needed by the population. Therefore, the Government, for effective human resource management in the RHAs, took steps to remove the dual-track arrangements which existed since 1994. The Government implemented the VSEP transfer initiative, which allowed public officers to transfer to the RHAs, sever their services completely or remain in the public service.

Mr. Speaker, putting management and accounting where they work: this exercise is very successful and resulted in a total of 1,687 public officers who were employed by the Ministry of Health, but work for the RHAs. Now, they work for their proper employer. A further 709 officers opted to transfer directly to the RHAs. This means that now all persons working in the RHAs will be directly employed by them.

Mr. Speaker, the RHA regulations were passed in this House and now, to ensure that this exercise was harmonious, the Ministry developed regulations. This environment under these regulations would promote transparency and accountability. Every employee now has a right, a clearly established process and procedure and the management can now manage with a tool that will ensure efficiency and accountability.

Our efforts were not directed to doctors alone. We developed a number of basic and post-basic methods to address the shortage of nurses and to augment the skills of the already qualified nurses. In all 1,510 nurses are enrolled in the programme and with the present rate of attrition, we anticipate that the needs of our institutions would be met by the year 2015. This is a clear plan moving towards Vision 2020 to ensure that we will have our infrastructure, HR and ICT needs.

Expansion of the medical school intake is education, the bedrock of the efforts of this Government. You would have heard that the Ministry has embarked—the Member for Pointe-a-Pierre did the alphabet yesterday—on a programme of

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offering scholarships and bursaries to suitably qualified students to ensure that in the foreseeable future there will be sufficient local professionals to meet the health care needs of the population. In response to UWI's increased student intake in 2004, Cabinet agreed to increase the intake of medical interns from 76 to 176; an increase of 150 per cent. As previously mentioned and consequent to this, in June 2008, 91 medical interns made themselves available to and were employed by the Ministry of Health. In July 2009, 102 made themselves available and were employed.

Notwithstanding UWI's increased intake, the Government determined that more doctors were needed to meet the demand locally and quicker. Therefore, the Government, in 2004, granted 124 scholarships to the St. George's Medical School in Grenada. Five have already returned and the rest of these graduates are expected to return to our institutions from this programme over the next five years—three in 2009, 35 in 2010, 30 in 2011, 27 in 2012 and 25 in 2013. There is a clear plan as to how we are going to man and implement our programmes for medical care.

We recognized these initiatives would not have had short-term effects since it takes five years for a student to graduate. Therefore, to meet our human resource needs in the short term, we are forced to bring in foreign medical professionals.

The number of vacant positions in the major public hospitals increased from 250 in May 2008 to 275 in May 2009. This represented an increase of 28 per cent. It is important to clarify that foreign doctors cannot hold any established positions in any of the Regional Health Authorities. Given these circumstances, we resorted to the recruitment of foreign doctors from Cuba and the Philippines. The sum of 210 doctors was recruited and of these only six are currently employed in the system. This programme has had a significant beneficial impact on delivery and quality of health care.

I need not remind you that Cabinet recently approved 119 SMOs and 450 nurses. I am sure, Mr. Speaker, that you and all Members of this honourable House will agree that the Bill before this House is of crucial importance to the health care service in our country and for the health care of our people. It is because of the medical professionals licensed by the panel that we can boast of increasing the service in Mayaro, Toco, Ste. Madeleine, Debe and several other areas.

The passage of this Bill will allow us to fill all the shortfalls in our staffing needs until 2015, by which time the Ministry's human resource initiatives would have produced the natural increase in home-grown medical professionals, including Couva South. In the meantime, we have solid evidence that the special licences granted by the panel and the rigorous periodic evaluation of personnel

have ensured a reliable well-qualified temporary complement of medical professionals in Trinidad and Tobago.

No complaints have been lodged by members of the public against any of these foreign medical professionals and no litigation has ensued because of their professional practice. In addition to fulfilling the needs of our local population for medical care at a time when such needs are increasing because of the increases in injuries and CAMC needs, this legislation will also allow us to comply with our commitments to Caricom.

Mr. Speaker, the positives of this legislation are overwhelming in scope and variety. If there are any negatives, they have not yet presented themselves. In closing, we need to take into account the current international circumstances as they relate to the A(H1N1) pandemic. It is the fastest moving pandemic ever recorded. The British government has also warned that deaths from A(H1N1) this winter could be between 19,000 and 65,000 in the UK, although experts say that it is impossible to predict exactly.

Argentina has declared a public health emergency. Trinidad and Tobago remains vigilant and this Government will make every effort to do all in our power to ensure that our citizens get the best possible health service and get it quickly and efficiently, not just on a daily basis, but in light of this international threat. [*Interruption*]

Given this international threat—Mr. Speaker, before I close, when I said we were ordering vaccines, a Member on the other side said we were joking; we were fooling people; there was no vaccine. Then they come today and ask how much we have ordered. How interesting.

Given this international and overarching threat of disaster, and given the medical needs of the vulnerable rural communities, the constituents of every Member present, it becomes increasingly more important for us to have our full complement of medical professionals. Health care is a most serious matter. There can be no compromises and I ask all hon. Members to give serious consideration to the passage of this Bill so that we can continue to increase the level of service to every constituent in Trinidad and Tobago.

*Question proposed.*

**Dr. Tim Gopeesingh** (*Caroni East*): Thank you, Mr. Speaker, and Members of this House. It is with the greatest hypocrisy that the hon. Minister of Health will stand in the Parliament to put over the virtues of health care, presenting that this Government has been doing a great job as far as the provision of health care

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in Trinidad and Tobago is concerned, when the whole of Trinidad and Tobago tells us on a daily basis that it is not satisfied with the provision of health care. You see them in the hospitals waiting on trollies for two days and they cannot get into a ward. They are dying on the trollies. The whole hospital system is in a mess, but we will come to that. They say people are worried about the success of this Government as far as health care is concerned.

This is the second time that the Government has come to this Parliament to change what is constitutionally the Medical Board Act in Trinidad and Tobago to bring about a change as far as the admission of doctors is concerned. It first started in 2003 when they felt that the Medical Council was not giving support to their bringing foreign doctors in Trinidad and Tobago. So, in 2003, they sought to ensure that they bring on this legislation, a parallel Medical Board to bypass the legislative Medical Board Act, Chap. 39:50. In Trinidad and Tobago now there are about 2,000 doctors registered with the Medical Board and the members of that board appoint the Medical Council.

In 2007, this Government deliberately decided that they wanted to change the composition of the council so that they could have their own way, because the Medical Council was bucking them because they wanted to do things with which the Medical Council was not satisfied. They brought on the legislation in 2007 to change the composition of the Medical Council.

Whereas the Medical Board regulates its own profession by appointing members to the Medical Council, the Law Association appoints its members to the executive council of the Law Association and the members of the legal fraternity regulate their own legal situation, the members of the medical community were regulating its own conduct and, therefore, electing their own council.

### **2.30 p.m.**

This Government decided that: “No, we want to take over the management of medicine.” This is because they want to have who they want in Trinidad and Tobago and they want to keep out who they do not want. Therefore, they sought to change the composition of the Medical Council in 2007. Everyone knows what they did for the composition of the Medical Council. It became 11 members. The Medical Board can only appoint four out of these 11 members. They wanted to change the composition of the Medical Council. They moved it from a certain number to get 11, but now they have put the members appointed by the medical board, four, in the minority. This Government now has 11 members on the Medical Council. The hon. Minister has come today and is saying that the

members of the Medical Council are bucking him in bringing foreign medical graduates. They have the majority composition, seven, to vote with them out of the 11, but he is saying that few members of the Medical Council are bucking them from bringing the foreign medical graduates. How could that be?

If you changed the law in 2007, to ensure that the Medical Council has 11 members and only four appointed by the Medical Board and you have seven members across there and they are telling you that they do not want to register the foreign medical graduates, they are telling you something, because they are not happy with it. Your own people are telling you, your own people that you put on the Medical Council, the seven members: “We are not happy with what is happening.” When the Minister comes and pretends that one or two members—they are against one or two members of the Medical Council. They have seven members on the Medical Council. They are not supporting the Government, because they know what the Government wants is wrong.

Four medical practitioners elected to the board—I would read the composition of the Medical Council. The Minister comes today in Parliament and speaks about the Medical Council bucking him, it is because they are not happy.

- “(1) There shall be a Council of the Board which shall be appointed by the Minister and shall consist of—
- (a) the Chief Medical Officer;
  - (b) two medical practitioners;
  - (c) four medical practitioners elected by the Board;
  - (d) one person nominated by the Inter-Religious Organization;
  - (e) an attorney-at-law with at least five years experience...”

One person nominated by an NGO.

- (g) a medical practitioner nominated by the University of the West Indies”.

That is seven others and four by the board. You want to tell me that the independent IROs, the attorney-at-law, the NGO and the person representing UWI are not independent people and if they thought that something was correct they would vote with the Government and allow the registration of these doctors to take place? They are not happy. As a result, they told the Minister and the Government that they are not going to register, under a special provision, the people that the Minister wants to come in.

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I heard the Minister say that there are 110 specialist doctors. We would come to that in a bit. He went on to indicate and he read letters from Caricom. I have with me a communiqué from Caricom.

“Caricom Secretariat

Press release

June 05, 2009.

Registration of Cuban Medical Practitioners of Contract to Caricom Governments

Ministers supported the recommendation for a model approach to professional registration of Cuban Medical Practitioners serving within bilateral technical cooperation agreements as follows:

“That provisional or institutional or special registration be utilized to register Cuban professionals...”

This is what they are seeking to do, special temporary registration.

“as they do not automatically qualify for full registration in the sub-region...”

Caricom is telling them that the Cuban doctors do not qualify for full registration.

“The requirement of English Language proficiency will remain in place to be determined by the local authority.”

The Cuban doctors speak Spanish. When our medical students go to Cuba to study whatever, they have to take one year to learn to speak Spanish, but the profession is in English. The Medical Council told the Government and the Minister of Health that one of the requirements under which they must be registered is that the Cuban doctors must be proficient in English and they must pass a proficiency examination in English, so that they can practise in Trinidad and Tobago. This is a letter by the Caricom Secretariat directing that.”

““The requirement of English Language proficiency will remain in place to be determined by the local authority.””

The local authority is the Medical Council of Trinidad and Tobago. The Medical Council says we want an English proficiency examination for all these doctors coming in. [*Hon. Narace stands*] You will respond when the time has come. [*Interruption*]

**Hon. Narace:** "Yuh not giving way?"

**Dr. T. Gopeesingh:** No, not now.

Mr. Speaker, that is the communiqué from the Caricom Secretariat. No matter what he reads, this is the epitome of the substance of the Caricom Secretariat. You must be proficient in English before you could practise in one of the Caribbean countries. You are bringing doctors from Cuba.

Mr. Speaker, I want to make it abundantly clear that Cuba has a two-tiered system of medicine and the higher tiered system is par excellence. It is very, very good. Some of them were trained in Russia and Spain, but there is another system. *[Interruption]*

**Mrs. Persad-Bissessar:** Some of them took care of the Prime Minister.

**Dr. T. Gopeesingh:** Yes, some of them took care of the Prime Minister when he did not want UNC doctors to attend to him. He did not want UNC doctors to attend to him, so he went. Some of them are trained in Spain.

The second tier of Cuban doctors has one doctor to every 60 people in Cuba. Do you know what they are? They are barefoot doctors, generally. They do not go through the rigorous six-year training to become a doctor. They go through a three-year or four-year training programme to get the basic competencies in medical practice.

The Minister has to indicate, first of all, what type of doctors he is bringing here. He says that they are specialists. Let me give you an example. They brought in, under the UNDP, 75 doctors. One was a consultant neurosurgeon whom they sent to Port of Spain Hospital. The two neurosurgeons at Port of Spain Hospital had to hold this guy. There is a level system in medicine. When you are finished with internship, you become a house officer. You work for six or seven years as a house officer, train in a specialty and become a registrar. Not because you have a postgraduate qualification you become a consultant. You have to work three or four more years as a registrar to become a consultant. You have to be very good before you become a consultant. The two consultants said that the guy who came in as a consultant neurosurgeon was not fit to be at house officer level. That is the type of—they are imposing these doctors upon the population of Trinidad and Tobago. People are dying as a result of the surgery having been performed by less experienced doctors and with less competence. *[Interruption]*

I am on it now. At Port of Spain Hospital, they threw out three ophthalmologists consultant surgeons: Kim Hosein, Robin Hosein and another doctor, Maharaj; three of them. All the cataract surgeries at Port of Spain Hospital is now done by a junior house officer. For cataract operations, many patients are

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getting blind at Port of Spain Hospital. It is the same thing with neurology. Dr. Sawh left in frustration. Dr. Hassan Khan left in frustration. Dr. Fuad Khan could not get a job. I have what they have said here—the consultant. The person is doing kidney operations that are 15 years archaic, the old time method for removing kidney stones and prostate operations, and patients are dying like flies.

Today this Opposition wants to call on this Government to have a special independent team to investigate the morbidity and mortality in Trinidad and Tobago, following surgeries at Port of Spain Hospital. The problem is not at San Fernando Hospital much. At San Fernando Hospital, the doctors are very competent. In Port of Spain Hospital, the doctors were very competent, but they have sent out 25 doctors and I gave the list of the 25 doctors. All of them are afraid because you passed an Act to prevent the doctors from speaking.  
[*Interruption*]

**Mr. Speaker:** Order. No, hon. Member for Tobago East, you cannot sit there and say all of them say he is lying. Do not, it is not parliamentary. That is elementary.

**Dr. T. Gopeesingh:** To justify what I am saying here. [*Interruption*]

**Hon. Narace:** Would you?

**Dr. T. Gopeesingh:** No, no.

**Mr. Speaker:** If you ask for a Member to give way and he is not inclined to do that, then you have to take your seat.

**Dr. T. Gopeesingh:** Mr. Speaker, let me read what is on the newspaper of today, Wednesday, July 22, 2009, although Dr. Naraynsingh said he is not a victim of ethnic cleansing, fine. Hear what he had to say:

“This, he said, should be a concern not just for medical practitioners for the public, because both eye and urology surgery are highly technical.

Naraynsingh said: ‘What is worrisome is that people are being managed by doctors who are less than qualified. —Consolidate what I am saying.—’ And most times it is the poor and elderly people going to have these procedures done.’

Doc: Dispute with medical chief of staff caused me to leave”

I would come back to some of that, if it is necessary. The issue is that they want to bring in foreign graduates from Cuba and we do not know what quality of graduates is coming and what is the level of competence that they have. They need to pass an English proficiency examination and the Government now wants to make sure that they come and start working.



You would remember the Pharmacy Board Act was the same thing. We had to ensure, in the Pharmacy Board Act, that they had to be supervised for 500 hours and become proficient in English before they are registered fully.

There are countries within the Caribbean like Trinidad and Tobago that are short of doctors, but they are careful of how they admit the doctors to practise. I want to read some letters from the Medical Council from Barbados—criteria for Registration of Cuban graduates; from the Bahamas Medical School, criteria for registration of Cuban Graduates; and from the Medical Council of Jamaica, criteria for Registration of Cuban graduates. I want the national public to listen to this. I would read the letters.

This is a letter dated March 30, 2009 from the Medical Council, Ministry of Health, Jemmot's Lane, St. Michael's Barbados, to the Registrar, Medical Board of Trinidad and Tobago, Eric Williams Medical Sciences Complex, Uriah Butler Highway, Champs Fleurs, Trinidad and it is signed by Natalie Belgrave for Mrs. Debra Dowridge, Secretary.

“Dear Sir,

Criteria for Registration of Cuban Graduates

I refer to your letter on the captioned subject dated February 16, 2009.”

This means the Medical Council would have written them on what criteria they are using in Barbados for registration of Cuban graduates.

“The Medical Council requires that all Cuban medical school graduates successfully complete the examination of the Caribbean Association of Medical Councils before pursuing any form of medical registration in Barbados.”

The Barbados Secretary is telling them that to practise as a Cuban graduate in Barbados, they must complete the examination of the Caribbean Association of Medical Councils (CAMC). CAMC has one and two parts. The Medical Council of Trinidad and Tobago was prepared to even allow the graduates to have only one and half part CAMC and half the proficiency in English. The Minister said: “Nah, we want them to come in like that. They doh have tuh pass any English proficiency and dey doh have tuh pass no CAMC. We want them jus like dat.” That is the type of Government that you have, total dictatorial type of tendency. [*Interruption*]

**Hon. Narace:** Point of order, 36(4). Mr. Speaker—

**Mr. Speaker:** No, that is all you need to do. No, I really cannot see this point of order.

**Dr. T. Gopeesingh:** Thank you, Mr. Speaker. No matter how much they try—this is the criteria from the Bahamas Medical Council in a letter dated April 09, 2009 from Nicholas Hepburn, Interim Registrar for the Bahamas Medical Council to Dr. Neil Singh, Secretary of the Medical Board of Trinidad and Tobago.

**2.45 p.m.**

“Dear Dr. Singh

Re: Criteria for registration of Cuban Graduates

Please be advised that the policy of the Bahamas Medical Council is that Graduates from Cuban Medical schools who have not been registered or licensed to practice medicine in Cuba are required to complete one of the following examinations for provisional (Internship/Houseman) registration:

a. the United States Medical Licensing Examination (USMLE) Steps 1 & 2”

To practise in the United States, no matter you would be a consultant like any one of us. If I want to practise in the United States I have to pass the USMLE 1, 2 and 3, before I could practise in the United States. The Bahamas Medical School is telling them, for the Cuban graduates to come and be licensed, they are required to complete one of the following examinations:

“b. the Caribbean Association of Medical Councils examination (CAM-C)”

which is the same CAMC which Barbados told them that they have to pass examination for CAMC;

c. the Medical Council of Canada Evaluating Examination (MCCEE)”

So, anybody if they in are Cuba and they have the MCCE or they pass the CAMC I or the USMLE 1 and 2, and they also said:

d. the United Kingdom Professional and Linguistic Assessment Boards examination (PLAB).”

Our medical graduates now from the University of the West Indies, who are no longer registered by the General Medical Council of Great Britain, since the advent of the European Union, have to pass a PLAB exam in the United Kingdom before they could go and practice.

Therefore, the Bahamas Medical Council has written to the Secretary of the Trinidad and Tobago Medical Board that they have adopted the policy for registration of Cuban graduates, but they must pass either of the four. All of the four are basically about the same level, either the USMLE or CAMC or MCCE or PLAB.

So, Barbados and Bahamas are setting their criteria for registration of the Cuban doctors based on either the first part of the CAMC or USMLE or PLAB or MCCE. I would give way to you, Prime Minister.

**Mr. Manning:** I thank the hon. Member for Caroni East for giving way. Are you suggesting that the Government of Trinidad and Tobago does not possess the authority to put criteria as it considers appropriate to ensure that an adequate quantity of doctors are available for the discharge of medical functions and the proper functioning of the medical service in Trinidad and Tobago?

**Dr. T. Gopeesingh:** Mr. Speaker, it seems as though the Prime Minister is advocating that the Government should have the authority to bring in any type of doctor in Trinidad and Tobago that suits their requirements, but they do not have that. You cannot impose upon the population; you have a Medical Board Act which governs criteria for admission into Trinidad and Tobago and that is passed by Parliament. [*Desk thumping*] You cannot by-pass the Medical Board Act and say that you have the ability to bring whoever you want in Trinidad and Tobago. You could bring substandard type of doctors. You could bring anybody. [*Interruption*] Hold on Prime Minister.

The next one is the Medical Council of Jamaica. I have read the letters from Barbados, Jamaica and these are all your Caribbean counterparts; these are all members of the Caricom Community. When the Minister of Health read about the criteria for the Caricom countries and he boasted that Caricom, allowing special licences to be given throughout the Caribbean, Caricom said you must have proficiency in English; Medical Council of Barbados say you must pass CAMC; Bahamas said you must one of the four that I mentioned and Jamaica is now saying; let me read the letter from Dr. Muriel Lowe, Registrar, from the Medical Council of Jamaica to Dr. Singh, Secretary Medical Board:

“Dear Singh

Re: Criteria for Registration of Cuban Graduates

All graduates of Cuban Universities can only be fully registered if they have sat and been successful in the Caribbean Association of Medical Councils (CAMC) examination, as well as complete a one year rotating locum internship.”

My colleague from Caroni Central will tell this House that a locum internship, all interns are supervised; they are not doctors yet, until they finish their internship and they are certified by the consultants under whom they work. It is only then that an intern can be certified and registered as a temporary registration, as a doctor. The Jamaican Medical Council is also saying that these Cuban

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graduates must be successful in the CAMC examination as well as complete a one-year rotating locum internship. Even a stricter requirement than Barbados and Bahamas.

“This locum internship is mandatory, as we do not recognize Cuban internship. These graduates are provided with provisional locum registration and must complete a one year rotating locumship.”

Mr. Speaker, Jamaica is the seat of the medical school, University of the West Indies since 1951. They are close to Cuba; they would be willing to bring in Cuban graduates. We are willing to have doctors come in, but they must be certified and qualified to practise in Trinidad and Tobago. [*Desk thumping*] Therefore they must pass the qualifying exams. You know what is CAMC? Caribbean Association of the Medical Council, meaning the medical councils of all the Caribbean countries, which have come together to set an examination for all non-Caribbean or University of the West Indies graduates from foreign universities that are not on the WHO directory.

Now, CAMC, which is the Caribbean Association of the Medical Council, the Accreditation Council of Trinidad and Tobago and the Caribbean association of accreditation bodies worked with the Caribbean Association of Medical Councils to ensure that the standards of medical care and medical graduates practising in the Caribbean remain at the highest level. [*Hon Narace stands*]

**Mr. Speaker:** Minister of Health, take your seat please.

**Dr. Moonilal:** Hello, "yuh" think "yuh" in Woodford Square or Balisier House?

**Dr. T. Gopeesingh:** This is a letter that was written on December 24, 2008. So, I have made my point that Barbados, Jamaica and the Bahamas Medical Councils have decided that they want English proficiency exam and they want one of the four that I mentioned, whether CAMC I, USMLE or PLAB.

Jamaica has gone even further to ask for the one-year locum internship. So, that settles my point as far as what they want to do is bring in these Cuban graduates without any English proficiency, without anything about qualification and allow them to practise in Trinidad and Tobago upon the people. They would be practising upon the people of Trinidad and Tobago and people will be dying at their hands.

On December 24, 2008, the secretary of the Medical Council wrote to the Minister of Health, Jerry Narace. I read the second paragraph:

“Please note ordinarily, graduates from Cuba are not registerable with the Medical Board of Trinidad and Tobago. However if Medical Practitioners are desirous of obtaining registration they are required to submit satisfactory

evidence of being successful in any of the following examinations, before consideration of Temporary Registration.”

Far less special temporary licence.

So, you get a special temporary licence, then you move to temporary registration, then to full registration. Hear what they say:

- “1. Caribbean Association of Medical Councils Examination (CAMC) parts 1 and 2; OR
2. United States of America Licensing Examination (USMLE) parts 1 and 2; OR
3. the Professional and Linguistic Assessments Boards (PLAB) part 1 and 2.

Attached please find an estimated cost of expenses...”

So, Dr. Neil Singh, the Secretary of the Medical Board wrote the Minister of Health on December 24, 2008 and told him that these are the requirements that are necessary for registration of Cuban graduates in Trinidad and Tobago.

December 24, 2008, almost seven months ago! So, the Minister probably said, “Well look, I am not bothering with you all; I am going to try to force you all to accept these Cuban graduates, and if you do not do it, I am coming to Parliament because I have the majority and we are going to pass the Act; the same Act that you passed in 2003.” That is what they have done.

I just want to speak about the Bill here in terms of a number of issues on the Bill now, having moved away from the requirements that are necessary for practising in Trinidad and Tobago. I want to, first of all, state that this panel—or, they call it a panel—has been set up in open contradiction to the primary function in law of the medical board in Trinidad and Tobago; that is of assessing who is a fit and proper person to practise medicine in Trinidad and Tobago.

This Government is causing to be created an anonymous situation, in which a person or persons whom the board may deem unfit for registration by its accepted practise and precedence, to now be admitted to the practise of medicine in this country. What should have been happening is that the credentials for all these doctors who are being asked to come to Trinidad and Tobago, all these things should have been sent to the Medical Council for an assessment.

Now, if the Medical Council deems some of them unfit, the creation of this parallel medical board, with appointees from the Minister, will now say that they are fit to practise in Trinidad and Tobago, because the panel that he would be setting up is a panel of the Minister himself. You know what is a further anomaly

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in that? The doctors that they want to put on this panel, the chief medical officer. First thing, the chief medical officer has to be certified to practise in Trinidad and Tobago by the Medical Council. Then the three other doctors have to be certified by the Medical Council to practise in Trinidad and Tobago, and a fifth person.

So, the Medical Council is certifying these three persons you want to put on the panel and they now have to certify the doctors that you want to bring in this country. What an anomalous and terrible situation. Here it is that the Medical Council is certifying these four people, who are now being asked to certify another group of doctors, the medical board. It is clear that the Medical Council must be the certifying body in Trinidad and Tobago, and he wants to bring a team of doctors who he hand-picks and say “Look, you do what I do; I am putting you there to register these people and you better register them.” If they are not registered there is no room for redress whatsoever, as one of the clauses in the Bill.

So, three people, the chief medical officer, who is under the direction basically of the Minister of Health, and you have three other doctors who the Minister hand-picked. They would of course, do the bidding, so even if they find somebody without the qualifications or requirements for practise in Trinidad and Tobago, they would be forced to allow these doctors to come and practise.

Here it is they set up a panel, the Minister is setting up a panel, which is ultra vires the Constitution, when you have a medical board and a medical council that have been elected—11 people—and here it is that the Minister would be doing whatever he wants. This is untenable; this is high handedness; this is dictatorial and bordering on tyranny; that cannot be allowed. You are imposing people who are not qualified to practise in Trinidad and Tobago. Now, the Medical Board (Amdt.) Bill, 2009 said:

“...To provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice... in the public health sector...”

I want to ask, when last there was an analysis of the manpower requirements for practice of doctors in Trinidad and Tobago, in public service generally? We have 105 health centres; we have district health facilities; we have about 10 hospitals in Trinidad. [*Hon. Narace stands*]

**Mr. Speaker:** Minister of Health, please have a seat. [*Crosstalk*]

**Dr. T. Gopeesingh:** When was the last time a needs analysis, a human resource capacity in Trinidad and Tobago was done? They have not been able to bring that to us and tell us, well, this is the requirement for the public sector.

**3.00 p.m.**

The question is, at any time this Government could say that they have a shortage of persons and a shortage of doctors and the shortage of doctors could be all the time; it could be ad infinitum. No analysis done of the manpower requirements of Trinidad and Tobago and the Government could come anytime and say, well look, "We have a shortage of doctors and we therefore need to bring in foreign doctors and we must accept them. So no real manpower planning and no manpower assessment has been done properly.

Then you said 110 specialists or 119. What type of specialists are coming into Trinidad from Cuba? Have we been able to understand the specialist qualifications; who have granted them specialist qualifications; where have they practised before; where were they certified; what was the last time they had certification from the council of Cuba? To be a specialist you must be proficient; you must pass a post-graduate examination. How do you know these are specialists? And you have your doctors that you are putting on a panel to say that they are going to assess. Some of the doctors are 10 years experienced. Sure, some of these doctors with 10 years experience might be general practitioners who do not understand the whole criteria for specialization and who are specialists. Therefore, general practitioners will be assessing doctors based on what the Minister may appoint them, and they do not have a clue about what they are doing, because they do not have any specialist qualifications and they have not been established in hospitals to understand the rationale for specialist qualifications. So who are the specialists that they are bringing? That is another failure on the part of the Minister, to tell the country who you are bringing as specialists, and so on.

Then these doctors that they are bringing for temporary special registration. Do you know how they are registered? Normally, our doctors with the medical council are registered under a register of the medical board. So you have a register of the medical board. They brought in a piece of legislation about two years ago to ensure that you have a specialist medical register. So that register is for specialist medical officers and if you do not register and you claim that you are a specialist and your name is not there, there is a big penalty. You could go to jail.

Now these specialist doctors that are coming into Trinidad from the Cuban thing, do you know where they are registering? They are registering in a book shelf by the Chief Medical Officer in his office, in a book. So here it is we have legislation in Trinidad and Tobago that specialists must be registered in the specialist medical register and if your name is not on that register and you put

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yourself out to be a specialist, you could go to jail. But here it is you say you are bringing 119 specialist doctors and they are registering, not with what the law says, but you are allowing them to register in a book in the Ministry of Health.

The functions of the panel:

“The functions of the panel are to—

(a) consider applications for the issue of special temporary licences”—or to—

“(c) reject...applications.”

So they can reject anybody's application. You may be bringing in all these people and the panel says, "Well look, I do not like you; I reject your application." And there is no redress for anybody who has been brought in and their application rejected.

If they wanted to set up a panel, why you set up a panel of five when on the medical council you have 11 people? What is the rationale for having just five? If you want to say that you are having something that is acceptable as a panel, put in the same people that you have on the medical council, the same person from IRO, the independent attorney, the independent lawyer, all the other independent people; let the Minister appoint two or three people and the medical council could appoint three or four people on that as well, if you feel that there is need for special temporary registry licence. But you set up five people in a panel and "all right, guys, this is your job. Register all the people coming from Cuba and that is it", imposing upon the population substandard professionals to do work on the population.

Clause 5 says, repeal section 12 to enable the council to recognize diplomas granted by institutions which may not be recognized by the general medical council. The medical council does this. Why do you need a panel to do something that the medical council does? It is the same thing that the medical council has been doing. Why not give the medical council to do the same type of recognition for the diplomas granted by the institutions, which may not be recognized by the general medical council? So why do you have to set up this separate medical panel when the council of the medical board is already there? You have an ulterior motive and your motive is that you want to be able to be a dictator: "I want these doctors to come in," Not you, particularly, the Government. You want these doctors to come in so we must ensure that these doctors are registered here.

Why can the Minister not request the medical council, instead of requesting a panel to consider applications for—[*Interruption*] Mr. Speaker, what Minister Narace is saying is that he is ashamed of what he is doing? Well I am happy to hear him say that he is ashamed of what he is doing—



**Hon. Narace:** I am saying that you are shameful.

**Sen. Dr. T. Gopeesingh:**—trying to impose upon the population some degree of standard health care. It is good to see him admit that he is ashamed of what he is doing. I am glad that he has accepted and acknowledged the fact that he is ashamed of what he is doing; very good. I heard you very clearly, that you seem to be quite ashamed of what you are imposing upon the population.

They say that the holder of a special temporary licence would be able to apply to the general medical council for registration under the Act upon the expiration of the licence. When is the expiration of the licence? The last Bill that they brought on the expiration of the licence was three years, Member for Caroni Central? Three years. So the expiration of the licence took place in 2007. Do you know what they are doing now? The expiration of the licence will be six years. So these doctors will be able to practise in Trinidad and Tobago for six years not supervised, not registered properly, without the proper qualifications and being imposed on this population for six years. That is the terminal time, the sunset clause, for six years.

Clause 9 says that persons applying to furnish information currently required by council to furnish to the Chief Medical Officer for the special temporary licence.

You had a medical council where you supply all the information that is required. They want this information to be given to the Chief Medical Officer, when you have a legally constituted council, they now have to supply this information to the Chief Medical Officer. What a terrible situation.

Now that is a very important clause. Clause 12 gives the council the jurisdiction to investigate and make recommendations to the panel where a holder of a special temporary licence is convicted of an indictable offence or guilty of infamous or disgraceful conduct.

So it gives the council the jurisdiction to investigate and make recommendations to the panel of disgraceful or infamous conduct. Now, these doctors are practising or would be practising under the licence given by the panel and they have bypassed the medical council, but they are asking the medical council now to make recommendations to the panel where a conduct is not done.

Who is supervising these doctors? Where is the method of supervision? What part of this Bill says that these doctors are supervised by any particular person? So how can the medical council make recommendations to a panel when they are not supervising these doctors? So here it is you are asking the medical council to have

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jurisdiction over conduct but the conduct of these doctors is not under the care of the medical council. They are under the care of the panel. So the council is not supervising these persons with special temporary licence but they are asking them to be jurisdictional in deciding whether they are guilty of infamous conduct.

Therefore, if these doctors perform badly, what is the redress of the population? How can the population take redress on some of these doctors who are not performing properly and who are guilty of infamous conduct? Who would they sue? Under this Act, these doctors with the special temporary licence are granted immunity from—let me just read the part here. I think it is clause 14, where they would insert a new section 29A in the Act to exempt the members of the panel from personal liability as regards certain acts or omissions. This section will also exempt the members of the board from liability as regards acts or omissions of the panel and of a holder of a special temporary licence.

So they are granting immunity to the panel; they are granting immunity to the board; they are granting immunity for the holders of the special temporary licence. So who is the public going to sue when an issue arises and they have been badly treated or when a member of the family dies? Who are they suing?

Under the present situation the liability is undertaken in the major public hospitals by the Attorney General. The Attorney General is the one who looks after the litigious cases against doctors practising in the hospital. The Attorney General takes coverage for those doctors practising in the institution. Who will take coverage for these doctors? Therefore, when a person sues someone in the public hospital, they have redress, because the Attorney General has to defend the doctor who has taken part, the consultant and the hospital itself. Now it is the Regional Health Authorities.

I have been informed by one of the legal persons who is doing a lot of cases for the general public when there are litigious cases, suing doctors for malpractice—he indicated to me that the number of malpractice suits that are taking place in Trinidad and Tobago has risen astronomically because—Do you know why? Because the junior, inexperienced, inefficient doctors are operating on these patients and they are dying as a result.

**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, Members and thank you, colleagues.

So in terms of the Bill itself, there are a lot of issues which need some clarification and need to be tidied. We do not agree in principle with this issue whatsoever. We believe that the Medical Board Act is there to license doctors coming into the country and, therefore, it is not acceptable to have another parallel medical board trying to do the same thing which will be at the dictates and whims and fancies of the Minister of Health.

There is a system whereby doctors are granted licences and so on. You move from an intern, then you are given temporary licence and then move to full registration. At the medical schools, I want to give, for example, he spoke about India, Venezuela and so on; traditional medical schools in Nigeria, India, Pakistan, listen to what happens. Applicants must submit items—and they have a list of the items that they must submit and there are about 21 items that they must submit before they are registered—in order to be considered for temporary registration.

Would we be subjecting these Cuban graduates to the list of these 21? This is happening in Nigeria, India and Pakistan. I just happened to put my hands on it. Then from that, "Applicant must successfully complete three years of temporary registration in approved institutions listed on the certificate of temporary registration."

So they first have to submit 21 items to be considered, first of all, for temporary registration, and after three years of temporary registration in approved institutions listed in the certificate of temporary registration, when the applicant has completed three years of temporary registration in approved institutions, only then can the applicant be considered for full registration.

### **3.15 p.m.**

When these doctors with special temporary licence, working for six years under this licence, when they are finished these six years they now have to go to the medical council to see whether they can get acceptance for temporary registration before full registration. So you are asking them after six years for the medical council to be looking to see whether they are going to register them, but for six years prior to that, they have been practising without any type of recognition by the council of the medical board.

So Mr. Speaker, I want to come to a few of the issues which the Minister raised. The first issue he spoke about was the primary health care and the primary health care system, and he was boasting about the primary health care system. When we asked a question in this Parliament, how many of the primary health

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care centres are open beyond 4 o'clock in the evening? Out of the 105 health care centres, only six are open beyond 4 o'clock.

**Dr. Moonilal:** Shame!

**Dr. T. Gopeesingh:** If you really want to provide primary health care for the population, you should have some of these health care centres open up to 8 o'clock at nights so that people who come from work can seek some service; or some open up to 12 midnight or 24 hours. They have not been able to do anything about the primary health care centres, but they are talking about primary health care.

The next thing is, you are supposed to have a pharmacist working in the primary health care centres. For weeks, you do not have pharmacists visiting these primary health care centres, so the patients who go into these primary health care centres and have prescriptions written by the doctors, cannot get the prescriptions filled out because there are no pharmacists. The pharmacists are not there, because most of the pharmacists who were brought in from abroad are now practising privately because the Government is not paying them the type of salaries, so all of the pharmacists are moving into the private sector. Even those who graduate from the University of the West Indies as pharmacists have now moved into the private health sector. So you do not have pharmacists in the primary health centres, so what are you speaking about primary health care? Are you really giving primary health care to anybody?

In addition to that, I have told the hon. Minister of Health that the country is unhappy about the CDAP drugs that they are using for the treatment of diabetes and hypertension. [*Desk thumping*] Many times in this Parliament, I have spoken about that. He said that they are going to get the bodies to look into that. I think they are called the Central Drug Advisory Committee and the National Formulary Committee, these are the committees that look after the evaluation of pharmaceuticals. And people are getting sicker using the types of drugs that are given to them for diabetes and hypertension.

When you have diabetes and hypertension and it gets worse, do you know what happens to you? You get heart attacks, strokes—you die as a result—you get renal failure and blindness. So when the Minister comes and tries to fool the population, and say that we are doing something for primary health care, he is trying to fool himself. He is not fooling the people. When the Minister was speaking, my colleague from Couva South said, "But Tim, what is the Minister talking about primary health care? There is no primary health care in Trinidad." Dr. Rafeeq was the one under the IADB Health Sector Reform who started the

whole primary health care system and we were able to build 47 in a short period of three and a half years because, Mr. Panday who was the then Prime Minister left the PNM appointed board for three years, but they made a mess during the three years and it was only in about mid-July, he said enough is enough and he began to appoint his own boards.

So we had only three and a half years to work on the health sector during our six years, and what we were able to do, and what Dr. Rafeeq was able to do in the primary health care system was unbelievable. Forty-seven health care centres were built and renovated and we had pharmacists there and we started under the UNC, the CDAP programme. But of course, it has expanded.

Mr. Speaker, from the primary health care system you have a secondary health care system, which is the hospital, but in the intervening period you have district health facilities. Dr. Rafeeq in his time under the Panday administration, built two of the district health facilities, Princes Town and Couva District Health Facilities in that short period of the three and a half years. From 2001—2009, they were supposed to build six district health facilities, only one has been constructed at St. James and they are talking about performance as a government in terms of delivering health care to the population. Not at all. Eight years and they have built one district health facility and they cannot build the rest. If these district health facilities were built and people could go for X-rays, ultrasounds, laboratory facilities, ECG, stay overnight and be monitored overnight, you know what a big difference that will make? The hospitals will not be overcrowded as they are overcrowded now. So, Mr. Speaker, the district health facilities, another failure.

He said that we on this side are worried about their success in health care. I want to know what success in health care that this Government could boast of? What success? You tell me where is the success? Your success is that for two days, people have to be waiting on the trolleys in the Accident and Emergency Department; 25 to 30 patients waiting per day on the trolleys and they cannot even get the medical care that they need. They are dying on the trolleys while waiting with heart attacks and so on. It is very sad and sickening. They cannot even get panadol in the hospital; they cannot get X-rays in the hospital. They cannot speak about any success whatsoever in the health care. What health care? They promised to build a hospital in Central Trinidad, then they retracted from that saying that they are not going to build the hospital in Central Trinidad, they are going to do something in Arima and Sangre Grande Hospital. When is that going to started?

**Mr. Ramnath:** That is part of your racial discrimination.

**Dr. T. Gopeesingh:** Where is that going to start? They are supposed to be building a Scarborough Hospital for the people of Tobago, eight years now the hospital has not been constructed. They are supposed to be doing some infrastructural work at the Port of Spain General Hospital, St. James Medical Complex, nothing has been done yet. What about the cancer unit, the National Oncology Centre at Eric Williams Medical Sciences Complex? They have spent \$100 million in the National Oncology Centre and grass is growing as we have been speaking about in Parliament, and they have done nothing about it.

Do you know what is ironical? They have three people working under the auspices of the National Oncology Centre, former Chief Medical Officer and two others getting salaries of almost \$60,000 and \$50,000 per month for the last four or five years under the auspices of the National Oncology Centre. So \$60,000 plus \$50,000, plus \$50,000 is \$160,000 per month, \$1.9 million a year, for four or five years, nearly \$10 million. These people have been paid for what is so-called working in the National Oncology Centre and the National Oncology Centre has not even been off the ground and grass growing on it, but they are being paid over \$10 million. When this Minister of Health was asked to investigate some overtime payments at the Port of Spain General Hospital—this is a file that has been sent to him to investigate the over claim of \$5 million at the Port of Spain General Hospital that had been paid to people. When the question was asked by the Medical Practitioners Association (MPAT), do you know what the Minister said on June 05, 2008? He wrote to the Secretary of the Medical Professionals Association:

“Dear ...

Reference is made to your letter of June 02, 2008, in connection with the "ghost" Pediatric services and payment of “ghost” Pediatricians. I note the information included in same.

Permit me to inform you officially, that this matter has the attention of the relevant authorities, including the... (DPP) and the Auditor General.

You are further advised, and I am sure you will appreciate, that it is improper for me to interfere with any investigation.”

This has been brought to the attention of this Government almost five years ago, for \$5 million in overtime payment and nothing—this is the file. You have a "ghost" pediatric unit and this is the file.

So Mr. Speaker, failure at the Point Fortin Hospital, they promised to build that for eight years, they cannot build it; Scarborough Hospital, they cannot build

it in eight years; the National Oncology Centre, they cannot build it in eight years; they promised a burns unit at the San Fernando General Hospital, they cannot build it in eight years; their promised to extend the intensive care unit at San Fernando General Hospital, they only increase it by two beds; while under Mr. Panday's administration, we were able to build an intensive care unit at the Port of Spain General Hospital, a 10-bed unit in four months. If they want to know what we did during our period of time, we can rattle off a whole heap of things—you know what, I must tell the country what we were able to do during the three and a half years. We renovated and improved seven operating theaters at the Port of Spain General Hospital; we built a 10-bed intensive care unit; we built a waiting area for pharmacists—*[Interruption]*

**Mr. Speaker:** So what is the point of order?

**Dr. Moonilal:** You talk so much stupidity.

**Mr. Speaker:** Please, go on.

**Dr. T. Gopeesingh:** Mr. Speaker, they cannot accept it when the facts are presented to them. We built a new gastroenterology ward, a new hematology ward; we renovated 17 of the wards at the hospital; we built an X-ray department; we brought in new X-ray equipment; and we reconstructed the laboratory system. It was a marvellous change that the people saw at the Port of Spain General Hospital in the short three and a half years that we were there. It was literally stinking when we went in.

At the St. James Medical Complex, we were able to build a new chemotherapy fume chamber. We brought in a new apparatus for cobalt radiotherapy machine. At the St. Ann's Hospital we built four new wards; we renovated the electricity system; we renovated the water supply; *[Desk thumping]* and we were in the process of ensuring that there were more mental health officers coming on stream. We started the training of 300 doctors per year under Dr. Rafeeq with the IADB Health Sector Reform Programme *[Desk thumping]* when the PNM had stopped it for years prior to that. They want to come and talk to the UNC about health care. We are the master of health care. Give us a chance and we will transform this country, again. *[Desk thumping]*

Mr. Speaker, I was raising an issue in Parliament here when people began to think I was raising irrational issues and so on. At the present situation, there are no neurosurgeons at any one of the public hospitals—San Fernando, Eric Williams Medical Complex. When someone gets into an accident and has to be transferred by ambulance to these hospitals, these patients die. They are left to die

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because when they go to the San Fernando General Hospital in an ambulance, there are no neurosurgeons there or at the Eric Williams and they then have to be transferred to Community Hospital. The neurosurgeon at Community Hospital who is private, might not be there and patients bleeding in their brains, who might just need a blowhole to decompress the amount of blood inside there, because if the pressure in the brain becomes much more, the patients die. Just from a simple blowhole to put two blowholes in the brain to let the blood drain out, and that is what is happening in this country. There are five neurosurgeons.

**Mr. Speaker:** Relate it to what is before you.

**Dr. T. Gopeesingh:** Mr. Speaker, the hon. Minister was speaking about bringing in doctors and specialist doctors, but we have a neurosurgeon at Port of Spain General Hospital who still cannot do the work. So even though you bring these doctors in, where are you going to put them; to work with whom; and who will supervise them? Nobody will supervise them.

There are no plastic surgeons at any of the hospitals to take care of the burn patients who are coming in. I mentioned earlier that in the Ophthalmology Department, patients are getting blind from cataract operations; they are dying from kidney operations. Three anaesthetists left the hospital, about six obstetricians and gynaecologic specialists left Port of Spain General Hospital and they have been left with two or three junior doctors with only one consultant to take care of almost 7,000 or 6,000 mothers having babies at the Port of Spain General Hospital. Do you know what is happening with the mothers inside there now? There is increased morbidity and mortality of these babies; infants are dying and mothers will die. And this is a Government that talks about—it is only ol' talk and paparazzi talk there. [*Desk thumping*] It is a question of incompetence and inability to do the job.

This is a Government that had two Ministers of Health between 2001 and 2007. One took two years to learn it and after two years, he could not do anymore, the Prime Minister fired him. The next one came on for three and a half years and his whole attitude towards health care was skewed. He began to talk about tertiary health care, hip replacement, knee replacement and—[*Interruption*]

**Mrs. Persad-Bissessar:** SuperPharms.

**Dr. Moonilal:** And then he was replaced.

**Dr. T. Gopeesingh:** SuperPharms— then he was replaced. God knows why the Prime Minister did not bring him back. I hear he was crying when he left the screening after that. But he alone knows why he was not—



When the Prime Minister decides to deal with somebody—I know that he has taken away about eight committees and projects from two of the Government Ministers at the moment and they know who they are, the Member for Diego Martin North/East and the Member for Chaguanas East.

**Mr. Speaker:** [*Inaudible*]

**Dr. T. Gopeesingh:** All right. The Prime Minister is coming for the hon. Minister and that is why he is trying to show the Prime Minister that he is doing something about it. He is my friend. I feel sorry for you, my brother. I feel sorry for you.

**Dr. Moonilal:** I do not feel sorry for him.

**Dr. T. Gopeesingh:** Mr. Speaker, to consolidate what I am saying about the inability of this Government to take care of some of—

**3.30 p.m.**

This is a pile of letters written by various doctors in plastic surgery and neurosurgery complaining of conditions in the hospital. Many of my colleagues seem to have andropause. Lack of testosterone. [*Laughter*] They are hiding in a little corner. They say, "Dey doh agree with Gopeesingh on ethnic cleansing but so and so."

**Mr. Speaker:** I do not think that you should be speaking about your colleagues in that manner.

**Dr. T. Gopeesingh:** Mr. Speaker, I have tremendous respect and love for my colleagues. My colleagues are basically my heart because I have been there to nurture them from the beginning. [*Interruption*] Some of them. I cannot put a broad brush on my colleagues. Of course, I see some of my colleagues in the House this afternoon. I am proud to be associated with some of my colleagues who are some of my classmates and they are very good. I feel that the Minister does not listen to advice that he is getting from some of my colleagues. I know that I have one of my distinguished friends.

The problem at Port of Spain General Hospital also came from a friend of mine for 35 years. I told my friend that Port of Spain General Hospital is going to explode. Make sure you deal with the situation immediately. Do not continue on the path that you are continuing. He continued and this is why the doctors became fed up. He ran out the doctors. They do not want to speak about it but over 24 top specialists and consultants ran out. Yesterday afternoon somebody from South called me and said, "Tim, yuh know I am a victim of this and there were eight or nine of us at San Fernando Hospital who have had to leave as well." I said, "Yuh

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see dat, you call the Minister an call de newspaper. I am not taking up your cause, because when I am speaking on your behalf, you putting me in the firing line." That is alright. I am strong and fearless. I am a disciple of the chief, the guru of politics. If you do not go through a process where your back has to be strong and it has to be like a duck—

**Mr. Speaker:** Name your guru.

**Dr. T. Gopeesingh:** The hon. Leader of the Opposition. [*Desk thumping*] Years of experience. One of the leading politicians in the Western hemisphere. I tell people that when you sit at the side of the Leader of the Opposition, it is a graceful learning experience. I have a lot of respect for the hon. Prime Minister as well, but he disappointed me when he began to tell me that I am a guttersnipe and I reflect what my character is. I had to make that point. I was disappointed that came from the hon. Prime Minister. It was not necessary.

I want to read a little letter that was written by a head of the Department of Surgery at the San Fernando Hospital in terms of neurosurgical services. It was written to Mr. Michael Harris and is dated June 28 2008.

"I wish to inform you yet again about the non-existent neurosurgical services at the San Fernando General Hospital. As you are aware two doctors and myself sent a copy of a letter to you informing of the lack of neurosurgical services and the very unorthodox management practices of the medical director.

Mr. Krishna Maraj retired neurosurgeon was employed but due to the archaic and frustrating situations in the department of neurosurgery, he took leave after one week.

I was informed that the medical director who has had no formal training in neurosurgery has been managing these patients. This, I must add, is extremely dangerous and unacceptable as it puts patients' lives at risk."

This is a letter signed by Dr. Steve Boodram FRCS, FACS, head of the Department of Surgery, San Fernando Hospital. It was copied to the Minister of Health, Chairman of the SWRHA, the Executive Medical Director. It is one year later; they do not have any neurosurgeons and there are five neurosurgeons out there waiting for a job with the regional health authority.

The letters go on. This is written to the Minister of Health from the Medical Professionals Association of Trinidad and Tobago.

On June 9, 2008, medical professionals were approached by CNC3 to discuss health related issues of public interest. Two senior doctors, a former president of

Trinidad and Tobago Medical Association and an immediate past president of the TTMA agreed to participate in this discourse which was carded for June 12, 2008.

The station agreed to allow 45 minutes for the discourse because of the depth of the topic and the quantity of information which needed to be discussed.

The Ministry of Health told them that they cannot talk about health care in the public. That was the law they passed to stifle doctors from speaking out in public. That is why you are getting the type of responses that you are getting now.

The senior doctors are leaving one by one. The country's major public hospitals in San Fernando, Port of Spain and Mount Hope are losing their specialists and consultants who have for decades carried out critical surgeries for hundreds of thousands of patients throughout the country. It is no secret that the poor conditions in the hospitals and lack of facilities and insufficient staff and equipment have resulted in the deaths of babies and other patients. This has prompted the setting up of a commission of enquiry that produced a report.

Where is that commission of enquiry? That commission of enquiry has never been made public. It took three years to bring a commission of enquiry into the health sector and up to today the general public does not know what is in that report. Major recommendations were made to improve the health service and to turn around the health sector. Where have they gone with it? It was laid in the House.

The hon. Prime Minister indicated that there were a number of irregular practices and misdemeanours and people guilty of malfeasance who were supposed to be investigated and charged. Two years later, from 2007 to 2009, nothing has been heard. We know that the UdeCott enquiry will go the same way as the commission of enquiry in the health sector.

Traditionally, the doctors kept silent about the medical issues and they are still keeping silent. Some of them are beginning to talk about alleged corruption, victimization and incompetent management. They are saying that it has become a matter of life and death, literally, for the patients. It became even worse at the San Fernando General Hospital where major units like neurology have basically shut down because of the exodus of doctors.

The Government is guilty of running out the doctors. There are almost 35 senior doctors who have been run out from the two major hospitals. They say that they want doctors to come on board. Take care of your own; improve the facilities and working conditions; ensure that you give them the type of environment and equipment and they would come back into the system.

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Consultants at hospitals are paid a salary of about \$20,000 a month. In 1978, consultants were equivalent to judges in terms of their salaries. Now the judges have moved way beyond. The judges receive about \$45,000 and the consultants receive about \$20,000. When a consultant surgeon works privately, one operation is \$20,000. When the consultant surgeon goes into a hospital and does surgery it is with his or her heart he or she is doing this surgery. They are taking care of patients who cannot be looked after privately. It is a benefit to bring back these senior doctors in the institutions. Some of them may be willing to come back to work for free. I know some of my colleagues who are willing to work in the public institutions for free. I worked for free all this time. I was employed at the university. For over 20 years I operated on patients at the Mount Hope Women's Hospital. There are many more who will do that.

At the end of the day, why will I have with me a file of complaints from the medical professionals throughout Trinidad and Tobago? This is from the Burns and Plastic Surgery Unit for the head surgical sub speciality, Ramkissoon FRCS. It is dated June 09, 2008.

“Dear Dr. Persad,

Following our telephone conversation...

This is to inform that I have transferred my responsibility for the care of those burns unit patients to someone else who interfered during the ward rounds of my patients last night without my knowledge and consent. Apart from being unprofessional it is also unethical.”

There are problems in terms of management, accountability and responsibility. As I close, when a government tries to subvert the democratic processes for its political gains; becomes dictatorial in its approach towards patients; there are professionals throughout Trinidad and Tobago who have been run out of the system and they want to impose foreign professionals whose qualifications you do not know about and skills and competence you are unsure about; a medical council that should be registering these you bring in a paramedical board to register these because you want these people to come in.

Psychiatry is terrible because you have St. Ann's Hospital that is filled with patients almost 30 years and the hospital is overflowing. You cannot get mental health nurses. When you have a system that allows foreign doctors to come in without the type of examination processes and certification that is necessary as is done in Barbados, Jamaica and the Bahamas and we want to impose a parallel medical board, these doctors are coming and would be allowed to practise without

any type of certification or registration process that is applicable, it is a sad day in the history of Trinidad. We denounce it and we will not support it.

Thank you.

**The Minister of Works and Transport (Hon. Colm Imbert):** Mr. Speaker, I promise to try my best to be very peaceful today. I may not succeed but I promise to try. The Member for Caroni East spent 75 minutes and said absolutely nothing about the Medical Board (Amdt.) Bill before the House. If I can refer to a letter written by the secretary to the medical board, a senior medical practitioner, a senior doctor, Dr. Neil Singh on July 07, 2009. When last I checked the membership of the Medical Council of Trinidad and Tobago, Dr. Neil Adrian Singh was the secretary. He was also the secretary in the 2006/2007 period. He has been elected to be the secretary for 2007—2010 period. This is what Dr. Singh had to say. It is necessary to read this into the record to debunk the mischief that has been put here by the Member for Caroni East. This is a letter that was written to the Minister of Health.

“At our most recent meeting on 6th July, 2009 council members had the benefit of all the necessary information regarding the Caricom Treaty with respect to Cuba as well as the status of vacancies presently plaguing the Ministry of Health. It is my candid opinion that council members are unwilling to compromise with regard to the registration of Cuban medical practitioners in spite of all the above.”

[*Interruption*] I will read it as many times as I wish.

“It is clearly evident that council members are sharply divided with respect to registering Cuban medical practitioners and painfully obvious, that the President's views conflict with the secretary and other council members, thereby not allowing for any compromise on this issue. In light of the above I believe that there is no alternative but for you Minister, to proceed with your stated intention to implement a parallel board in order to register your Cuban medical practitioners.”

**3.45 p.m.**

“I must confess that this initiative was something I believe was not in the best interest of the medical fraternity but all attempts made to prevent this have failed thus far.”

So, here you have the secretary of the Medical Council of Trinidad and Tobago who has been an executive member of the Medical Council for years—when I was Minister of Health, Dr. Singh was associated with the Medical Council.

**Dr. Gopeesingh:** Would you give way?

**Hon. C. Imbert:** No, I am not giving way to you.

**Dr. Gopeesingh:** I just want to ask you something.

**Hon. C. Imbert:** No! *[Interruption]* Mr. Speaker, let me make my position crystal clear, between now and 4.30 p.m., I shall not give way to the Member for Caroni East, so do not bother to ask. *[Desk thumping]*

Here we have the secretary of the Medical Council, a distinguished doctor who has been an executive member of the Council of medical practitioners in this country—certainly, since I was Minister of Health in 2002 and before that, so you are talking about a period of many years—making it crystal clear that there is sharp division in the Medical Council with respect to the registration of Cuban doctors and stating that the President's view is in conflict with the view of the secretary and the views of other members of the Council. Clearly, this was all orchestrated by a letter written by the Member for Caroni East, because here we have a letter dated June 24, 2009, written by Dr. Tim Gopeesingh, Member of Parliament for Caroni East and let me read this into the record:

“The recent announcement by the Minister of Health that Cabinet has approved the establishment of a special panel for the registration of doctors which will allow him to circumvent the Medical Board and allow 20 Cuban doctors to be granted licences to practice in this country is a cause for serious national concern...”

It goes on and on and says:

“The Government found a way to legally circumvent the Medical Board and devise legislation to ensure that the Medical Board will be under its control...”

Then he goes on:

“I am extending an invitation to all stakeholder-groups in the medical professional to meet and deliver their views as to how this ongoing problem can be rectified, and indeed, if there is any legal action that can be taken.”

So, here we have a letter from the Member for Caroni East exhorting the President of the Medical Board, Dr. Steve Smith, to rally with him, to oppose the Government to ensure that this legislation that we are debating today is not passed or if it is passed there is some legal action that can be taken.

So, when the Minister of Health spoke about a plot, I think we have all the elements of a plot here. *[Desk thumping]*

**Hon. Member:** You think is Chaguanas or what?

**Hon. C. Imbert:** Let us go to the Caricom position, because the Member for Caroni East has a habit of misrepresenting the facts. He is good at it! In fact, he is a stranger to the truth and I will demonstrate that in a short while. *[Interruption]* But, I have in my possession a letter dated July 08, 2009 written by the Assistant Secretary General of the Caricom Community Secretariat, Dr. Edward Green, writing to the Minister of Health and stating as follows:

“Dear Minister,

The Caricom Ministers of Health at their caucus meeting in May 2009 in Geneva, Switzerland, discussed and agreed on the following”—that was just this year, May 2009—“with respect to the issue of registration of Cubans and other medical practitioners serving Caricom Governments within the confines of bilateral agreements”—

In other words, government to government agreements.

“1. Ministers supported the recommendation for a model approach to professional registration of Cubans and other medical practitioners serving within bilateral technical cooperation agreements as follows:

Provisional, institutional or special registration be utilized to register Cubans and other medical professionals as they do not automatically qualify for full registration in the subregion.”

So the Caricom Secretariat confirmed by letter dated July 08, 2009 that Caricom Ministers of Health met in caucus in Geneva—all the Ministers of Health in the Caricom region—and agreed that there be special registration for Cuban medical practitioners. *[Interruption]* Those are the facts! You see the Member for Caroni East, as I said, is a stranger to the truth. This is the reality. *[Interruption]*

Yes, I do believe it is deliberate. Here we are today—*[Interruption]* The Member reads obsolete letters; obsolete, outdated and superfluous letters that have been superseded by events.

**Mr. S. Panday:** Irrelevant.

**Mrs. Nunez-Tesheira:** Irrelevant letters.

**Hon. C. Imbert:** Yes, irrelevant letters. Thank you Member for Princes Town North, he reads irrelevant letters.

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So, here we are today, and what we are doing, is we are creating a panel for the special registration of Cuban doctors and other doctors to work within the context of a bilateral agreement. There is a government-to-government agreement between the Government of the Republic of Trinidad and Tobago and the Government of Cuba for the supply of medical practitioners. It is a bilateral agreement. I know the Member for Caroni East struggles with the English Language and he has problems with comprehension. [*Interruption*] Bilateral means between two parties. One party is the Government of Trinidad and Tobago and the other party is the Government of Cuba.

**Mr. Manning:** [*Puts up two fingers*] One is the Government and the other—

**Hon. C. Imbert:** One is the Government of Trinidad and Tobago the other is the Government of Cuba.

**Mr. Manning:** So that is T-W-O.

**Hon. C. Imbert:** So, there is a bilateral agreement between the two governments for the supply of medical practitioners, and in accordance with this decision—this is a decision of Caricom Ministers of Health—there should be special registration arrangements, because it is recognized that they do not automatically qualify for full registration.

**Mr. Ramnath:** Why do you not read it out?

**Hon. C. Imbert:** The requirement of English Language proficiency will remain in place to be determined by the local authority.

**Mr. Ramnath:** Why did you not read that out?

**Hon. C. Imbert:** Well, I would read it three times if you want. [*Crosstalk*]

**Mr. Speaker:** Order!

**Hon. C. Imbert:** The requirement of English Language proficiency will remain in place to be determined by the local authority. [*Desk thumping and crosstalk*]

**Mr. Speaker:** Order!

**Hon. C. Imbert:** You see, Mr. Speaker, this is the crux of the matter. [*Crosstalk*] It is all about civil disobedience. This is what this is all about, civil disobedience! Because if I listen to the Member for Caroni East—listen to what he saying; I took it down you know, because it is a mindset, it betrays a mentality; it betrays an agenda; it betrays a false belief on the part of persons such as the Member for Caroni East. Look at what he is saying.



**Mr. Manning:** What did he say?

**Hon. C. Imbert:** “The Government wants to subvert the democratic process by establishing this special medical”—[*Inaudible*] [*Crosstalk*] Arrant nonsense! I could not have said it better myself.

Mr. Speaker, in Trinidad and Tobago we follow a system called the Westminster system. [*Interruption*] Not as the Member for Caroni East sometimes says, “the Westminster system”. We follow the Westminster system. [*Interruption*] I am reminded of the colonial yearnings of the Member for Caroni East in his recent appeal to the Queen. He appealed to Her Majesty to adjudicate on his matter.

**Mr. Manning:** She will be here in November to visit you.

**Hon. C. Imbert:** I understand that he did not get very far with his appeal to his sovereign. [*Interruption*]

But the whole point is that when a Member of Parliament, standing in the national Parliament, does not even understand the basic underpinnings of our Constitution—

**Mr. Manning:** Break that down, he does not understand that.

**Hon. C. Imbert:** Basic foundation of our Constitution. In the Westminster system there is a Government and there is an Opposition; people are elected by popular franchise.

**Mr. Hunt:** We are popular.

**Hon. C. Imbert:** Oh yes, we are popular and you are not. [*Points to the Opposition side*] Thank you, Member for Port of Spain North. [*Laughter*] And every five years or so an election is held and the country is divided up into constituencies.

**Mr. Speaker:** Your relevance to the Bill!

**Mr. S. Panday:** Mr. Speaker, on a point of order, Standing Order 43(2).

**Mr. Speaker:** Standing Order 43(2).

**Mr. S. Panday:** Please, Mr. Speaker?

**Mr. Speaker:** No, I have had this problem with the Leader of Government Business, and you see, the time to be worried is when I stand and say, I am calling the attention of the House to a Member being irrelevant. That is the time to worry. Please proceed.

**Hon. C. Imbert:** Thank you, Mr. Speaker. Earlier on in his rambling contribution, the Member for Caroni East failed to recognize the supremacy of Parliament, because he has this convoluted false view that the Medical Council is somewhere to be found in the Constitution of the Republic of Trinidad and Tobago, because he keeps speaking about the constitutionally appointed Medical Council and he speaks about the subversion of the democratic process as to what we are doing here today.

It is clear to me, the Member for Caroni East does not understand why we are here, how we came to be here, what authority this assembly has and what we are doing. Because it is we in this Parliament that make the laws. Not you! The Parliament was designed to make laws and there is nothing in the Constitution—the Medical Council is not an entrenched provision of the Constitution. It was not put there by any two-thirds majority or three-fifths majority. The Act that established the Medical Council was put in by a simple majority. It has no constitutional entrenchment, and we could not possibly be subverting the democratic process by coming here to amend a law. That is what we do inside of here. We are lawmakers!

You see, Mr. Speaker, as I said, there is a mindset coming through from hon. Members opposite, because as I said, the people, every five years, elect a Government and they elect the Government based on a manifesto, based on their own impression of the Government, based on certain pledges that Government would have made. What they think of them, their feelings about them and so on. [*Interruption*] When we come here as lawmakers we are carrying out the mandate of the people. We have been appointed as a Government to deliver health care in the public sector. This is what the Member for Caroni East does not understand. The people have elected us to provide public health care.

**Mr. B. Panday:** Why do you not?

**Hon. C. Imbert:** We will not allow ourselves in the fulfilment of that duty, in the delivery of that responsibility to provide health care within the public sector—It would be irresponsible of us and the population would have a right to lose confidence in us if we allowed our mandate to be subverted by a group of private citizens.

**4.00 p.m.**

Because when you look at this medical council, it is a group essentially comprised of private individuals and the Member for Caroni East, as usual, as a stranger to the truth, did not read out the provisions of the composition of the medical council properly.

**Hon. Member:** He is alien to the truth.

**Hon. C. Imbert:** Yes, he is alien to the truth. When you look at the actual law which created the Medical Council, the Medical Board (Amdt.) Bill, 2007, and one looks at the composition of the Medical Council as it now stands in accordance with the law—this is Act No. 31 of 2007—what the Member for Caroni East did in his usual—I have to be careful about non-parliamentary words—disingenuous manner—I was going to use another word—is he left out some—*[Interruption]* Well, I know you do not even know the meaning of that word. I know he does not even know the meaning of the word, disingenuous; he does not know.

**Mr. Manning:** It is too big a word for you.

**Hon. C. Imbert:** Yes. It is too complex a word for you. It depends on whether you are in America or England. It does not matter how you pronounce it. He is disingenuous. That is how we say it in Trinidad and Tobago. We are not living in a flat in England. I do not have an affected English accent and I have no intention of saying "disingenuous". I am saying "disingenuous".

Let me go now to clause 4 of Act No. 31 of 2007. It reads as follows:

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

- (a) the Chief Medical Officer;
- (b) two medical practitioners;
- (c) four medical practitioners elected by the Board;
- (d) One person nominated by the Inter-Religious organization”

And here is the part where the Member for Caroni East was disingenuous.

“(e) an attorney-at-law with at least five years experience...”

And these are the words he left out.

“nominated by the Law Association of Trinidad and Tobago.”

Now, why would the Member for Caroni East leave out those words? Why would he pretend to this Parliament that that attorney-at-law on the Medical Council is a free agent and why would he seek to pretend that the person is independent? Let me read this out again:

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

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And this is a good time for us to look at the composition of the Law Association. Let us see who will be nominating this person who would be a member of the Medical Council.

**Mr. Ramnath:** The Law Association is UNC?

**Mr. Manning:** Hurry dog eat raw meat. Wait.

**Hon. C. Imbert:** Let us read:

“Mr. Martin Daly, Mr. Hendrickson Seunath, Mr. Kemrajh Harrikissoon, Mr. Alvin Fitzpatrick, Mr. Ronnie Bissessar, Mrs. Patricia Dindyal, Mrs. Leslie-Ann Lucky-Samaroo, Mr. Dharamchand Depoo, Mr. Ravi Persad, Mr. Rajiv Rajcoomar, Mr. Darrell Allahar.”

These are the members of the Council of the Law Association of Trinidad and Tobago.

**Mr. Manning:** “And yuh say is not a political”—

**Hon. C. Imbert:** Now the Member for Caroni East is quick to jump up and scream about ethnicity. I have no intention of going there.

**Mr. Speaker:** No, no. let me say what I have to say. Earlier on in the debate I think I warned all Members to be extremely careful today what you are saying. So I am just warning you again.

**Hon. C. Imbert:** Yes, Mr. Speaker, and I fully intend to abide by your ruling and I have absolutely no intention of bringing that into this debate.

**Mr. Ramnath:** But you brought it in.

**Hon. C. Imbert:** No, I did not. [*Interruption*]

**Mr. Speaker:** Order, order!

**Hon. C. Imbert:** Mr. Speaker, you hear what is going on? I read out the names and I am about to make my point and the Members for Couva South and Caroni East are ready to jump. It is the political affiliations of every single one of these people; the political affiliations of every single one of these people. I cannot see a PNM here, no matter how "ah look, ah cannot see a PNM."

**Mr. S. Panday:** "How yuh know? How yuh know?"

**Mr. B. Panday:** "How yuh know is not a PNM?"

**Hon. C. Imbert:** "Ah cyar see"—

**Mr. Speaker:** Order! Order! I think it is not very relevant what you are reading there, so get back to the Bill, please.

**Mr. S. Panday:** We want him to come.

**Mr. Ramnath:** "Yuh cannot see a PNM there?"

**Hon. C. Imbert:** I cannot? We have records, you know. We have records of membership, you know. We have a membership list, you know. And none of these people appear on the membership list of the PNM; not one.

So when this Medical Council is being appointed—[*Crosstalk*]

**Mr. Speaker:** Take your seat, please. It is 4.06 and can we get some peace and quiet before we get to tea? Continue.

**Hon. C. Imbert:** Mr. Speaker, I do not know why they are so jumpy. I am dealing with facts. I have said that none of those people are members of the People's National Movement.

**Mr. Ramnath:** Are they members of the UNC?

**Hon. C. Imbert:** I do not know.

**Mr. Ramnath:** Well, why are you saying this?

**Hon. C. Imbert:** But they are not members of the PNM.

**Mr. Ramnath:** Nonsense!

**Mr. B. Panday:** Exactly. It is racist.

**Hon. C. Imbert:** Let me move on:

“(f) an accountant...nominated by the Association of Chartered Accountants;”

He left that out as well. He left out that part about the person being nominated by the Association of Chartered Accountants:

“(g) a medical practitioner nominated by the University of the West Indies.”

When you look at what the Member said about the composition of the council, as I say, the Member for Caroni East is a stranger to the truth. The hon. Member said that the medical council now comprises 11 persons seven of whom are selected by the Minister. I listened to him very carefully because I could not believe my ears. He said four of the 11 are nominated by the Medical Board and the other seven are selected by the Minister. But when you go into the actual law itself, all you are seeing is that the Minister has the right to select two medical

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practitioners out of 11, because the Chief Medical Officer is chosen by the service commission, not by the Minister of Health; the person nominated by the Inter-Religious Organization, that is not the Minister's choice; the person nominated by the Law Association, that is not the Minister's choice; the person nominated by the Association of Chartered Accountants, that is not the Minister's choice; the medical practitioner nominated by the University of the West Indies, that is not the Minister's choice.

So how many do you have here? Chief Medical Officer, IRO rep., Law Association rep., accountant rep., UWI rep. and four persons elected by the Medical Board of Trinidad and Tobago. Nine out of 11 persons on this council are not selected by the Minister of Health; only two.

You see, it is necessary to say these things because if we do not expose the untruths that are uttered in this House, the general public will go away with the impression that what the Member for Caroni East is saying is true. He said the Minister selects 7 out of 11. The Minister selects two and nine out of the 11 are selected by others. [*Interruption*]

**Mr. Speaker:** Order!

**Dr. Gopeesingh:** And they say no to this legislation. They do not want the registration of these doctors. They are telling you, no, they do not want it.

**Hon. C. Imbert:** Mr. Speaker, when one listened to what the Member was saying in his rambling contribution, look at what he said: Judges earning more than doctors, and the hon. Member for Caroni East alleged that years ago judges and doctors used to earn the same amount of money.

**Dr. Gopeesingh:** Consultant doctors.

**Hon. C. Imbert:** Yes, consultant doctors.

**Dr. Gopeesingh:** In 1978.

**Hon. C. Imbert:** Whenever. So consultant doctors in 1978 used to earn the same amount as judges. That is 31 years ago. And now doctors are being left behind and judges are earning more than doctors. Now, you see, this is insulting to the Judiciary!

**Mr. Ramnath:** Rubbish!

**Hon. C. Imbert:** Judges are prohibited from private practice. [*Desk thumping*] He is insulting the Judiciary. How can the hon. Member for Caroni East equate a judge—and I am being reminded that while a person is a judge, it is

illegal for a judge to engage in private practice to receive remuneration, to receive payment for work. It is illegal while the judge is in private practice. And I am being reminded that a judge is not allowed to practise for 10 years after leaving the Bench, and that hon. Member wants to compare a judge—and let me tell you something. While I personally do not agree with every judgment that is rendered in Trinidad and Tobago, as is my right, I could say without fear of contradiction that those judges are at work on time at 9.00 in the morning.

When court is summoned, the judges are at work and stay at work. They are there at 12.00, at 1.00. I know judges in this country who hear matters up to 4.00 in the afternoon. But while the judges are putting in an 8.00 to 4.00 they then go home in the evening and they have to write their judgments, do research and so on, so I would say your typical judge in Trinidad and Tobago is putting in a 12-hour day at the bare minimum.

A consultant doctor is only required to spend a couple hours in the hospital on a daily basis and a consultant doctor is entitled as of right, in terms of their collective agreement or in the case of their contract, to engage in private practice, to own shares in a private hospital, to offer services to the public, and so on. I also say without fear of contradiction that the vast majority of consultant doctors in this country earn between three and five times as much in their private practice as they earn in their public health sector job.

I am being conservative, because I am sure that there are consultant doctors who are earning 10 times as much in their private practice as they earn from the public health sector. And you are going to compare someone like that, someone who is only required to make rounds in a hospital—correct me if I am wrong, Member for Diego Martin Central—at particular times during the day; is not required to be on the hospital premises for the whole day; is not required to put in eight hours in the hospital every day. You are going to compare somebody like that with a judge who has to be in court, who puts in eight hours, who has to go home and put in another four hours to write a judgment, who cannot engage in private practice, who has no other source of income and cannot work for 10 years after he comes off the Bench. You are going to compare the two and come into this Parliament and make this kind of spurious comparison?

You see, that is why I worry about the Member for Caroni East. He says whatever comes into his mind. He engages his mouth before he puts his brain into gear. He says whatever comes to his mind and he does not understand that he is insulting the hard-working judges in this country. He does not understand that. But, anyway, hopefully somebody would let him know in due course about his transgressions.

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The other thing that the Member has done here today, he has insulted the whole medical profession in Trinidad and Tobago, because he is claiming that there is a shortage of doctors at hospitals; that there are shortages of neurosurgeons, ophthalmologists, urologists, anaesthetists, gynaecologists, oncologists.

**4.15 p.m.**

He has come into this Parliament and said that there is a terrible shortage of doctors in the hospitals and went on to say that this Government is chasing doctors out of the public health sector, but his colleagues in the medical profession, senior medical practitioners—one by one, I saw them Sunday, Monday, Tuesday, Wednesday, up to today—came out and said that the Member for Caroni East is talking utter rubbish. None of them has been forced out of the public sector; none of them was pressured or intimidated. When you look at some of the people who are coming forward, imagine the Member for Caroni East, a distinguished doctor, came into this Parliament and said that all the other doctors in the country, everybody except him, is suffering from a lack of testosterone. He said that.

**Dr. Gopeesingh:** He has quoted me wrong.

**Mr. Speaker:** Order please! I think he used a medical expression before that which meant exactly what you said.

**Dr. Gopeesingh:** I said some—

**Hon. C. Imbert:** Sit down! Sit down! Mr. Speaker, he said all of the doctors that are making statements in the papers, for example, Prof. Vijay Naraynsingh said yesterday he was not one of Dr. Gopeesingh's alleged victims of ethnic cleansing. [*Holds up paper*] This man suffers from a lack of testosterone, Mr. Speaker? [*Interruption*] Go and tell Dr. Vijay Naraynsingh that he suffers from a lack of testosterone. You would not dare. Also, you have Dr. Frank Ramlakhansingh, Public Relations Officer of the Trinidad and Tobago Medical Association, which has a membership of over 800 doctors. He said that Dr. Gopeesingh has embarrassed the whole medical profession. [*Desk thumping*] He has brought the whole medical profession into disrepute. [*Crosstalk*] I think that the Member for Caroni East is making my case for me.

**Mr. Speaker:** Hon. Member, you had your 75 minutes, so could you let the Member have his.

**Hon. C. Imbert:** According to the Member for Caroni East, the current Public Relations Officer of the TTMA is a Member of the COP and, therefore, according to you, his statements are political. Fine! So all these fellows here whose name I



have just read out: Huntington Sunath, Kemraj Harrykissoo, Alvin Fitzpatrick, Leslie Lucky Samaroo, they are not political but Dr. Ramlakhansingh, just because he has exposed the hypocrisy and the shamelessness of the Member for Caroni East, all of a sudden, he is political. Rubbish!

Let me go on: Dr. Lall Sawh: "I opted for voluntary separation." This is a statement from Dr. Lall Sawh. Urologist Dr. Lall Sawh said he opted to leave the hospital because he was expected to be the specialist at three hospitals while junior doctors were earning more than him. Sawh said he did not subscribe to the phrase used by Dr. Gopeesingh. I will not repeat it. This was a dispute over money.

Mr. Speaker, listen to this one. Ophthalmologist Shivanand Ramdeen, according to the theory of the Member for Caroni East, also suffers from a lack of testosterone. Ophthalmologist Shivanand Ramdeen said he was never a victim of what Dr. Gopeesingh spoke about. In fact, Dr. Ramdeen told the *Express* that before he left the hospital in 2006, he was always treated fairly by the former management team. Dr. Ramdeen, who is currently a consultant at the Sangre Grande Hospital—so he is working in a public hospital run by the Government of Trinidad and Tobago. He is still working in the public health sector, yet this is one of the people that the Member has alleged was forced out of the public health sector. Look at what he said.

**Mr. Speaker:** Listen. There is a Standing Order. I will point it out so that you all can read it. It is 43(3). In the tea break, read it; all Members read it because after the tea break it is quite possible it will be invoked.

**Hon. C. Imbert:** Dr. Ramdeen said that he had a personal dispute with the then Medical Chief of Staff who decided to give the position of Ophthalmology Consultant to a junior member of staff, a woman, who was an Indian just like him.

The newspaper references are replete—one by one, doctors are coming out and condemning the Member for Caroni East for his irresponsible and untruthful statements. On the one hand—let me come back to the matter at hand—the hon. Member is condemning the Government for shortages of specialists in the hospitals. This is some kind of schizophrenic behaviour on the part of the Member for Caroni East.

**Mr. Speaker:** You cannot tell the Member he is schizophrenic. Schizophrenic behaviour amounts to the same thing.

**Hon. C. Imbert:** I am so sorry, Mr. Speaker. I apologize and withdraw that. It is because the statements made by the Member for Caroni East resembled schizophrenia. Look at what the Member said. He said that there is a shortage of neurosurgeons, ophthalmologists, neurologists, gynaecologists and so on.

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So, in an impassioned, rambling speech, the Member for Caroni East said that there were large numbers of vacancies for doctors in the public health sector. He condemned the Government and the Minister of Health for not dealing with that. One side of the brain was saying that and the other side was saying that it is not allowing them to bring those Cuban doctors to deal with the shortage that he has acknowledged is in the system. Where are we going to get all of these doctors?

If one looks at the establishment—I am pulling from memory now—the official establishment for doctors in Trinidad and Tobago is about 2,400. The total number of doctors in position is 1,200. How many are registered with the Medical Council? Twelve hundred?

**Dr. Gopeesingh:** Two thousand.

**Hon. C. Imbert:** Mr. Speaker, I will use the hon. Member's figures, bogus as they are. So, there are 2,400 positions for doctors in the public health system; 2,000 doctors in Trinidad and Tobago. When I went to school, 2,400 was more than 2,000, so using the bogus statistics just uttered by the Member, there are at least 400 vacancies in the public sector. There is a shortage of at least 400 doctors. The fact is that there are about 1,200 who have indicated that they wish to work in the public health service and there are 2,400 posts. We are short 1,200 doctors. We have gone this way before.

In 2003, when we came to this Parliament to pass Act No. 22 of 2003, we had all this “ol’ talk” then and the situation has not changed. We still have a chronic shortage of doctors in the public health service. There are many reasons for this. Doctors go abroad looking for opportunities. They go abroad to study or specialize; to move on to higher things; they prefer to work in the private sector where they can earn more; some prefer to be general practitioners like the Member for Caroni Central—there are all sorts of reasons.

**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:** Mr. Speaker, the bottom line is that we have a chronic shortage of doctors in the public health service. There is nothing new about this. This is how it was in 2003, six years ago. It was so six years before that. It was so in the 1950s, 1960s, 1970s, 1980s, all over the world. There is a shortage of doctors who wish and are willing and capable of working in the public health system. Those are facts and, as I said when I began this contribution, the

population votes for a government every five years and it asks that government to provide services, and one of the most important services for the population of Trinidad and Tobago is health care. We cannot tolerate a situation where there are shortages in excess of 1,000 doctors in the public health system and, when the Government seeks to deal with the problem it was elected to deal with, a group of private citizens—that is what the Medical Council is—decides to subvert the democratically-elected government of Trinidad and Tobago. You think we can go back to the population in 2012 and tell them we could not fill the posts in the public hospitals because the Medical Council would not let us do it?

What do you think the population would tell us? They would say: Who voted for the Medical Council? We voted for a government to run the country. That is where the civil disobedience comes in. I listened to the Member for Caroni East very carefully. He is espousing that we must run the Government by committee. You have a democratically elected government and when the elections are over and a prime minister and ministers are appointed, then some other group of private citizens will run the country and dictate the pace and tell the democratically-elected government how to run the country. When you read the letter from Dr. Steve Smith to the Minister, it comes through very clearly. It is clear intransigence; it is a clear refusal to deal with the matter. The man is saying point blank: Minister, you can bring 1,000 Cuban doctors if you want; I am not going to register them; too bad for you. It is the defiance of a small group which wants to subvert the democratic process in Trinidad and Tobago. We need to talk about these things. They must not be swept under the carpet. We need to discuss this. Is this what we want for the country; that the population elects a government and then other little groups, NGOs and little private groups, will run the country? Is that what we want?

When you listen to what the Member for Caroni East is saying, the Medical Council, a group of private individuals, must have the final say as to who works in the public sector. It is unacceptable in any country. Check Australia, United States or any progressive country in the world and you will see that the Medical Council is appointed by the government, Mr. Speaker.

**Mr. Speaker:** On that note, it is 4.30 p.m. and we will suspend the sitting of the House for tea. We will resume at 5.00 p.m.

**4.30 p.m.:** *Sitting suspended.*

**5.00 p.m.:** *Sitting resumed.*

**Hon. C. Imbert:** Thank you, Mr. Speaker. Before we took the break I was making the point that there is a disconnect among certain sectors of society in Trinidad and Tobago, where certain non-governmental organizations, whether

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established as private entities, as companies or private organizations or whether established by statute, have adopted the position that they would dictate the pace when it comes to the provision of public services in Trinidad and Tobago, also with respect to the running of the country.

I go back to the letter from Dr. Edward Green to the Minister of Health dated July 2009, and the last sentence which caused the Member for Couva South so much trouble:

“The requirement of English language proficiency will remain in place to be determined by the local authority.”

You see, I keep saying it, and the Members opposite do not like it; there is need for remedial education in this country; there is an appalling lack of literacy, an appalling lack of comprehension on the Opposition Benches, because when you are reading a letter like this you have to read it in context. What the letter says:

“Provisional, or institutional or special registration be utilized to register Cuban and other medical professionals as they do not automatically qualify for full registration in the sub-region. The requirement of English language proficiency will remain in place to be determined by the local authority.”

Where the disconnect comes in the mind of the Member for Caroni East and in the minds of Members opposite, is what is the meaning of the local authority? We are the authority in this country, not you, and that is the mental disconnect that I am speaking about. When the Caricom secretariat writes a Government Minister and tells that Minister that the requirement of English language proficiency will remain in place to be determined by the local authority, they are not speaking about any non-governmental organization, any group of private citizens; they are speaking about the authority in the country, which happens to be the Government of the Republic of Trinidad and Tobago.

So, it is the Government of Trinidad and Tobago that will determine the English language proficiency. That is why I say there is need for remedial education on that side, because when you listen to what the Member for Caroni East is saying, as far as he is concerned, the Medical Board—which, as I said, is a private organization, comprised of private doctors, who elect their council—is the authority in his mind.

So, you have a situation where, as I said and I need to repeat this, the population has elected a government to run the country and a private group of citizens feel that they have more authority and more power than the democratically elected government of the country; that cannot work. When you look at what, as I said, is being done in other countries—I gave examples, Australia, every single one of the 50 states in the

United States, a myriad of other countries, plethora of countries—the board that licenses and registers medical practitioners is appointed by the government, because you cannot have this kind of disconnect where the government has the responsibility for health care, but in order to make it work you are a slave to a group of private individuals, and in this particular case that is the general principle.

When you take it now to the specifics of Trinidad and Tobago, it gets much worse. When you have persons as at the present time such as the goodly doctor Steve Ian Smith, who accepted an appointment as a UNC Senator, an Opposition Senator— They could put that on a plate with peas and rice; you could serve it with ice-cream, a UNC Senator is a UNC Senator. From the time the person gets up in the other place on the benches reserved for the Opposition; from the time that person is sworn in as a UNC Senator, that person is a Member of the Opposition.

So, the Member for Caroni East, his colleagues on the Opposition benches and Dr. Smith himself can pretend that he is not a UNC activist and an Opposition politician, but facts are facts, as Minister Parsanlal tends to say: "Facts are stubborn things, they would not go away".

We have the situation in Trinidad and Tobago, where government after government has struggled with the chronic shortage of doctors. This particular PNM Government, has come up with a solution that we are advocating at this point in time, is that we avail ourselves of opportunities to acquire a supply of doctors from other countries. At the present time there are many routes that we can take; we can go government to government with a bilateral arrangement, which is what is happening with the arrangement between the Cuban government and the Trinidad and Tobago Government; we can go through the United Nations system, which is something that we practised in 2003, when the United Nations volunteer system provided approximately 100 doctors from countries all over the world to work in Trinidad and Tobago.

So, the Cuban initiative is simply one element in a strategy of the Ministry of Health to fill the vacancies within the public health service. When the Government moves to deal with it, you have an intransigent medical council, headed by a UNC politician, who goes out of his way to subvert and prevent the registration of these doctors. *[Interruption]* I have a letter here dated May 08, 2009 from your friend, Dr. Steve Smith. I noticed he is no longer putting certain letters after his name. You know he is famous for that, Mr. Speaker. I know Prof. Bartholomew dealt with him very seriously when this individual, Dr. Steve Smith, pretended that he had certain qualifications that he did not, and posed as a member of a certain foreign medical institution, and that medical institution had to write him and tell him, remove those letters from behind your name; you are an imposter. *[Interruption]*

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Yes, that happened; the president of the Medical Council was declared to be an imposter by a foreign medical institution, and has no shame, still going around pretending it is no big thing; "I could say I am a member of this and a member of that; they write meh and dey tell meh take off de letters from meh name, no big ting." That is the kind of people we have heading these councils in Trinidad and Tobago. Be that as it may, look at what he is telling the Minister in May 2009:

"Mr. Minister, I need not remind you that Spanish is the spoken language in Cuba and that all medical schools in Cuba, the medical curriculum is taught at all levels in that language."

He goes on to say:

"Similarly, you will recall all nationals of this country who are beneficiaries of medical scholarships to Cuba, are required to devote one full calendar year to the Spanish language. This continues to be a mandatory requirement since our first and only language here is English, and the Cubans well recognize the need to be fully conversant and at ease with Spanish, if a student is to gain most from a curriculum that is structured entirely in that language."

It goes on and on, a three-page letter, explaining why he the great Dr. Steve Smith, president for life, of the Medical Council, will not allow the duly elected Government of Trinidad and Tobago, to fill sorely needed vacancies in the public health service. He is subversive; this is civil disobedience, and as the secretary of the Medical Board, Dr. Neil Singh said, the Government has no choice. He made it very, very clear that the Government has no choice and he indicated to the Minister that since the Medical Council is split, since the president is at loggerheads with the secretary of the Medical Council and other members, and because of the intransigent position and antagonistic position of the President of the Medical Council, he said, I am sorry, it appears you have no choice but to go ahead and establish this para-medical board. What is this medical board going to do, Mr. Speaker? [*Interruption*]

That brings me to another point, anybody who is seeking the public interest in Trinidad and Tobago, is immediately labelled a PNM. Just like Sen. Merhair—

**Mr. Speaker:** Please, please leave that out of the discussion.

**Hon. C. Imbert:** Leave what out of the discussion?

**Mr. Speaker:** Do not refer to that.

**Hon. C. Imbert:** I was using an example, Mr. Speaker, I did not intend to dwell on that. I was simply saying that anybody, like Dr. Singh, who has indicated

that he is not in agreement with the position adopted by Dr. Smith, is suddenly a PNM. Dr. Ramlakhansingh says that the Member for Caroni East is an embarrassment to the medical profession. He speaks in his capacity as the public relations officer of the Trinidad and Tobago Medical Association. What happens to him? He is declared to be a COP. *[Interruption]*

No, Steve Smith put on a UNC jacket, came into this Chamber and took an oath to be a UNC Senator. You see, that is the difference. The problem with the Members opposite is that they lack comprehension. You may believe that Dr. Singh has PNM sympathies; you may believe that Dr. Ramlakhansingh is a COP, but Dr. Smith was and is a UNC activist. There are no two ways about it. In the same way the Member for Couva South is a UNC Member of Parliament.

**Mr. Ramnath:** I am a Member of Parliament.

**Hon. C. Imbert:** You are a UNC Member of Parliament; I do not have to believe that; that is a fact. *[Interruption]* Mr. Speaker, we need to deal with this issue. The Member for Couva South is denying that he is a UNC and denying that he is an Opposition parliamentarian. *[Desk thumping]* When I hear that, those statements resemble schizophrenia. *[Laughter]*

**5.15 p.m.**

Let us go now to the matter at hand. What does the Bill before us seek to do?

**Hon. Member:** *[Inaudible]*—caravan. *[Laughter]*

**Hon. C. Imbert:** The Bill before us—*[Interruption]*

**Mr. Manning:** Watch me, she and a Trojan horse.

**Hon. C. Imbert:** It seeks to establish a special medical panel. Let us go to clause 4 of the Bill. *[Crosstalk]*

**Mr. Speaker:** Order!

**Hon. C. Imbert:** Mr. Speaker, I do apologize for taking about an hour to get to the Bill, but I am now on the Bill. I have 12 more minutes and that is more than enough. So on clause 4 of the Bill:

“The Act”—which is the Medical Board Act—“is amended by inserting after section 9, the follow sections:

9A.(1) There is established a panel to be known as the ‘Panel for the issue of Special Temporary Licences’ ...”

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Let us go now to the letter from Caricom.

**Mr. Warner:** [*Inaudible*]

**Hon. C. Imbert:** I "doh" know. They are probably caucusing about what to do with you. That is what going on. \

**Mr. Warner:** Tomorrow.

**Hon. C. Imbert:** Yes, Member for Chaguanas West, you have them in a tailspin. They have gone tizzy, they do not know what to do. The letter from Caricom says:

“Provisional, institutional or special registration be utilized to register Cuban and other medical professionals as they do not automatically qualify for full registration in the sub-region.”

What does this Bill seek to do? "There is established a panel known as the Panel for issue Special Temporary Licences"; it is exactly what is in the decision. This is not a recommendation. This is a decision of the caucus of Ministers of Health within the Caricom region. What is the composition of the panel? The Chief Medical Officer, three medical practitioners, each having at least ten years experience, and one lay person of good standing representing the public interest. When one looks at it very carefully, this panel is superior in terms of its qualifications to the Medical Council. This panel has four doctors on it and one non-doctor. If I go now to the Medical Council which is contained in Act No. 31 of 2007, that Act has a Chief Medical Officer, two medical practitioners, four medical practitioners elected by the board, and a medical practitioner nominated by the University of the West Indies. So that is eight out of 11 doctors. This has four out of five doctors.

In addition, Mr. Speaker, the medical practitioners in this panel must have ten years experience. When you go to the medical practitioners, there is no experience requirement in the Medical Council. So you could have doctors who are one year out of medical school, being members of the current Medical Council, but the panel that the Government is setting up, the doctors must have 10 years experience. There is a reason for that because the Government recognizes the seriousness of this matter, the complexity, the technical issues and that is why it has been made mandatory that the doctors must have at least 10 years experience. Therefore, I submit it is superior in terms of its qualifications to the existing Medical Council.

So what else is in the Bill? The Bill has a sunset clause. It says it will apply for six years. It will expire six years hence by which time I certainly hope the



Minister of Health will have sorted out the composition of the Medical Council. I certainly hope within the next six years you would have sorted it out? \

**Hon. Narace:** [*Inaudible*]

**Hon. C. Imbert:** This evening. It might happen today. But the fact of the matter is that the Bill has a sunset clause, because consistent with the Caricom decision, there should be special arrangements for the registration of Cuban doctors and other similar doctors. What else does the Bill do? The Bill guarantees that graduates of the University of the West Indies are automatically entitled to full registration and will not have to go through an accreditation process. So basically that is it. The bill has two functions:

1. to establish a panel which will involve the qualifications of the panel; and
2. to ensure that graduates of the University of the West Indies, whether in Trinidad, Jamaica or Barbados, are automatically entitled to full registration.

So it means that we are giving special recognition to UWI grads and we are not going to subject UWI grads to any kind of accreditation process. In other words, if the University of the West Indies tells us that these graduates have fulfilled the requirements for the award of the degree of Doctor of Medicine, we have decided that will be good enough for us and that these graduates will be entitled to be given full registration as medical practitioners in Trinidad and Tobago.

So, when one looks at the facts as opposed to the hysteria that was brought into this House by the Member for Caroni East, I wish to repeat hysteria, I wish to repeat it is a fact that there is a shortage of hundreds of doctors in Trinidad and Tobago. There is a shortage of several hundred doctors in Trinidad and Tobago. It is a fact that the current president of the Medical Council is a UNC politician, who is opposing the registration of Cuban doctors. It is a fact that the Opposition is subverting the process and subverting the public health care system, and no self-respecting government would allow the democratic system to be subverted by a group of Opposition politicians and by a group of private individuals.

We are not going to allow it. We are the Government of Trinidad and Tobago, we have a mandate to govern this country until at least 2012, and we have been given the responsibility for the public health care system in this country, and we are not going to allow a little band of disobedient, subversive political activists to interfere with the delivery of quality health care in Trinidad and Tobago.

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

**Mr. Kelvin Ramnath** (*Couva South*): I presume that this might be the last sitting before we go on vacation, but I am not in a position to determine that. But having to sit down here and listen to the last speaker, I must admit it has been a really difficult task—[*Interruption*]

**Dr. Moonilal:** And painful.

**Mr. K. Ramnath:**—in order—and painful indeed—to listen to a contribution which could have lasted for 10 minutes.

When I listened to the Minister, I remember a former Attorney General, Mr. Selwyn Richardson, who sat where the Member for San Fernando East sat in 1976, and the Prime Minister then was a rather junior functionary in the Government, sitting somewhere in the back I think he was—[*Interruption*]

**Mr. Manning:** It was on that side.

**Mr. K. Ramnath:** No, no, you were in Government at the time.

**Mr. Manning:** 1976?

**Mr. K. Ramnath:** Yes, 1976—and Richardson said, "We have a mandate to rule and we shall rule as we see fit." Mr. Richardson's statements echoed today, by the Member for Diego Martin North/East. I do not have to remind you what happened to Mr. Richardson with effluxion of time.

**Hon. Member:** What did you learn by that?

**Mr. K. Ramnath:** But it is the same arrogance that has been demonstrated here today by the chief spokesman for the Government, the Member for Diego Martin North/East.

This is rather a simple piece of legislation and one would have thought that discussion between the Minister of Health and the Chief Whip, or the distinguished Member for Caroni East, might have resulted in an agreement before we had to go through this very lengthy debate, because I think I have no doubt that we are all very concerned about the quality, or lack of, health care in the country. If this legislation is designed to improve the quality of health care, it is the duty of all to support such pieces of legislation.

After the Minister of Health presented his position on certain aspects of the Bill, there was really no need for my friend from Diego Martin North/East to demonstrate the egregious abuse of power, accompanied by truculence. But of course, Mr. Speaker, he has to go on television to—

**Mr. Manning:** Tim does not understand a word you are saying. [*Laughter*]

**Dr. Gopeesingh:** I do not have a clue. [*Laughter*]

**Mr. K. Ramnath:** He had to take the opportunity to target certain people as he is accustomed doing. If you do not want Steve Smith and company, and the Medical Council which has been appointed in accordance with the law, all you have to do is to change the law and do what you are accustomed doing; you come here with a Bill to put Calder Hart as head of the Medical Council.

**Dr. Moonilal:** Oh yes.

**Mr. K. Ramnath:** Yes. MMM, doctor of everything. [*Desk thumping*] [*Laughter*] My friend from Diego Martin North/East knows that several parts of his portfolio were taken away from him and given to Calder Hart, so he understands very well. He understands very well that he is now left with very little to do. Just now Calder Hart will be involved in building the other tier of the Princess Margaret and the Churchill Roosevelt Highway, and other major projects in the country and he will be left to do exactly what he has done today and continues to do, and just talk a lot of rubbish.

So, I have entered the debate, Mr. Speaker, really to congratulate the eminent consultant, obstetrician, gynaecologist and professor, the Member for Caroni East—[*Interruption*] [*Desk thumping*]

**Mr. Manning:** "Speak a language that you can understand nah man." [*Inaudible*]

**Dr. Gopeesingh:** Enthic cleansing.

**Mr. K. Ramnath:**—for his very able, convincing and compelling contribution in the House today. [*Desk thumping*]

The Government is afraid to come to the House and be very open with respect to its plan. It has functioned on the basis of subterfuge; it has operated in a very opaque manner; he has—[*Interruption*]

**Hon. Member:** [*Inaudible*]

**Mr. Imbert:** That is what is going on with the—[*Inaudible*]

**Mr. K. Ramnath:** Yes, do not interfere with our business, we will sort our business. You worry about your business. You worry about your Attorney General, do not worry about us. As I am on that subject, I want to know whether they want to bring legislation now to decide who should belong to the law association and who should run the law association?

**Dr. Moonilal:** We should import lawyers now.

**Mr. B. Panday:** If you have an Indian name, you are excluded—[*Inaudible*] He just said that.

**Mr. K. Ramnath:** So he took time to personally attack Dr. Steve Smith. To tell you the truth, I do not know the gentleman, I never met him.

**Mr. Imbert:** That is not true.

**Mr. K. Ramnath:** I have never met him. Dr. Smith, according to the Member for Diego Martin North/East, was brought into the Senate when a particular Bill was being discussed, the Medical Board (Amdt.) Bill at that time.

### **5.30 p.m.**

It was the policy of the Prime Minister at that time to involve as many persons in professional life to discussing issues which impacted on these organizations. [*Desk thumping*] It is not our fault that the Prime Minister and his leadership team which excludes 90 per cent of them, perhaps Sen. Dr. Saith, will not consult anybody. It is unfortunate that they will not do that, but they will take the opportunity to attack Steve Smith in a most vicious way—that is what he said just now—and accuse Dr. Smith of lacking independence and even professional qualifications.

Dr. Smith never went before a commission of enquiry and say, "I am an expert", as one Member of this House did in the commission of enquiry into the construction industry. He said that he was an expert. This is an expert who cannot with billions of dollars available to him, fix the roads and bridges and clean the drains in this country. This expert who went before the commission of enquiry into the construction industry has been a total failure in the health sector, so much so that he had to be removed from his position as Minister of Health and be replaced by my honourable friend, the Senator who presented this Bill. He has absolutely no credibility at all. He failed the health sector. He took it over from a very competent minister of health, the hon. Member for Caroni Central and made a total mess of it. The Prime Minister had to remove him. The Prime Minister obviously lost confidence and if he did not lose confidence, he would have told me so. He left me to conclude that he lost confidence in this minister of health. Very shortly, the Member for Diego Martin North/East might find himself on the back bench. For that reason he devotes all his time to irrelevance and attacking people.

The medical council runs its business in accordance with the law. This Government of Trinidad and Tobago came to Parliament amending the Medical Board Act and they have not changed the law so as to remove the private doctors

in this country from selecting the members for the Medical Council. I am not here to decide how that is done. All I am here to say is that if you have a law you must obey the law and not come to Parliament and behave as if the law is wrong and we are not going to do anything about it, but circumvent it, come up with a plan to put "ah" set of PNM people to make decisions for a body which was established and enshrined in the law. He read t'ree documents.

**Mr. Imbert:** Three.

**Mr. K. Ramnath:** I come from Couva. "I am ah Indian so I didn't learn to speak that way. That's the way we Indians from Couva speak. Yuh better not interfere wit me."

What happen is that you will like to see ethnic cleansing on this side too. [Laughter] I am not surprised that you have a role to play. You know what vexes me is the hypocrisy. That is not right. You practise your racism and then you stand here and attack people.

**Mr. Speaker:** Obviously, you are referring—perhaps you are guided towards the Member for San Fernando East. You are mentioning that he is practising racism. You were going so good until you got to that point. Continue.

**Mr. K. Ramnath:** They will learn to leave me alone. The same documents that were read by the Member for Diego Martin North/East were read by the hon. Minister when he presented the Bill. He had nothing to say. Conveniently, they both left out, in the document from the Caricom Secretariat, the last line, the requirement of English language proficiency will remain in place to be determined by the local authority. If you look at the Bill—

**Hon. Narace:** Member, thank you very much. I appreciate your kindness and gentlemanliness in allowing me. I made the point and I have sent for the *Hansard* about the proficiency in English language when I read the letter. I know that the Member for Caroni East is saying something completely different and you may have been misled honestly. I want to clarify that I said that. I have a copy of the speech I can give you.

**Mr. K. Ramnath:** Clause 5 of the Bill says:

“Section 12 of the Act is repealed and the following section substituted:

12.(1) Any person who establishes to the satisfaction of the Council that he holds a diploma—

- (a) in respect of which he is entered or entitled to be entered on the Medical Register of the General Medical Council;

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(b) granted by an institution listed in the Schedule,

and that he is of good character and a fit and proper person to practise medicine, shall upon application and upon compliance with the requirements of this Act be entitled to be registered as a member of the Board.”

It says nothing about being proficient. There is no provision of proficiency in the English language. This is a very important point. I met with Dr. Joe Laquis a few years ago. He said that as a medical practitioner he has had to deal with people who visited Cuban doctors who would have heard from a complaint that the person is suffering from "fry ball" and fibroid. You know the language in this country. If you are not culturally—I have Dr. Rafeeq, an eminent private practitioner. If you do not understand the culture, tradition, practices, language, particularly from places that I come from, as a Cuban doctor you may misdiagnose the people's problem. That is not a contentious issue. The contentious issue for the Government is to get rid of Steve Smith and anybody who appears to be UNC because the intention is to staff all these public institutions with persons whose allegiance is to the PNM. That is what this Bill is about.

**Mr. B. Panday:** Even the Chaguanas Borough. [*Laughter*]

**Mr. K. Ramnath:** I am staying out of that one. If you want to dismiss the board, you come with a Bill to dismiss the board and appoint a board in accordance with the law of Australia, the United States or whatever the Minister claims has a body which is appointed under the law by the government. That is fine. You can come here and we would debate it. The reason this Bill was introduced in Parliament and I am sure it was before Independence was that the philosophy of governance included the participation of the professionals in decisions which governed their practice in the country. The philosophy now is that we shall rule as we see fit. We have a mandate to rule and we can do anything we want.

**Mr. Manning:** Mr. Speaker, I thank the Member for Couva South for giving way. Will the Member for Couva South agree that in his words that law was in place before Independence and with the effluxion of time the circumstances of the country perhaps have changed requiring a different approach?

**Mr. K. Ramnath:** The Prime Minister just repeated what I said. You added nothing of value to what I have been saying. What is clear is that there is a lack of respect for the laws of the country and the focus is on holding onto power even at the expense of changing the law and denying citizens the right to participate in the governance of the country. The interpretation of the right to rule is that when you get elected in the country nobody else has a say. That is their philosophy of governance.

As I said earlier, if you are aggrieved by the decision to have a vote of no confidence in the Attorney General, the next thing is that we might have an amendment to the Law Association statute saying you cannot move a motion of no confidence against the Attorney General and in future if you want to be registered as a lawyer, all you have to do is to have a PNM board and present your application to that group.

When you begin to do that, you are denying citizens, particularly professionals, who can contribute and add value, the opportunity to assist governments in making good decisions or providing information that lead to good governance. We are heading the way Guyana operated under Forbes Burnham. All power is mine. I can change the law. I can fly the balisier flag over the Hall of Justice. Do you know what is of greater shame? It is when this hypocrite, Shridath Ramphal came to this country and talked about abolishing the Privy Council in favour of the Caribbean Court because Guyana did so. He was the attorney general who piloted such legislation in Guyana that resulted in the murder and rapes of the people of Guyana, the destruction of democracy in Guyana.

We have to be careful. All I am saying to you here this evening is that you must not leave out the professional class in assisting whichever government is in power to make laws that govern their practice. We have very eminent professionals in this country whether they be doctors, lawyers or engineers. The day you remove them—the Prime Minister is a professional politician. He has not practised geology since I was born.

**Mr. Manning:** Even before that.

**Mr. K. Ramnath:** I will not be distracted. I am trying to make very important points. I see this threat looming. Perhaps, the Members of your Cabinet, who obviously are very honoured to have become Members of Cabinet as soon as they were elected, have very little choice but to treat you in the manner as those in Guyana treated Burnham.

**5.45 p.m.**

So if you want to get rid of the Act, come to Parliament with an Act. Do not come here with an amendment—Minister. I think you need a completely new Act, in accordance with your philosophy that is to say that these boards should be appointed by the Government. If you can convince the Parliament that it is in the best interest of the country to have a board appointed by the Government, I am quite sure the Parliament will support such an action, but to set up a parallel institution is a very dangerous practice, and this special panel is going to be appointed by the Minister.

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Mr. Speaker, with the greatest deference and respect to the Minister, he is not a doctor. I think if he was a medical practitioner or involved in some aspect of managing health care, the public will tolerate it. All I am saying is that you need to have the confidence of the public when you establish this kind of legislation. So, the Minister will appoint this panel, and the PNM policy is that you must not put people who do not wear balisier tie. This is the policy! If they do not wear a balisier tie they would have made a private confession that they are PNM or they are not UNC. I am not surprised. Therefore, why you are getting some of these people now claiming—well, you know we were removed from our jobs as consultants. We were given VSEP and promised to be rehired. We were not rehired. But you know it has nothing to do with ethnic cleansing. Nobody told us it was ethnic cleansing. Do they have to tell you that there is ethnic cleansing? *[Laughter]*

**Hon. Member:** Put up a sign, "ethnic cleansing".

**Mr. K. Ramnath:** They do not have to tell you that. *[Interruption]* It is very well known in this country that the PNM has a policy of discriminating against people of Indian origin.

**Dr. Moonilal:** That is well known. *[Desk thumping]*

**Mr. K. Ramnath:** I was a victim of that in Petrotrin. Before the Government came in, there was a list of persons of only Indian descent who were listed for removal and replacement—

**Mr. B. Panday:** After Patrick called them "Petrosingh".

**Mr. K. Ramnath:** And that was a fact. Mr. Jones—I must admit—told me that he was not aware of it and when he became aware he called me and told me that he was surprised that he was not properly informed about the existence of such a list. Everybody on that list was moved out of their positions and sent on VSEP or demoted and they were all Indians. *[Interruption]*

When you want to have a debate on ethnic cleansing we will have a debate and you will give us the names of all the people you gave houses to in this country.

**Dr. Gopeesingh:** That is right.

**Mr. B. Panday:** They would not do that. They would not do that. *[Desk thumping]*

**Mr. K. Ramnath:** And you would give us the names of all the people you hired in the public service in this country and then we will find a solution. We are prepared to be honest and sit down and discuss the issue for the benefit of Trinidad. Do not tell my friend whether it is true or false, you should not say it in



Parliament. What is false must be exposed. [*Interruption*] If what is happening in the country is wrong—[*Interruption*]

I want to tell you why so many young bright people—50 per cent of doctors—are leaving. They have been the beneficiary of education—

**Hon. Narace:** PNM education.

**Mr. K. Ramnath:** You hear the word, "PNM".

**Dr. Gopeesingh:** Yes, PNM education; the only university.

**Mr. K. Ramnath:** They have been the beneficiary of state education.

**Dr. Gopeesingh:** I should not have taught you the way I taught you. You should be ashamed to make that statement.

**Mr. K. Ramnath:** They know that they want to serve this country, but when they realize there is no room for them they decided they are going to leave. Some of them who remained entered politics, there was really no room for them so they had to enter politics, sit in the back bench. [*Laughter*]

It is for that reason today we have to import doctors. As far as reasonably practicable, you want doctors who are from Trinidad, who are trained here, who understand the culture, who understand the rural people and so on. You want them to be loyal to their practice of medicine as the old doctors used to be. We had family doctors, village doctors and so on. Qualified people who remained there for their entire lives—

**Dr. Gopeesingh:** Some of the best in the world, Kelvin.

**Mr. K. Ramnath:**—and today we have an exodus. It is contrary to what has been said on the other side on a number of issues, and that has to do with the confidence of loyalty of people in Trinidad.

On the one hand you are talking about the confidence people have in government policies and government programmes, and on the other hand 50 per cent of those who you trained are leaving the country. We have to encourage these people to stay. They must feel satisfied that in this society they are treated as equals. If only what the Member for Caroni East has contributed to this debate and the debate before, is, how do we ensure that we have good medical services in the country so that all of our citizens can benefit from it?

Couva Hospital: no X-ray technician after 4.00 p.m. None! There was an x-ray technician who had additional hours, they cut the additional hours.

**Hon. Narace:** That is why we are here.

**Mr. K. Ramnath:** No, the X-ray technician is not coming from Cuba. This is about doctors. Maybe a next Bill will be to bring in X-ray technicians. No X-ray technicians in Couva after 4 o'clock. Mr. Speaker, that is the home of the Point Lisas Industrial Estate.

No burns unit. I read that there was not sufficient justification for establishing a burns unit. *[Interruption]* Let me tell my friend, the hon. Minister, that in Petrotrin, Augustus Long Hospital, there is a fully equipped burns unit, because we had the vision. *[Interruption]* Yes, at one time I did supervise the medical department. *[Laughter]* But we have a very efficient and well-staffed burns unit.

You would be surprised to know that one of the doctors who is an expert in that area is experiencing great dissatisfaction—he is not in Pointe-a-Pierre, he works in the San Fernando General Hospital.

**Mr. Manning:** What is his name?

**Mr. B. Panday:** Singh. Does that satisfy you?

**Mr. K. Ramnath:** Let me get back to the Couva District Hospital. There is no laboratory at the Couva District Hospital. *[Interruption]*

One of the principles of establishing these primary health centres and facilitates is to treat people there and not send them to overcrowd the Port of Spain and San Fernando General Hospital. I went to the Couva District Hospital with a patient—a relative of mine who was involved in a motor car accident—there is a very beautiful, well-equipped emergency room at that hospital or whatever you call it, health facility. The doctor said, well, I do not think anything is wrong with him, but you better take him to San Fernando to confirm, because we have no X-ray facilities.

A simple X-ray could have determined whether he needed to be moved to San Fernando. When we got to San Fernando I had to call the Member for Fyzabad to see whether he can call somebody to have this person admitted into the hospital in order to have an X-ray. The X-ray did not take place until the next day. There are no beds to put them as well—

**Mr. Manning:** It is not a hospital you see.

**Mr. K. Ramnath:** No, in San Fernando. So, you go there and you sit on the bench waiting for your X-ray until tomorrow morning, and what they are saying, Mr. Speaker, is true for all other services.

Hon. Minister, if somebody goes to the hospital in Couva with a high fever, it could be bird flu; swine flu; PNM flu; whatever you name it—

**Hon. Member:** “Ramjack” flu.

**Mr. K. Ramnath:** “Ramjack” flu. [*Interruption*] But if you were fortunate to have a blood test taken, the doctors could make an evaluation as to whether this person could be sent home, remain there and be treated for a while or sent to San Fernando General Hospital. Every single case is referred to San Fernando General Hospital. It happens in Princes Town, it happens in Penal, it happens in Siparia and it happens in all of those areas.

**Dr. Gopeesingh:** Point Fortin and La Brea.

**Mr. K. Ramnath:** Instead of focusing on the provision of good primary health care, you are focusing on Steve Smith who spent one day in the Senate to articulate the position of the Medical Council and to contribute to the Medical Board Act, and half an hour you spent on discrediting a decent Trinidadian professional who has remained here to work. [*Desk thumping*]

It is not Steve Smith's fault that Neil Singh—whoever that guy is, I do not know who he is and I do not want to make any pejorative remarks about him. But I wonder whether Neil Singh got the permission of the Medical Council to write the Minister and say “proceed because Steve Smith is against it”. [*Interruption*] That is to give the impression that the Medical Council do not meet, they do not have an executive and they do not discuss matters.

The impression that is conveyed here today is that Steve Smith runs one faction of the Medical Council, Neil Singh operates the other faction and they do not consult anybody, and if that were true then bring your Bill to abolish the Medical Council and replace it by appointments made by the Government, then you will have no problem, you could invite Dr. Rahael to come back and head the Medical Council. He has a lot of experience in selling pharmaceuticals across the country.

**Hon. Member:** And drugs.

**Mr. K. Ramnath:** And drugs, yes. Whatever drugs they sell there.

**Dr. Gopeesingh:** Super Pharm.

**Mr. K. Ramnath:** Yes. I raise this issue because it is not peculiar to Couva. It happens in Cedros, it happens in Princes Town, Rio Claro, everywhere you could think about. The problem is that people want better health care. People in this country are not satisfied. If you take a poll—perhaps the Minister of Education might make a better Minister of Health or for that matter, better Minister in most cases, because she had the nerve to summon a poll about how people felt about

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local government, and she came out very honestly and said that a great deal of people were dissatisfied. Right in this Parliament here.

**Mrs. Nunez-Tesheira:** That was the Minister of Local Government, get your Ministers right.

**Mr. K. Ramnath:** Oh, I beg your pardon, the Minister of Local Government. [Interruption] Do not heckle me please. [Laughter] The Minister of Local Government summoned a poll—I might be told just now, well, the Cabinet summoned it but on her initiative—and came to Parliament here and said that the vast majority of people were not happy with the way local government is run in terms of the facilities offered to them and hence the reason why we must have consultations and we must have change. Yes, change.

**Mrs. Nunez-Tesheira:** Exchange or just change.

**6.00 p.m.**

**Mr. K. Ramnath:** I absolutely agree. For example, I went to a consultation on early childhood education recently, and I was in fact, impressed with the people who came there to talk about how we can work together to develop these early childhood care and education centres. If you take a poll as to how people feel about the SEA exams, or how they feel about what is happening at the high schools in the country, it would certainly help. Let us take a poll, hon. Minister, as to how people rate the provision of health care in this country. Take a poll and present the results, and I am quite sure you would have better information upon which to act.

**Hon. Narace:** Thank you very much for giving way. In fact, we poll nine major institutions in the country every two months for the quality of service. We call in the media and we make the polls available to the media and the independent pollster presents the information to the media. We have also done an external poll. People now view their perception of what is going on in the health sector and we have that poll as well. I agree with you, through you, Mr. Speaker, that is a very useful tool for us to gauge what people's perception and actual experiences are in the medical institutions.

**Mr. K. Ramnath:** Well, I am hearing this for the first time.

**Mr. B. Panday:** Is he prepared to give you a copy?

**Hon. Narace:** Absolutely.

**Mr. K. Ramnath:** The Minister has indicated that he is prepared to present this House with copies of those polls. We will welcome something like that. So,

the emphasis should be on how do we provide health care to people. It is a disgrace when you read that children have to die because the state cannot help them to have a liver operation. Children have to die because they cannot get treatment abroad.

I remember when we debated in this Parliament the establishment of the Mount Hope hospital. The Prime Minister was there, the former Prime Minister, perhaps three of us were the only ones there; I happened to be the youngest of the three. [*Laughter*]

**Mr. B. Panday:** This has to have been some time ago.

**Mr. Manning:** Some considerable time ago.

**Mr. K. Ramnath:** And that was supposed to be the leading light in medicine and the provision of health care in the Caribbean. I do not think we can say that we have achieved that, although we were on the road to achieving it at one time.

**Mr. Manning:** In fact, we have not achieved that.

**Mr. K. Ramnath:** We have not achieved it. We should be hearing from the hon. Minister, what are the drawbacks. What are the factors which are affecting the achievement of the Mount Hope Teaching hospital, as being the leading institution in the Caribbean? In fact, it was supposed to be rated highly among those in the Western Hemisphere.

We have so much work to do today, to deal with the problems of health care that we cannot spend time debating the composition of a panel to select doctors. The argument of course, the Minister has put, is that look, we have a shortage of doctors, we need to find them anywhere we can find them, bring them into Trinidad and let us hope that they can be assimilated into our system.

These people are not going to be here for life; they are going to be here for a number of years and then they go back from whence they came, but at the same time, droves of our well-trained young people are moving out of the country, because obviously they do not see themselves making a good living here. It is not only about money; they do not see themselves and their families even living here because the Government has been unable to provide people here with protection from the criminal element in the society.

We have a big job to do in this country, not only to sideline Steve Smith and company, not only to sideline people who do not support you and refer to those lawyers who went to exercise their democratic right at a meeting of the Law Association, as a

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conspiracy, as UNC political conspirators, instead of understanding that all of these people have a very important role to play in the developmental process.

What is going to be achieved at the end of this? You are going to tell your panel, which you would hand-pick, that okay, you could go ahead and import these doctors? The Minister is going to place them at various hospitals? Why is it that the institutions have not been brought up to date? I spoke to a very senior person from the South-West Regional Health Authority. I said, why do you all not have at least 12 beds in Couva?

**Hon. Member:** There is space there for 10—

**Mr. K. Ramnath:** They do not have the beds; you might have the space. Why do you not have at least 12 beds, so that people can overnight in the event that they require observation and so on. He said, no, Sir, they should have 20.

Do not ask me what his role is. All I am saying is, this is a policy issue. We should have laboratories in all of these institutions. We should have X-ray facilities in all of these institutions. We should have a certain number of beds for people to overnight, so they can be observed over the 24-hour period to see whether they should go to the hospital. You go to Port of Spain General, San Fernando and now, Mount Hope.

I know one of my constituents has been waiting for an angiogram for the last five years. I mentioned it to the Minister of Health some time ago, and will follow up on it. He is 30 years old and he has had to be hospitalized on a number of occasions for heart related problems and cannot get an angiogram. The latest correspondence to him was, go to St. Clair Medical Centre. So, I said, well, you should go there. He said, no, I have to pay for it. Mount Hope sent him to the St. Clair Medical Centre; the patient believing that he would receive his angiogram, until he was told, no, no, no, we do it for them but we charge you for it; \$10,000.

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

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

*Question put and agreed to.*

**Mr. K. Ramnath:** So, I would send the Minister a letter concerning that. Patients have to wait more than five years to have orthopaedic surgery. There is a very modern wing of the San Fernando hospital, very well-equipped to enable patients to have surgery. They have about five theatres, I am told.

**Mr. Manning:** Eight.

**Mr. Ramnath:** The Prime Minister said about eight. Well that strengthens my point. I was told by a very senior person that operations are scheduled only for the morning period and he could double the number of persons if they would schedule the operations morning and afternoon. A simple decision like that cannot be made, is not and has not been made.

**Mr. Manning:** It has been made but we cannot do it.

**Mr. B. Panday:** Why?

**Mr. Manning:** We do not have the doctors. [*Crosstalk*] [*Interruption*]

**Mr. K. Ramnath:** I do not know if to take that as a threat or a compliment.

**Hon. Narace:** I hope that you all realize that those people in the country; the very individuals who require the angiogram; those very operating theatres that we want to operate longer hours; those very primary care services that we want to extend service to all over the country, and all of those facilities that we want to give more service and we so desperately want to, I hope by frustrating us with the Medical Council, by not bringing in the doctors, and then the Opposition trying to put up this big case, maybe this might be a good point to tell you that Steve Smith was just removed as president of the council; he has been voted out. [*Desk thumping*] The new person is Prof. Zalica Ali. So, all your arguments are out the window. [*Crosstalk*] [*Laughter*]

**Mr. K. Ramnath:** Having received a lecture from the Minister, I am not going to get involved in what has happened to Dr. Smith, and so on. I do not even know the gentleman. All I want to say is that the people of this country are crying out for more efficient and better health care.

If the Minister cannot run the health services, then he must tell the Prime Minister so and resign as Minister of Health. [*Desk thumping*] Do not blame anybody. Why is it you cannot have operations in the afternoon? He said it is the doctors. Do the doctors not have job descriptions? Are they being held to it? Are they accountable to anyone? Suddenly, we hear Mr. Steve Smith is the problem.

So, now that you have removed Steve Smith and put somebody else, we will now see whether the health—[*Crosstalk*] [*Laughter*] I need some protection from the Member for Couva North, Sir. [*Laughter*] If you have a new medical board, I do not know what the rejoicing is about, they may very well function the same way as the last board has been functioning. The responsibility ultimately lies with the Government. The responsibility lies with the Minister.

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This legislation would do nothing. It was brought before; we had Cuban doctors in the country; we had Philippine doctors in the country; that did not improve health care in the country. There was no substantial improvement. If the Government is saying by bringing these doctors it would improve the quality of health care, bring the evidence, and tell us how many more people were served by these doctors and in terms of the various groups or illnesses in the country, whether we have made any remarkable achievement.

I am not taking one side or the other; I just want to know whether it is true, the problem is policy; that is where the problem lies. The Minister has to get off his party functions and start doing some work as a Minister of Health. Come to the Couva hospital and I will take you through there; I will not bring anybody; I will just have the patients who come there to visit; talk to them at random and find out how well they have been treated.

**Mr. B. Panday:** If he does not go, I will come.

**Mr. K. Ramnath:** No, I will invite the Member for Couva North, it is part of his area. The point I am making is, the Government is actually pleading that they have no control over the situation, and that is a sad state to be in. The police say the same thing; 300 murders in 200 days and the police say, we are trying our best, we cannot do it, which means that they have failed. I am not blaming anybody. I am just saying the Government has failed. Any time the police commissioner could come and say, we are doing our best and we cannot control the situation, it means the country is suffering from poor governance. The health services have failed because you have too many people dying as a result of not having proper medical care.

And the Government claims during budget time, we are spending so much money in all of these areas.

**6.15 p.m.**

Budget time is how to brag that we are providing better medical care and better security for the citizens, because we are allocating more money. But you are not getting worth for your money, and if that is happening and you are aware of it, then do something about it and assure the population that better health care is coming, better education is coming, better security is coming. Otherwise, people are not going to revolt in this country on the basis of party affiliation, you know. They are revolting. It is happening all the time. The lack of social stability in this country is as a result of a silent revolution, that is taking place.

**Hon. Member:** Very silent.



**Mr. K. Ramnath:** Very silent. [*Laughter*] Yes, it is silent. I do not know if it is tongue incheek, but I can tell you it is very silent, and it will happen, because they are watching a country that has enormous natural resources, large sums of revenue available to the Government, and not seeing anything happening. I am confident that there is a large number of people who are emigrating out of Trinidad, and they are emigrating with a lot of money too.

**Mr. Manning:** Emigrating out of Trinidad?

**Mr. K. Ramnath:** Yes, of course. Those are the ones you are trying to bring to build political support. Three thousand Chinese got permits; 5,000 Grenadians—just now when the Prime Minister becomes Prime Minister of the Caribbean, less Jamaica and all those countries—[*Interruption*]

**Mr. Manning:** Jamaica.

**Mr. K. Ramnath:** Jamaica too?

**Mr. Manning:** Barbados, Jamaica.

**Mr. K. Ramnath:** Well, the rest of them. All the sensible countries are going to remain independent members of the Caribbean Community and those who wish for Trinidad to pay and look after them, well they will be coming.

So when citizens feel disappointed that their country has a lot of resources, a lot of bright people, except certain politicians, a lot of revenues coming from the oil and gas industry and they are not getting any services, they are going to quietly revolt. It does not really matter how many people you bring from Grenada, St. Vincent, St. Lucia and Dominica and those places—[*Interruption*]

**Mr. B. Panday:** Crime itself may be part of that revolt.

**Mr. K. Ramnath:** Yes. In fact, there might be an increase in crime, but you have, obviously, the resources to build houses for them. You are not building any houses in Couva. You do not even want to distribute the lands to the sugar workers, who by agreement were supposed to receive their lots. But they want to set up mixed communities, so they are delaying the process of the land distribution to satisfy their political objectives of mixed communities. Let me warn you, do not take solace in the fact that the Opposition appears to be disunited.

**Mr. B. Panday:** It is not.

**Mr. K. Ramnath:** Appears. It is not.

**Mr. B. Panday:** Having purged itself which is now totally united. [*Crosstalk*]

**Mr. K. Ramnath:** Do not take solace in that—

**Mr. Speaker:** Hon. Member, the Minister of Sport and Youth Affairs has raised Standing Order 36(1). I think that has to do with relevance. I am interested in hearing what the Member says. He may have veered off slightly, but he will be back.

**Dr. Moonilal:** That is not the first time he deserves that. He is a nuisance.

**Mr. S. Panday:** Take that!

**Mr. K. Ramnath:** I think my honourable friend from St. Ann's West feels that I am discriminating against him by not mentioning sport, but this is a debate on health care. [*Laughter*]

**Hon. Member:** This is the only time you hear him. [*Crosstalk*]

**Mr. K. Ramnath:** I will speak to him about the selection of people for some Youth Parliament. What is interesting, I got a letter in which he nominated a lady from my constituency, my understudy, and then her curriculum vitae states, she has elementary school education and she is a member of the PNM Youth League.

**Dr. Moonilal:** All of them. [*Laughter*]

**Mr. Manning:** She is not folks too?

**Mr. K. Ramnath:** No, she certainly is folks, but she is representing Couva South.

**Dr. Moonilal:** I am taking her to a Ganesh Puja.

**Mr. Manning:** [*Inaudible*]

**Mr. K. Ramnath:** She is representing Couva South. I have no input in assisting the Minister in finding someone who can make a major contribution to the Youth Parliament. I get a letter—[*Interruption*]

**Mr. Hunt:** Do you want me to shared some light on that?

**Mr. K. Ramnath:** Yes, please do. You do not get a chance to speak, you go ahead.

**Mr. Hunt:** The process was a democratic process. Thank you for giving way, hon. Member. It was a democratic process and it was published in the national newspapers where youth organizations would nominate candidates and they would have an election. That was overseen by a group of officials from the Ministry of Sport and Youth Affairs. So just to bring some light to the process. [*Crosstalk*] If the PNM youth is very active, we make no excuse for that. You have to make your youth active. [*Crosstalk*]

**Mr. K. Ramnath:** I just give him a chance on the eve of going on leave to say something to his constituents. [*Laughter*] [*Desk thumping*] But I was just making that point.

I want to close at this point in assuring the Minister that we stand firmly behind the provision of good health care in the country. We would like to see a lot more attention being—[*Interruption*]

**Mr. Manning:** [*Inaudible*]

**Mr. K. Ramnath:** My greatest achievement in politics is to prevent you from being a dictator. [*Desk thumping*] [*Laughter*]

**Mr. B. Panday:** I am afraid you have not succeeded in that—[*Inaudible*]

**Mr. K. Ramnath:** My greatest achievement is the maintenance of the democratic tradition. [*Desk thumping*]

**Mr. Manning:** [*Inaudible*]

**Mr. K. Ramnath:** I speak for myself. [*Laughter*] So let me assure the Minister, that we are not opposing this piece of legislation because we do not want him to succeed in his programme. But what we would like to see, is a very honest approach to the Parliament and come to Parliament with legislation that will abolish organizations that have been historically there, bring the justification, show us how the provision of health care will be improved and if you can do so, you will have our fullest support.

Thank you very much. [*Desk thumping*]

**The Minister of Social Development (Hon. Dr. Amery Browne):** Mr. Speaker, I am grateful for the opportunity and privilege to contribute on this very important debate in the House today, and I am honoured to follow the very distinguished presentation of the hon. Minister of Health. I listened very carefully to the contribution of the Member for Caroni East and I also tried to listen to the contribution of the Member for Couva South, and I am reminded of the words of the late Winston Churchill, who said that politics are just as exciting as war and every bit as dangerous, because in war, one dies only once, but in politics, one can die a thousand deaths.

Mr. Speaker, the Member for Caroni East time and time again has returned to this Chamber and has died a thousand deaths, and [*Desk thumping*] I think his contribution today expired in a cloud of smoke and he was very ably supported by yet another fading figure, the Member for Couva South.

**Miss Le Gendre:** Dead man walking.

**Hon. Dr. A. Browne:** No, I am not going to say, dead man walking; he looks very much alive. But in terms of a contribution of substance, it clearly was completely absent from the House today, coming from the Member for Couva South.

**Hon. Member:** [*Inaudible*]

**Hon. Dr. A. Browne:** Well, we are going to get to that. Mr. Speaker, I recall very vividly the last debate which was related to the health sector, when the Member for Caroni Central snuck out of the Chamber during the vote on the last occasion, abandoning his close colleagues from Mayaro, Tabaquite and Chaguanas West. [*Crosstalk*] Forsaking. But the Member for Couva South had a very rare and precious opportunity today, to distance himself and to wash his hands of the very atrocious and deplorable words uttered by the Member for Caroni East and he failed to do so, and thereby, he added to the shame of that contribution. I now say to the Member for Caroni East once again, and now the Member for Couva South for supporting those words, "Shame on you." "Shame on you." [*Desk thumping*]

Mr. Speaker, the Member for Couva South made a big brouhaha about language and he made references to foreign doctors and their inability to follow the local dialect. He made reference to "fry balls" as opposed to fibroids and other little tongue twisters [*Laughter*] that he invented for his own amusements. But I am very curious—

**Mr. Speaker:** You may find this rather odd, but I do not come at all to the defence of the Member for Couva South, but I think in the context in which he was saying it, he was saying Trinidadians and the way they speak, they will say "fry balls". It is not that he misinterpreted the correct—[*Interruption*] No, no, it is in the context in which he said it. I know what he meant. It is not that he misspoke.

**Mr. Manning:** I thought he was describing his own condition. [*Laughter*]

**Mr. Speaker:** No, no.

**Mr. S. Panday:** It was yours.

**Hon. Dr. A. Browne:** We have a lot of doctors in the House, Mr. Speaker. I always knew you were a courageous man and you are defending the indefensible. [*Laughter*] The point that the Member for Couva South was trying to make is that this Ministry of Health is seeking to bring in doctors from foreign territories, who will be unable to understand the local parlance or dialect. That was the point he

was trying to make in a very clumsy and contrived manner. But I would like to ask the Member for Couva South when under previous administrations, including the United National Congress, doctors were brought in from India, Nigeria, the Philippines and other territories, did we not have local dialects at that point? Did we not have fibroids and “fry balls” and all the other things you referred to at that point? Member for Couva South, you are much too experienced a parliamentarian to come here and make such a non-point in the Chamber. Much too experienced a parliamentarian.

Then he went a little further and I hope he will not be defended by those around him, when he said that the people in Couva say "tree" instead of "three". Did I hear you correctly?

Mr. Speaker, I was shocked to hear those words coming from a representative of the people of Central Trinidad. He said that the people in Couva say "tree" instead of "three". In fact, he rebuffed the Member for Diego Martin North/East for daring to correct pronunciation and hid behind those words.

**Mr. Ramnath:** What is your point?

**Hon. Dr. A. Browne:** I am not the Member of Parliament for Couva South and I probably never will be, but I can say definitively to you, Mr. Speaker, and to the Member of Parliament for Couva South, that the majority of people in Couva are well educated in Trinidad and Tobago and can speak the Queen's English when they need to. I have never heard a Member of Parliament insult the people that he represents in that manner.

The Member for Couva South also made a very pathetic attempt to show up or to buttress the shameful words uttered last time by the Member for Caroni East, and gave some additional language about Indians allegedly resigning from Port of Spain General Hospital or forced out or en masse.

**6.30 p.m.**

I want to state definitively that that nonsense cannot be supported by any evidence. I have before me some statistics presented by the North West Regional Health Authority (NWRHA) that describes the new recruitment of Trinidadian doctors in 2008. The Member for Caroni East has disappeared quickly because when facts come out certain people tend to hide. The statistics provided by the NWRHA indicate and this is the way they phrased it.

In 2008, new recruitments among Trinidadian doctors in that region 41.5 per cent were Afro Trinidadian and 47.2 per cent were Indo Trinidadian doctors.

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In that same year when we talked about resignation or forcing out of Trinidadian doctors, the number of Indo Trinidadian doctors that resigned from the public health system under the NWRHA was 19, 33.9 per cent of the total resignations and the number of resignations by physicians of Afro Trinidadian origin was 50 per cent. How in the face of the statistical reality can any of the spurious comments of the Member for Caroni East and the Member for Couva South be sanctioned in this Lower House? They have had several opportunities to come here and back up those words and they have completely failed to do so. I am very disappointed. Clearly the members of the medical profession are in total disagreement and the members of the general public are shaking their heads in disgust at any repeated attempt to fan the flames of that very awful topic.

The Member for Couva South did not stop there. In his very wide ranging presentation, he indicated—I guess this is where he was trying to represent his constituents—that he wants more beds, X-rays and angiograms in Couva. I ask the Member for Couva South: Who is going to attend to those patients and administer those tests? Are we going to clone the existing doctors in Couva? Is "Dr." Ramnath going to attend to them? Is the Member for Couva South—I advise the Member for Couva South, if we let the minority of obstructers on the Medical Council block the recruitment of foreign doctors and frustrate the recruitment of additional doctors into our public health service to care for our citizens, what recourse do we have? Maybe, we should equip Members of Parliament with stethoscopes and scalpels, but I do not think that will be a good idea. I am sure that they will be happy to use the scalpels on some of their colleagues and we would not want to put those tools in their hands.

There was very little of substance coming from the Member for Couva South that would demand response. There were echoes of race talk which I know you do not encourage in this Chamber and the citizens of Trinidad and Tobago are very tired of, especially the young citizens. There was way too much of that in the contribution from the Member for Couva South.

I will like to share some advice with the Member for Couva South. They are not my words, so you can be comforted, Member for Oropouche East. That advice would also go for the Member for Couva North who has joined in support of his colleague, the Member for Couva South. This is advice from beyond the grave. When you are tempted to mobilize your base using familiar devices and when the times get tough and "RamJack" is keeping you up late at night, please do not yield to those temptations. These are the words I will share.

It's a turf war on a global scale

I'd rather hear both sides of the tale

See, it's not about races  
Just places, faces  
Where your blood comes from  
Is where your space is.  
I've seen the bright get dull  
I'm not going to spend my life being a colour  
Don't tell me you agree with me  
When I saw you kicking dirt in my eye  
But if you're thinking about my baby  
It don't matter if you're black or white  
It don't matter if you're black or white or brown or yellow or green or blue. It  
don't matter.

No one asks the colour of the blood that is being made available for an emergency transfusion. The Member for Caroni East is a physician. The Member for Caroni Central is a physician. I have practised in the past. When a patient needs urgent care, he or she never asks, what is the race of the individual that is donating blood or the source of the transfusion. Someone who needs urgent medical attention has never asked: What is the colour or race of the doctor who is going to be mobilized to save my life?

The particular phrase that was used by the Member for Caroni East, I will not repeat. As I wind up this point, it serves to demean six million Jews, millions of Rwandans, Muslims and other Bosnians and persons around the world in history who have suffered the effects of that particular approach. Those allegations have been refuted completely not just by Government Members but also members of the medical profession and senior colleagues. There needs to be no further response certainly from this Member of Parliament.

These are some words that were echoed earlier, that no one in this august Chamber or outside of it will deny that health care is one of the most important issues facing this nation, the people of Trinidad and Tobago, as we seek to develop. Let me state definitively that I am fully convinced that this Minister of Health has reviewed the human resource needs of the health sector very carefully. He has consulted and decided on the best possible course of action in the interest of the people of Trinidad and Tobago. This evening he has come to this House

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with the best possible proposal to ensure that our sick and infirm receive proper medical attention.

He has reviewed the public health care system and the very large number of vacancies that exists in many of the people's hospitals, health centres and primary care clinics. These institutions do not belong to the honourable Ramnarine Narace. These institutions do not belong to the honourable Dhanraj Gopeesingh. These institutions do not belong to Dr. Steve Smith. These institutions do not belong to Dr. Kelvin Ramnath. These institutions belong to the citizens of our beloved nation. These same citizens have recognized that many, many more doctors are needed within our public health care sector, not in the year 2020, not in six years, not when the UNC holds its next internal election, but today. They are needed now, pronto, immediately. The citizens have recognized this.

The Member for Caroni East during his contribution last week said some very interesting words. I quote:

We need to do the things to make sure that the right number of doctors and the proper doctors work in our institutions.

Those were the words of the Member for Caroni East. Of course, he gave no suggestion or proposal as to how we can achieve that. Today the Minister of Health has come with such a proposal.

The Member for Caroni East at that time did not say that the Government needs to take steps. He stood in this Chamber and said that we need to take steps. Well Member for Caroni East, wherever you are at this very moment, today we are giving you the chance to take those steps with us. Today we are giving every Member of this House a chance to choose one of two pathways. We need more doctors. The Siparia Health Centre or health facility needs more doctors. The Mayaro Health Facility needs more doctors. The Princes Town Health Facility needs more doctors. In Diego Martin we need more doctors. In Roxborough we need more doctors. In Laventille we need more doctors. In Fyzabad we need more doctors. In Cumuto we need more doctors. We probably need a Member of Parliament there as well, but I would not dwell on that particular point. We need more doctors.

The Minister of Health has reliably informed me that the deficiency at this point is well over 500 doctors in our public health sector. Imagine that! This is the reality that confronts the Minister of Health and the Government. We have to respond to it. Today we are here to respond on behalf of the best interest of the people of Trinidad and Tobago.



I invite the very attentive Member for Couva South and all his colleagues to engage in a little visioning exercise. I am inviting you to dare to think big. Have a vision. I understand that this is what the Leader of the Opposition has been telling them for years. Do not be limited in your aspirations. Think big. Clearly, some of the Members on the other side have been taking him maybe a little too literally. Words have power.

In any case, I am inviting Members of this House to envision a country in which every institution is fully staffed with competent doctors. Imagine a country in which especially our rural communities, the people have access to physicians who have the space and time to take excellent care of them. Communities in which people do not have to wait as long within the health system, whether for medical reports, surgery, an angiogram, an examination, an ambulance, a prescription, their ill child to be attended to, for an HIV test, an A(H1N1) test, a pregnancy test, sick leave, a check-up or life-saving procedure. Imagine! Think big! Expand your vision.

Imagine the next time your child, Member for Oropouche East, bathes in the rivers and slips on a rock and gets injured, there can be three full-time doctors in the nearest health centre that can save his life. Imagine the next time you take your daughter fishing in Toco, if a fish hook penetrates the palm of her hand by accident—and we have seen it happen several times—the nearest health facility being fully staffed with doctors who can immediately dry the tears, relieve her pain, remove the hook and prevent an infection. Imagine someone's grandmother developing a high fever tonight and there are full-time doctors at the full-time health centre who are able to diagnose and treat her problem and help avoid a long trip to an urban hospital, unless it is absolutely necessary. Imagine the ecotourist who is bitten by a snake in Charlotteville and can be treated quickly and his or her life saved because the health centre is appropriately staffed with two doctors, not just a few times a week, but every day.

That is the vision of a brighter and healthier Trinidad and Tobago. That vision takes one step forward or further today, with the passage of this Bill in the Lower House of Parliament. The alternative vision or pathway is a tomorrow which is very much like today. In this alternative reality, rural citizens are underserved because there are too few doctors and even less who want to work in a health centre and even less who want to work in a health centre in a remote village. On this unfortunate pathway, lives are lost because the doctor is not in on Tuesday or Thursday or when the doctor is sick there is no replacement.

**6.45 p.m.**

The Medical Council is fractured by some who really do not want to see an influx of overseas doctors. In this sad tomorrow, in this gloomy tomorrow, the citizens of Trinidad and Tobago would be in a weakened position, but the very few doctors who are in the system would be in a very strong position. If they wished they could hold the public health system completely to ransom, they would be in an unassailable industrial relations position in which it is the doctors' way or the highway. They would be in a position to demand whatever wage they dreamed of. No one could comment on whether they worked in their private practice or in the public facility, because they would hold all the keys. They would be in charge. They are a scarce resource; they are a limited commodity; they control the gates of entry to this country and they are letting no one in.

This is a reality that no responsible Government could be comfortable with. No responsible Minister of Health could sit back and allow this to happen. Our efforts towards immediately increasing our doctor to patient ratio have received support and cooperation from the United Nations. Our current strategy has received support from our colleagues within Caricom. It has been embraced by other Ministries of Health, such as the world famous Ministerio de Salud Publica in Havana, and this strategy has strong precedent where? Right here in Trinidad and Tobago, because its similar procedure was used to great success in the year 2003 and the results of our courageous move today are anxiously awaited by hundreds of thousands of honest citizens right across the country.

Mr. Speaker, there are two medical doctors on the other side of the aisle, and I assume before this debate is over they would both have contributed to this Bill. Obviously, they are Members of an opposing party and they may see it as their solemn duty to oppose any effort or plan of the Government of Trinidad and Tobago.

So, this evening, I do not appeal to them as politicians. I appeal to them as doctors. Go back to the day when you first decided to practise medicine. I am certain it was for the most noble of reasons. I am certain it was to help cure the sick—Nigel—and to ensure that the healthy have the best chance of remaining healthy. I am certain it was not for the money, Oropouche East. I am certain it was not for scandal, party or finance, notwithstanding the opinion of some on the other side who feel that politics has a morality of its own. Let us be brutally honest here right now. We all recognize that some doctors who seek to represent their local peers would prefer to have the strongest possible industrial relations position with which to negotiate with any Government, and that is fine.

We all have a job to do and we expect their views and their positions—we all know that the Medical Council is being fractured at this time by a highly political Member who is determined to block any plans by the Ministry of Health. But he has his views and he may well be entitled to them, and it is not up to me, but up to the Medical Council to determine whether his actions are in the best interest of the Council and whether there are representatives of the Council. I understand that there was a Motion being debated at the Council to have him step down as President, and, I believe the Minister of Health is in possession of some very interesting information in that regard, so you are dealing with a fractured Medical Council.

We also all recognized the painstaking efforts that have been made by the Minister of Health and even by some current Members of the Council to get the few dissident members to soften their positions and at least allow some provisional legislation. This cannot be denied. Over a series of 18 pieces of correspondents, exchanged by the Minister, painstaking efforts to get them to support and assist the citizens of Trinidad and Tobago. We also know that in the past hundreds of overseas doctors have served our citizens under the NAR, the UNC, the PNM, various administrations. This is a fact and cannot be denied. They have come from all over the world. Some of them did no English test, no additional medical examination and many have served with distinction. Some have made tremendous personal sacrifice and put their hearts and souls into their work, and such doctors worked all over the world, many through the UN system.

Mr. Speaker, we also all know that certain members of the Council only began their resistance, their blockade, their obstruction and their civil disobedience when the then Minister of Health, the charming hon. Colm Imbert, acting on behalf of a PNM Government [*Interruption*] entered into an arrangement with Cuba to deliver to our public facilities an ongoing and dependable supply of first class doctors from one of the best health systems in the world. That is when the stakes were raised, when it was recognized that we were tapping into a reliable, dependable source of physicians to serve the public in fairly large or significant numbers. That is when mistakes were raised and that is when some of the medical politics began to kick in. That is reality! But we were not elected to come here and play medical politics. [*Interruption*]

We were elected to make the best possible decisions for the people of this country. While we respect the views of and positions of all the interest groups and all the stakeholders, including the Council and the board, the association, the professional associations, the private practitioners and all of the others who would have their say on this matter, at the end of the day, the main interest group, the

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main stakeholder, the supreme council, the primary beneficiary is “Mr. John Public” and “Ms. Jacinta Public” of Trinidad and Tobago.

**Hon. Member:** What about Indra?

**Hon. Dr. A. Browne:** “Ms. Indra Public” as well. All the publics of Trinidad and Tobago, that is our supreme council.

After all is said and done, the measure before us today is the only strategy that can produce poorer people in the immediate future, the large numbers of physicians that are needed to serve our citizens. We have to make decisions based on the greater good of the wider community, and the truth is, sometimes we are galvanized by our own personal experiences.

[MADAM DEPUTY SPEAKER *in the Chair*]

Madam Deputy Speaker, I remember, like it was just yesterday when I lost what was then the most influential figure in my life up to that point. My paternal grandmother died at the Port of Spain General Hospital. A very proud, very religious, East Indian lady; [*Interruption*] you would be happy to know, Member for Couva South—a proud and religious East Indian lady.

**Hon. Member:** I am shocked to know that.

**Hon. Dr. A. Browne:** She was gone before her time because there were too few doctors on duty that evening. I would not say the year, because as I said it is not about playing medical politics. I am not going into that, but the point is that there were too few doctors on duty that evening. They took too long to attend to her and eventually when she was assessed she was misdiagnosed by local physicians. That is the reality, that is the truth of this matter, and maybe today—

**Mrs. Gopee-Scoon:** What year was that?

**Hon. Dr. A. Browne:** I know you want to know the year, but I will tell you after. Maybe today we can help prevent someone else's grandmother from suffering the same fate by an immediate injection of physicians into this public health system.

I wish she were alive today and I am certain she would have been seated right here in the public gallery. That is why we are here today to help people to save lives and to improve many of our citizens. We all recognized the gaps in the past and in the current arrangements to fill critical vacancies in the public health care system and we are seeking to immediately and temporarily fill as many of these openings as humanly possible—over 500. What is the Minister of Health to do? There are some people who have determined that it is in their best interest to find

ways to ensure that we cannot fill these openings and that we cannot benefit from the generosity of our colleagues in Havana and elsewhere. So, in order to do what we must, realistically, we must secure an amendment to the existing legislation.

It is said that trailblazers often run the greatest risk of being burnt. The cutting edge is always the bleeding edge and we see how this sometimes applies to our Minister of Health. *[Interruption]* As part of the multifaceted Health Sector Reform Programme, the provision of health services has been dissolved to RHAs since 2002. In 2003, that was a year of some medical unrest—I will use that phrase—and extreme staff shortages in many of our medical institutions, and to cope with the severe shortage of doctors, the Government at that time sought to import foreign medical personnel to fill some existing gaps.

This was not an isolated incident and we have a long-standing tradition in this country of utilizing foreign medical service from a range of countries, and I have mentioned a few of those countries already. The then Medical Council, the body charged with the power to make rules and regulations for the issue of a temporary licence, refused those doctors special temporary licences needed for them to legally practise in Trinidad and Tobago.

The Council's refusal to grant temporary licences that were needed by the international doctors spawned the 2003 amendment to the Medical Board Act. As my colleague already pointed out, this established an alternative panel which was convened to grant special temporary licences to foreign doctors. This resulted in an influx of international doctors, both general practitioners and specialists, and by 2004 the UN resident representative, Inyang Ebong-Harstrup resident representative in Trinidad and Tobago wrote and I quote:

“The first wave of doctors arrived in September 2003...

“In some areas, the programme’s impact was felt right away. One doctor was put to work as a programme officer for a new government initiative to test for hearing, sight and learning disabilities in pre-schoolers. A rural clinic saw its response rate to paediatric cases leap to 100% upon arrival of its new specialist.”

That is just one report, and the Member for Couva South asked for reports on the achievements and contributions of these foreign doctors and I have shared with him the words of the UN resident representative, her views of the achievements and contribution of these physicians. There are several similar ones which I will not go through in the interest of time. Many of them have worked on improving our health sector, enabling us to achieve the desired numbers of medical staff and also ensuring that our citizens receive a high quality service that they deserve. *[Interruption]*

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Statistics show that the ratio of public sector physicians per 10,000 persons has been increasing steadily, from 6.53 in 1990 to 11.65 in 2005. That is the impact of our recruitment efforts. Furthermore, these foreign doctors are only allowed to practice medicine within the public health system which has direct implications for citizens in lower income groups and citizens in vulnerable situations, who are more likely to access care in the public sector as opposed to within the private sector.

Madam Deputy Speaker, between the last sitting of the House and this sitting of the House we have been addressing some issues to face the challenges within the health sector. The Emergency Ambulances Services and Emergency Medical Personnel Bill seeks to cover the issue of relevant and timely transportation. On the other hand, this Bill that is before us this evening will allow us to access an increased workforce of medical practitioners who will be injected directly into our public health care system and will certainly go a long way into enabling longer hours at key health centres across the country.

Due to our sunset clause, the 2003 amendments which created the parallel board to allow licences expired in 2007, and when the Ministry of Health again sought to deal with temporary shortages by issuing licences to Cuban doctors in 2008 the Medical Council approved this move and granted the necessary licences, but when the same request was convened earlier this year the Council adamantly refused.

**7.00 p.m.**

My colleague has already gone into much detail on the purported reasons for their refusal, and we have heard of the Minister's numerous efforts to treat with the council and resolve this impasse. We have also heard about the attempts by some members of the board to frustrate the process of securing temporary licences for 21 medical practitioners who were recruited from Cuba.

Permit me to place today's debate in the context of the bigger picture. On one hand we have a very clear vision, a vision which sees this country utilizing our current prosperity and converting it into opportunities for care for our citizens. Let us envision a country where the public health that impacts on the lives of our citizens works seamlessly and properly, delivering service that is of international standard.

We can exceed the recommended ratio of trained, qualified and efficient doctors to the population ratio; we can have a health system that is fast and reliable with ambulances staffed by trained emergency personnel; with a health sector comprising modern hospitals and rural clinics that remain open and are fully staffed and have more than enough bed spaces and physicians; where primary, secondary and tertiary medical services are easily accessible to all our citizens.

This is the picture that the Minister of Health and Members on this side have envisioned for Trinidad and Tobago. We are fully determined to bring Vision 2020 to life so that our nation's citizens can maximize their full potential and by creating the right opportunities at the right time.

But this vision is not shared by some Members on the other side nor by the few members of the medical council who continue to find ways of sabotaging the process of bringing foreign doctors into this country. This is despite the fact that we have identified this option as just a short-term provision since the investments in health, in building capacity, will bear fruit in a few years' time.

The vision of the Member for Oropouche East and his cohorts, seems to be a vision in which the health care system is characterized only by limited access to health services; a health care system that is staffed by a very small number of local doctors serving many, many, many clients, and I do not need to point out the inverse relationship between the public and private health care. Simply, the lower the level of the public health care, the greater the demand would be for private health care and I do not want to speculate as to why some physicians might be resisting these moves to shore up the public health care system.

There is no doubt in my mind that thousands of citizens can attest to this fact and there are some Members of the House that can attest to it as well. That is why we need to amend the Medical Board Act today and to provide for a situation through which we can bring in the staff that we need to improve the services delivered at our public health care institutions.

This Bill is not malicious. It in no way intends to favour foreign doctors over local doctors. And I emphasize, it will in no way favour foreign doctors over any segment of our local physicians. This Bill, however, seeks to prevent a situation where vulnerable citizens of the country are held ransom due to their health needs and their illnesses. It seeks to forestall the likelihood of civil disobedience where any doctors can withhold their valuable services to secure their own ends, simply because the public system has no alternative source of employees.

This Bill seeks to create a medium through which we can increase the staffing levels of our clinics and hospitals across the country. We seek to simply do just what the Member for Caroni East advised us to do on the last occasion, to do the things to make sure that the right number of doctors and the proper number of doctors work in our institutions. These are your words, Member for Caroni East and today you will have the opportunity to back those words up with a vote.

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I am quoting the Member for Caroni East several times because, as I have indicated in the past, I have great respect for him, as a former lecturer and distinguished tutor at the medical school, and I had the privilege of being his student at one time. Today, I have no desire to get into any heated debate or rodeo about ethnicity in the medical profession. I think that this honourable House had quite enough of that type of talk over the last sitting.

We on this side are here because we put the interest of our fellow men above our own, and given our hectic schedules it might be easy to forget, Couva North, why we are here today and get swept away in debates and needless controversy.

I want to tell you definitively that the Member for Caroni East and the Member for Caroni Central and the Member for Couva South, would like nothing better than to go before the nation in the next general election and regale in all the unfilled positions in the public health sector. That is their dream. They would like to regale in understaffed health centres; they would like to regale in a long patient waiting time and probably supported by some minority members of the council at this time that are trying to block the efforts of the Ministry of Health today.

But today, I wish to bring this gentle reminder to the Member for Oropouche East and his cohorts. All I ask is that they see this Bill for what it really is, simply a means through which we can improve the quality of life that our citizens enjoy. Health is one of the most basic determinants of a quality life and to access the proper health care is what this Bill is all about.

My colleague has shown why such a temporary need exists, as we await the increases in staff that will be brought about with the increased number of medical graduates that we are producing in this country and region. But as with all investments, that particular one needs time to mature. In the meantime, it is the contracting of foreign doctors which must support our public health institutions, and has supported our public health institutions in the past, and ensure care and attention for every sick man, woman and child in Trinidad and Tobago.

That is the position of a caring government; that is the proposal of a responsible Minister of Health; this is a Bill that will circumvent the machinations of a fractured and divided medical council. This is another contribution that completely rejects the efforts by a dying party to energize its base by using completely inappropriate talk of ethnic cleansing.

Madam Deputy Speaker, I thank you. [*Desk thumping*]



**Mr. Chandresh Sharma** (*Fyzabad*): Madam Deputy Speaker, it is very unfortunate in the manner in which the Government intends to bring legislation in this House and obtain the support of the Opposition, because why we are here is because the Government has failed on many counts, but when you go to the history of who obtains in terms of the medical body in Trinidad and Tobago, it dates as early as 1814 when the Medical Board of Trinidad and Tobago came into being, and it was not until 2003, the then Minister, the Member for Diego Martin North/East was Minister of Health, moved to create a parallel medical board which remained until 2007.

The first question that has to be asked is: What happened during the period 2003 to 2007 when, among other things, Cuban doctors were registered. There has been no study here that showed how effective were the Cuban doctors; what were the challenges; what were the gains obtained for the people of Trinidad and Tobago.

Then in 2007, the next Minister of Health, John Rahael, reversed that but made sure he put his own personal stamp of control and then today we have this move. So it is clear that the Government made errors in the past. Now, what the Government has argued today is that there is a council made up of 11 members—I suspect 11 independent members—and then they are saying "We are not happy with the approach you are taking," and the Government is condemning them for that.

When you listen to the Member for Diego Martin North/East a former Minister of Health, he has this tendency to personally attack. I do not see how you intend to pass legislation by always attacking the personality of doctors, whether they are UNC, whether they are doctors of East Indian origin or of Cuban origin, or what have you. Once a body in this country opposes the Government, it is a personal attack. You are political and you want to overthrow the Government and they will not have a small group of people—these are citizens of Trinidad and Tobago and they must be treated fairly and equally.

The Government has no right and no power to come and condemn.

So today they got a letter from Dr. Neil Singh, which was favourable to the Government, and he is seen as a lifesaver, and the Minister just announced in this House that Dr. Steve Smith, who a former Minister of Health says is a UNC member, declares they have gained something. How unfortunate. Why are you interfering with everything? Every institution in this country has been interfered with by this PNM administration. Is this how we are going to live?

When we think of health care in Trinidad and Tobago and elsewhere, we are thinking of something that is very personal; that is touching; that is moving in

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many, many places. People see doctors as servants of God, really healing and touching, and this Government is destroying—there seems to be spite. Legislation in this House in recent times has always been one of spite and who we can destroy and who we can get rid of. There is no coming together. Why are we quarrelling with the doctors? Do they not have stories to tell? Do they not have experiences? Are these doctors not here to serve? And it continues.

Today we have the Chief Medical Officer of Health, an employee of the ministry, sitting side by side with a political appointee in that council, and today they are saying there are few members of the council who want to overthrow the Government by not lending support to this piece of legislation. What is the responsibility of all members, whether they sit in that council or they sit in this Parliament?

In fact, I heard for the second time in two consecutive sittings of this Parliament, the Member for Diego Martin North/East condemning the Member for Caroni East for meeting with his medical colleagues to obtain their advice, saying he met with Dr. Steve Smith, and reading a letter saying the meeting with Dr. Steve Smith was to overthrow.

That is an attack on the Prime Minister. When the Prime Minister was the Leader of the Opposition, he met with a group that attempted to overthrow this Parliament. In fact, if you remove that curtain there, you will see a bullet hole. So is he condemning that? The then Leader of the Opposition and now current Prime Minister, met with what was termed, community leaders and every one of them was on the police most-wanted list; every single one of them. So it is good for the Prime Minister to meet with the community leaders at taxpayers' expense—in fact, I think we must have had to pay for their funerals as well, every single one of them. So this is what this administration is all about.

I would love to see this Government talk about healing. You know, one approach could have been: You are unable to get the council; you should have come to the Leader of the Opposition or to the shadow Minister of Health and say, "We are facing this problem. Let us explore two things. Can you go to the council and influence them on the importance of this piece of legislation? Can we do it jointly?" We have done it in the past. This is our country too. We need the same doctors. We have argued it. I would say what we did during the UNC administration on health, because I heard the last speaker, the Member for Diego Martin Central saying all kinds of things, including a tourist getting attacked by a snake in Tobago.

Have you looked at every single advisory that obtains in this country today, from Australia, from the United Kingdom, from the United States and Canada? Each one of them has advised to be careful of the crime in Trinidad and Tobago and health care in a shambles. Every one of them! Where are you? Are you a tourist? So you are misleading. The intention of this Parliament is not to come and have your highly qualified public servants prepare a fancy speech for you, you know; this is not about making a pretty speech and you are calling a set of figures that have no relevance. You must deal with raw issues here and you must say how you are adding value.

The Government is really bringing shame to this country. I think there are citizens who are turned off by this Government. Whenever the PNM is in Government, there is a degree of fright.

**7.15 p.m.**

Dr. Tim Gopeesingh, the Member for Caroni East, raised the issue of imbalance in the medical profession and the Government, today, was able to read a number of letters that said similarly. The point it makes is, once the PNM Government is in office, people are scared to speak in this country, across the board, because this Government goes after them. When you look at the court matters with public servants, especially if you are of East Indian origin, this is something they have tried to deny all the time. Look at Ganga Bissoon, Farida Ramjohn, Devant Maharaj, Chandresh Sharma and a host of others; they keep going after the persons of East Indian origin and the public servant are scared. When we talk about it, they are quick to contaminate you with the race card, but so be it. It is a situation in this country that needs attention. You cannot sweep it under the cover all the time. You are not a Government of the people. You must be a Government of all the people.

You have a good reference point. When we had the Panday administration we had the most cosmopolitan Cabinet in the whole country. Oil was earning US \$9 per barrel and health care was much better. I heard the Minister on the last day. Do not take the public servants statistics, you would make a fool of yourself and it is ugly to make yourself a fool on television. You said today that by the end of this year, you will be moving 70,000 emergency cases, via the ambulance. Under the UNC, with 15 ambulances, we were doing 5,000 per month. Seventy thousand is close to 6,000 per month. With 45 ambulances, you are spending \$100-plus million or more. You are not delivering anything. I would demonstrate that in a few minutes. Do not come and indicate information. When you call these big figures, break it down and make a comparison. You cannot give some bit of information without any comparison.

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This reminds me—as practitioners in our MP offices, oftentimes we see different situations—of a gentleman who came to my office and said: "MP, I want you to talk to my wife and kids." I said, "What about?" He said: "They do not believe anything I say." This is exactly what you are facing here. The council does not believe what you are saying and you want us to do the council's work. Every time they do not agree with you, you want to bring legislation. It does not work that way. You do not bring legislation for the minority. It must be for the majority. You are bringing legislation because you cannot get six or seven members of the council to agree, so you legislate.

This reminds me of a former President who did not want to appoint six Senators and they wanted to shut down the whole country. Madam Deputy Speaker, as I see you there, I remember a former Speaker who sat in that Chair. They could not get the Speaker to do their biddings and they declared a state of emergency/house arrest. This is what this country is seeing.

We have had doctors in this country for the last 50 or 60 years; some very good doctors. I can think of two or three names: Dr. Vinud Mooniram, who is recommended by the World Health Organization to come to the country 30 or 40 years ago—he is still practising here. There is Dr. Bootra whom the PNM removed by some stretch of their own imagination. We have had doctors from the Philippines, Nigeria and India who served very well. The Medical Board treated with them, any part of the country you go. Many of us have presented information about the registration of doctors the world over.

The first doctor to do a heart transplant was Dr. Christian Barnard from South Africa. When he went to Canada he had to be admitted through the process that obtained in Canada at that time. Any doctor, even doctors who are leaving here and going to the United Kingdom, or Canada, would have to meet the admission requirements and they are governed by a similar board. Here in Trinidad and Tobago, we have the Medical Board and an association that treats with that. What is the intention of it? It is to make sure that the best minds come, even when there is a lawyer coming here.

Recently, the Member for Siparia was admitted in St. Kitts to practise for a day or two, but they must meet the entry requirements. If the authority in the country is the Medical Board of Trinidad and Tobago, which has been around for so long, they determine the fitness of the doctor to practise. The Member for Tobago East is laughing. He does not know better. The Government wants to use its muscle power. We have the numbers here and we are going to run, regardless of whether you like it or not. There must be no consultation. The Minister tried to

hoodwink us and say that this will improve the health care. What does the coming of Cuban doctors have to do with people going to the pharmacies and health centres established under the UNC and are unable to get simple medications today? Cuban doctors have nothing to do with that.

The Minister claimed that a number of health centres were done over. All they are doing is renovation, painting and scraping and changing of roofs. Under the PNM, not a single new health centre has been constructed. In terms of improvement of health care, there is absolutely no improvement. In fact, I can tell you. The population 60 years and over is 121,000. Many of these persons are unable to receive existing facilities at the different institutions. It has nothing to do with bringing Cuban doctors next week or next month. What do the Cuban doctors have to do with that? It is a question of not being able to administer properly. Do not fool the national community and pretend that health care is about doctors; there are no pavements for them to walk. Simple medication is not available. The mortality rate per 1,000 in Trinidad and Tobago for 2003, under the PNM administration, is 37 per 100,000.

Madam Deputy Speaker, permit me to ask the Member for Caroni East what is the developed country rate. Is it about 10? Imagine that: 37 per 100,000. That is a shame. Are you aware of that? Oh my Lord! You are fooling the national community about Cuban doctors. Everything is always foreign-used. Your idea of governance in this country is to bring in foreign-used experts, they rob us and take away our money and they go.

The incidence of diabetes, under the Panday administration, was 83 and under the Manning administration, 186. What do Cuban doctors have to do with this? Diabetes, under the Panday Administration, the last figure in 2000 was 11,000; under the PNM, 13,000. Under hypertension, there has been an increase. The infant mortality rate has increased from 12.0 per cent death per 1,000 live births under the Panday administration. It has now increased to 17.32 under your administration. *[Interruption]*

**Hon. Narace:** Thank you very much for being so kind. This is exactly what is going on. I want to suggest very strongly that you disregard the information that the Member for Caroni East is giving, because I know it is not true. I know you will check your facts better than that.

In the case of infant mortality, under the UNC administration, in 2001 the Port of Spain General Hospital was 68; in 2008 it is 45; San Fernando General Hospital was 98, in 2008, 63; Mount Hope moved from 100 to 55. I want to seriously suggest that you check your figures.

**Mr. C. Sharma:** What is your source of information, Minister? [*Interruption*]

**Hon. Narace:** The institutions themselves; from the Ministry of Health.

**Mr. C. Sharma:** This is the challenge you face as a Minister when you are weak. You can get your advisors, whom you pay large sums of money, to prepare anything. Do you know what I am quoting from? [*Interruption*]

**Hon. Narace:** I want to give you the assurance that, through you, Madam Deputy Speaker, all of these statistics and information was supervised by PAHO and WHO. There is a country representative in Trinidad, just like there is an IMF oversight in finance. If you believe you can make up some figures and bring them, you cannot do that. There is a proper record and register and it is audited.

**Mr. C. Sharma:** Minister, I want you to tell us one thing and I want you to be very—I wanted to say honest but I do not mean to say that. Is it correct to say that the WHO has expressed concern about the health situation in Trinidad and Tobago as it is today?

**Hon. Narace:** I do understand the point you are making.

**Mr. C. Sharma:** The national community will understand it. This is the difficulty. We are advancing that this is an issue that requires us to work together. We can solve this problem. Had you come to the Opposition and said: "Listen, we are facing a crisis. We are unable to get the help from the council. Can we do this together?" The answer, more than likely, will be yes. You can ride roughshod and hope to legislate over everything using muscle power. [*Interruption*]

**Hon. Narace:** Thank you very much, you are indeed a gentleman. He is a gentleman. Only yesterday, I met with the Deputy Director of PAHO. They came to meet me with the country representative, not only yesterday. Not only did she agree to move the regional laboratory head to Trinidad and Tobago, she expressed confidence in the work that Trinidad and Tobago is doing and even said that many countries were referred to Trinidad and Tobago on a number of areas, in terms of our clear vision, where we were going and in terms of what we are achieving.

If you look at the world internationally, you would realize that they are having problems all over the place with A(H1N1) and you look at Trinidad and Tobago, you would realize that we have performed quite well. If you look at yellow fever threat in the Americas, you would realize the same thing. My dear friend, through you Madam Deputy Speaker, on the other side, you would realize that I can bring that information to you.

**Mr. C. Sharma:** I must tell you that I admire how you are able to think very quickly. You rethink the question and went for public relations, but the damage has already been done. It is too late. With all that PAHO is telling you, you did not answer the question. *[Interruption]*

**Hon. Narace:** The answer is no.

**Mr. C. Sharma:** The answer is yes.

**Hon. Narace:** The answer is no, I said.

**Mr. C. Sharma:** I am saying the answer is yes. I asked the question because I knew the answer.

Public expenditure indicator for Trinidad and Tobago—tell me if you dispute this as well—\$1.5 billion, under the UNC administration. Under your administration to date it is \$2.1 billion. Do you know what the international agency is saying? They are seeing no measurable benefits for the expenditure you are spending. I want to repeat this because I am hoping the Minister replies.

Under the UNC administration, we delivered much more with much less. Today you are spending in excess of \$2 billion. The international funding agencies, the health bodies and the watchdogs are saying that they are not seeing benefits. In fact, they have indicated that you are paying a public relations consultant close to \$700,000 per annum. The health authorities are saying that under the Panday administration, they spent close to \$1.5 billion and were able to see what they obtained for it by the number of health centres that came. You must remember it was only under the Panday administration we started the construction of new health centres. Dr. Tim Gopeesingh was chairman of one of the outfits. More than that, we were able to install a pharmacy in each one, have full-time doctors and have a full-time pharmacists when oil was US \$9 per barrel. You are unable to maintain that today. Today, in every one of your health centres, with no exception, there are no dental services available. In fact, the international agencies are saying, why are you paying a PR consultant \$45,000 per month? In terms of dollar for dollar, it is the most expensive PR consultant in the Caribbean at this time. They are looking at that kind of wastage. A lot of money goes into consultation, but we are not seeing any benefits for it.

I want to tell you some of the things we were doing, because it is important for you to have an appreciation. One of the challenges I suspect you face at the Ministry is that they are not telling you of the good work that happened under the UNC administration, because it gives you an opportunity from which to build. It is important to know that because you have to look at the resources.

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When you look at the current Government, not only your Ministry, there are too many personal fights there—Ministers not speaking to this one or public servants not going to work or taking time off. They are very discouraged by promotions and overseas appointment.

When you look at our High Commissions abroad, we are not seeing them being reflective of the pot-pourri mix of Trinidad and Tobago. You are not seeing the earnings. I remember under the Panday administration, one of the things we engaged our overseas commissions in was to see what is the best practices available, whether it was health care or transport.

**7.30 p.m.**

Last week, when we were talking about ambulances, the Member for Lopinot/Bon Air West said he did not want to talk about the used ambulances that the UNC got into the country, but it is important. If that is the money you had, you were moving the same \$5,000 per month. More importantly, we were doing it every 15 minutes. Under your watch, it had gone to 31 minutes.

What is required while we wait for the Cuban doctors is that we need to improve the living conditions to reduce the pressures on the health care institutions. How do you do that? Simple. You do not need to be a rocket scientist. We have argued time and time again that we need to develop recreation facilities so that our elders or young children could exercise. I am happy you have introduced "no smoking" areas. We want to make sure that Caroni (1975) Limited farmers are encouraged to go into farming. Give them the land and the resources.

When the Member for Barataria/San Juan came with two cucumbers, I said that it is costing the country \$144 per pound because we are spending \$6 million per annum to earn \$3 million. That is the PNM. How many people will you feed the cucumbers? To date not a single produce has reached anyone anywhere.

In the prison, there is some gardening going on. They are producing the same crop for their own intake, for the maintenance of the prison institutions at the few cents per pound, so anything the Government is into is big money with very little value. That is what is coming over. Many of us thought that the exception would be you, hon. Minister, because you came from a business community and you made sure that you got value for money, but we are not getting that. You argue that persons have to wait until 2012 and 2013 to get a simple medical appointment. Is that because of the Cuban doctors? Do you think that the national community is buying that? They are not. People cannot get an MRI and have to raise money privately. How many of us as Members of Parliament are faced with this on a daily basis? It has nothing to do with the Cuban doctors.



You criticize the Member for Caroni East, the shadow Minister of Health, who certainly will make an excellent Minister of Health. This country must be looking forward to a Minister of Health in the person of Dr. Tim Gopeesingh. He will add value. [*Minister laughs*] A nervous laugh tells the community it must happen tomorrow; it is so urgent. The country is starving for intelligence. One thing that the PNM has had over the years is that they know how to hold office, but there is no level of intelligence. When you look at delivery, it is zero.

I was part of the Panday administration. A minister had to perform. He had to have plans. He had to say how he would produce things and add value to the lives of the people. When you look at the infrastructure, pipe-borne water, we looked at ways of reducing the pressures on the hospitals. We wanted less people to get to the hospitals by promoting healthy lifestyles. We made sure that every home had pipe-borne water. They may not have obtained it every day, but it was getting there. We made sure that the cost of foodstuff was a lot less than today. On a previous occasion, I showed you the prices.

So, in terms of delivering health care, it is not just at the public institutions, it is making sure people get there. One of the things that contributed to a higher quality of life and made more people happy under the Panday administration was the distribution of power, money and resources. We made sure it reached everyone and every health centre was functioning. Doctors were excited to work. Why have so many doctors left the Port of Spain General Hospital? Is it that they do not love the hon. Minister? Is it you are a bad guy or a beast? I told them I am impressed with you, why are they leaving?

I know every week you have a facial and have your fingers done. I do not mean it in that way; you still look good. When I become a Minister, I may do it myself.

**Hon.. Narace:** I will refer you to the appropriate person.

**Mr. C. Sharma:** Do they give credit now? Understanding the problem is important. Share it with us. We are your partners in governance. We want this country to go well. You have kids and I have kids. You have parents and I have parents. I too have to go to a home. I want that security of living somewhere.

So, Minister, you have to do a little more, you have to do simple things. You have to do things measurable so that people can see. Demonstrate it. I had the opportunity to work closely with both Ministers Dr. Hamza Rafeeq and Dr. Fuad Khan in partnership. We would go to the communities and have a number of outreach meetings. The intention of those meetings was to find out and bring the best minds. In fact, the former Minister of Health, Mr. John Rahael, you will

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recall, reported to this Parliament travelling to the United Kingdom to bring back a lot of doctors and nurses who were excited. To date, not a single doctor has come back based on that recommendation. [*Interruption*]

We have two other Bills. We are here until 2.00 a.m. I am speaking on the next Bill as well.

**Mr. Imbert:** That is why you should wrap up.

**Mr. C. Sharma:** Madam Deputy Speaker, it is clear that the Government has not impressed on us the approach. I want the Minister to consider a short adjournment. Do not wrap up now. Call back the council. Meet with them for a second opportunity and come back and see if they will agree. Maybe they will. One of the things you have not levelled with them about is the power of negotiation. We negotiate with people all our lives and why can we not negotiate with the council today? You are a nice guy. You are the public relations officer of the PNM. [*Interruption*]

He has nothing that I want. That is the good news. That is a very important statement. Members on this side need nothing from the Government. You cannot bribe us; not even the smallest of favours. We are about service. We have committed our lives to giving back. Tomorrow morning this jacket means nothing to me. It is not about a jacket and a tie. It is about caring and delivering, which we have done all the time and continue to do.

We have looked at the registration for doctors in as many countries that you have called and in addition. What obtains is similar to what we have. So do not come today to legislate to bring in doctors. Tomorrow you may want to bring in Chinese workers and you would want another bit of legislation. There are enough laws and institutions here; you cannot dismantle institutions.

In 2003, you brought in a parallel medical board. Then came the next Minister, John Rahael, he did similar. You are coming today. Since 1814, there was no disturbance until 2003. Why during your watch should there be three? Why can you not win the support of people? You must think of these things. There must be a reason. You come over like you do not care. Even when you present Bills, you are always attacking. Did you listen to the Member for Diego Martin North/East? Personal attacks on the doctors, the lawyers, the Law Association, wherever. Did you listen to the Member for Diego Martin Central? He was making a nice speech, appealing, but far from reality; saying all what he thought obtained, but you know it does not obtain.

You read in the press the letters that are favourable to yourselves; copy them and bring them. We are aware that you have persons writing letters under fictitious names that you want to read in the Parliament. That does not fool anybody. In every public health institution, there are long waits. Members have spoken about that so I do not want to repeat it. *[Interruption]* You already got 20 Cuban doctors to practise here.

Madam Deputy Speaker, today in the Parliament we heard a number of letters being read, some favourable some not so favourable, but they only read those that favour themselves. There are thousands of letters written by people in this country both at the professional level and the layman level, crying out against injustices. When we come to this Parliament, they expect us to raise those issues and attend to them.

I wish to recommend to the hon. Minister of Health that he reconsiders continuation of this debate by simply making a telephone call to the council and letting them revisit. Tell them you are willing to listen because they have concerns. If you treat with those concerns, you will not need us here today.

Since 2003, when you created a parallel medical association, you had Cuban doctors coming here. You did not tell us the challenges in your presentation today. Under the UNDP, 75 came for three years and it cost this country \$75 million and, for the first time, you purchased ambulances through the UNDP arrangement and that cost us much more. You need to revisit those things.

Madam Deputy Speaker, since I have to speak on the two other Bills, I will conserve some energy.

#### PROCEDURAL MOTION

**The Minister of Public Administration (Hon. Kennedy Swaratsingh):** Madam Deputy Speaker, pursuant to Standing Order 10, I beg to move that the House continues to sit until all matters have been debated and completed, including the Trinidad and Tobago Electricity Commission (Amdt.) Bill and the Motion on the Salaries Review Commission.

*Question put and agreed to.*

#### MEDICAL BOARD (AMDT.) BILL

**The Minister of Health (Sen. The Hon. Jerry Narace):** Thank you, Madam Deputy Speaker. I thank hon. Members for their respective contributions during the debate of the Medical Board (Amdt.) Bill. As I indicated, this Bill seeks to amend the Medical Board Act, Chap. 29:50 to provide for the establishment of a panel to issue special temporary licences in cases of shortage of persons available to practise medicine in the public health sector and for recognition of the diplomas granted by certain institutions and for matters related thereto.

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I have a few issues to respond to. At one point I thought that I would have been happy if the Member for Fyzabad did not make a contribution so that we would shorten the time. I am very happy that he made his contribution because he appeared to be reasonable and when a Member appears to be reasonable, I have to recognize that, if only for decency, as distinct from the Member for Caroni East.

I also agree with the Member for Fyzabad. Successive governments have contributed to the development of the health care system in Trinidad and Tobago, be it good or bad. When we look at what obtains in the United States, we will appreciate what we have in Trinidad and Tobago, since there are 100,000 people there who cannot access health care—a First World country and one with the biggest GDP in the world.

I want to just take up a few points made and to start with the point of English. I know it is late and we have two Bills to do, but I cannot allow this. When the Member for Caroni East got up and said that I never made reference to the requirement of English language proficiency, I sent for the *Hansard*, which I have here.

It says very clearly:

“The requirement of English Language proficiency will remain in place to be determined by the local authority.”

**7.45 p.m.**

Madam Deputy Speaker, I did say it in my contribution and the *Hansard* would reflect that. I also referred to it on a second occasion when I said:

“The panel developed stringent review guidelines which included communication skills and the use of English.”

His strongest point was the fact that I did not say this.

**Dr. Gopeesingh:** Madam Deputy Speaker, I thank the hon. Minister for giving way. Would you be subjecting these doctors who are coming in, to an English proficiency exam by the panel? Is it one that is going to be set by the Caribbean Accreditation Medical Council?

**Sen. The Hon. J. Narace:** I want the Member for Caroni East to distinguish the difference in our behaviour that when I asked him to give way, had he given way, I would have been able to explain that a long time ago, and we are detaining all of this. I want to tell you the answer is, yes, and the Accreditation Council went to Cuba; they did a proper examination of the Cuban system; they filed a report and based on the Caricom arrangements, the accredited local authority is

COSTAATT—am I right, Minister—and COSTAATT would set a proper exam and we will make sure that all doctors are proficient in English language and we would ensure that they are able to do. That is the first point.

The second point I want to make; I am sorry Member for Caroni East, but you see when you speak in this Parliament you must be careful what you say, through you, Madam Deputy Speaker, because I want to make it—“leh meh borrow ah term from meh Prime Minister”—pellucidly clear that I said I appreciate all doctors; I am not in war with any doctors; there are one or two people that is giving the system a bad name and those are the people we are going to deal with. I want to say that it was the Member for Caroni East who said:

“Many of my colleagues seem to have”—what is the medical term—“andropause. Lack of testosterone. They are hiding in a little corner. They say, ‘Dey doh agree with Gopeesingh on ethnic cleansing but so and so.’”

This is in the *Hansard*; it is in the *Hansard*; you have attacked doctors. I want to say in the defense of doctors that I would not tolerate any such attack on doctors. [*Desk thumping*] My third point. He went on to say:

“Yesterday afternoon somebody from South called me and said, ‘Tim, yuh know I am a victim of this and there were eight or nine of us at San Fernando Hospital who have had to leave as well.’ I said, ‘Yuh see dat, you call the Minister an call de newspaper. I am not taking up your cause...’”

Again, not only has he attacked them, he has abandoned them. [*Laughter*] [*Desk thumping*] This is a serious matter. You know why? I have nothing against the Member for Caroni East. He would tell me when he sees me, this is adversarial politics; I do not dislike you; I have to attack you in the Parliament. You see, Madam Deputy Speaker, you know what happened to him here? He got set up. The president was under pressure because one or two people going so and the very distinguished other members of the council, the vast majority of them were going in a different direction. In order for them to get strength, they went to the Member for Caroni East. He took up their case wholesale, not realizing that he setting up the whole UNC, and if you think the one in Chaguanas was bad, this is worse. Only to find out today that the very distinguished Prof. Zalica Ali has been appointed the President of the Medical Board and I have great respect for her, and I want to be the first to congratulate her.

I just have a few points to make.

**Dr. Rafeeq:** Mr. Minister, thank you very much for giving way. When you were making your contribution—I did not intervene in the debate; I did not want

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to prolong the debate—you said that the medical council wanted the Cuban doctors to undergo an English proficiency test and some other things. I did not get a clear sense of what the Medical Council wanted before they registered the Cuban doctors. Can you give us a clear sense of what the Medical Council wanted before they registered the medical doctors?

**Sen. The Hon. J. Narace:** It is in the letter and I would make a copy of the letter available to you. Suffice it to say, I used a term "Moving the goalpost" and as we met and spoke to them on more than 18 occasions, they kept changing it time after time after time. Suffice it to say, they rely on the Caricom arrangements and they gave three letters, and that is the third point I am coming to.

Let me tell you, I have nothing against the Member for Caroni East. I think the Member for Caroni East is just trying to do his best because he loves his party and he loves his leader, I take it he loves his country, and I think he wants to bring down the PNM. The way to bring down the PNM is not to get set up. The way to do it is to advance quality work that is accurate and work that the national community will look at you and say, yes, that is the man we want to run it.

He read three letters—and that is a very good point that the Member for Caroni Central made—and I asked him to call the dates, he called no dates. He said the dates were March 30, that is the one from the Medical Council of Barbados; March 04, the one from Jamaica; and March 12 is the one from Bahamas.

The date of the Caricom decision is May, after all of that. He has that information because the president of the council, who briefed both of them at Chepstow House, had that letter. Either he fooled him or either—

**Dr. Rafeeq:** Madam Deputy Speaker, I was never briefed by the Minister; that is not true. I was never present at those meetings. The Minister is saying untruths.

**Sen. The Hon. J. Narace:** I am reliably informed that you were both informed.

**Dr. Rafeeq:** You are lying. [*Interruption*]

**Sen. The Hon. J. Narace:** Madam Deputy Speaker, the Member for Caroni Central, I have no problem retracting it for you, Sir, because you are a man I have some respect for. I know that the Member for Caroni East cannot get away because the Member for Diego Martin North/East has the letter and I know that he is aware of it. [*Interruption*]

Madam Deputy Speaker, if he gets me upset I am going to file a motion on privileges, where he tried to mislead this House. So, just take your licks and do not cause one to be filed.

**Mr. Imbert:** Is Steve Smith still the president?

**Sen. The Hon. J. Narace:** No, he is no longer the president.

**Mr. Imbert:** Since when?

**Sen. The Hon. J. Narace:** He was fired this evening.

**Mr. Imbert:** Today?

**Sen. The Hon. J. Narace:** Yes. The point I want to make is that when we come to this House, we must come to this House with clean hands and a clean heart. We must we come to this House and put truthful facts on the table, and we must check the facts that we get.

In terms of why doctors were leaving, I went through the whole issue of internal migration, immigration. I provided all the statistics to show the United Kingdom, New Zealand, that doctors migrate all over the world; it is a normal thing. I also made the point that the young interns, they come, they go into the public sector, they gain some experience. I went through all of that.

Why we import doctors? We do not need that. I clearly laid out the short and long term solutions. Let me just quote some statistics here, because they do not seem to remember and it is important for me to tell you. I am really sorry colleagues to have to keep you back like this. Between 2001 and 2008, there was a 41 per cent increase of doctors in Trinidad and Tobago in the public sector.

[MR. SPEAKER *in the Chair*]

There was a 36 per cent increase in dentists; a 42 per cent increase in optometrists; 56 per cent increase in veterinarians; 18 per cent in pharmacists, and 24 per cent in nurses. We move with personnel of 3,532 to 4,379; that is what happened between 2002, when you left and 2008, what has happened. We are going to move this up to the optimum complement to ensure that every citizen received the quality health care that they so rightfully deserve. This Government is committed to doing it and I am happy that at least you now recognize that it needs to be solved.

I do not really want to overly detain all of us here, but there are just a couple more points I want to make. I could have called out all the facilities, I would not. You spoke about no district health facilities was built from 2002. We completed the St. James DHF, the Princes Town was reopened and the Siparia DHF will be reopened soon. The construction of the Chaguanas DHF and the Diego Martin DHF are expected to commence shortly.

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They raised the question of intensive care units in San Fernando. We now have a total of ICU beds in the public health sector of 26; there are currently 6 in San Fernando; 8 in Port of Spain; 10 at Eric Williams and 2 in Sangre Grande. He raised the point of neurosurgeons. He said we have no neurosurgeons. We currently have three neurosurgeons in the public health sector: two full-time in Port of Spain, and one part-time in Mount Hope and very shortly we expect one from India and one Cuba.

**Dr. Gopeesingh:** We have none in San Fernando.

**Sen. The Hon. J. Narace:** The one from India is going straight to San Fernando. I have gone through the infant mortality rate already. There has been significant improvement in infant mortality from 2001 to 2002. I called out those figures already; it decreased by 34 per cent in Port of Spain, 36 per cent in San Fernando and 45 per cent at Mount Hope. Significant improvement of infant mortality rates.

No burns units that deal with burn cases. We spoke about the San Fernando General hospital, six-bed burns ward and no institutions to offer mental health services. Only today. We opened the Pembroke Street mental health and wellness centre and of course, I can tell you about all of the other centres, the Barataria and all of that.

Mr. Speaker, I do not wish to detain my colleagues too much more, but I say too that it is clear that we need to take this decision, so that we could provide this country with the quality care that we need and therefore, in the circumstances, it is because of the medical professionals licensed by the panel that we boast of increasing service in several areas and it is unfortunate that it came to this, but clearly, after 18 meetings, we have had no choice; we reached this far and to borrow a term "we really come too far to turn back now".

I beg to move.

*Question put and agreed to.*

*Bill accordingly read a second time.*

*Bill committed to a committee of the whole House.*

**8.00 p.m.**

*House in committee.*

*Clauses 1 to 10 ordered to stand part of the Bill.*



**Dr. Gopeesingh:** Mr. Speaker, I am trying to find the clause which looks at the whole question of three years versus six years. Clause 15:

“Sections 3 and 4 and 6 to 14...shall continue into force for six years from the date of its assent.”

**Mr. Chairman:** One second.

*Clauses 11 to 14 ordered to stand part of the Bill.*

*Clause 15.*

*Question proposed, That clause 15 stand part of the Bill.*

**Dr. Gopeesingh:** Instead of six years, I want to recommend three years. It was like that in 2003. If you want to go back—but why are you increasing it to six years? It is not justifiable. It should just be three years. You cannot have them on a temporary licence for six years.

**Dr. Moonilal:** Yes, that does not sound correct.

**Dr. Gopeesingh:** That does not sound correct. Nothing is wrong with three years.

**Mr. Imbert:** You agree with three years?

**Dr. Gopeesingh:** Yes. It is the first time you are conciliatory.

**Mr. Imbert:** If we go with three years, will you vote for the Bill?

**Dr. Gopeesingh:** Well, look what you are asking me.

**Mr. Imbert:** Will you vote for the Bill?

**Dr. Gopeesingh:** We are in committee stage. We are making some changes to—*[Interruption]*

**Mr. Imbert:** Mr. Chairman, we put six years because on the previous occasion the Bill had a life of four years. If you go back into the 2003 legislation, you will see it ran from July 2003 to July 2007. As it turns out, the issues with respect to the shortage of doctors have not been resolved, the issues with respect to the approach of the Medical Council to the registration of Cuban doctors have not fully resolved, and therefore, based on experience, we put six years in here. If, on the other hand, it is the official position of the UNC that they will support this legislation if we put three years— *[Interruption]*

**Dr. Gopeesingh:** We are not in support of the policy. We are not in support of the policy of the Bill to have a parallel medical board. *[Crosstalk]*

**Mr. Imbert:** And the other—let us go with the six years. Mr. Chairman, out of an abundance of caution because they are going to get licence—if you look at the legislation very carefully, you will see the licences will be valid for three years. So if we made it four for example, you would have a hiatus where the person would have had a licence for three years and then there will only be an opportunity to give them a one-year extension, so six is really two batches of three-year licences. We felt that this was adequate and appropriate in the circumstances. Okay? So we would like to leave it like six.

*Question put and agreed to.*

*Clause 15 ordered to stand part of the Bill.*

*Clause 16 ordered to stand part of the Bill.*

*Question put and agreed to, That the Bill be reported to the House.*

*House resumed.*

*Bill reported, without amendment, read the third time and passed.*

**TRINIDAD AND TOBAGO ELECTRICITY COMMISSION (AMDT.) BILL**  
[Second Day]

*Order read for resuming adjourned debate on question [July 17, 2009]:*

That the Bill be now read a second time

*Question again proposed.*

**Mr. Subhas Panday** (*Princes Town North*): Thank you very much, Mr. Speaker. "All yuh really eh want to wok for de big money al yuh gettin yuh know." But we will deal with that in the other Motion, where we shall ask for a reduction.

Mr. Speaker, having heard the contribution from my learned friend from Cumuto/Manzanilla, indeed, that was a good launching pad for us to continue this debate at this time. What is before this honourable House, is a amendment to the Trinidad and Tobago Electricity Commission Act and also, amendment to the Municipal Corporations Act as amended in section 112(1)(d) by deleting the words "and lighting". In order to understand the full purport of this amendment, one has to read clauses 5 and 7 together. If one looks at the Bill before us, one will see, and I read now from the Municipal Corporations Act, section 112(1)(d) says a function of the local government expends its money in:

“laying out, repairing, draining, cleaning and lighting the streets, footways, squares and other public places vested in the Corporation...”

What this Bill intends to do, is to take away or to delete the word "lighting". So what has happened under this Bill? Under this Bill the regional corporation will lose all its power, all its authority to do lighting of not only streets, but they cannot light their footways, parks or other public places.

We have the Local Government Bill and in the Local Government Bill, they intend to increase the powers of local government. But what we find here today, we find the Government is taking away power of the local government to light their streets. We ask why? Why? For example, that is a most frightening thing and it is a most dangerous thing that the Government is doing. So they are taking away lighting from the local government. Then when you take this and read it with section 5 of Bill, this is one step that the Government is moving and they are pretending under local government reform to give power to local government. But what they are really doing, they are saying one thing and they are doing something else.

Mr. Speaker, today is the beginning of the end for local government, and this amendment here is the death knell of local government. When one looks at section 112 and when one compares it with the new legislation, one will see that most of the powers of local government are being taken away. When one looks at section 233 of the Municipal Corporations Act, one will see again, they are taking away most of the power of local government, but yet they are telling us, we are going to give local government more powers. The only point I want to make in that regard is that they are taking away lighting, and when they take away lighting today, the workers would not be severely affected because T&TEC does most of the lighting. But when they come on the next stroke and destroy sections 112 and 232, I am sounding a warning to all the workers in local government, the Government intends to cut your throat.

After this local government reform, since you have started here in this Bill the take away power, in that new reform they will take away more power and at the end of the day, 90—95 per cent of all local government workers, all municipal corporation workers are going home.

**Hon. Member:** When?

**Mr. S. Panday:** Pardon? If one looks at the reform, one will see they are taking away the powers of local government under the pretext that they are giving local government power, but in truth and in fact, they are taking it away, and we are merely sounding a warning to the national population that local government workers, beware, this Government is going to destroy you.

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Mr. Speaker, we ask the question—they have taken away from the Act the power to light their streets? What it says now—hear how you have to get your place lighted if a regional corporation wants to have a park or any little side street. Section 50 of the T&TEC Act—this Bill here amends two pieces of legislation—is repealed. You know what they did? They repeated the whole Act, but the amendment is five words and that is "shall upon the approval of the Minister". Section 50 of the Act says:

“The Commission, upon receiving reasonable notice from any Local Authority, requiring them to supply energy to any public lamps within the distance of seventy-five yards from any distributing main of the Commission, in which they are for the time being maintaining a current of energy for the purposes of general supply under this Part, or under any Regulations and conditions subject to which they are authorized to supply energy under this Part, shall”—upon the approval of the Minister—“give and continue to give a supply of energy to the lamps in such quantities as the Local Authority may from time to time require...”.

So in the local government reform, they speak about decentralization, giving more power to local government, but what we see here, Mr. Speaker, is a reversal of that. This country cannot trust the PNM. You cannot trust the PNM. They are saying one thing and the first opportunity they get here today, they are going into reverse gear.

### **8.15 p.m.**

I will indicate to you the present situation. At the present time, when the local government body is given allocation, if they do a research in the local area and see that there are persons who need street lights and they want to put it, that body goes to the commission.

[MADAM DEPUTY SPEAKER *in the Chair*]

They tell the commission that they have done a survey and want some lights in that area. The law says that once the local government could pay for it, the commission shall give the supply of energy. The local government goes to the regional corporation and the regional corporation goes to the commission. When they go to the commission they ask for lights. Once they could pay for it and other conditions are in place, they would get the lights.

Do you know what this wicked PNM Government has done? The situation now is this. Local government cannot go to T&TEC anymore. They have to make a

request to the Minister. The Minister goes to T&TEC and he decides that T&TEC will give it. Why do we have to go through the Minister for a few street lights? Why this stranglehold on local government? According to him, we are in adversarial and competitive politics. The Bill does not say what criteria the Minister will use to accept or refuse. It is a frightening thing to give a minister that kind of discretion without any checks and balances. If the Minister refuses, what would the poor local government authorities do?

He gives a situation of giving the Minister the power to discriminate. I am not saying this Minister will do it. It gives the office holder of the Minister to discriminate as to which local government he wants to give. If a PNM or UNC controlled council has a request, what criteria will you use to give or refuse the UNC or the PNM? This is what we are bothered about. This is something that should not be given to the Minister.

If one goes back to Act 21, hear how stupid and nonsensical or on the other hand, clandestine this piece of legislation is. Section 112 of the Act speaks about—hear what they have taken away from local government. They have taken away the lighting of streets, footways, probably a little track. Imagine a minister in Port of Spain who "eh know notten bout ah track", a footway that needs light, it has to pass through him. It also says squares. If in Arima you have a little square and want to light it up with four or five lights, why must the Minister have control over that? It also talks about other public places vested in the corporation. If you have a little cricket ground or some place that you want to light up, why does that have to go through the Minister?

If you say that the philosophy of local government reform is to decentralize, why on this occasion are you overcentralizing on such minor issues? Tell us why. Knowing this Minister, that honourable Member, he will come with the most foolish argument. Do you know what he will say? The Minister is paying for it. The Ministry of Public Utilities is paying for it, so why they must have a say? He does not understand. He is not the Minister of Local Government. The central government allocates certain money to local government bodies to perform their functions. Since 2005, this Government has not made any allocations to local government for street lights. Why? When you argue or try to counter-argue me by saying, "I am paying for it and I must say where it is going," you would be misunderstanding the functions and operations of local government, where there should be an allocation. For you to say, "I paying for it, I can do what I want" is very nonsensical.

**Mr. Abdul-Hamid:** "I eh say it yet."

[MR. SPEAKER *in the Chair*]

**Mr. S. Panday:** That is a most fallacious argument. Do you want to have the control to deal with four street lights in a track? You cannot be serious. Do you want to have control of street lighting for a little square? You cannot be serious. Do you want to have control on any recreation ground? Not at all. As a matter of fact, we have an experience with this kind of situation. There is a ground in Princes Town named Yolande Pompey Ground, the biggest recreation facility. We have been begging them to release money to local government to light the recreation ground. Do you know what this wicked PNM did? For Carnival they lit the ground with lamps. While it was there I begged this Minister—the lights are there and people want to exercise. We could deal with health problems. People are afraid to walk on the streets. On this ground will be many people walking in groups. We begged them to leave the lights after the Carnival. Do you know what this Government did? After the Carnival this Government pulled down all the street lights. They refused to give the regional corporation any money to put the light. When it was put up, I do not know if it was by NSDP or whom, they took it back. That is the height of discrimination. I have given you a clear example.

We keep writing and begging the Minister. Local government keeps begging the Minister for funds in order to put the street light in the Yolande Pompey ground and today they have not gotten it. Could you imagine when you give this Minister legal validity to do this what would happen? I am predicting that all the Opposition's areas will be victimized like how Princes Town has been victimized. That is the purport of this piece of legislation.

Let us go back to the amendment. I am calling on the Minister to say why local government has not been given an allocation for street lighting. Do you know another argument he will come here with? A bogus, unsubstantiated argument he might try to use on me. He will say look what happened they have never utilized the Act. He will quote Princes Town, no request; Arima, no request. Therefore, since they have not been requesting, this legislation would not adversely impact upon them. I want to inform him that they have been requesting finances to do it and because the Government has been choking and strangling local government, they could not have made those requests. If you come with that argument "yuh gone".

**Hon. Abdul-Hamid:** Let us talk about crab.

**Mr. S. Panday:** Crab? I will not tell you where they are.

“The Commission, upon receiving...notice from any Local Authority, requiring them to supply energy to any lamp within the distance of seventy-five yards from any distributing main of the Commission.”

Do you know what he says? It seems to me that the Minister does not fully comprehend the legislation as it stands before the Parliament today. The Minister wants to have control of supplying energy to any public lamp a distance of 75 yards from any distributive main. What will happen if the distance is more than 75 yards? It seems to me that the Minister did not understand what the legislation is about.

“The Commission, upon receiving reasonable notice from any Local Authority, to supply energy to any...lamps...”

It is to supply lamps. It means that it is not the extension. This clause does not speak about the extension of light poles. It does not mean the extension of electricity. If there is a recreation ground and it is about 75 yards away from an electrical main, if you go to T&TEC they have to give you a supply. The argument of 75 yards is an attempt to have a linear analysis of the legislation. That is not what it is. It is not to say that if at the end of this road we want to go 75 feet, you would have two or three street lights. If you have a recreation ground or any square, street, or public place which is 75 feet away from the main, if you make an application, it could be 100, 75 or 50. This is what we are speaking about.

### **8.30 p.m.**

When the Minister presented the Bill, he gave the impression that it is merely setting up lamp posts. It is not that, it is merely putting public lamps by the corporations. If that is the case and that is a main parcel, 75 yards away and you have a recreation ground going from the main, do you want to control that? Why do you want to control that? Mr. Speaker, why does the Minister want to control that? Another argument he would make is that they do not want to pay for it, and therefore, he wants the authority to deal with them. I humbly submit that we cannot support this amendment of the Minister's approval for such minor things.

This Government tries to blame the local government for running up light bills. He is saying, they run up heavy light bills, I have to pay the light bills and I will do them what I want. The PNM will kick local government as the PNM wants. He spoke about regional corporations having light bills and they do not want to pay, but, they give allocations to local government. Local government cannot raise funds on its own volition. Not at all! Local government can only spend what is being allocated to them, so therefore, if you do not allocate any money to them for street light, whatever you have allocated for street light, they pay it.

Mr. Speaker, but what did the Government do? The Government embarked without consulting with the local government bodies under NSDP, the National Street Lighting Development Programme—[*Interruption*] I will come to NSDP in

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a minute—and they put street lights all over the various regional corporations. I think the Minister gave us how many street lights he put. So, you put extra lights in the region and when the light bill came it went up, do you want the regional corporations to take whatever allocation they have for other goods and services and use it for this?

That is not fair to the local government bodies and you are using this as an argument against them. You are saying that they do not want to pay. You attacked Chaguanas Borough Corporation, when you say it was owing \$5 million in dues to T&TEC and wanted to vire—did Chaguanas Borough Corporation asked you to put those extra lights? No! When you catch them by surprise, how do you expect them to pay for it? If they have moneys and they have a plan, you know what local government does?

Member for La Horquetta/Talparo, I will tell you. They have planned over a period of time and if they have plans for moneys to be spent you want them to take that money and pay the light bill and if they do not pay it you would punish them for it. They blamed Chaguanas Borough Corporation for that. They say Chaguanas Borough Corporation wanted to vire a certain amount of money in order to build some homes for the old people when they should be paying the bills. You cannot impose that extra liability and that extra burden upon the local government without giving them the allocation.

When the regional corporation should have had the opportunity to make recommendations for the NSDP, do you know what they did? They went behind the councils back without the councillors knowing what was happening, without the councils knowing about it and they put lights where they wanted for their friends and their families.

They have undermined the local government and then you are quarrelling with the local government when the local government is saying, we cannot pay that, you give us the money. Give us the money and we shall pay. Instead he says, no and in the other section you would see where they are saying they want to pay it instead.

Mr. Speaker, I humbly submit that the Minister does not understand what it is. I have read some of the arguments in another place and they were haggling about change 70 to 75, but they really did not understand what the legislation was about and how the legislation works. I hope that after we have done this, the Minister will really understand what is happening and not take away that power from the local government. As I said, since 2005 no money has been given to the local government authorities for the installation of public lamps.



The other issue is under section 51. Section 51 deals with the issue that:

“The price to be charged by the Commission and to be paid to them, for all energy supplied to the 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, regard being had to the circumstances of the case and the distributing or other mains, if any, which may have to be laid for the purpose, and the price charged to ordinary customers in the district.”

Mr. Speaker, my information is that the previous—

**Mr. Abdul-Hamid:** Mr. Speaker, may I just advise the Member—that is clause 6 you are reading from, “eh”?—an amendment was made in the Senate and a fullstop was put after Regulated Industries Commission Act and everything else was deleted.

**Mr. S. Panday:** Where you all deleted?

**Mr. Abdul-Hamid:** After the words “Commission Act.”, everything else was deleted.

**Mr. S. Panday:** I thank you very much, Sir. In the Bill, “The price to be charged by the Commission and to be paid to them, for all energy supplied...” First of all, in the former Act, I think the law then was that the regional corporation or the local government body is to negotiate a price with T&TEC for the supply of energy.

I humbly submit, our records have revealed that over a number of years, since the Regulated Industries Commission was established the payment was that and there was really no negotiation and in those circumstances this amendment is really formularizing a situation which exists.

**Hon. Member:** It is a good amendment.

**Mr. S. Panday:** The question I am asking is, this is local government, what prevents you from giving local government the funds so they could pay it to the commission? If you say, they are acting as a post box and I give them the money and they pay it to the commission, I see no problem with that.

Section 51 really does not change the status quo as it stands and it is really legislating a situation that is there. I do not want the Government to use that as a basis to come back to clause 50 to undermine local government. I do not want the Minister to say, I am paying for it, therefore, I am in control. We do not want that! We say decentralization and give local government some power to deal with their problems. I want to find out what argument could be used for the Minister—in the old saying to “maco” for street light—to watch for street light? What do you want that for? You have too much work to do.

**Dr. Gopeesingh:** That is beyond you.

**Mr. S. Panday:** The regional corporation is going to put four street lights, according to you, what do you want to interfere with that for?

**Hon. Member:** Two lamp posts. [*Crosstalk*]

**Mr. S. Panday:** Tell us! I feel, Mr. Speaker, he will come with an argument on me and his argument will be, look, there are other authorities which need ministerial approval. For example, you might argue, as he has done in another place that the Minerals Act, the Minister shall be responsible—this is the Minister of Energy and Energy Industries—for granting, reviewing, revoking or suspending licence for mining, processing, importing or exporting materials. He will argue again—this is not something new—the Civil Aviation Act grants the Minister responsibility to approve persons who use the director of—

**Hon. Member:** You are reading the *Hansard*.

**Mr. S. Panday:** Right, that is the way I prepare. He will say the Telecommunications Act—he will argue and say, I want to be in control because other ministers are in control. [*Laughter*] The Telecommunications Act:

“No person shall operate a public telecommunication network, provide a telecommunication service or broadcasting service without the concession of the Minister.”

And you will keep on arguing that the Petroleum Act gives the Minister that power, so this is nothing new. You will come with that. [*Laughter and crosstalk*]

He will come, Mr. Speaker, with those arguments. However, I want to distinguish and differentiate, in all those circumstances it is the line Minister who is dealing with that department. In all cases it has been a line Minister dealing with the departments, the Customs Act and so on. In this case what we are having—you have a Ministry of Local Government and you have a line Minister in local government. That Minister has control of local government and there will be a relationship between local government bodies and the local government Minister, but here we have a Minister from another ministry coming into the party and he decides whether local government could get street lighting. It does not make sense!

Maybe, the Minister of Local Government who would be au courant and who would be in direct communication with local government, who has the responsibility for local government and who would have the responsibility for the function of local government will know and be in a better position to decide

whether they will go to T&TEC and decide which corporation's request is being met. But that is half of the argument. The other half of the argument is this, in the case of the ministry which I have just spoken about, the Minerals Act, the Civil Aviation Act, the Telecommunications Act, the Petroleum Act—you are speaking there to public servants, but hear what you are doing is one political tier countermanding, counteracting and attempting to control another political tier.

**8.45 p.m.**

The councils are not arms of the Government; they are not public servants. The people vote for them. They are representatives of the people. Therefore, whenever they make a recommendation, the recommendation would be for the purpose of representing and serving the people. Then you have central government now at another level, a Minister who is not the line Minister, coming there and denying and obstructing local government. This cannot be.

That argument cannot hold at all under these circumstances. I say "upon the approval of the Minister" is really to undermine local government and we are indicating we cannot support that. As a matter of fact, you all support decentralization of power; we call for devolution of power. But even under the heading or under the system of decentralization, you are going backwards.

Another issue which is frightening is the next part of the Act which says:

“The Commission may receive such sums as may be appropriated by Parliament for the purpose of providing services in the public interest and in accordance with public policy...”

I think the argument is that section 22, if I am right—the section prior to this section—speaks about T&TEC being able to borrow and that they do not have the power for the Government to make allocations.

I want to ask the Minister, if that is so, when one looks at the T&TEC, the Trinidad and Tobago Electricity Commission Non-Consolidated Financial Statements, dated December 31, 2007 at page 27, you are saying here that you cannot give any advances or allocation to T&TEC, all T&TEC could do is to borrow loans and the Government probably could guarantee those loans, I want to ask the hon. Minister—on 27 it says:

“Government Advances:

This represents advances made to the Commission by the Government of the Republic of Trinidad and Tobago to assist with debt servicing of the Commission of 51 per cent capital injection for the installation of 210 megawatts of power commissioned by...”

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How did you do that then? If the law is not in place and you want to amend the law, how did you do this in 2007? We ask you that.

**Mr. Dumas:** Advances.

**Mr. S. Panday:** Okay. Also, you come here and you speak about providing services in the public interest. Well, they will define what is public interest for us, but they say they want to be given the power for Parliament to appropriate money for public services.

I remember sometime ago the hon. Prime Minister had indicated that they want to embark upon street lighting and I assume that that would be a situation of public interest. The question many people are asking: Is this a method of perpetuating the corruption that has taken place in a certain issue? Is it? Because we had the Street Lighting Programme and in that programme they gave T&TEC \$500 million or \$600 million. When they gave T&TEC that \$600 million, then T&TEC set up a Street Lighting Programme. That \$600 million was not a loan to T&TEC; it was moneys given to T&TEC to manage a programme for you. So the question is: If you want to go into a capital programme, why could you not use the same method so that you have accountability?

We feel that before they could come to this Parliament and try to tell this Parliament that we must give them the power under new section 22A to appropriate moneys to T&TEC for public policy, they must clear up something first. What mechanisms are in place to prevent corruption which has taken place under the National Street Lighting Programme.

**Mr. Imbert:** Who died and gave you the power?

**Mr. S. Panday:** What is he saying? I am not hearing what he is saying.

The PNM had given T&TEC over \$500 million or \$600 million to go on the Street Lighting Programme and unless we deal with T&TEC; we clear up T&TEC, giving them more money is really making it a trough for certain people to feed and to perpetuate the corruption, as has happened in the Street Lighting Programme.

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Member for Princes Town North has expired.

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

*Question put and agreed to.*

**Mr. S. Panday:** Thank you very much, Mr. Speaker. Before we give you this vote of confidence, we want the Government to explain some corruption which has taken place in T&TEC on the Street Lighting Programme. I am certain the hon. Minister knows about it and I will read into the record the concerns—not of me, but of the OWTU. The OWTU said, among other things; they made allegations and they said:

“This is to bring to your attention a serious concern involving breaches of the tender procedure and allegations of corruption at T&TEC.”

And you are asking here for us to give you this bulk money to T&TEC? Clean up T&TEC first.

“These alleged offences are supposed to have taken place during the procurement of materials for the Street Lighting Implementation Unit.”

And as we see in this Bill here, of course, it will be services in the public interest—street lighting.

“It is our firm belief that a few top officials of T&TEC, past and present, corruptly conspired to undermine the Commission's procurement process system to illegally acquire financial gains.”

They went on:

“We are requesting that an independent investigation be conducted by the Fraud Squad.”

It was so serious. You are coming here to ask to give T&TEC money and look at what happened with the Street Lighting Programme. It says:

“You will appreciate that the abuse of any procurement system will lead to even more serious breaches of integrity and accountability by those who are responsible for the management of State funds.”

You want us to give you the power to give T&TEC state funds, and look what they did with state funds. They say:

“Senior management officially knowingly procured 1,300 utility poles with dangerous chemical called chromated copper arsenate.”

Do you know arsenic?

“This was done despite a decision of the T&TEC Board not to proceed with the purchase.”

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Do you know why? I will tell you when it happened. It happened in 2005. Because of the impact upon the environment, the board said we cannot buy those lamp posts.

“Additionally, the rules of procurement were openly flouted by exceeding the limits of T&TEC procurement policy.”

What is the procurement policy you have in this legislation to ensure that the corruption does not continue under T&TEC?

“On several occasions T&TEC’s procurement policy was flouted by the illegal divisions of contracts into smaller portions in an apparent attempt to avoid Board oversight.”

We will give you power here for Parliament to allocate millions of dollars, and hear what the T&TEC people did.

“If there is a contract, say, of over \$5,000, it had to come to the Board for scrutiny.”

Do you know what the PNM big boys in T&TEC do? The PNM big boys in T&TEC cut the contract in small pieces so that they will avoid the board oversight. Tell us!

“Technical specifications were altered specifically to facilitate particular suppliers, resulting in illegal financial gain to certain...”

And I would not go further than that, but to say, to certain top board members of T&TEC.

How could we give you this power when you are not telling us how you will deal with the problem when we give you that? The union gave you further information, where to go and look for where the corruption was: at a muffler establishment, a hardware and an office complex in Chaguanas.

That went to the Commissioner of Police and I will show you what happened here, that makes it difficult for us to give them this power today. They wrote to the hon. Minister complaining to him about the same problems that they had in T&TEC in the Street Lighting Programme and they asked the hon. Minister who is piloting this Bill today asking us to give power to Parliament to allocate money to T&TEC, they said in a letter to the hon. Minister, dated October 28, 2008:

“In view of the aforementioned, with the recent disgraceful public disclosures of the corruption, the union is calling upon you, Mr. Minister, not only to investigate these charges and to take appropriate decisive action, but also to conduct an urgent forensic audit into the operations of the Street Lighting Implementation Programme.”

I ask you, Sir, through you, Mr. Speaker, have you done it? Have you done a forensic audit of T&TEC to find out whether there was corruption?

Today the hon. Prime Minister said people do not want the hon. Attorney General back because he is strong and he is fierce. I am asking the hon. Member for Chaguanas East, having regard to the fact that I bring to you in the Parliament these disclosures, would you take it to your Attorney General, the Director of Public Prosecutions and to a forensic expert to deal with it? We are giving T&TEC money and we are saying that they are so corrupt that Parliament must be careful when they are giving T&TEC money. We are further saying that unless T&TEC puts structures in place to ensure that what happened in the Street Lighting Programme will never happen again, we will not be able to advance you.

To show you what T&TEC did with the State's money, with public money, with taxpayers' money, I have the vouchers here in my hand which I am willing to pass to you to show you that on the same date, they divided one contract into seven parts in order to avoid board scrutiny.

**9.00 p.m.**

They took one contract and divided it into seven parts so that it would evade board scrutiny. Mr. Minister, I have the documentation in my hands and if you are interested in dealing with corruption in T&TEC, before you ask us to pass this Bill, I am willing to give it to you. If you give us an undertaking and we see some action, then we will go through.

Mr. Speaker, not only has the corruption been so steeped in the breaking up of contracts, they went on to another contract and they purchased these poisonous timber from a company called CLUB, C-L-U-B, and paid high prices for the poles. My investigations have revealed that the big honcho in T&TEC had connections with a certain hardware store, which purchased these goods from the company, and we purchased the same lamp poles. Did you know that? Did you check that, Mr. Minister? There was someone at the top of T&TEC whose family was buying lumber from a company abroad and they applied to this company called CLUB Lumber Company, USA and purchased lamp poles, which have chromated copper arsenate at very high prices that could poison and destroy the atmosphere.

That is a matter to be investigated. I am calling no names, but I am telling you, if you want the information, I will give it to you right now. It happened in the street lighting programme. Not only that, the Minister, T&TEC, we are going to give them money and they put ads in the newspaper for a small area to hold the street lighting. As a result of that, nobody qualified except one person who is related to the top honcho. I am not calling names. I have respect for people.

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[MR. S. PANDAY]

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Only one tender came in and they said: We have more space you know, let us take all one time. Do you know what they did with taxpayers' money? They paid \$83,000 a month rent to house T&TEC poles in the programme. The contract price was \$1 million per year, \$83,330 per month. The honcho in T&TEC had an interest in that place. This is what they call insider trading and the height of corruption in a public utility. We are happy you brought this today so that we could ventilate it.

Further, this is from the same person from whom they rented this place and made a “ratchiffee” and bogus tender so that when they come here they could say that there was an open tender. However, they had different specifications for the tender and when it came, adjusted it so that their friends and family could get it.

**Mr. Imbert:** All that went on?

**Mr. S. Panday:** The documents are here. That is not all. There is corruption in T&TEC, the state authority to which they want to give this money. Let me show you what they did. Prior to 2005, T&TEC always used 1.5 inch diameter pipe to fabricate the street lighting. The used-car industry came in and they had no use for the 2-inch mufflers used in motor cars. Do you know what the street lighting programme did? Changed it from 1.5 inches and called it luminaires. They changed it to 2 inches to give their friends and families contracts.

Because of the used-car industry, the company was left with a large stock of 2-inch pipes used in muffler fabrication on their hands. By changing the specifications and stipulating an unreasonably short time for the availability of the pipe—they are making excuses not to use it—the tender was so tailored to give the company an unbeatable advantage. You want to give money, clear this up first. T&TEC is rotten. It smells to high heavens.

They went on to another matter and did another tender assessment, which was manipulated in the street lighting programme to the supplier at a price of \$23 million higher than the supplier to whom the tender should have been given. Mr. Speaker, do you think the Minister has a moral authority to come to this Parliament today without giving an explanation as to what happened? It was not joke money.

On August 29, 2005, \$43,000, \$6,000 VAT, street lighting luminaires; they had 21 invoices. It was not that they made a little “thief” and run; they “thief” boldface from May to December. Mr. Speaker, do you know how much they paid? It is over \$5 million in street lighting luminaires and rental of property from the same person. How did this happen? Tell us. The same person from whom you rented for the street lighting programme is the same person who got all the contracts and you changed the specifications for the luminaires. The muffler thing. How did this happen? The nation needs to know about the corruption in the PNM.



Mr. Speaker, the police was asked to investigate. The Minister was asked to investigate. They cooked up an enquiry. They said they had the report. The hon. Minister Mariano Browne went to the other place someone said and said that they had conducted an enquiry, but they were not letting anybody know what happened. They are hiding the results of the enquiry.

We call upon the Government today to make that enquiry into the corruption in the street lighting programme public. *[Interruption]* I am not going to send anything to any DPP; that is the duty of the Minister. The Government is hiding the report. They are covering up the corruption. Let me tell you why.

The person involved was a political appointee in T&TEC and was chairman of the PNM Port of Spain North constituency. He and the others were walking with the hon. Minister of Local Government all over Princes Town putting up lights like they were crazy. I do not know if he was “mamaguying” him or he was “mamaguying” her. They were hugging up and that other man from self-help was jumping up with them too. They were spinning, putting up lights like they were wild. I do not know if they did it to dazzle the Minister of Local Government. I do not know if the Government and the Prime Minister know about it or whether the Minister of Local Government knows about it.

**Mr. Imbert:** If you do not know, why do you not hush?

**Mr. S. Panday:** I know that the person involved, whose name I have in these documents, campaigned with the PNM against me.

**Mr. Imbert:** Who is that?

**Mr. S. Panday:** You have the information, I am not calling people's name for you to carry me to the Privileges Committee. I have the information and you have the information. I will pass the information giving you the name. At the end of the day, I do not want to put people's name, but the facts are clear and obvious. I want to ask the Government why they are hiding. Mr. Speaker, do you know how corrupt this street lighting programme was?

Mr. Speaker, he knows who it is. I know he knows who it is. They fool people during election, that is why I say when you are giving the Minister power—they went around Princes Town constituency and that person, together with the self-help man was identifying areas not known to the regional corporation, “mamaguying” you about putting street lights.

**Mr. Dumas:** *[Interruption]*

**Mr. S. Panday:** So you know who it is. That is the kind of people that the PNM attracts. That is the kind of old thief that the PNM attracts. He campaigned with the Minister of Local Government in Princes Town North. You are putting them in a situation where they can only get street lighting on the approval of the Minister, when this Government has a propensity to discriminate.

During the local government election, they put four lights on one lamp pole as though they were going crazy. I wonder if they had a light on their heads. They were wasting—easy come. They were not paying, they were “thieving”. The Member for Arima will tell you that when we were here in Parliament on Friday, the Member for Arima, who was then Minister of Public Utilities, was denied attending the lighting ceremony. While we were sitting in Parliament on a Friday, they ran down there and big “gambage”, food eating, money spending, drinking as though rum was going out of style.

That is the situation in serious and we are calling upon the Government to investigate this matter, to make it public, to call a forensic expert and tell us what is happening. If you can give us that guarantee, we will have no problem. If you can give us the guarantee that you will not discriminate, as has happened with the Minister of Local Government and this same person involved in the corruption, we will support.

Do not mind it is adversarial; do not mind it is competitive. This is our country; we love it and we will all fight for it.

**9.15 p.m.**

**The Minister of Public Utilities (Hon. Mustapha Abdul-Hamid):** Thank you very much, Mr. Speaker. Let me begin by expressing my own words of thanks to the hon. Members opposite who have contributed, the hon. Members for Chaguanas, Cumuto/Manzanilla and last and perhaps least, Princes Town North.

I would attempt to address the concerns that have been raised in descending order of merit. I will start with the contribution made by the hon. Member for Chaguanas West, but I fear that after him there is very little merit to which I can refer. The Member for Chaguanas West, when he spoke—I would attempt to address each point specifically. The first notable point he made was that the whole Bill was meant to be an interim measure, pending local government reform. That is absolutely not the case. What I did say in my opening remarks was the effect of clause 7. Clause 7 is the clause where we delete the words “and lighting” from section 112(1)(d) of the Municipal Corporations Act. I did say that was the only clause that will have the effect of being an interim measure, only because the

Municipal Corporations Act will soon be repealed with the passage of the Local Government Bill. I needed to put on record that correction.

The Member Chaguanas West also asked for an explanation of the words "public interest" and "public policy considerations". He did, in fact, identify the terms "public purposes" and "private purposes" used in the parent Act. This is indeed so section in 131(1)(e). I would like to advise the Member who asked for us to explain "public interest" and "public policy considerations" that, generally speaking, in legislation, there is no need to define terms that are already known in law. Both terms, "public interest" and "public policy" are known in law and he can find those in *Black's Law Dictionary*, Seventh edition. He will find a definition of "public interest", which, for his edification, I would read. I believe the hon. Member for Princes Town North also asked the same question.

"The general welfare of the public that warrants recognition and protection; something in which the public as a whole has a stake, especially an interest that justifies governmental regulation.

Public policy, broadly principles and standards regarded by the Legislature or by the courts as being of fundamental concern to the State and the whole of society."

In effect, the RIC, in its determination in this particular case, would have made a de facto determination of what projects would fall under this caption. You would recall that the basis for this amendment was really the RIC's determination I referred to in the introduction, where there were a number of projects that were specifically identified as being projects to be funded by Government and being projects that were to be insulated and ring-fenced, was the term that was used. Those were the projects that we have come to define as projects in the public interest and projects in accordance with public policy. I must advise that these terms were not terms that were imagined by us, but they were, in fact, terms that were provided to us by the Treasury Solicitor and by the Ministry of Finance. Those were the specific terms that were felt would be appropriate in the circumstances.

I must also advise you that, with respect to all of these projects, there is absolutely no need for Members of Parliament to be unduly concerned, because these projects will, indeed, find themselves into the documents of this honourable House—the budget documents. Because we are asking for an amendment that will allow for an allocation by Parliament, it means that every project that will be approved for these purposes will, at some point, find their way into the records of this honourable House and hon. Members will be pleased to have the opportunity to have their say, once these projects are presented.

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The hon. Member for Chaguanas West also asked about receiving reasonable notice. He asked again for an explanation of “reasonable notice”. Again, if he were to consult *Black’s Law Dictionary*, it will define it as:

“notice that is fairly to be expected or required under the particular circumstances.”

In addition to this, this is a term that existed in the parent Act and it is a term that has been retained from the original legislation. It is a well-established term and so, there is really no necessity for a query. I have already explained that it is a term that is known in law.

The hon. Member for Chaguanas West also made a point that the Bill says:

“...upon receiving reasonable notice from any Local Authority...shall upon approval of the Minister,...give a supply of energy...”

"Why does this Minister want this power?" he asked. "This places on the Minister, powers which are not ordinarily exercisable by a Minister." That particular point was supported by the Member for Princes Town North asking about powers that are not ordinarily exercisable by a Minister. I fear that this is, perhaps, where the inexperience in governance of the hon. Member for Chaguanas West would have been exposed.

Mr. Speaker, generally speaking, it is very rare, perhaps even unheard of, that one will hear "upon approval of the Permanent Secretary". I have not had the opportunity to come across that particular construction in legislation only because, generally speaking, it is the Minister in whose name, actions of the Ministry are taken. It is the Minister who has the authority. It is the Minister who has responsibility for overall supervision of the Ministry and it is in the name of the Minister that, normally, actions are taken, as I have said, and where the authority of the Ministry resides.

The hon. Member for Princes Town North was attempting to debate with me before I actually debated. Yes, indeed, there are very clear examples of such authority being indeed ordinarily exercisable by the Minister. The Member for Chaguanas West was absolutely incorrect in saying that this is a power that is not ordinarily exercisable. Indeed, I can in fact refer to the very T&TEC legislation. Ordinarily exercisable, is in the very legislation. If I were to refer the hon. Member for Princes Town North to section 31(2), he would see, I read from the legislation, the role of the Minister and the kinds of powers that are ordinarily exercisable.

“For the purposes of subsection (1) the Commission may—

- (aa) participate, with the consent of the Minister, in the formation of companies or firms which propose to engage in the generation of energy;”

If there were to be any occasion where Trinidad and Tobago Electricity Commission wishes to participate in the formation of a company, which is a very important Act, they would have to get the consent of the Minister.

- (ab) with the consent of the Minister, hold shares or be a partner, and exercise the rights of a shareholder or partner, in companies or firms engaged in the generation of energy;
- (ac) with the consent of the Minister, purchase energy from an approved generator of electricity;
- (ad) with the consent of the Minister, grant loans to an approved generator of electricity;
- (ae) subject to sections 21, 31A, 32 and 33 and with the consent of the Minister, enter into contracts of guarantee, surety or indemnity, create charges, liens, encumbrances, or other forms of security interest over its property and assets and give any other undertaking in relation to its property and assets.”

What is being made abundantly clear is that authority is indeed contemplated for Ministers.

Sometimes I fear that hon. Members opposite are not mindful of the fact that this is the basis of a democratic system. There is a reason that there is an election. There is a reason that a country does this sometimes very grueling task/effort of having an election, or selecting leaders and ensuring that those leaders are duly appointed. That is the democratic process. To the extent that we on this side, those of us who are the expression of the will of the people, we have been granted the authority of the people to govern and to the extent that we surrender that to those opposite, that is an undemocratic exercise. It is democratic that we exercise the authority that the citizens of this country have bestowed on us and it would be precisely undemocratic to surrender that to those who have not. That would be to betray the will of the people: to surrender that authority to those opposite, which is precisely what they attempt to do here, perhaps, every single week.

Mr. Speaker, it is clear. The Member for Princes Town North was quite generous and quite magnanimous in doing some of my work for me, by pointing out what the Minerals Act and the Petroleum Act says and establishing authority

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of Ministers across Ministries and the entire Government; that this particular amendment is very consistent with Westminster politics and Commonwealth legislation; the legislation that has existed in Trinidad and Tobago and very consistent with the Trinidad and Tobago Electricity Commission Act. So, there is nothing objectionable with those words "upon approval of the Minister". It is not foreign or alien. It is quite common in our legislation and, indeed, it is quite acceptable and quite desirable, because it is consistent with the democratic principles.

The Member for Chaguanas West also asked the question about the right to arbitration, where there are differences in agreement. Apparently there is a clause that we are amending—section 51—that previously referred to arbitration between T&TEC and the local government authority. One has to remember that arbitration clause was put in there many years ago. Remember this is a 1945 legislation, when T&TEC itself had the right to set rates. If one were to check sections 52 to 54, one would see that in those sections, there are guidelines for the setting of rates. It may not be something that sounds reasonable to us today, because we have been living with the Public Utilities Commission and later the RIC, I believe, since 1966. But prior to that and governed by this legislation, T&TEC had the authority to set rates. In those circumstances, where T&TEC had that authority to set rates, if a conflict were to arise then arbitration could take place. We have come a long way since then, which would make that part of the clause requiring or allowing for arbitration—that clause is now obsolete. What had made that so is the fact that we are operating under the RIC. Once the RIC, as an independent body, makes a determination as to rates, then that is the end of that. There is no requirement or necessity for arbitration. In fact, if citizens have queries, indeed, as sometimes people do, they can always take those to the RIC. Under the Act, the RIC has the responsibility and authority to look after the interest of the citizens. [*Interruption*]

**Dr. Gopeesingh:** As you are speaking about the RIC rates, there is some confusion that citizens do have about the quantification of the billing. They are getting their billing every two months and they are questioning whether they should not get it every month, because if they get it every two months, the amount of electricity they use is a lot more and, therefore, when you quantify it, based on the RIC rating, the bills are higher. Could you just elucidate a little bit on that for us?

**9.30 p.m.**

**Hon. M. Abdul-Hamid:** Sir, I do appreciate the question and it will require a comprehensive answer, but the short answer to it is that the billing period, even that is determined by the RIC. The RIC would have gone through a very long

consultative process, and at the end of that process they would have made a number of determinations. It is a whole package they would have constructed, and part of that they would have included a two-month billing period.

In fact, though, I must advise that that has a positive effect on the customers. Part of the reason for that was to ensure they were able to allow for a longer billing period. I think it has a positive effect on the rates that customers are charged. Again, that was as a consequence of an extended consultative process. That would require a thorough explanation of the work of the RIC and is something that we can do at a later date.

I am explaining to the hon. Member for Chaguanas West, there is no need for arbitration at this point in time, simply because we have passed the stage or the period in our history, when T&TEC would have set rates. We have an independent body that now has responsibility for setting rates, and in those circumstances, there really is no need for us to maintain a provision for arbitration.

I am also saying that members of the public who may feel aggrieved about any particular matter, and in fact, when there were issues with the new advanced metering with infrastructure, members of the public had some complaints about their bills and many of them found it appropriate to take those complaints to the RIC, which was quite in order.

The last comment that I want to refer to before we descend into the contribution of the Member for Toco/Manzanilla, was that if we are talking about Vision 2020, we have to come to this House to make comprehensive changes to our laws. The hon. Member for Chaguanas West is right, the legislation is a 1945 piece of legislation; there are indeed clauses and issues inside there that we need to update—indeed that very arbitration matter—and there are others.

In fact, you would find in there reference made to 75 yards; there are other distances expressed in yards, and there are other more substantial issues. We have already agreed that the legislation is old legislation that we need to modernize and update. We have already begun to review the legislation, so we will be seeing hopefully, shortly, within reasonable time, a new piece of legislation coming to this Parliament.

Those were the contributions that I have said that came from the Member for Chaguanas West to which I have responded and those were the contributions I think were valuable and meritorious.

However, soon after the quality of the contributions plummeted and I will now move to respond to those contributions that were without merit. The Member

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for Cumuto/Manzanilla made a point about T&TEC's debt to NGC. It is fair enough. He asked whether Government were to bail out T&TEC? He made the comment that PNM put T&TEC in a disgraceful situation. It is language like that which causes some of the disharmony in the honourable House, because you see, there is an element of hypocrisy in here.

The hon. Member made his contribution and acted as though that was the first time in the history of T&TEC and the history of NGC, that there was a debt by T&TEC to NGC. Indeed it was not. He behaved as though during the period of the UNC government that this could never have taken place, would never have taken place, and did not take place. Perhaps, he, himself was barely in government and had no idea what was taking place in the government. He may not have known. If that were to be the case I would forgive him, but there were some other comments that he made that gave me the impression he had some idea—maybe he was in the corridor somewhere—of what might have been taking place in the government.

I would like to advise the hon. Member for Cumuto/Manzanilla that in 1999, the T&TEC's debt to NGC was \$256 million. My question is, did the UNC at that time put T&TEC in a disgraceful situation? Is the principle the same? The point that I wish to make is that there is an element of hypocrisy in this particular point, and that element is the element that characterizes the entire contribution of the Member for Cumuto/Manzanilla. It is exactly the same situation. It is not that this is a new phenomenon; this is something that has happened from time to time and different governments have had from time to time to intervene, to correct the situation. It really has to do, in the main, with the problem that we are attempting to fix in this legislation.

Very often the Government would give instructions to T&TEC to undertake certain capital infrastructure expenditure, and being unable in every case to provide the funding as a consequence of the limitation, or providing the funding by way of advances, which T&TEC will have to repay, T&TEC finds itself in a situation where it has to lean on the money that they would normally forward to NGC.

It is a flaw in the legislation. The irony is we are here today attempting to fix that very flaw in the legislation. So, we expect that once the amendments today are passed and approved that this kind of situation with NGC will be something of the past. Governments in the past have experienced this problem, this situation; we have experienced it and we are the first ones to take the steps to introduce the measure that would allow for the restoration of a normal situation as we move forward. I have to face a comment from the hon. Member for Cumuto/Manzanilla,



about some situation when he knows very well that his statements would have been governed by hypocrisy.

The Member for Cumuto/Manzanilla also said that, as a result of the persistent action by the OWTU, we launched an investigation using the Ministry of Finance, Central Audit Unit, he did not go to the Fraud Squad. He also indicated the OWTU would have written to the Commissioner of Police.

Mr. Speaker, the Commissioner of Police is an independent officer. If he received correspondence from OWTU; he evaluates it and he is advised, et cetera; he is free to conduct whatever investigation he chooses to conduct; that is not a matter for me; that is not even a matter for the Government. If the information is before the Commissioner of Police, the Commissioner of Police is the one who has to decide what kinds of action he would want to take, and that is, as I have said, a matter for them.

We have to look and see what options might be available to us. Nothing that the Minister of Public Utilities or the Government does, will or could prejudice the action of the Commissioner of Police. There was a complaint by the hon. Member that we took this matter to the Central Audit Unit of the Ministry of Finance. He complained that perhaps the Central Audit Unit was a soft approach and we ought to have gone to fraud squad or the forensic audit or some other unit.

It is very interesting that he would have that view about the Central Audit Unit, and I will tell you why. The Central Audit Unit was precisely and specifically created out of nothing. It was created in the Ministry of Finance to undertake certain very specific tasks, which I would like to communicate to this honourable House. It says:

- the Central Audit Committee headed by a director will be established within the Ministry of Finance, to monitor the internal operations of all state agencies;

This unit was precisely established to monitor the operations of all state agencies including T&TEC. It goes on to say:

- The powers and duties of the Central Audit Committee are set out hereunder:
  - To provide auditing guidelines and procedures to state agencies;
  - To determine whether funds are being spent appropriately by state agencies, in accordance with agreed guidelines;

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- To evaluate internal control processes and procedures to ensure compliance by state agencies, with applicable laws, instructions and regulations;
- To evaluate and analyze the procedures and practices relating to the auditing of the procurement of goods and services by state agencies;
- To conduct a review of internal audit plans of state agencies;
- To review the best value performance plans and to report to a state agency on any reservations it has on the plans;

So, even if there is a plan being developed and the Central Audit Unit has a reservation, they can report that back to the state agency.

- To keep under review the performance and effectiveness of internal control systems within state agencies, including the planning and operation of the work and results incorporated in periodic reports, submitted by the internal auditor;
- To monitor management responses to recommendations made by both internal and external auditors;

What they are doing with this particular provision is that they can check up on management as well, to make sure that the management is responding favourably to internal and external auditors.

Following a special investigation of a state agency, as requested by the audit committee, the internal auditor is to prepare a report with the appropriate recommendations. The report is to be referred to the audit committee, which would determine the extent to which the internal auditor's recommendations should be implemented; the decision of the committee to be communicated to the state agency to implement the recommendation, and at a later stage, the committee to seek a report on the progress made.

What that simply means is, if they have instructed that actions take place, they can in fact, come back and follow up to make sure the actions are carried through.

- To promote coordination between the internal and external auditors;
- To oversee the policy of state agencies on fraud and irregularity including any action taken under that policy;

So, they have the specific responsibility to oversee the policy of state agencies on fraud.

- To ensure the compliance with recommendations made by both internal and external auditors, to advise state agencies on programmes of value for money reviews and provide guidance to the internal auditors.

There are a number of other provisions, which I need not read out. The idea is that there is this unit that has been established in the Ministry of Finance, to do precisely what hon. Members have been asking for. To examine their procurement procedures, their processes, to ensure that all is in order and consistent with Government policy and regulations, and where there is fraud, to review the institutional infrastructure to deal with fraud and other issues like that.

This is precisely the unit that is properly charged and established to conduct this exercise. So, it is quite normal to expect that as a first step we are going to refer the matter to the Central Audit Unit. I do not understand why the hon. Member for Cumuto/Manzanilla would have an objection to this unit, and have an objection to this matter being referred to the unit, especially when the fact of the matter is that this unit was established on September 19, 2001, when the UNC was in office. This is a unit that was established by them when they were in office, to do precisely what we have asked it to do.

**Mr. Ramnath:** It is a good unit.

**Hon. M. Abdul-Hamid:** We know it is a good unit that is why we have asked this unit to conduct the investigation on this particular matter. It is quite in order, but you want to scream and use dramatic sensationalized terms like forensic audit and fraud squad, to demonstrate a certain kind of drama, when we have done the right thing. The hon. Members know that we have done the right thing; the population will know as well that we have done the right thing.

Exactly what is this right thing that we have done? What have we asked this Central Audit to do? I will repeat. Those of us in the Ministry of Public Utilities wrote to the Minister of Finance and asked the Minister of Finance to ask the Central Audit Unit to undertake an exercise on our behalf.

**9.45 p.m.**

“I hereby request that the Minister of Finance direct that the Central Audit Unit of the Ministry of Finance”—this is a letter dated October 17, 2008—“conduct an audit:

- to determine the procedures and processes employed in the procurement process and/or the award;

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- to identify whether there was compliance in all aspects with the applicable tender rules and procedures and practices governing the procurement and/or the award;
- to identify breaches, if any, found to have occurred in the procurement process and/or the award by the Trinidad and Tobago Electricity Commission in the following contracts:
  - (i) The Advance Metering infrastructure project.”

That is the AMI project. That is a project much has been said. So we asked them to review it.

- “(ii) The purchase of poles from CLUB Lumber”—which was referred to again today;
- “(iii) the purchase of lighting Luminaine arms”—which again, the Member for Princes Town North would have referred to;
- “(iv) the lease of property from Kamus Muffler Works Limited; and
- (v) the purchases from Roopnarine Hardware.”

These are the specific things that we have asked them to do. This is the proper unit and we have asked a proper question, and we have not hidden anything. Every single issue that has been raised, we have already asked the Central Audit Unit to investigate. Do you know why? Because this is a Government that stands on the principle of integrity. [*Desk thumping*] Because we are committed to integrity, we are comfortable to ask this unit to conduct whatever investigation it will; and it is because the unit has been conducting what we understand to be a very meticulous exercise, that they have taken longer than we would have expected, and one must also remember that T&TEC is a billion-dollar company.

There are thousands of transactions that take place within T&TEC on a daily basis, so if you are going to ask for a careful, accurate and meticulous audit, it is going to take time because to go through literally thousands of transactions, and one would expect that ought to be a time-consuming exercise. So we are prepared to wait until the audit is properly done, and those of us in public utilities will simply have to wait. I cannot expect that they will submit an audit that is improperly done, then hear a different argument from those on the opposite side. I will hear a very different argument that we have not done this exercise properly.

We have also heard from the Member for Cumuto/Manzanilla that we cannot let the Minister decide that councillors are the best persons to make requests for

lighting, and he also made some reference to some point about three lamps per councillor. Apparently, some time ago there were some issues about three lamps per councillor. So even if you were talking about three lamps per councillor, one will expect in a council where there are eight councillors, you would get 24 requests per year. Let me give you an idea what the requests were:

Couva/Tabaquite/Talparo—in 2003, zero request; in 2004, four requests; in 2005, one request.

You understand.

Tunapuna/Piarco—in 2003, one request; in 2004, six requests; in 2005, one request.

So even if we were to accept the foolish notion that they had three requests per councillor, it is absolutely ridiculous, you know that. They did not even make their three quota in terms of request. They did not even make it.

Point Fortin, zero as well;

In 2003, Penal/Debe—1; in 2004—0; in 2005—0; in 2008—3.

Man, [*Interruption*] behave.

We must understand that they have not been exercising the authority. The very authority that they have, that you are claiming and you are begging that they retain, they have not been using it in the interest of the people. [*Desk thumping*] And that is precisely why there would have had to be an intervention on the part of the Government, to ensure that we provide the lighting for the citizens of our country.

I must say a word on the NSDP because the hon. Member had to say that since the Minister came in the programme has been shut down. Obviously, the Member for Cumuto/Manzanilla does not know what is happening in his own constituency. We have done electrification. This is where we bring electricity to communities that did not previously have electricity. We have done 745 projects nationally, and this is from October 2007 to now. A 21-month period. In Cumuto/Manzanilla there were 18. [*Desk thumping*] I can tell you where they are. In Fyzabad, there were 13; in Princes Town North, there were 41; Caroni East, there were 10; in Naparima, there were a few, about three. These are electrification projects.

If you like, I can tell you where they are. Right now we are doing one that is about—

**Hon. Member:** Oropune.

**Hon. M. Abdul-Hamid:** You know where it is. Somebody told you. From 2007/2008: Palm Trace; Cumuto Main Road; St. Marie Emmanuel Road, Cumuto; Fishing Pond Road; Old Train Line; Tumpuna Road; Cumuto Main Road; Court Estate. Right now we are doing one I think at Marquis Road, at a cost of \$818,000, Member for Cumuto/Manzanilla. What you must understand is that this is a Government that has been fair and balanced. [*Desk thumping*] We have done in your constituency, Sir, work to the value of \$2.3 million in the last 21 months, and like the Member for Diego Martin North/East has said, "You are too greedy." You are unbelievable.

The hon. Member for Cumuto/Manzanilla is unbelievable. In addition to that, the house wiring in Cumuto/Manzanilla, out of 2,500, 152 of your constituents have been provided with house wiring services. [*Desk thumping*] Do you know what is astonishing? We keep a record of all those who visit our offices— [*Interruption*]

**Mr. Ross:** Call them out. Call them out.

**Hon. M. Abdul-Hamid:** No, no, no. I have to find it. We keep a record on those who visit our offices. We gave the hon. Member 100 forms that I think may have exhausted by now for application—here it is. We keep a record of all those who visit our offices and I was going through the record just to see who are the people that visit our office—and to my surprise, pleasant I must say—we have a record here on March 20 of a Mr. Harewood Mc Kenzie, Harris Singh-Jagoobhar, Jardobai Birsingh, Llewellyn Carrington, and Partap.

**Hon. Member:** What? [*Laughter*]

**Hon. M. Abdul-Hamid:** A visit on March 20, 2009—this is not too long ago—the Member for Cumuto/Manzanilla, Harry Partap, from the corner of Cumuto Main Road and Gadhar Avenue, Biche, and he collected five forms and I am seeing a note that he was high in praise of the NSDP. [*Desk thumping*] I cannot believe it. It is unbelievable. The hon. Member, apparently—and then he comes here and—

**Mr. Speaker:** Order! Order!

**Hon. M. Abdul-Hamid:**—speaks with a serpent's tongue because that surprises me. He speaks with a serpent's tongue. The tongue belongs to the serpent, not him. It is unbelievable and it is exactly the same story that we can get from Fyzabad. In Fyzabad, 137 families' homes have been wired. But do you know why he has objected to the new policy that we have employed? We have

employed a policy where we have set up a technical advisory committee inside of the Ministry, and that technical committee will evaluate all applications and make sure that the applications meet the policy. The Cabinet approves the policy and the criteria, and then they are approved for house wiring.

The reason that we have done that is because we had an experience in the past where we have officers in the field and there are some Members of Parliament—Perhaps the Member for Cumuto/Manzanilla might know something about that; perhaps the Member for Fyzabad might know something about that; perhaps the Member for Caroni East—perhaps he may not—the Member for Princes Town North, may know something about that. We had a problem where there were Members of Parliament who were bullying some of our officers in the field and forcing their hands to get some of the homes of their constituents wired. The problem that was creating for us is that they were panicking some of our officers and at the same time, other MPs who may not have been as aggressive, their applications were sitting down in boxes waiting, so we had to put in place a proper process. So we had some backlog and we have eliminated the backlog, I am happy to report to the honourable House, and we are proceeding on a fair and balanced basis. [*Desk thumping*] All citizens of the country have a proper opportunity. Do you know what I found a bit distasteful? That he would come here—I want to wind up, the Member for Diego Martin North/East is pressing me. Let me wind up "nah".

**Dr. Rafeeq:** I do not know if it is too much, but you could write me the answer. You said that you have now finalized the criteria for this, could you tell us what is the criterion or would you write me the criteria, also?

**Hon. M. Abdul-Hamid:** Sir, I gave an answer in this House, if you had paid attention. You asked questions, but you do not listen to the answer, because I gave an answer in this House and I outlined carefully and specifically in great detail the exact criteria for qualifications to the NSDP. You can ask the question again, or I can give you a copy of the old answer. But what I found distasteful from the Member for Cumuto/Manzanilla, is that he would come to the Parliament and say that the whole programme would have shut done. When he knows that is not to be the case because he is experiencing great success. But what he is in fact attempting to do, is to blackmail me to make me feel as though the programme is a failure and I should rush and try to wire houses in his community and to service all his needs in circumstances where there is need in the whole country, and that has been opposed generally. I do not propose to depart from the policy that we have agreed. [*Desk thumping*] We propose to continue to operate in a fair and just way that we have always operated.

*T&TEC (Amdt.) Bill*  
[HON. M. ABDUL-HAMID]

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Mr. Speaker, some of the other issues that they would have raised concerning Urbis and others, all of these would have been dealt with and the Member for Princes Town North, I am sure he would have read it in the *Hansard* from the Senate, because that is where he would have sourced his entire contribution today—*[Interruption]*

**Mr. S. Panday:** I caught you.

**Hon. M. Abdul-Hamid:** Urbis, which is a point raised by Cumuto/Manazilla, were granted that contract as a consequence of a public tendering process. Urbis is a United Kingdom based company that met the specifications and offered the best quality lamps at the lowest price. The board at the time was very comfortable with that particular— The Itron was not raised, but they were the suppliers of meters. The tenders were invited on March 01 and were closed on June 16, 2006. Nine companies participated and Itron won that contract. There were other minor issues. And the last one, a public tender was in fact issued for the purchase of the poles. Remember, those wooden poles were purchased at a time and at that particular point in time, the world market steel was expensive and scarce and it was a long, lean time to get steel poles, and so they went in the direction of trying to obtain some wooden poles. They have done so, but we have since resorted to purchasing steel poles; the international circumstances would have changed considerably.

Mr. Speaker, I would like to just commend this Bill to this honourable House. This Bill represents a major movement forward for T&TEC. It is an improvement in the situation that obtains today. You will indeed have the Parliament having a clear sight of the projects that will come in the public interest in accordance with public policy considerations and I ask hon. Members to support what is indeed a progressive Bill and let you see the Trinidad and Tobago Electricity Commission serve every citizen of this country and provide improved service to our citizens and provide a better quality service.

Thank you very much. I beg to move. *[Desk thumping]*

*Question proposed.*

**10.00 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 7 ordered to stand part of the Bill.*



*T&TEC (Amdt.) Bill*

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*Question put and agreed to, That the Bill be reported to the House.*

*House resumed.*

*Bill reported, without amendment; read the third time and passed.*

**COMMITTEE OF PRIVILEGES**

**(DR. TIM GOPEESINGH)**

**Mr. Speaker:** Hon. Members, earlier on this afternoon, I intimated to the House that a matter of privilege was to be raised later on in the proceedings. The time has come for this matter to be raised. I call upon the hon. Member for St. Joseph. [*Desk thumping*]

**The Minister of Public Administration (Hon. Kennedy Swaratsingh):** Mr. Speaker, in accordance with Standing Order 27, I raise in this House a motion directly concerning the privilege in the House.

During the debate on the Emergency Ambulance Services and Emergency Medical Personnel Bill, on July 17, 2009, the hon. Member for Caroni East said without producing a shred of evidence, that he has been told that there is an issue of ethnic cleansing at the Port of Spain Hospital, as far as the doctors are concerned. He went further to say that most of the East Indian doctors have had to leave the Port of Spain Hospital and the Port of Spain Hospital is a virtual African hospital now.

The literature is clear that the term "ethnic cleansing" is used to describe the persecution through imprisonment, expulsion or killing of members of an ethnic minority by a local majority to achieve ethnic homogeneity in majority controlled territory. The term entered English and international media used it in the early 1990s to describe war events in the former Yugoslavia. The term is synonymous with the word "genocide". To put an example is the Nazis in the extermination of the Jews.

Subsequent to the Member's allegation about ethnic cleansing in the House, the Member went outside of the House and named a number of prominent doctors whom he alleged were victims of ethnic cleansing in the public health sector. However, several of these doctors have already refuted his claims including Dr. Lall Sawh, Dr. Vijay Naranyasingh, Dr. Shivanand Ramdeen among several others and no doctor has said to date that they were forced to leave the Port of Spain Hospital because of ethnic cleansing. I have attached the relevant article.

Dr. Frank Ramlackhansingh, the public relations officer of the Trinidad and Tobago Medical Association has also stated publicly that the Member for Caroni

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East has embarrassed the whole medical profession and has confirmed that his claims of ethnic cleansing have no merit. Again, I have attached the relevant article.

You will recall that when the comments of these doctors were brought to his attention today in the House, the Member did not apologize to this House for making an erroneous statement in this House, as is the well-established practice. Instead the Member further lowered the dignity of this House by making disparaging remarks about his medical colleagues. It should be noted the Member for Caroni East is an experienced medical practitioner and a former chairman of the North West Regional Health Authority. On diverse occasions he has come in Parliament and declared that he has intimate knowledge of the public health system in Trinidad and Tobago. He has filed motions, raised matters on the Motion on the Adjournment and participated in debates on the health sector and at all times professes to know everything that there is to know about the public health system in Trinidad and Tobago.

The Member for Caroni East is also a university graduate with postgraduate qualification. He likes to tell us that he is a widely travelled man in the world. He must therefore know what the term "ethnic cleansing" means and he must also know that there is no programme of genocide within the public health sector of Trinidad and Tobago. I wish to make it clear that the Member's use of the term "ethnic cleansing" to describe an alleged situation within the public health sector is central to the offence committed by him. The term has well known connotations and a specific meaning and cannot be construed otherwise.

In the circumstances, I am of the view that the Member for Caroni East has committed a grave contempt and deliberately misled this House by alleging that there was an issue of ethnic cleansing, that is a programme of genocide at the Port of Spain General Hospital. I am also of the view that it is clear that the Member knew or ought to have known that there is no programme of ethnic cleansing at the Port of Spain General Hospital and in making his allegations he thus intended to deliberately mislead this House.

Against this background, it is my submission that the Member has committed a contempt of this House on three substantive grounds.

- (1) His statement to the House on July 17, 2009 was a wilful attempt to mislead the House.
- (2) Such licentious speech on the part of the Member was a reckless and intentional abuse of the privilege of freedom of speech in this House.

- (3) The Member's failure to apologize to the House after it was brought to his attention that his reckless claims have been publicly refuted has brought this honourable House into odium and ridicule and lowered the dignity and standards.

Indeed, Mr. Speaker, Erskine May states that it is inconsistent with the dignity of the House, with the duty of a Member to his constituents, and with the maintenance of the privilege of freedom of speech, for any Member of the House to recklessly or intentionally abuse his privilege of freedom of speech. It is the personal responsibility of every Member of Parliament to maintain those standards of conduct which the House and the electorate are entitled to expect to protect the good name of Parliament and to advance the public interest.

It is for all these reasons and the grounds set out above that I request that you refer this matter to the Committee of Privileges for consideration and report.

Thank you. [*Desk thumping*]

**Mr. Ramnath:** People have no rights to speak in this House.

**Mr. Speaker:** Order please, Member for Couva South. Hon. Members, the issues raised by the hon. Member for St. Joseph are indeed substantial issues. I will have to study this matter carefully and I will rule at a later date.

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

**The Minister of Public Administration (Hon. Kennedy Swaratsingh):** Mr. Speaker, I beg to move the following Motion standing in the name of the Minister of Works and Transport:

*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.

I am pleased to address this honourable House on the matter of the recommendation contained in the Eighty-Ninth Report of the Salaries Review Commission. That report results from a general review of the salaries and other terms and conditions of service of office holders which fall within the purview of the commission. Sometime ago, Cabinet agreed that a regular three-year review schedule be maintained so that compensation packages for officers within the purview of the SRC may be kept relatively current. In keeping with that decision, the SRC undertook with the approval of His Excellency, the President of the Republic of Trinidad and Tobago, its latest general review.

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[MADAM DEPUTY SPEAKER *in the Chair*]

It is important to note that the SRC in conducting this review was guided by the following principles:

- (1) Remuneration should bear fair comparison with current levels of remuneration paid within the private sector for broadly comparable jobs, taking into account differences and other conditions of employment.
- (2) There should be appropriate levels of remuneration to attract, recruit and retain persons of suitable competence, experience, knowledge, skills and personal attributes to fill positions of very high responsibility and trust.
- (3) There should be appropriate differentials in compensation to take into account significant differences in the level of responsibility between one office and another.
- (4) Compensation packages should provide motivational and intrinsic value.

While this consideration was taken into account, Members of this honourable House should be aware that there is probably no previous occasion on which the SRC undertook a review in an environment that has been as challenging as the one the country and indeed the world has faced since August 2008. Of course, I speak specifically on the prevailing economic conditions worldwide.

The SRC has admitted to the difficulties it faced in the preparation of its report. To put the matter in context, I repeat the words of the Commonwealth Secretary General, Mr. Kamallesh Sharma, in his recent address at the Twenty-third Dr. Eric Williams Memorial Lecture.

“The world has barely been able to absorb rapid serial shocks recurrently of a financial crisis with colossal destruction of assets in the developing world which had no hand in it. We are also in a food security crisis, an energy crisis and a population crisis, an environmental one.”

The SRC in its report stated that while it has been the custom of the commission to gain an appreciation of the economic context in which such reviews were being held, on this occasion the commission had to seek continuous updates of data. As a result, it is necessary to review its recommendation on several occasions. We should all be able to understand and appreciate the commission's comments on the difficulties experienced in the conduct of its review, in the context of the precariousness of the global economy and its effects on the local economy.

Indeed, in its April 2009 world economic outlook, the International Monetary Fund is projecting a contraction in global growth of 1.3 per cent in 2009, followed by a very gradual recovery. Globally, salary wage freezes and cuts are the order of the day in both the private and public sector as business entities attempt to navigate their way through the economic and financial morass.

Of even greater concern are reports of increasing unemployment in developed and developing economies. In its publication entitled, "Global Employment Trends in January 2009", the National Labour Organization highlighted a number of scenarios of unemployment all of which indicate that there would be an increase in the global unemployment rate, 2009. We must appreciate that we are not immune from the challenges which other countries have been experiencing. For us on this side, the preservation as far as possible of existing jobs is essential and the utilization of tough measures such as that recommended by the SRC may actually be preferable to the possible alternatives.

While we fully endorse the sentiments of the SRC that are required during this time, its prudence and sacrifice at all levels of society, there is no need for us to despair. On that note we should be aware that despite the climate of uncertainty to which the SRC has referred, there has been some indication of improvement in the country's economy. The SRC report correctly noted that headline inflation which includes major elements such as food, housing and transportation which stood at 15.4 per cent on a year-on-year basis in October 2008 slowed to 11.7 per cent in January, 2009. The positive trend has continued for its economic bulletin in July 2009, the Central Bank of Trinidad and Tobago reports that the slowdown in international prices and economic activity has eased domestic and inflationary pressures. Headline inflation decelerated to 10.3 per cent in the 12 months to May 2009, from 14.5 per cent at the end of 2008.

The bulletin continues that this reduction was driven in large measure by the deceleration in food price inflation from 30.6 per cent to 19.6 per cent.

**10.15 p.m.**

Mr. Speaker, the Central Bank has also reported that the agricultural sector in Trinidad and Tobago has registered robust growth of 27.5 per cent. I am delighted to report that the growth in this sector is as a consequence of prudent management on this side. [*Laughter*] Apart from our input and incentives in the sector, the high output of vegetable and root crops courtesy the Tucker Valley mega farm has been cited by the bank as contributing to agriculture's improved performance.

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Additionally, the bank has pointed to positive growth in the transport, storage and communication sectors led by more extensive communication to activity. Given the need for prudence, it is indeed heartening to see the ease in domestic inflationary pressures. This is leading to a measure of relief for all citizens and in the context of continued uncertainty should make the measures recommended by the SRC easier to contemplate.

Endorsing the SRC's recommendation that existing salaries should be maintained for all office holders within its purview with specific exceptions, and may I stress the word "maintain" and not cut. According to trends in our regional counterparts, the Government is not unmindful of the possible disappointment that undoubtedly is to be felt by the many dedicated, committed and hard working office holders who are affected by our decisions.

Although members of the media only highlighted that the President, Prime Minister and Members of Parliament would not enjoy increase in salary, the reality is that there are a large number of other office holders who fall within the purview of the SRC. These include: judges, top managers in the civil service, certain statutory bodies, senior officers in the protective services and defence force, judicial and legal professionals, members of various commissions and boards, such as the service commissions. These are persons who have contributed and continue to contribute to the country, sometimes under challenging circumstances.

If there is any comfort to be drawn from the current situation, it is that we are all affected and I would like to urge that we all accept the sacrifices which we are called upon to bear at this time. Speaking of sacrifices, may I stress with respect to the salaries, Members of Parliament and the work we do, I am sure that my fellow parliamentarians may agree that the work we do is truly for the love of Trinidad and Tobago and the people that make up our twin-island in which we are called to serve.

The SRC rightly recognizes that our responsibility falls inside and outside of the House, inclusive of the demands at the constituency level, and as such, as a Member of Parliament, I can say we are ready to accept this sacrifice. These are unusual times and there is no guarantee that the turnaround would be as sudden as the crisis which befell the entire world.

The Central Bank in its July 2008 bulletin has indicated, after 15 years of positive economic growth the domestic economy is expected to feel the effects of slowing global demands and growth by less than 1 per cent. All citizens of

Trinidad and Tobago must be prepared to make sacrifices that may be needed to assist us in emerging from the crisis in the shortest possible time frame. We need to treat also with the issue of productivity, to pursue those courses that would assist us in making improvements in our productivity.

Madam Deputy Speaker, understanding the sacrifices which may be demanded of us all, I want to assure this honourable House that where those sacrifices have to be made, we on this side will continue to strengthen the safety net for the most vulnerable in our society and those who do not have the capacity to care for themselves. For the office holders within the purview of the SRC, we have accepted the recommendation by the SRC that consideration be given to an early review of their remuneration arrangements, notwithstanding the accepted three-year schedule, should there be an improvement in the economic environment.

I wish to reiterate that for all those public officers who fall under the purview of the SRC, who at this time are experiencing some disappointment, it is no reflection on the esteem that this Government has for the dedication and support, and we continue to hold them in high regard as we all go through this time together. I firmly believe that this salary review, given our current environment, is fair and equitable and should be accepted and supported by all the Members of this honourable House.

I beg to move

*Question proposed.*

**Dr. Roodal Moonilal** (*Oropouche East*): Thank you very much, Madam Deputy Speaker. On this matter of the Motion:

“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.”

In the name of the Minister of Works and Transport, I would like to make what I would like and what I am hoping, to be a brief contribution at this hour of the evening, cognizant of the fact that there are at least three other Members on the Opposition side who may also wish to contribute. [*Interruption*] So, I am hoping that I would not be too long and I would use the opportunity of speaking almost in headline terms on a few issues that affect us all.

I want to begin by saying that I am terribly angry at this moment [*Interruption*] on reading and receiving this Eighty-Ninth Report of the Salaries

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Review Commission. Terribly angry! Because, there are serious issues here, not only to the quantum and the issue of figures, salaries and so on, but the general philosophy and policy adopted by the SRC. I am also a bit scared of raising too many matters with the SRC, because the way things are going now, I could be taken to the privileges committee if I speak in a negative light about the Salaries Review Commissioners, so one has to be very careful when we speak about groups outside of Parliament, not inside.

I wanted to make a comment about the doubles vendors but then I could be hauled before the Committee of Privileges for bringing the doubles vendors into disrepute.

Madam Deputy Speaker, I want to raise a few introductory issues in terms of the approach of the SRC. I have great respect, of course, for members of the board, the commissioners themselves, several of those persons we are familiar with in the area of human resource management, industrial relations, law, personnel management and so on, and several of them are well known.

I want to take the House back to February 24, 2006 when several of my friends opposite were not yet on the compound. They were not here. It was on February 24, 2006 that the last report of the Salaries Review Commission was debated in this House. There were several interesting features about that. It was a Friday night, but it was a Friday before Carnival and when we were in the House, they were pulling pan outside at the same time and colleagues were eager to finish this debate and scatter. At that time there was a significant increase in salaries for the Prime Minister, the President and others, and we came again in the dead of the night to debate that.

I looked at the contributions on February 24, particularly the contribution by the then Minister of Trade and Industry, the hon. Kenneth Valley, the contribution by then Opposition Chief Whip, Ganga Singh and the contribution by the Prime Minister and Member for San Fernando East, who was at the time the Minister of Finance, so I am drawing and making some references to those contributions and what those contributions promised. The Prime Minister and the Minister of Finance on that occasion made the point that the Salaries Review Commission is a creature of the Constitution pursuant to sections 140 and 141 of the Constitution. I do not want to read this out but Members could look at it and find out the functions of the commission.

The Prime Minister also said at that time that the commission acts as an advisory agency. They advise on salaries. It is the Cabinet, it is the Executive that



has the final say according to the Prime Minister, on salaries, not the Salaries Review Commission—that is a very important point—so they act in an advisory capacity and the Cabinet may or may not accept the recommendations. On that occasion there was a matter of a constituency allowance that the SRC proposed, the then Cabinet refused to accept that and they left it for administrative arrangements. On this occasion it appears that the Cabinet has accepted the report in its entirety and proposes now that the House adopts this report. That is the first point.

The other matter is that the Minister already took us through the report in terms of the considerations that the SRC looks at. The Minister told us what they were looking at, the considerations, their formula and so on. I want to say there is a built-in contradiction; on the one hand you are saying that we must act fairly to ensure that persons are properly compensated so that they can meet their cost of living, they can meet their expenditure, and in the same breath you are saying cost of living going up—the price of food went up, the price of transport went up and the price of fuel went up.

So, you are saying that persons must be fairly compensated to meet their demands and you indicated that those demands are going up, but then you draw a conclusion that we will not get a salary increase. So how is that working? That to me is a contradiction. Almost illogical! You admit that the cost of living is going up and in some cases food in particular by 70 per cent over the period 2005 to 2009. But in the same breath you decide that I will not give you any salary increase although the cost of living is going up. It is a contradiction. That is second.

The third point is another issue of industrial relations law—I believe, yes—where there is a term “inability to pay is not a defence”. When you are in contract negotiations and so on, an employer can claim inability to pay, but that by itself cannot stand because there are other factors that you must consider. So, whereas, in the SRC report they indicate that we must look at the economic and financial developments in the country, there are other considerations as well, and a key consideration is that we must seek to recruit the best talent possible, to retain the best talent possible and to motivate the best talent possible in the public service. We will reach nowhere as a developed country if we cannot recruit, retain and motivate the best talent in the country. This is a critical development challenge for a country that aspires towards developed country status.

So when you position yourself to look at salary increase and so on, you must look not only at the economic and financial developments in the country. Not only at that—and I want to reiterate at this point that we have been told on several occasions that this country is not in a recession. Trinidad and Tobago is not in a

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recession. We have been told that. So, we are not in a recession, we are not even in negative growth. The economy of this country is still expanding, the rate of expansion is decreasing but it is still expanding, so we are not declining. In fact, this Government boasts of their sound economic management. Where did that sound economic management lead the public service? To get a zero increase in salary. That is where the economic management led us? Well, then we probably were not managing well enough.

I am speaking—I will come to the issues here—about public office holders, state attorneys, magistrates—

**Mr. Ramnath:** Speaker and Deputy Speaker.

**Dr. R. Moonilal:** I will look at what the Speaker and Deputy Speaker receive, but I am speaking, not of the President and Prime Minister, I will get to them later on. *[Interruption]* I am speaking to managers and statutory bodies, members of boards, the Industrial Court judges, magistrates, judges as a whole and commission members.

The purview is wide, and when you look at the classification, for example, in the Judiciary where you have a situation where there is a backlog of work—magistrates are handling and junior attorneys are handling at entry level positions—you must provide a decent salary and compensation package to recruit, retain and motivate, otherwise skilled persons will use the public service as a revolving door to get in, grab some experience quickly and move to the private sector if we take this approach.

**10.30 p.m.**

So we are in the context where the economy is not declining, according to the Government; we are not in recession and according to the Government we will not be in a recession, so we must put in that point already, yet the Salaries Review Commission chose to concentrate on only one of their three considerations: financial developments in the country. Current remuneration trends, general level of adjustments; relative positioning of jobs, and so on, they indicated that it should bear fair comparisons with current levels of remuneration.

So I am pointing out in the beginning the contradiction in the approach of the Salaries Review Commission. I am indicating at the beginning that they have promised a compensation strategy, a new policy; it is not reflected in the report. Apart from that, the Prime Minister is on record in 2006 as making another important point. He says that compensation policy is a matter for the Government, not the Salaries Review Commission. The Government sets the policy and the

SRC operates within that framework of Government policy. So it is the Government that has to set the policy, not the SRC in this case.

I am asking the Government to indicate whether between 2006 and 2009 the Government had established a policy framework for the SRC to operate. That is the issue, because my understanding is that there is no policy framework, so they act in a vacuum; they do anything they want. They call in people and talk and interview, like you audition on Mastana Baha, or something like that, and then they go and they get an idea of, you know, what job somebody is doing somewhere in Cedros and so on.

So I am very concerned about the approach of the SRC towards looking at very important functions. I mean, I do not want to get into details, but you are looking at persons in customs, immigration, the defence force, the Chief Immigration Officer, Occupational Health and Safety and, of course, a new area outlined only today, the Equal Opportunity Commission which is now established. So the approach is very serious.

I will just go to a few examples now, of my point, because I think the House understands well my issue of the role of Government in developing home-grown local resources or what we call, human capital capacity. A government has a role in developing human capacity in a nation state. You cannot treat lightly the issue of compensation policy and there is no compensation policy that is set for the SRC. That is one.

So I want to move on now to a few areas. The report provides for the first time, I want to note, for the Equal Opportunity Commission and members of that commission. Again, without reciting the entire package, and so on, what is interesting here is that the commissioners of the Equal Opportunity Commission were appointed around April 2008; this is now July 2009. According to this report, the chairman of that commission will be in a position to receive what could well be about \$.5 million in back pay and that commission has not heard a complaint from a nuts vendor in Trinidad and Tobago; they have heard not one complaint from any citizens, because they do not have an office; they do not have investigators; they do not have staff; they have half of a building; piece of a table and those members were appointed one year ago. So the fact is, according to this report, you will have almost \$.5 million for the chairman; \$.25 million for the deputy chairman; \$100,000 for members for the last 14 months or so. That is what they are entitled to, according to this report.

Again, it is a shame and a disgrace that persons have been appointed to office, have not functioned in the office; that is one thing, but they are entitled, according to this. We cannot deny them. We point out the inefficiencies, that we are paying people, really, for what—

**Dr. Gopeesingh:** Is the Government to blame for that.

**Dr. R. Moonilal:** The Government, by its own lackadaisical attitude towards dealing with the Equal Opportunity Commission, results in this money being expended when there is no work done. It provides for another area I want to mention briefly, local government.

Now, there has been a zero increase across the board, so apart from the Commissioner of Police, whose package increased accordingly because of the change in the Constitution and the law that provides a greater responsibility—the Constitution (Amdt.) Bill—to the Commissioner of Police. That has changed. But in local government there is another anomaly that emerges, that the local government office holders are getting the same amount of money they did before. So there was no increase with their package. But the Government proposes to introduce the executive council; local government reform in 12 months. With full-time chairmen; full-time mayors, executive officers, and so on, you would think that the Government will say, "Well, let us hold our hands on this as well." No election, no commission report.

What happens when the new body comes into being? Will you run back to the SRC to tell them quickly, develop some interim compensation package for those new office holders? What is the position of the new office holders in the context of the local government reform? What will happen? Because you cannot continue to pay a full-time executive mayor, for example, the very salary that you are offering under the SRC. So that is an anomaly that the Government will have to deal with.

For the record, the compensation package of some of these chairmen from boards, and so on, would be almost \$38,000 a month. Do you know what is striking, too, in some of these things is that—again, I do not want to be overly critical on the members of, what you call, this committee, but you look at members of commissions and so on, here, medical benefits are provided to members of a statutory body. Members of Parliament do not have medical benefits and somebody running a village council or a state-owned council somewhere—state-operated; state controlled—has medical benefits under this SRC. You ask yourself, where is the equity? Because equity and fairness must also be two guiding principles in designing a compensation strategy. It must be equitable; it must be fair.

The SRC admitted at the beginning that it did not undertake a compensation survey. So it did not. What it did was call people in a room and talk to them about what they

are doing. It did not undertake a compensation survey which would have been extremely crucial in coming up with a package as to what to offer and who to offer.

In looking at this matter as well, it indicated—and again I really do not want to repeat everything the Minister said; I think he quoted nicely from the reports, but on the issue of wage and wage differentials at point 21 on page 7, it looked at the issue of wage developments across sectors and across industrial occupational groups; made reference to Central Bank data and so on. But you have a situation where, in the public service, there is a greater differential now appearing between the highest office holder and the lowest.

Generally in wage negotiations, and so on, it is generally felt that you should have a wage differential in an organization not more than one to seven or so. And if you look at this, there are wage differentials here of one to 12 in some cases, if you look at the lowest paid to the highest paid—one to 12. This is a serious problem. It breeds inequality, inequity and an unfair approach.

**Mr. Swaratsingh:** I was just interested in finding out; I know the commission did invite persons to make submissions and I am wondering, did you all participate in that—

**Mr. Ramnath:** Why you asking that for?

**Dr. R. Moonilal:** I want to indicate to the Member that all groups of people who they invited would have had participation, including Members of Parliament and elsewhere. The complaint here is not the opportunity to hear the grievance; it is the failure to reflect the complaint in the report. That is the problem. They know the complaint well. In fact, they indicated at different points, the complaints, but there is a failure to reflect it in the actual package that they come up with.

As I say, there are other speakers here, but I want to make references to a couple of the categories that they are looking at. If you look at—and, you know, I do not want to spend too much time on Members of Parliament, because, really, we should not be pursuing our own interest in this matter—

**Mr. Ramnath:** We have no other choice.

**Dr. R. Moonilal:** But on the last occasion the former member for Caroni East, the hon. Ganga Singh, spoke at length on the role of Members of Parliament and Ministers and so on. Again, it is my humble submission that the SRC did not fully consider the changing role of Members of Parliament. Because, you see, I want to get back to what I was talking about earlier, the Westminster system—and it is the Westminster and not the "Westminister".

In this system that emerged from England, an MP was really meant to be a part-time operative, somebody who would come to London once every two weeks; travel by train for 10 hours and generally he goes to Westminster, he will report on the people out there; what are the views out there. In those days you would not have had newspaper, television and radio, and so on, so when you came to Parliament, you really came to Parliament as a Member of Parliament to bring the views from those people out there, so that we can better inform ourselves on policy.

Today, a Member of Parliament is not a creature from 18<sup>th</sup> Century England. Today Members of Parliament run full-time offices. In fact, our staff is full-time. We deliver on a daily basis, 24/7. I mean, on a day like today, you have something called duty allowance for protective and other areas, but Members of Parliament should have a duty allowance. This job of Member of Parliament is not 8.00 to 4.00. Many on the other side understand that well: Morning, evening, night, Saturday, Sunday, public holiday—

**Hon. Member:** Look at now.

**Dr. R. Moonilal:** Yes, this is it. You work in your constituency. When there is a public holiday and you have 10 sports days to go to, you do not tell the people, "Well, it is a public holiday and I need to be home with my family." Not at all. That is your job as a Member of Parliament.

So a concept of a duty allowance is proper to be given to a Member of Parliament. Members of Parliament today—I mean, I am just mentioning a couple issues and moving on. Look at Members of Parliament, the work we do today; the level of traffic we have in this country, where our constituency is located. There was a time when Members of Parliament, Ministers, and so on, never needed a driver, a chauffeur. The way this country has changed now, from point one to point two could take two hours one way. Four hours a day you are on the road driving; you have functions to go to in the evening and so on. So these are things that we must look at, but, as I said, I do not want to dwell too much on Members of Parliament.

I want to get to justices, magistrates, members of the Judiciary and so on. You have a situation where a judge will receive \$30,000 a month. Now, a judge receiving \$30,000 a month—a junior Minister gets how much? \$33,000 a month? So you are putting persons—you know, in this day and age when you look at the cost of living, the cost of maintaining a decent life for persons in high professional areas and so on, \$30,000 a month is nothing. *[Interruption]*

**Mr. Ramnath:** You do not have any complaints. You have friends in high places and I could prove it. Meet me outside.

**10.45 p.m.**

**Dr. R. Moonilal:** Madam Deputy Speaker, I am looking at some of the groups here. Magistrates get a salary of about \$20,000 a month. They get some benefits, but generally, when you look at salaries, you are looking at \$20,000 more or less for a magistrate. Matters will come before a magistrate where some multimillionaire is before the court and, to get him bail, you can get three times your monthly salary.

You have to be serious when people are in professional places. They have given their lives; they have made sacrifices and they are making sacrifices. I do not readily buy the argument that making sacrifices for public service means taking less money. Sometimes we make that equation. So the more sacrifices you make, the less money you should take, so if you work for free, that is a real good sacrifice. We cannot use that logic.

People are in public service and not in the private sector and professional persons will not command the income they will command in the private sector, but that is no reason to treat them like shirt-and-tie vagrants. That is why when public officers retire they cannot stay home; they have to get a little end here and there. Police officers have to do bouncer work; lawyers need to get a contract position here and there because in the public service they were not properly compensated. There is a proper need to compensate persons. I am using the Judiciary as one example. A magistrate on contract earns \$18,600 per month; legal officers, \$12,000 per month. This is crazy. You cannot pay people like this and expect them to be motivated to remain in the public service and to give their all.

There is a downside I would like to talk about. The persons who are truly marketable and are skilled get offers in the private sector or in the international public service—international organizations related to law, politics, the World Health Organization, the Pan American Health Organization—which they accept because the compensation is not just better, but much better.

If they are compensated in a fair way, they will accept less to work for their country. We believe that Trinidadians and Tobagonians generally, citizens of this country, almost 90 per cent would love to work for their country and be in the public service, but you have to begin that process by treating them in a fair way. I humbly submit that the SRC has collapsed as it relates to fairness and equity in the provision of this sort of pittance to state Permanent Secretaries and managers in the public service.

I am looking at some of the office holders on page 49. You are giving Permanent Secretaries allowances and so on and top managers in the public service, salaries of \$20,000 per month. I do not want to go on. There are many examples of this that does not cut it, if you are going to retain the best talent in the public service. My opinion is that the Government and the State would lose quality service, not only through discrimination, but by the failure to provide a fair, equitable and just compensation package.

What the Government has done over the years—and it is reflected on page 63 of the report—is that in some statutory bodies, the Government has taken steps to bring them out of the purview of the SRC. Unless I am mistaken, I am not seeing UDeCott. I was looking through this because Calder Hart said he had five salaries. I was looking for the chapter under which these five salaries would fall, but he is not to be found here. His more than generous compensation package is taken care of by Government policy outside the scope of the SRC. So while we are "scrutning" around looking for a little medical help and a little transport allowance, our friend Mr. Hart and others are benefiting by taking the Treasury through administrative, political and policy directives. It is a strategy the Government used at WASA.

You will recall the officers under the SRC from WASA. By 2002, the Government removed those offices from under the SRC and provided a parallel structure where Cabinet had approved certain positions and terms and conditions of work that were outside the SRC. So you created jobs at WASA; you called in people and gave them fat salaries outside of the SRC and while that is happening, you had State Attorneys and so on struggling.

Look at the work of the DPP. Look at the burden of a DPP—facing an Attorney General who wants to fracture the Constitution, bully the DPP into charging Panday and Sat Sharma. Look at what is required of a DPP and you provide a \$25,000 a month salary, more or less. That is a shame and disgrace. If he were in private practice, he would get that by 8 o'clock in the morning working.

So what quality human resources do you expect to get when the SRC does something like this? I want to put the blame back at the steps of the Government. The Government is not in a position where it must accept the report. They can choose not to, as they did before, and not accept certain sections. They cannot just accept this and believe that all is well, Madam Deputy Speaker.

The Government spent billions of dollars. Look at the Brian Lara Stadium, the catastrophe in Tarouba, the Waterfront and the national Prime Minister's house.



Billions of dollars went and, today, when the billions of dollars have gone, the state counsel, the DPP, lawyers in the public service, managers in the public service, cannot be given a dollar increase on their salaries when the country is not in recession.

I do not want to get too much into the work of the Ministers. I know they work very hard or hardly, in the case of the Member for Diego Martin North/East. They work hard so that they can bring their own points. In fact, they have had an opportunity, at Cabinet, to raise their voices and make suggestions. I do not think they did, but they would have had an opportunity.

Their Prime Minister has a certain ideological position, about which we have spoken to him. The Prime Minister has this cock-and-bull story about Members of Parliament and the public service; that they should not get medical and better conditions because they are part-time. When he was saying that, he increased his salary 100 per cent, built a mansion and I understand that he has an apartment in Havana. He has accumulated unto himself his wealth.

**Miss Mc Donald:** *[Interruption]*

**Hon. Members:** *[Loud talk]*

**Dr. R. Moonilal:** Please, Madam Deputy Speaker, I need some protection from the Members opposite.

**Miss Mc Donald:** He is mischievous.

**Madam Deputy Speaker:** Hon. Members, hon. Member for Oropouche East, I am on my legs. *[Members become silent]* Continue, hon. Member for Oropouche East.

**Dr. R. Moonilal:** Madam Deputy Speaker, I was making the point that when we reach the day that managers in the public service, local government officials, members of boards and commissions cannot get a decent salary, staff cannot be attracted. *[Interruption]* I am very glad that at this hour I am able to attract attention. That is quite significant.

Madam Deputy Speaker, the Prime Minister and others increased their salary back in 2006, Carnival Friday night at 12 o'clock, and today they have spent all the money and the lower levels of the public service cannot enjoy a decent standard of living. This has serious implications for the performance of the public service and their level of motivation.

The strategy of this Government is very clear. They will separate workers and decrease over time the purview of SRC. When you bring on stream the Trinidad

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and Tobago Revenue Authority, those persons will not be under the SRC; they will be on contract and managers there will be able to draw hefty packages. They will operate completely outside of any SRC that the rest of us need to operate within.

Those are a few of the issues. I am sure other Members will have other comments to make but, on that ground you will understand our discomfort with the approach of the SRC and where we are today.

I thank you.

**Mr. Chandresh Sharma** (*Fyzabad*): Madam Deputy Speaker, this matter that is attracting our attention requires us to have a collective approach because it affects a large number in Trinidad and Tobago.

Tonight I would like to offer a few comments and observations as they relate largely to elected officials in Trinidad and Tobago, namely Members of Parliament and local government practitioners.

The persons who compiled this salary review report indicated in their introduction that they had looked at a number of factors, some local and some current, and indicated that they had look at public sector officials in the United Kingdom, Canada, Singapore, Jamaica, Australia and New Zealand, among other places, I suspect.

[MR. SPEAKER *in the Chair*]

They were arguing about something that is different. One has to look at the culture of Trinidad and Tobago as it relates to the Office of a Member of Parliament on both sides of the House. The Office of a Member of Parliament in Trinidad and Tobago has a different culture in that it treats with the needs of people on a daily basis, oftentimes having to dip into his or her pockets.

I have had the opportunity of visiting the offices of Members of Parliament on both sides of the House. I have gone to some of my colleagues, including Members in Tobago, and I found that they have to do things that the average Member in the United Kingdom, Singapore or Jamaica does not do. This is a country of giving, caring and sharing. There is a large amount of fellowship in the work we do.

If you look at the Member of Parliament here in Trinidad and Tobago on both sides, he contributes to the funeral of every death in the community whether he sends biscuits, alcohol or coffee. We have a culture of raising funds for everything in this country. I have seen barbecue tickets coming from every constituency in this country raising funds for someone who has to go for an operation, rebuild a house in a village that was burnt or something.

Oftentimes, a large number of these tickets have to be purchased by the office of the Members of Parliament. The list goes on.

**11.00 p.m.**

I could give some other examples. This is a praying country and oftentimes there are crusades, bhagwats, one week yagnas, Ramleela and Orisha festivals. All these things cost money and there must be a contribution from Members of Parliament. To ask the Member of Parliament, through this process, to compensate through his office, is always a challenge.

If you look at the 594 schools divided into 39 constituencies in Trinidad, does the 594 schools include the schools in Tobago? I do not think so. You would be averaging approximately 15 schools per constituency. Every school year, there are at least three functions that Members of Parliament have to contribute to; you too, having been a very effective Member of Parliament. I do not want to draw you in. I have seen some cheques being given to schools when you were in office and they were for a fair amount of money. I know that had to come from your personal earnings as a Member of Parliament. A Member of Parliament must not have to compensate and subsidize his office. We are finding ourselves—I find it strange that this report first went to the Cabinet. They would have known about this. Is that out of fear of being chastised by the national community or by a few members of the national community, you fear bringing the reality of the report? If, in every school you may have to make a contribution three times a year and your average contribution is \$500, we are looking at \$1,500 multiplied by 15, that is a large amount of money. How much is that, Sir? It is close to \$20,000. The list goes on.

In recent times, you will find that you have to give donations to every single sporting activity in the village or your constituency, which is a good thing because you want to develop that. Recently, we had children from all our schools in the country who attended the Global Young Leaders Conference in Washington and elsewhere; I think it was Europe. I know the Ministry may also have given some money. The Ministry will tell you that they cannot give everybody. That might be so. Where does the rest of the money come from? A large amount comes from the efforts of the Members of Parliament on both sides. I think this has to be approached in a very holistic and mature way. We must not fear advancing the causes that are right. Our constituents across the country, both in Trinidad and Tobago, expect us to deliver and the Salaries Review Commission must be aware of that. Had they done their research, they would have found that out. Unfortunately, I do not recall anybody from the SRC visiting my office or asking for my office input. That is one aspect of it.

When you look at what obtains, in recent times, the current offices are run with our sub-offices and I am finding that we have to subsidize those offices. The officers who work at our offices, while they are paid by the Parliament, they are not paid their travelling. For instance, today if the average Member of Parliament has to do research into three Bills, that research has to be done by the officers, which will require them to do site visits. We have to compensate them and make gasoline or car rental available.

Recently, after the Summit of the Americas, I was of the opinion that the cars that were purchased would come to the offices of the Members of Parliament. We only needed 39 here and two in Tobago. Some kind of arrangement could be made. Again, we are doing the people's work. Really, there seems to be a weakness in the Government to treat with the offices of Members of Parliament. The list goes on.

When someone comes to my office at an average, I have looked at the figures of offices across the board and there are 200 constituents going to the offices of Members of Parliament. When they come they have to be treated with. Sometimes they come with their kids or an elderly person. Even if you offer them a cup of coffee or a glass of peardrax, as the case might be, there is a cost factor and the Parliament is not compensating for that in the least bit. In addition to that, all the offices have to observe the national festivals of Trinidad and Tobago, because it is a requirement. I do not want to run a constituency office and when Divali comes, I cannot do a Divali celebration or when Eid, Orisha or Carnival comes I cannot do a celebration. Again, Members of Parliament have to dip into their pockets. Maintenance of the culture of the country is critical to the development and preparation of us for First World status.

The thinking I am discovering is that the Government or Members of the Government seem to have a fear of dealing with this. In fact, in tonight's debate, you may not hear any of them speak. The question is: Why? As the Member for Oropouche East indicated, in 2006, there was a particular approach and some of it happened. Members of Parliament are not asking for charity. I am a full-time Member of Parliament. I have been here since 1991 and this is the only work I have done since 1991. If there were eight days in the week, I would be working eight days. I do not wish to blow my own trumpet, but I think, in my own estimate, and a qualified one at it, I am a very effective Member of Parliament, but it is costing me a lot of money in so doing. I want to argue that for all our Members of Parliament, especially our young Members of Parliament.

When I look at my good friend, the Member for Diego Martin Central, a handsome young doctor, and the compensation of doctors, I understand he had a

very good practice. The Minister of Sport and Youth Affairs was a businessman and Dr. T. Gopeesingh is an enormous physician; enormous in many ways in his practice—having to sacrifice, so too the Member for Princes Town North. We can list them one by one and argue. Did you do anything before you came here? There would be one or two exceptions. Even in that situation, I really do not want my point to be lost. I strongly recommend that the Government review and revisit this report and not take it for granted that the commissioners did their work and looked at global figures. Global figures have no applications in your current status. If it cost you \$25 to buy a tin of milk for your child—I would come to the recommendations right now—you cannot argue that you can only do \$10, the child must obtain milk. It is the same way, when constituents come to my office and go to the offices of my colleagues opposite, they have to be treated with.

When you look at travelling, for those who are in Port of Spain, it is five minutes away from the Parliament, the package of travelling arrangement is a few dollars different, but when I have to cause my vehicle to leave Fyzabad and come into Port of Spain—the Member for Chaguanas East was arguing and he made the case of Mr. Partap having visited his office. I was a little bit more intelligent, I would not allow them to record by presence at the office. I find it strange. They said that the Member gave some comments, et cetera—more than that, we send our officers. That is the purpose of having the officers in the offices. Even if you are making a phone call in Port of Spain to a Port of Spain office it is 25 cents, but a phone call from Fyzabad to Port of Spain is \$1.00-plus. Those are things that you have to look at.

Sometimes, when you are in Fyzabad and you have to come to Port of Spain, for whatever reason, to meet with a Ministry, make representation, et cetera, it may take two or three visits. It may not happen on the first visit. Again, the compensation for that is not factored into the Salaries Review Commission Report. I think the SRC did not do a very good job. Again, maybe they were directed. I saw that they were directed by the President on January 2008, I think it was. I would have thought that there is enough information.

By letter dated January 22, 2008, the President of the Republic conveyed his approval for the Salaries Review Commission to undertake a general review of the salaries and other conditions of holders of offices within the purview of the commission. The review was to be taken in two parts. One part pertains to Members of Parliament, local government officials and members of the THA. They seemed to have done a disservice to us. The question is: Why, were they directed so to do? Was there a fear of doing it? I hope they are listening, because

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they really need to understand that the work of a Member of Parliament, the local government offices and the THA.

Earlier today, the Member for Diego Martin North/East, in one of his more intelligent two-minute presentations, indicated that the judges have to work 8.00 a.m. to 4.00 p.m. and they then have to go home and write judgments. He is correct, they have to be compensated for that. It is the same way for Members of Parliament. Every night, every Member of Parliament has to do research which is required for his presentation, follow-up on letters he would have written on behalf of his constituents and make the levels of representation. If an area does not have water, he has to know the number of homes that require the water. He has to know their income as to whether to approach the Ministry for rural electrification projects, the NSP water projects or whatever is required. The work of the Member of Parliament, more and more, is becoming more and more demanding.

The Member for Oropouche East raised, in his contribution, the matter of the technology that is available. The technology works against us. Now, every constituent knows our cell phone numbers. You have to answer your cell phone and your house phone all the time. He now emails you. He is always available and you have to be available to respond to those needs. Some of those needs cannot be put off. When a constituent comes to your office, Members of Parliament on both sides of the fence, and says: "I have to go for an MRI and I cannot raise all the money. I have raised 50 per cent of it and I need to get the 50 per cent within the next five days", you have to dip into your pocket or call a few of your business friends and say: "Can you make a contribution towards this cause?" It goes on and on.

If a house burns down tonight or tomorrow, God forbid, and this happens in our constituencies all the time, the first call for service is the office of the Member of Parliament, the local government practitioner or the THA representative. The first call for service means to deliver whatever is needed to be delivered, whether you send a tarpaulin, some food that night or a car to take them to somebody's house to be kept for a day or two. Again, I do not think, in all the research I have looked at, that the offices of the Members of Parliament were intended to be compensated by the office holder.

While we are honoured to be Members of Parliament, we also have our own requirements. We also have families. I cannot deny my kids and my family their rightful whatever it might be. I want to see all the kids go to school. I cannot encourage all the other kids to go to school by assisting in purchasing books and not purchase for my kids. The only income I, many Members on this side and all the Members opposite, earn is from the office we now hold. Again, we have to

look into those things. We have to do it in a meaningful way. There is a saying that sometimes matters of these kinds have to be argued by the Opposition to prepare the Government Members for when they go into Opposition. We have to look at it in a much larger way.

I have also argued and I think you might have gotten fed up of me, about the need for a constituency fund. When you look at the presentation of the Minister today, last week and the week before, it makes the case more and more. As an Opposition Member, I cannot guarantee a single constituent the availability of any goods or services, whereas a Government Minister can do differently. I have to be at the mercy of any Minister of Government to decide which recreation ground would have lights, which cemetery will be maintained and where there will be a pavement. This is not the intention of representative politics, nowhere in the United Kingdom has it obtained, or elsewhere. In fact, in Jamaica, I know there is a constituency fund. Each constituency has a fund of \$14 million. I have argued that with the hon. Prime Minister. The hon. Prime Minister requested that we submit that information, which we did and nothing has come out of it.

In Barbados, there is also a larger consideration for the holders of offices of Members of Parliament. In Canada, I know once you serve one term, you automatically qualify to earn a pension. I think it is two terms. Is that so, Mr. Ramnath? [*Interruption*]

**Mr. Ramnath:** Pension.

**Mr. C. Sharma:** Sometimes you impress me like you are very knowledgeable. You seem to have a senior moment now. I was making the point of allowances for offices of Members of Parliament. It is grossly—I am not sure whether that comes under the SRC. The SRC should be aware of it.

I do not know if you know that currently an office of the Member of Parliament gets no entertainment allowances. He gets no funds to host any function in his office.

**11.15 p.m.**

Every Tuesday I do a fellowship lunch where I invite different stakeholders in the community, because I want them to be acquainted with the work I do. I also want to hear their stories, obtain their views, so I bring the different stakeholders, the taxi drivers. On one occasion the teachers and other times the police officers, and I do a fellowship lunch. If I serve 50 lunches on a Tuesday at \$40, that is \$2,000. If I do it four times for the month, that is \$8,000, I have to dip into my pocket.

**Mr. Imbert:** You never did that. You never did it.

**Mr. C. Sharma:** I do it every Tuesday without fail. I am sure other Members of Parliament do similarly. The point is, even when constituents come to your offices, sometimes they would come with needs to be attended to. For instance, they want a fax sent somewhere or they need to receive a fax from Canada or England, as the case might be, or there is a death in the family and they need immediate attention with obtaining a visa; you have to do these letters. Sometimes you have to do it very late at night.

Again, the offices are not treated with, in terms of resources. The State will say that the ink in the computer is your responsibility. How can you print documents? Now for constituents to obtain United States and Canadian visas, you have to go online. Oftentimes, they do not have computers in their homes, nor do they have Internet access.

In fact, there was a time I found myself paying expensive telephone bills on behalf of constituents because they will come and they need to make a phone call to the United States or Canada, as the case might be. I have found myself having to invest in what is called a magic jack, which has a cost factor. Again, because you want to treat with your constituents. You do not want a day somebody comes and says, "Look, I just got a message, my son got into an accident in Canada, can I be permitted a phone call?" When they start to talk and cry, 20 minutes gone, you know; 20 minutes later, you have to find \$40, and if you do that 20 times for the year.

The new Members of Parliament are watching me with some degree of shock because they have not gotten to that yet, but it is going to come to your offices. If it is not coming, you must be concerned why it is not happening. The office of a Member of Parliament is really a retreat centre. Everybody comes there because it is the only place you can go where you do not pay any moneys. I remember a housewife coming to my office many years ago and crying, she came from an abusive relationship. You know, on reflection, it was the only place she could have come, gotten a cup of tea and have someone listen to her story. Had she gone to a lawyer he might have spoken about litigation; had she gone to a doctor, he might have given her some valium, which would have cost her \$50, \$60, as the case might be.

**Mr. Ramnath:** What you gave her?

**Mr. C. Sharma:** I gave her love and care: [*Laughter*] That is the role of the Member of Parliament. It works every single time. I do not want to appear and I do not fear appearing in that manner—that the SRC Report—I cannot support the



freezing of the salaries for all the officers. I do not think it is fair; I think it has to be reviewed and I think this is one occasion where the Leader of Government Business must know that this represents the view, perhaps of all elected Members in this House, today.

This view is the collective view of all the local government practitioners I have spoken with. I have spoken to practitioners in Port of Spain, Tunapuna, Rio Claro, Siparia, Point Fortin; tomorrow I will talk with Penal/Debe. I have spoken to my friends in the Tobago House of Assembly and they too are concerned, because the only free service available in Trinidad and Tobago that covers about 500 different services, is the offices of Members of Parliament, the Tobago House of Assembly representatives and the local government practitioners.

In fact, I host a programme on Wednesdays at a radio station and often advise the listeners—perhaps it is one of the more listened to programmes on radio and I have had Government Ministers participating in it—telling constituents, the national community, they can go to the offices of Members of Parliament for assistance in filling out forms and obtaining forms, and some Members of Parliament told me they have seen an increase, but they have also told me that their resources are now being absorbed more and more.

Only today, a Member opposite was telling me earlier this week the Member's office did three applications online for United States visas for constituents; not that they were not doing it, coming out of this radio programme. The point is that that Member now has to put out the stationery, the ink, has to have an assigned officer, his computer has to be engaged during that period and if it is like some officers where there is only one computer, it takes up time.

Again, we have to make sure that we really look at this thing in a meaningful way. What is going to happen if this is allowed to stay in this way? The only people that would suffer are the citizens of Trinidad and Tobago, because they would be denied services. What would you do? Put up a sign in your office? Should I put up a sign tomorrow: Last night we discussed in the Parliament the Salaries Review Commission and they have frozen all the salaries; as a result offices will not be able to provide services. We cannot do that.

In fact, in some countries they are already limiting service, officials who come under these things, but it would be a disaster if we find ourselves having to go there, and saying, because of what is happening we would have to—*[Interruption]* Who is CW? I want to thank the sender of the note, Mr. Speaker. I have intended to speak on this thing for a few minutes, but the Chief Whip has

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just sent me a note, asking me if I can talk a little longer. [*Laughter*] I would find it difficult, simply because I really wanted to make some short impressive points. If it is the wish of the Chief Whip that I go further I would certainly have to do that.

In the House of Commons, some Members of Parliament are paid more because of the special jobs they hold. For example, the Speaker and the chairman of select committees receive a little extra. Some of us contribute to come here for committee meetings, and it takes a whole day.

**Mr. Imbert:** "The man tell you wind up."

**Mr. C. Sharma:** He did?

**Mr. Imbert:** Yes.

**Mr. C. Sharma:** I will ignore him, as I usually do. The question about Members of Parliament health. Why is it an Opposition Member has to be at the mercy of the Minister of Health to obtain health care? That should not be and the chairman of the House Committee, Member for Diego Martin North/East has been looking into it.

Right now if a Member of Parliament on this side gets sick, he cannot go to a private institution, he has to go to the hospital where they may not have the services available; whereas you can go to any private institution that you care. In any event, your dental is covered on that side.

**Hon. Members:** No, not at all.

**Mr. C. Sharma:** Well, I need to make representation on your behalf as well. This is a very stressful job. We are going to leave here after midnight. The last day we left here after 1.00 a.m.; tomorrow morning at 6.00 a.m., we are up, answering telephones; at 7.00 a.m., we leave our homes to go to our offices, to continue representation. A Member is not treated well at all.

I do not want to comment on the food served here, but certainly there is some improvement that is required. In some parliaments, moneys are paid to political parties represented in Parliament that are not in government; that might be an interesting consideration. Members of Parliament have a lot of work to do. Look at the kind of research Dr. Gopeesingh brought in here today and got into trouble as well? [*Laughter*]

So, even when you do your work you run the risk of finding yourself in trouble. When you are in trouble and the PNM is at the other end, they are going to engage some of the best senior counsels, locally and abroad. For them it is

celebration. So, what does a Member of the Opposition do? When a Member is suspended, as I have been suspended, without pay, there is no consideration how my upkeep is kept.

**Mr. Imbert:** You must behave yourself when the Chief Whip tells you stop talking.

**Mr. C. Sharma:** The Chief Whip is not in the Parliament at this time. [*Crosstalk*] This is to help ensure that the Opposition and the minority parties have enough funds to carry out their parliamentary role and to put across their views. I would want to recommend this. I think it is a very interesting development. One time you are in government; next time somebody else is in government, but our work must continue and more and more research is required.

Oftentimes, you have to look at what is happening in Hong Kong, Australia; you have to come up with the best ideas; it takes time to do the research; we have to engage in research officers, and the few officers we have in our constituency are overworked and any extra work means extra pay as well. The amount given to each party depends on how many people voted for them in the last general election, and how many of their candidates were elected. In the House of Commons this is known as "short money". You might be familiar with that?

**Mr. Imbert:** What is that?

**Mr. C. Sharma:** Short money. In the House of Lords it is known as "Camborne" money.

Mr. Speaker, I think I have made a strong case for re-consideration of this report. I do not wish to support this report at this point in time. I want the SRC to be revisited. I want to make sure that all the officials identified in this document are treated with, including our Members of Parliament, members of the local government bodies and of course, the THA.

I thank you very much.

**Mr. Kelvin Ramnath** (*Couva South*): Normally, Sir, I would not have intervened but as the Member with the longest service in this House at this time. [*Crosstalk*]

**Mr. Imbert:** I have more than you.

**Mr. K. Ramnath:** If you have 23 years you will have more than me.

**Mr. Imbert:** You win, you win.

**Mr. K. Ramnath:** I have 23 years of distinguished service. [*Laughter*]

**Dr. Gopeesingh:** So, he beat you on two counts.

**Mr. K. Ramnath:** I will not burden hon. Members with any long contribution. I know that you all are already burdened by the fact that you are not going to get any increases in your pay or other remunerations, and I am quite sure it is painful. The chairman of the Salaries Review Commission gets \$12,500 a month. So, according to Stephen Covey, he could possibly suffer from a scarcity mentality, as opposed to another mentality, which means that there is little to go around in his mind.

I sympathize with you, my friends on other side, because based on the contribution of the hon. Member for St. Joseph, it looks as though he is speaking on behalf of the Cabinet and the Prime Minister, and you will do well by keeping him further away from you during this debate. When you pay somebody \$12,500 a month, do not expect that he is going to recommend any increase for you or me.

**Mr. Imbert:** But he sets his own salary.

**Mr. K. Ramnath:** Well, probably he does not think he deserves \$12,500 a month. [*Laughter*] I must say that this is an act of hypocrisy, to send a report to the Cabinet and then to Parliament, saying that we must freeze salaries and working conditions.

I think other Members before me have spoken about the role Ministers play. When I saw the Speaker's salary, I must apologize to him for disturbing him so many times during my contribution. [*Laughter*] Clearly, we are not following and working under the philosophy that we must pay for production.

**11.30 p.m.**

When I look at the medical benefits enunciated in this report, I see that Ministers may have surgery at the expense of the State, but there are no medical, optical and dental facilities for people who hold permanent office. You may say that Members of the Opposition or back-benchers do not hold permanent offices and they can work, but as Ministers, as Speaker and other functionaries of the State, you are required to do your work on a permanent basis, 24 hours a day. You are required to fly, you are required to go to conferences, you are required to stay away from your homes and I find it very difficult for a commission to come up with this idea that you can freeze salaries. I want to say at the outset that this is a political decision—[*Interruption*]

**Mr. S. Panday:** True.

**Mr. K. Ramnath:**—of the commissioners and they are not supposed to make political decisions for the Parliament and for people who hold high office in the public service. So let me make it clear that I cannot support this. I understand the constraints under which Members of Government Benches have to operate, and that is, you have a Minister moving a Motion to adopt the report and you may have very little choice but to vote for it, but it is important for me to make my point.

Most of you at this stage in your life would be working for companies, or for yourselves, or legal firms for far more money than you are working for right now—most of us, and the benefits in particular would have been much greater. I can tell you that as a retiree from a state enterprise, that all my medical bills are handled by the company.

**Mr. Imbert:** Still?

**Mr. K. Ramnath:** Yes.

**Mr. Imbert:** For how long?

**Mr. K. Ramnath:** I am very serious about what I am saying.

**Mr. Imbert:** How long?

**Mr. K. Ramnath:** Until my demise.

**Mr. Imbert:** You are serious?

**Mr. K. Ramnath:** Yes. All my medical bills are paid and that includes everything you can think of, mental, medical, dental—mental, yes. [*Laughter*]

**Hon. Member:** That could be a strain on the Treasury.

**Mr. K. Ramnath:** I am due to visit three specialist medical officers later on this week and to have CT scan sometime later on this week, all at the expense of the state enterprise. So, I am making the point that as the managers of state enterprises as you are, you cannot be given this kind of treatment by a person or a group of people who work for less than \$12,500 a month. They certainly have no appreciation of the work that Members of Parliament, particularly the Ministers, and if you notice I am very optimistic because I plan to sit across there in the near future. [*Desk thumping*]

**Mr. Imbert:** Very optimistic.

**Mr. K. Ramnath:** Very optimistic. I have no appointment to see any psychiatrist. [*Laughter*]

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If we look at the benefits for High Commissioners and ambassadors, you will see entitlement to medical attention, treatment and prescribed drugs, that any health care facility under the Regional Health Authority including the Eric Williams Medical Sciences Complex, in accordance with the provision of the Minister of Finance circular, et cetera, et cetera, where such medical treatment is not available at such health facility, the officeholders is required to seek the approval of the Ministry responsible for foreign affairs to have the cost met at any other hospital, institution or nursing homes in Trinidad and Tobago.

Since I am in a very conciliatory and magnanimous mood this evening, I would recommend that this facility be extended to Members of Government and Members of the House of Representatives, including the Speaker, President of the Senate and so forth, and if we postpone the vote today, I hope this recommendation could be considered when you report to the Cabinet on the debate, unless there is an instruction that this debate should be concluded this evening. But certainly, this is not asking too much because as we get older anything is possible and medical care is extremely expensive.

**Mr. S. Panday:** Tell me.

**Mr. K. Ramnath:** I had open heart surgery and my company had to pay over \$400,000 to the hospital in Ottawa—I do not trust you, so I would not come to you—but it was surgery required while I was on vacation. I feel proud to have worked for a company that would have afforded me and accorded me the opportunity to have the best medical care in circumstances under which I had no control, and I feel that it is important for people in public life as we are, to be covered. This is not asking for salary, this is not asking for allowances to buy your jackets and ties and so on—I presume that Ministers get clothing allowance?

**Hon. Members:** No.

**Mrs. Gopee-Scoon:** Not at all.

**Dr. Moonilal:** "That is why one tie all yuh does wear. That is why only one tie all yuh wear every week."

**Mr. K. Ramnath:** I was not aware, but I want to just make a couple points. I have a great concern about the very poor salaries that people who work in the judicial and legal service are currently obtaining and the fact that you are going to freeze these people's salaries, could have serious adverse effects in the performance of their duties. Everyday we open the papers we are reading about the serious crimes that are being committed in the society, and when you pay a

senior state counsel \$19,000 a month and a legal advisor to the Attorney General, \$20,000 a month—and if you look at all of the judicial officers, you will notice they are all in that range, then there are some who are getting \$10,000 and \$12,000 a month—the question is how are you going to retain people who join the public service, who work for the public service in some of these capacities and expect that they are going to be retained and expect that they are going to perform?

The other problem is that we have been looking at legislation in this House. Legislation has been passed with respect to integrity in public life, the value of drugs that come into this country, and the value of drugs that are exported from this country is very well known, particularly in legal circles because these people have to be defended by lawyers and they must appear before judges and magistrates. We are encouraging people who work in the public service to look for opportunities to look after themselves and their families, other than from the pittance they receive from the State as employees of the State.

I am not suggesting at all that there is the propensity on the part of employees of the State to become involved in bribe and other forms of illegal activity, I am simply putting it to you that the lawyer that appears on behalf of the accused can in ordinary circumstances earn about 10 times the lawyer that is representing the State in a lot of those matters. We have to consider those issues at a time when people are accustomed to living a certain standard of living and enjoying certain perquisites in the society, to simply come as a commission appointed by the President to look into these matters and present a report that concludes that we should be paying or freezing salaries, is really to be dabbling in politics and trying to make a decision for the Cabinet and for the parliamentarians who must approve these reports. I think we have to seriously look at this approach because it is very difficult in the circumstances for Ministers to now say, "We do not support the report."

My view is that the report should have gone before the Cabinet and there should have been a full discussion. This might have been done, I do not know, and an opportunity should be given to have the matter fully debated within the Cabinet to look at the implications of the decisions recommended in this report. I feel that we should not only be concerned about ourselves, but we should also be concerned about the people, particularly the Ministers who work for Ministers and who have great responsibilities to carry out within those Ministries.

So I want to suggest that if it is possible that the Leader of Government Business might want to at this stage or at some later stage of this debate, recommend that the matter be referred to a committee of Cabinet, if this House can recommend that. Not recommend changes in the remuneration and conditions

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of work, but that this be studied in the context of what is good for Trinidad and Tobago, what is good to retain the people who serve not only in Government and in the Parliament, but in other areas of public service and have an opportunity to go over this report and check on the implications, and perhaps bring it back to the House on another occasion, so that we can debate it and pass it by a majority.

I thank you. [*Desk thumping*]

**Mr. Subhas Panday** (*Princes Town North*): Thank you, Mr. Speaker. When one looks at Chapter. II and the committee speaks in conducting this review, we took into account the principles and criteria that guided us in the past. We concluded that the precepts identified in the previous reports continued to be valid.

Mr. Speaker, they went on to say that the way they have come to this conclusion was based that remuneration should be fair; comparison with current levels of remuneration paid within the private sector—that is a consideration—for broadly comparative jobs taking into account differences in other conditions of employment. They went on to say that they must pay people so you would attract the best quality of persons. They spoke about compensation packages should provide motivation and intrinsic value. They went on to speak, current remuneration trend in certain other jurisdictions.

They give you all those beautiful criteria which they have used, and one would think they would have taken every Cabinet person on a case by case basis because they have used different criteria to come to the conclusion What is shocking and disgraceful is if you look at Appendix 3 on page 247 of the report, you will see there was no need for existing salary and recommended salary because the figures in the two columns are identical. They waste paper!

**11.45 p.m.**

They tell you that they are using certain criteria to come to a decision and then they come at the end and write it down like that. They did not put enough thought into this. Unlike the Member for Couva South, I have to start to behave "mehself" in the House. The Speaker's office is the fifth highest office in the country. Do you know what the Speaker gets? \$23,000 a month. The Speaker acted as President. These people are talking about getting the best persons for the best job and at the end of the day, they will put this in a report to go to the public that the Speaker gets \$23,000 a month.

Do you know what the Deputy Speaker who has to preside here gets? \$14,700 like a back-bencher. They have not thought this through. This is a premature document before Parliament. We should postpone this and send it back to them.



How much does a minister get? A minister gets \$33,000 and a back-bencher gets \$14,000. They say the minister is permanent. Permanent to work 24/07. They do not have security of tenure. If you are a good minister you would be working 24/07 and there is no security of tenure whatsoever. The Prime Minister could get up one day and reshuffle the Cabinet and "Voop, yuh in de back bench". Dr. Rowley gone to 12. Something has to be done.

This Salaries Review Commission has not taken into consideration all these uncertainties in the life of a Member of Parliament. The hon. Member for Arima in the last government was a minister. You come in here, work as hard as you can, do as much as you can and come back here and find yourself in this position. The Member for Diego Martin West—the reason I raise this question is because I feel sorry for my friends opposite. We fight in Parliament and we carry this fight, but something will happen to you all.

When that Constitution report came up the old members of the then PNM Cabinet said that you cannot pass that. You will only take six of us to make ministers and everybody else would be going as back-benchers. It was alleged that you said that that is if you are in the Cabinet. If you are in Cabinet, you may be able to block me. When this new Constitution comes, how many of you would be ministers if that Constitution is passed? How many out of 26? Only six persons from the House would become ministers. Twenty of you would become back-benchers.

When you see you have this salary here and you think that you are safe and going somewhere, you can get up one morning and you will find yourself on the back bench in that position. We are at \$14,000. We cannot go any lower than that. You are people who have to watch yourselves. The Salaries Review Commission should have taken that into account.

I came here today to launch an attack, but when I heard the analyses of my friends and how they viewed this in a matured way, I had to review my position and start to think about all of us as one group of persons in a position where we have no security of tenure. No bargaining unit. Did someone speak to the Salaries Review Commission? Did they understand our position? As the Member for Couva South indicated, they are getting a little bit, they are not getting anything substantial, so they are making sure that you do not get also.

Could you tell me in this age—they said all the right things but came to the wrong conclusions. On page 7 they said that they considered the impact of disposable incomes of significant increases in major elements such as food, housing and transport over the period 2000 to 2005, core inflation which excluded

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food prices which was 13 per cent. Food over the same period went up to 69 per cent. Headline inflation was 26 per cent.

They are saying that your salary has been reduced because of the impact of inflation. One would have thought that the worse case scenario would have been that they would have come to a position where they do not want you to be in a position where you will suffer the full brunt of inflation and say that you would get half that amount so that you would move forward. They analyzed everything and on the Third Schedule nothing for anybody. Could imagine that food went up by 69 per cent and headline inflation, 26 per cent?

You would feel to cry when you look at page 257, an alderman and councillor \$3,500 a month. Look at the increases. Our aldermen and councillors have to work as hard as we do. Some councillors have electoral districts of 15,000 persons. There is a councillor for Couva/Tabaquite/Talparo, Mr. Awong whose area is as big as a constituency; in other places from Flanagin Town to Rio Claro coming back to Williamsville and you give him \$3,500 a month. Something has to be wrong.

How could you accept this? Forget Members of Parliament now. We are here. How could we pass this legislation on people who are helpless? We are here today. We can speak. How could we support this against the lowest of the low who have been called to be in the service of the people? This is a travesty. This is wrong. We must stand and talk about it. "I eh like allyuh too much", but I do not want to blame this present crop of Members of Parliament. You are not to be blamed for where we are because this started in 2005. We saw inflation and we have reached this position of zero rating.

When things were good the honourable Prime Minister took 100 per cent increase in 2006. You did not get that. We did not get that. I humbly submit that if we want to send a message to the people, the Prime Minister has a moral obligation to take a salary cut, not Members of Parliament. He has been here a long time. When things were good the Prime Minister made it good. As such at this point in time, the Prime Minister should take the lead by taking a reduction.

The Prime Minister of Jamaica on April 05, 2009, announced that given the sharp decline in revenue in that country he would take a 15 per cent reduction in salary and requested his parliamentary colleagues to take a 10 per cent. Bruce Golding was not there in 2005.

I know what is happening here. This report is a political report. They are trying to telegraph to the population—they are making a hullabaloo that MPs did not get money—we are not taking so therefore, you cannot get any. This is why I

say that we should review this report to ensure that we find ourselves on the right footing. In any event how could we send that message when a number of organizations in the private sector have already had their increases? TSTT and some other companies have had their increases. Why are you making example of the Members of Parliament for the society?

It is not fair. These people did not understand what they are doing. Like the Member for Couva South has indicated, you are on a tight rein but we feel that this document needs to be revised. It is a half-baked document. It is not a well-thought out document. Not enough consultation has taken place. If at the end of the day, we work out everything and everybody is satisfied and we get the same result it is okay. You cannot give one set of reasons for going in one direction and at the end of the day, swing and go in a diametrically opposite direction.

My friends have spoken about the Judiciary. I want to speak about the Judiciary to show how these persons who made this report are not thinking. Imagine you froze the salaries of judges. The judges asked for some of their allowances to be tagged on to their salaries. Do you know the reason they wanted that? It is not for today but for pension. If we say today that the economy is in a bad situation and we are holding you down and giving you a wage freeze. Why not be fair to them? This is a liability which will incur on the State in the future. We did not say that their judicial contact or certain things we would add that to their salary at that point in time. Although we do not have to pay an increased salary at this point in time, in the future you will get something. That will go with the grain of the argument where they say they are trying to attract the best people in those positions.

It was really disgusting to see how they treated the Judiciary with such callousness in their reasons for not making the adjustments. The judges were asking for assistance. They also asked for after 12 years to make the salary of a puisne judge that of an appeal court judge. They said no. They rejected that outright. Do you know why the judges are asking for that? It is because there is a new trend in the judicial service where they are appointing younger persons to the Judiciary. If you are older than any of the persons who have been already appointed judges the chance of you going to the Court of Appeal is almost nil. You will not want to go to the Judiciary because you would be sure that you cannot move up. They say that they want to work hard and be committed, but they do not want to have that burden to fear that they may never move forward and be stagnant. After 12 years, let the salary of a puisne judge be raised to that of an appeal court judge. Although they will be serving and committed to the work, they would not suffer any great financial loss. They took this and threw it in the

bamboo. Did they analyze it? Did they try to find out why the judges were saying this? Did it make sense? No. Outrightly, they objected to it.

**12.00 midnight**

Mr. Speaker, another thing, the salary of a Commissioner of Police is \$31,500. Now, we are in a fluid stage in that we are in the process of trying to attract good people or the most competent person to become Commissioner of Police. Will this be the salary of a Commissioner of Police who will be coming? If that is so you cannot attract any Commissioner from any of the developed countries. Today, I think a pound is \$1.57, so if we give him \$31,000, he is getting £3,000. Which Commissioner of Police coming here to work for £3,000? If you convert it to Bahamian dollars it is US \$5,000 a month. Which person coming here to work as a Commissioner of Police in a country which has such a high crime rate for US \$5,000?

So what is happening with this Police Service Commission, to get the best person for the job of Commissioner of Police. If you look at other places in the world, right here in the Cayman Islands the annual salary of a Commissioner of Police is US \$259,000 per annum. Cayman Islands, small country, you think you can get any better than that per year? So, we have a peculiar problem here and that is why we have a high crime rate. You want somebody strong, like in England when you had the problem with the coal mine workers they brought Mc Gregory and they paid him a high salary to deal with the situation. Therefore, in these circumstances you need to pay somebody a high salary to deal with the situation. In the circumstances I say that this recommendation of the Salaries Review Commission, they will be undermining the process of the Police Service Commission, in getting the best man to deal with the issue of crime.

That is why when we argue on this issue I hope we are singing from the same hymn book, because we are analyzing the report and to say that the report is half-baked, not because Members of Parliament did not get any increase but because when one analyses the document one would see that the document is half-baked.

Another issue—I know it is late and I do not want to keep you back much longer—is that judges salaries are tax free; magistrates are also in the Judiciary. If you could not raise the magistrates salaries or you could not have given them an increase, why is it then you did not pull them aside—Masters of the High Court, magistrates they are also in the judicial system—and make their salary tax free also. The Treasury would not dry up because of that. So, those are persons who have to administer justice, those are persons who have to work long hours, those are persons who have to help us to deal with crime, those are the persons who

have to help the judicial system going forward. There are about 450,000 criminal cases, when we did not give them the incentive as enunciated in the first page of this document. But no, one brush and they just paint it like that and just say, no increase for anybody and take it or leave it. [*Interruption*]

Mr. Speaker, my friend spoke about the DPP. We feel the DPP is a constitutional position. A very important position and what has happened in the past, one is seeing a trend that DPPs have been moving into judgeship and it gives the impression that if you are a DPP and you want to become a judge there might be certain things you have to do or not do in order to be in the good standing of people so you may become a judge. We feel that the Office of the DPP should be such an important office that they should be given the salary of a judge, so there will be no need for a DPP wanting to become a judge. A DPP will be fearless because he is independent. We feel also, after 12 years, a DPP should also be given a Court of Appeal judge's salary, by so doing you will strengthen the office of the DPP.

**Dr. Gopeesingh:** Good men.

**Mr. S. Panday:** Good men. You will keep strong men in those positions and the country will benefit, but instead the DPP, \$26,300. There are certain lawyers who will be laughing at him. What is painful is that this same Government will take private brief and give million-dollar briefs to other people.

There was a certain person who was getting one brief of \$1.2 million and your DPP who is supposed to be the person who has the Constitution position to institute legal proceedings, he is getting \$26,000. [*Interruption*] Just recently when the Attorney General—and this is the point I am making—recently and today, where is she? We are asking that the Government, if it wants to put pressure—[*Interruption*] stop giving million-dollar briefs to their friends. It is said that the Attorney General, probably he could take this pressure without anything, because the firm which he has distanced himself from got a number of Government briefs, so therefore some of you could bear it; others cannot bear it.

Mr. Speaker, there was one certain criminal lawyer who got a \$1.4 million brief. The other day when we had this vacancy they asked him, would you not take the Attorney General job? He said, "Who me? Me, want that; I have family to mind." The Government has to ensure that while they punish people they do not use the State resources for political purposes or to gain favours from people. Having regard to that situation, I humbly submit that this document needs to be reviewed before it is passed in the House.

Thank you very much, Mr. Speaker.

**The Minister of Public Administration (Hon. Kennedy Swaratsingh):** Mr. Speaker, thank you. Let me thank colleagues opposite for their contributions. In fact, let me also apologize to the Member for Oropouche East, when he gave way I forgot to thank him for giving way during his contribution.

The contribution from the Member for Couva South was really one of his better contributions that I have heard in recent times.

**Mr. Ramnath:** In your time. [*Laughter*]

**Hon. K. Swaratsingh:** But really without being facetious, it was a contribution of an elder statesman and merits consideration at the appropriate time. [*Interruption*] In fact, there are a couple of things that I want to deal with and I would be very brief in winding up.

First of all, the salary of the Commissioner of Police was talked about by the Member for Princes Town North. Again, that is for a local person. I suspect that if you were treating with a foreign person there will be a different configuration and one that the Police Service Commission would have to treat with in different context.

Similarly, for example, the local government reform, there will be a separate recommendation as that process continues to unfold. It is also important to note that on page 6 of the SRC report. The SRC did intimate—and the Member for Oropouche East did speak about it—that a large number of office holders had requested changes in their relative positions of their jobs within the structure. Such an exercise would involve an evaluation of their existing jobs as well as a compensation survey. Given the magnitude and complexity of both we recommend that they be undertaken within the period between the conduct of this and the next general review, so it is our expectation that this will be done within the next period of review.

It is also important to note that giving regard to all that the SRC had indeed indicated, that in light of our position in respect—this is on page 8 of the SRC report, paragraph 25: "...that we recommend, should there be a reverse of the current downward trend in the economic environment, that consideration be given for an earlier review of the remuneration arrangements for the offices within our purview". It is also important to note that while we focus on retention strategies and motivation strategies only to the monetary terms, there are other strategies that one uses to ensure that persons remain motivated and committed to the public sector, working within the public sector.

In fact, Mr. Speaker, it is also important to note that no Member of this side had any contact with the SRC and therefore this report is truly independent and that is why we brought it as is to the Parliament.

I would end by saying that at the end of the day it is in no way to undervalue the contribution of members, both within the public—officers who are subject to the SRC's purview as well as Members of this House, to undervalue the contribution that people make, but to say specifically that notwithstanding the esteem to which we hold all persons who work within and for the public sector, at this time the SRC report has been brought to Parliament and we ask all to support it.

Mr. Speaker, I beg to move.

*Question put and agreed to.*

*Report adopted.*

#### ADJOURNMENT

**The Minister of Works and Transport (Hon. Colm Imbert):** Mr. Speaker, I beg to move that this House do now adjourn to a date to be fixed. [*Interruption*] "Nah", to a date to be fixed.

It is the Government's intention to put this House into recess now until September 04, 2009, or after that, unless some emergency arises. I certainly hope no emergency arises, so it is unlikely that we will be back here until September.

I want to wish everyone a peaceful and relaxing summer vacation.

**Dr. Rafeeq:** Mr. Speaker, I really want to express my strong disapproval for having adjourned the House to a date to be fixed seeing that the day after tomorrow would have been Private Members' Day. We have had no Private Members' Day last month and we have had no Private Members' Day this month. We have been denied Private Members' Day for two months in a row and I want to express my strong disapproval for that.

Having said that, I myself want to join with the Leader of Government Business in wishing all Members of the House, the Speaker and all the staff—under the circumstances—a good holiday.

**Mr. Speaker:** Yes, hon. Members, I, too, would like to join the Leader of the House and the Chief Whip in extending to you and members of the Parliament staff a very well deserved summer break.

I would imagine as you all know that perhaps in short order after we return there will be the budget statement and the budget debate. In that light I must let Members know that I do read the newspapers now and again and there are several commentators who have indicated that the President of the Senate and myself do not observe one particular Standing Order, and that is the Standing Order that

*Adjournment*  
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refers to reading of speeches. So, may I urge hon. Members during this six weeks that you would be away from the Parliament to practise that skill of debate. [*Laughter*]

I had indicated this sentiment at the close of the first session of the Parliament and a number of people outside of the Parliament have been commenting upon Members' reading speeches and not engaging Members opposite each other in debate and dialogue. So, I am urging all Members when we come back, certainly try your best to observe the Standing Order that says you must not read your speeches. Now, if it is a technical piece of legislation and you request the Speaker's indulgence, certainly I would allow you to read your speeches, but the time has come—I think—that this particular Standing Order would have to be enforced.

I think that at the end of the day it would make for a better Parliament, it would make for better parliamentarians and the interest of the public will be served in a more meaningful way.

*Question put and agreed to.*

*House adjourned accordingly.*

*Adjourned at 12.15 a.m.*

#### WRITTEN ANSWERS TO QUESTIONS

*The following questions were asked by Mr. Winston Peters (Mayaro):*

#### **Palo Seco Agricultural Enterprise Limited (Details of Operatoins in Rio Claro/Mayaro Region)**

- 83.** With respect to Palo Seco Agricultural Enterprise Limited, and its operations in the Rio Claro/Mayaro Region, could the hon. Minister of Local Government state:
- (a) All the projects undertaken to date (September 2007—December 2008); the estimated and actual costs of each project?
  - (b) All new projects proposed for 2009, the estimated cost of each and the scope of works to be done?

*The following reply was circulated to Members of the House:*

- (a) The attached Appendix I lists fourteen (14) projects which were undertaken by the PSAEL for the period September, 2007 through December, 2008 in the Rio Claro/Mayaro Area.
- (b) There is one project proposed for 2009 at Palm Green Drive, Dades Settlement, Mayaro at an estimated cost of \$3.75m. This project entails 2000 ft of road paving, associated drainage repairs and landslip repairs.



**PALO SECO AGRICULTURAL ENTERPRISES LIMITED  
PROJECTS, ENGINEERING & MAINTENANCE DEPARTMENT  
COMMUNITY PROJECT**

**PROJECTS IN THE RIO CLARO/MAYARO AREA FOR THE PERIOD SEPTEMBER 2007 TO DECEMBER 2008**

<b>No.</b>	<b>Contractor</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>	<b>Project Details</b>	<b>Rio Claro/Mayaro Area</b>
1.	L&A Sanitation & Landscaping Services	\$ 131,560.00	\$ 93,400.00	Construction of box drain 230 ft	Dades Settlement, Mayaro
2.	GAP Environmental Experts Company Ltd.	140,140.00	96,251.57	Construction of box drain 245 ft	Dades Settlement, Mayaro
3.	D.H. Technical Services Ltd.	128,700.00	97,751.13	Construction of box drain 225 ft	Dades Settlement, Mayaro
4.	Hamlet Contracting Services Company Ltd.	144,795.00	118,839.00	Construction of box drain 245 ft	Dades Settlement, Mayaro
5.	L&A Sanitation & Landscaping Services	180,180.00	124,600.00	Construction of box drain 315 ft	Dades Settlement, Mayaro
6.	Shahadat Ramlakan Ltd.	47,500.00	33,560.00	Box drain construction of 100 ft	Dades Settlement, Mayaro
7.	Shahadat Ramlakan Ltd.	104,500.00	106,726.30	Box drain construction of 220 ft and a RCCP crossing	Dades Settlement, Mayaro
8.	Perez General Contractors and Transport	839,910.37	942,167.00	Road reconstruction to 2300 ft	Dades Settlement, Mayaro

No.	Contractor	Estimated Cost	Actual Cost	Project Details	Rio Claro/Mayaro Area
9.	Perez General Contractors and Transport	1,029,718.63	1,056,154.00	Road reconstruction to 1820 ft	Dades Settlement, Mayaro
10.	Hendy Construction	1,002,384.35	1,016,615.28	Reconstruct bridge using a steel structure	Guayaguayare, Trinity
11.	Five Star General Company Ltd.	303,000.00	240,000.00	320 ft of covered box drains	Dades Settlement, Mayaro
12.	UJ Construction Limited	286,060.00	177,100.00	300 ft of drainage works	Dades Settlement, Mayaro
13.	Five Star General Company Ltd	367,750.00	300,000.00	390 ft of covered box drains	Dades Settlement, Mayaro
14.	Rivelin Consultants Ltd.	42,500.00	62,000.00	Consultancy Services	Guayaguayare, Trinity

**Rio Claro/Mayaro Region Bridges  
(Details of Construction/Repair)**

- 85.** With respect to the construction/repair of bridges in the Rio Claro/Mayaro region, could the hon. Minister of Local Government state:
- (a) All bridge construction and or repair works undertaken from September 2007—December 2008, the location and the actual cost of works done for each?

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- (b) All new bridge construction and/or repair works identified for 2009; the location, the estimated cost of each project and a tentative date for commencement and completion?

*The following reply was circulated to Members of the House:*

- (a) The bridge construction and repair works undertaken from September 2007 to December 2008, the location and the actual cost of works done for each project in the Rio Claro/Mayaro region are outlined in the attached Table.

NO.	NAME OF PROJECT	LOCATION	DIMENSION	YEAR	COST \$
1.	Clear Water Road Bridge #1	0-1/4mm	7m x 1.8m x 2.4m	2007	125,000.00
2.	Sampath Trace Bridge #1	0-0.5mm	5m x 4.2m	2007	40,737.00
3.	Chrysostum Trace Bridge #1	0-1/4mm	8.4m x 6m	2008	732,379.34
4.	Mahagasingh Trace Bridge #1	1 1/2-1 3/4mm	7.8m x 5m	2008	80,000.00
5.	Cascadoux Trace Bridge #1	1/4-1/2mm	6.71m x 4.27m	2008	38,000.00
6.	Cascadoux Trace Bridge #2	1/4-1/2mm	6.1m x 4.27m	2008	35,000.00
<b>Total</b>					<b>1,051,116.34</b>

- (b) The Mayaro/Rio Claro Regional Corporation has identified no new bridge construction and or repair works for 2009.