

**THE**  
**PARLIAMENTARY DEBATES**  
**OFFICIAL REPORT**

IN THE SECOND SESSION OF THE TENTH PARLIAMENT OF THE REPUBLIC OF  
TRINIDAD AND TOBAGO WHICH OPENED ON JUNE 18, 2010

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**HOUSE OF REPRESENTATIVES**

*Wednesday, April 04, 2012*

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 who have asked to be excused from sittings of the House: Member for St. Augustine, Hon. Prakash Ramadhar, who is currently out of the country during the period April 04—23, 2012; Member for Diego Martin West, Dr. Keith Rowley, from today's sitting and Member for Diego Martin North/East, Mr. Colm Imbert, from today's sitting. The leave which the Members seek is granted.

**RECUSAL FROM THE COMMITTEE OF PRIVILEGES**

**Mr. Speaker:** Hon. Members, can I have your attention and silence. Miss Donna Cox has recused herself from the Committee of Privileges for consideration of the matter referred to the committee on Saturday, March 03, 2012. Accordingly, I wish to announce that I have appointed Miss Marlene McDonald to replace Miss Cox on the Committee of Privileges during its proceedings involving that matter only.

**STATEMENT FROM BRIG. PETER JOSEPH**

**Mr. Speaker:** Hon. Members, I have received a letter dated March 23, 2012 from Brig. Peter Joseph, in which he sought an opportunity to respond to statements made by the hon. Attorney General at a sitting of the House held on Friday, March 09, 2012. Hon. Members, after a careful consideration of his submission, and the established guidelines in relation to requests for the opportunity to respond, I have approved a statement in response to be read by the Clerk and thus form part of the parliamentary record. The Clerk will now read the statement in response.

**Parliamentary Clerk:** A statement from the former director of the Special Anti Crime Unit of Trinidad and Tobago (SAUTT), Brig. Peter Joseph.

“Honourable Speaker and Members of the House of Representatives, I thank you for the opportunity to reply to statements made by the Attorney General, Senator

Wednesday, April 04, 2012

*Statement*

[PARLIAMENTARY CLERK]

The Honourable Anand Ramlogan SC, at a sitting of the House of Representatives held on Friday, March 09, 2012, in response to a question which had been asked by the Member of Parliament for Diego Martin West.

Mr. Speaker, the Attorney General listed several reasons for Cabinet's decision to terminate my appointment as Director, Special Anti Crime Unit of Trinidad and Tobago of Trinidad and Tobago (SAUTT), including mismanagement, lack of performance and financial irregularities. However, none of these reasons were contained in the letter dated September 20, 2010, in which I was informed of Cabinet's decision to terminate my services. Indeed this letter provided no reasons for my dismissal. Further, I received a letter dated October 18, 2010 from the Minister of National Security, Senator The Honourable Brigadier John Sandy thanking me for my services as Director, and commending me for my leadership, commitment to duty, devotion and selfless service to my country.

Sir, the Attorney General listed a number of serious allegations about my conduct which are severely damaging to me and which were carried live on national television and internationally on the Internet.

Lack of transparency and financial irregularities under my management:

During my tenure, SAUTT followed the same financial rules applicable to all arms of the Defence Force and Protective Services. All projects undertaken conformed to the tendering procedures outlined by the Central Tenders Board Act Chapter 71:91.

Projects were undertaken without the knowledge of the Finance Department and \$41.8 million was paid into an operational contingency fund with no accountability:

I refute these claims. SAUTT's Operational Contingency funds were used in relation to intelligence work and for operational activities and oversight was provided by the Agency Finance Manager and audited by the Agency Internal Auditor.

Lack of transfer of expertise to locals:

SAUTT officers, officers of the Trinidad and Tobago Police Service as well as officers from the Defence Force, the Prison Service, the Customs and Excise and Immigration Departments all benefitted from investigative, intelligence and leadership courses conducted under the auspices of SAUTT.

Alleged failure to meet statutory obligations to pay income tax, NIS and health surcharge:

SAUTT was advised that moneys could not be paid to the Board of Inland Revenue or the National Insurance Board, since the agency was a task force

and could not register with these institutions. It was therefore decided that the requisite amount should be retained (approximately 25 per cent of the salaries) in a separate account and paid after the requisite legislation for SAUTT was passed.

Alleged theft of three containers of security equipment and an excavator:

I totally refute these claims. There are no records of security equipment having gone missing at any time in the lifetime of SAUTT. While I was Director of SAUTT an excavator was seized by the Trinidad and Tobago Police Service and was left on SAUTT's compound, which is shared by the Engineering Battalion of the Trinidad and Tobago Regiment. It was therefore not in the custody of SAUTT's evidence custodian.

Alleged employment of persons who had failed lie detector tests:

I refute this claim.

Brig. Peter Joseph

Former Director of the Special Anti-Crime Unit of Trinidad and Tobago (SAUTT)"

#### **RULING BY THE SPEAKER**

#### **The Opportunity to Reply**

**Mr. Speaker:** Hon. Members, free speech is the most important parliamentary privilege and Members should be careful not to abuse it. In exercising this right of free speech, the individual Member must be conscious of the importance for him or her to be trustworthy. It is the Member who ultimately will be judged by an increasingly critical public.

When a request for an opportunity to respond comes before a Speaker from a member of the public, the Chair has to give the matter serious consideration and reflection, since such a request touches the very essence of the privilege of freedom of speech that Members are guaranteed under the Constitution.

I have thoroughly researched this matter, and I concur with the findings of a 1999 report of the Committee of Privileges of the House of Commons of the United Kingdom, that there is no point in this privilege unless it provides guarantees against attempts from outside to control what Members choose to say in the House. However, hon. Members, privilege carries with it responsibilities as well as rights, and those responsibilities have to be exercised not only within the rules laid down by the House, but in conformity with the standards this House expects of its Members.

Hon. Members, all of us will undoubtedly agree that irresponsible or reckless use of privilege can be prejudicial to the national interest, injure persons who have no recourse within this House and tarnish the dignity of all hon. Members, as well as this House itself. However, the strongest safeguard against so-called abuses is the self-discipline of individual Members of Parliament.

Therefore, hon. Members, as Speaker, I propose to adopt the practice of the United Kingdom House of Commons and urge all Members to take steps, before making a potentially damaging accusation against a named individual, to ensure not only that evidence exists, but that it comes from a proven reliable source. In case I am misunderstood, I am not suggesting that a Member needs to have evidence that would satisfy a court of law, but I am cautioning all Members to utter potentially damaging words on the basis of something firmer than mere rumour or supposition.

Hon. Members, while in this case and in one other instance in the past, I have allowed an opportunity of reply to non-members who wished to have their responses to statements made incorporated into the parliamentary record, I advise all to be mindful of the need to be responsible since it is not my intention to make such responses by non-members crystallize into settled practice in this House.

**PAPERS LAID**

1. Ministerial Response to the Third Report of the Joint Select Committee of Parliament on Ministries, Statutory Authorities and State Enterprises (Group 2), on the Sports Company of Trinidad and Tobago (SPORTT). [*The Minister of Sport (Hon. Anil Roberts)*]
2. Annual Report of the Integrity Commission for the year ended December 31, 2011. [*The Deputy Speaker (Hon. Jairam Seemungal)*]

**1.45 p.m.**

**REGIONAL HEALTH AUTHORITIES (AMDT.) BILL, 2011**

[Second Day]

*Order read for resuming adjourned debate on question* [March 28, 2012]:

That the Bill be now read a second time.

*Question again proposed.*

**Mr. Speaker:** Hon. Members, those who have spoken thus far, the Hon. Dr. Fuad Khan, the Minister of Health and the Hon. Dr. Keith Rowley, Leader of the Opposition. The Hon. Dr. Tim Gopeesingh, Minister of Education has eight more minutes of original speaking time left.

**Hon. Dr. T. Gopeesingh:** Thank you very much, Mr. Speaker, colleagues. At the adjournment of my contribution a week ago, we were speaking about the amendment to section 20 of the Regional Health Authorities Act, Chap. 29:05 by inserting a new subsection (1A), which would enable the Regional Health Authorities to procure goods and services collectively where it is economically expedient to do so. The clause really reads:

“Section 20 of the Regional Health Authority Act is amended by inserting after subsection (1), the following subsection:

“(1A) Notwithstanding subsection (1) and where it is economically expedient to do so,”...

I think that is important for us to understand and appreciate, where it is economically expedient to do so. So we are looking at cost effectiveness and cost savings.

“...a Board may—

(a) pursuant to an agreement with any other Authority.”

So if there are four authorities in Trinidad and one in Tobago, five, where one believes that an authority may procure some goods or services and may be of benefit to the other regional authorities, they may seek to engage the other authorities to agree that they can do the purchasing or the provision of goods and services on behalf of the others if they so agree. [*Crosstalk*]

**Mrs. Gopee-Scoon:** That is very confident.

**Hon. Dr. T. Gopeesingh:** And:

“(b) in accordance with regulations made under this Act...”

So we are not changing any regulations that govern the whole idea of the amendment to the procurement of goods and services. So the regulations remain as they are, we are not seeking for any changes in the regulations.

What it does is that the Regional Health Authority:

“(c) acting on behalf of its Authority, and an Authority referred to in paragraph (a)—which is any other authority, they will invite, so they ask other authorities if they wish to consider that— “...invite, consider, accept or reject offers...”

So other authorities will have the opportunity to say I believe that we will benefit collectively and therefore they will accept, or they believe that they may not benefit so they reject the offer—

“...and enter into contracts for the supply of goods or the undertaking of works or services necessary for carrying out the objects of the respective Authorities.”

We understand that goods mean materials, products, implements, tools, devices, machinery, equipment, like ultrasound, X-ray, blood pressure apparatus, CT, MRI, plant means the institutional, infrastructure of the Regional Health Authorities and articles of all kinds.

**Mr. Sharma:** Well said.

**Hon. Dr. T. Gopeesingh:** And services include the assistance in doing things or getting things done, and includes professional or consultancy services. Well, there are a number of consultancy services which occur across the different regions; there is nursing services, there is medical services, paramedical services, infrastructure, biomedical, technical services, a number of paraprofessional services that go across all regions. Therefore, if it is economically expedient for one authority to procure such services and move those services across the regions so the other authorities would benefit, this is the purpose of this amendment to the piece of legislation. The Regional Health Authorities now work along with key strategic goals of the Ministry of Health. Remember the Ministry of Health is in the process of directing the management of health care and doing health care planning, health care monitoring and evaluation; that is the role of the Ministry.

The RHAs are out to deliver the services, and therefore the Ministry monitors and evaluates the delivery of the services across the four regional authorities in Trinidad and one in Tobago.

Now, all regional health authorities have about eight or nine different departments; you have the human resource—and I remember North West having close to about 7,000 workers at one time; you have the financial resources, each region gets its own money; you have the operational aspect of it; you have the administrative aspect; you have the communication aspect; the legal and regulatory framework for the governance of these various regional authorities.

So each one of these authorities now has to get staff to be able to deal with these matters. Now if one region has a surfeit of complement of staff that other regional authorities can benefit from, there is no reason why they should be prevented from doing so, and this Bill allows the facilitation of the transfer of those types of services governing the Regional Health Authorities to move from one to another. For instance, if one Regional Health Authority has an immaculate type of financial system and they are working very well with it, or a good, effective human resource management information system where the areas are computerized and a system has been found to be excellent and doing very well—a regional health authority—why can you not transfer that type of expertise to the other regions and

give the other regions the ability to move forward in a purposeful manner so that all of Trinidad and Tobago will benefit?

So it is a matter of what is good, and what is benefiting one regional authority, that regional authority can now, by virtue of this amendment, invite all other regional authorities with an offer, do you think that you would like to benefit from this? It is for them to accept or reject and move with it one way or another. So this in effect is what this amendment to the Act, the Regional Health Authorities Act, is doing.

It allows facilitation of larger purchases and to get cheaper prices. A little analogy in Trinidad is something like PriceSmart. People buy a number of items, if you have about four or five volumes in a particular item, the cost of that is less. Now, look at what happens if you were to buy X-ray machines in Trinidad and Tobago for five different regions; you have X-ray machines that are manufactured by Siemens, manufactured by Philips, manufactured by GE.

Now each one of these regional health authorities has to go through a process of inviting tenders, determining which tender is best. Why can all four regional health authorities in Trinidad and possibly TRHA not come together and say we want to have X-ray machines and let us decide which ones you think will be the best of these? So you invite tenders, invitation to tender and everybody bids, and a team of people together from all the RHAs, come together with the tender process and procurement, according to the regulations and the guidelines and they decide, well look we going with X-ray machine manufactured by Siemens, or CT-scan manufactured by GE, or X MRI machine manufactured by Phillips.

Now, you purchase one of those type of equipment and you bring it through for all the regions, you will get a lower cost of it, you will have a training module that will go for all the biomedical people, and the biomedical technicians operating with those throughout the five regions. The maintenance cost will also be less because if you had bought separate ones, each one will have its own maintenance cost, each one will have its own training cost, and so on. So you buy one type for the different regions, maintenance cost gets less, training cost gets less, and you have less problems in terms of this equipment being serviced on a regular basis.

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Minister of Education has expired.

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

*Question put and agreed to.*

**Hon. Dr. T. Gopeesingh:** Thank you very much, Mr. Speaker, and thank you colleagues on the Opposition and colleagues on the Government side for affording me the opportunity for further discussion on it.

So as far as the benefits are concerned, there can be uniformity in purchase, there could be better pricing, better maintenance contracts, you will have cost efficiency, better training systems, better service agreements, biomedical engineers can be trained better by having the uniformity; you have the same regulations for contracting of goods and services detailing the entire procurement process; and the tendering process involves less human resource and less time wasted by personnel on matters of procurement.

Mr. Speaker, one important area is the question of movement of services across regions. Services include medical nursing services. But let us just focus for a moment on the transfer of medical services across regions. There are certain regions which have a scarcity of personnel in particular disciplines and there are others which may have a surfeit. Why should one part of the country suffer as a result of less technical expertise by particular doctors in one region whereas other regions are doing better because they have more expertise and more consultants in the field?

An example of this, neurosurgery. We have a scarcity of neurosurgeons in Trinidad and Tobago; Port of Spain hospital has two neurosurgeons; San Fernando General Hospital does not have a neurosurgeon, that is the South West; Central Regional Health Authority, I believe, has one operating, but there are about five or six neurosurgeons outside in private practice not within the system. Why can the Regional Health Authorities not come together to procure the services of the five or six neurosurgeons operating outside of the regional authorities and then come in with a system and share their expertise across the four regions of Trinidad and Tobago—well particularly three, south-west, central, and Port of Spain, north-west—so that patients with emergency situations of accidents requiring neurosurgical intervention can benefit from a team of neurosurgeons operating across the regional authorities?

This is not happening at the moment, we have inherited that, and the Minister of Health is working assiduously to put in place a system where you could have a team dedicated with competent heads, senior consultants in the field of neurosurgery who monitor the work of the other doctors in the field so when an accident occurs in south and you need neurosurgical intervention, the team of neurosurgeons that you have consulted could go to south, central and Port of Spain. And that is the transfer of services that is really required and this is what this Act brings into place.



Mr. Speaker, it is not only in neurosurgery, there is a scarcity of other disciplines; neurologists, there is a scarcity of anesthetists in some regions. San Fernando has a surfeit of an anesthetist in south, whereas Mount Hope and Port of Spain have a scarcity of anesthetists. What about ear, nose and throat and ophthalmology; there are very few ear, nose, and throat specialists. Port of Spain hospital had about two or three and one other region in central had only one. So therefore, you put together a team—[*Interruption*]

**Dr. Browne:** Thanking you for giving way. Just to clarify, are you saying that the south-west region has too many anesthetists?

**Hon. Dr. T. Gopeesingh:** Not too many. They have a complement of anesthetists that they could share with the other regional authorities, they have an adequate capacity, they can share that. So this is what this Bill seeks to do, that if you have a certain amount in one region, invite the other regions or the other regions ask for assistance and they can share their competence and their capabilities across the region.

**Mr. Sharma:** Recommend a CAT scan or a MRI for him.

**Hon. Dr. T. Gopeesingh:** Okay, just another example of this, the University of the West Indies Medical School, Mr. Speaker, does training at the Eric Williams Medical Sciences Complex and at the Port of Spain hospital. They have to apply for special permission to go to the South West Regional Health Authority for their doctors and for their medical students to be trained at the South West Regional Health Authority.

**2.00 p.m.**

Now, if we have a system whereby the University of the West Indies can be afforded the free flow of lecturers and consultants across the Regional Health Authorities, and a free flow of medical students and interns and so on, we will be in a better situation for providing better health care and it will be more effective, and this Bill seeks to do that; to allow the transfer of the procurement of goods and the transfer of services across the regions.

So, Mr. Speaker, these are the advantages that we are speaking about, and when one looks for disadvantages, one cannot really come up with any major disadvantage. So this Bill in itself, the amendment to the Regional Health Authorities Act, is very important, and we ask the Opposition to give support to this, because this would really carry the health care system to a different level, and will ensure that the health care keeps improving.

Now, I want to carry colleagues back to Y2K. You would remember in 2000, 12 years ago, when there were patients all over in the intensive care units of hospitals on particular ventilators and intensive care unit support systems, we were concerned and worried whether with the change into the new year 2001, the existing ones would have been able to hold as far as the electronic aspect of it was concerned.

So, 12 midnight, at the end of 2000, all the Regional Health Authorities across Trinidad and Tobago were really concerned that they had all the manpower at the intensive care units for persons who were on life support systems and ventilators to ensure that if this equipment did not meet the requirements of uniformity and standardization in the convergence of year 2000 to 2001, many patients would have suffered, but thank God that went through without any weaknesses and any distress situation, and that was so because the systems they had in place—basically the machines and the equipment—were almost standardized across the different regions. So the standardization of equipment and other things allowed for that type of process where it reduced the risk of a number of untoward situations.

Now, we all know that health care is a very difficult aspect of governance in any particular country. We know that health and education are the cornerstone and fundamental pillars of any civilized society, and these form the cornerstone and fundamental pillars of the People's Partnership Government thrust towards governance ensuring that health and education, amongst others, remain at the forefront.

So, therefore, in our thrust to carry health care forward, this is just one of the enabling pieces of legislation to afford us that opportunity, but hand in hand with that, we, the People's Partnership Government, can say with all assurances that we are moving the health care system forward by leaps and bounds.

At this moment, as I am speaking, I think this is a very momentous day in the history of Trinidad and Tobago and, particularly, Tobago, when at this time, most likely, the Tobago Scarborough Hospital is being opened by the Prime Minister of Trinidad and Tobago and the Minister of Health. [*Desk thumping*]

Mr. Speaker, 12 years the people of Tobago had to wait for this Hospital—they waited for 12 years from when the contract was already there to be signed for \$120 million for the Scarborough Hospital to be built. Mr. Speaker, 12 years later, that cost has gone beyond \$1 billion.

**Mrs. Gopee-Scoon:** Oh no! You know that is not truth.

**Hon. Dr. T. Gopeesingh:** And for the People's Partnership Government, this is another area of delivery—

**Mr. Sharma:** How much more bed?

**Hon. Dr. T. Gopeesingh:** Well, you have to divide \$1 billion by 100 beds, and I believe it is 120 beds. This is really a truly momentous occasion for the people of Trinidad and Tobago, not only for Tobagonians alone, but Trinidadians as well who go across to Tobago. They will be able to feel comforted by the opening of the Tobago Scarborough Hospital where they can get adequate medical care now that the hon. Prime Minister, the Minister of Health and others are opening the Scarborough Hospital as we speak. [*Desk thumping*] This is another delivery of the People's Partnership Government.

I was afforded the opportunity to be with the hon. Prime Minister just a few days when she graciously opened the Spiritual Shouter Baptist School. [*Desk thumping*] That was another promise that was made since 1996; 16 years ago. We were not able to do it, and we are able to do it now and we have opened the Scarborough Hospital. The Biche High School is another one which we were able to open [*Desk thumping*] and we have delivered again. This is the People's Partnership Government aspect of governance.

Now, these are some of the things that the People's Partnership Government is also doing in addition to the Scarborough Hospital. We have already committed ourselves, and Cabinet Notes have been passed for the construction of the Oncology Centre. The Oncology Centre is not just for radiotherapy treatment, but it is there for giving chemotherapy; for assessing patients on a full scale; and for managing patients from a medical oncological standpoint, whether it is radiotherapy or chemotherapy. We are going to ensure that the Oncology Centre brings about all these aspects.

Unfortunately, you all have spent \$100 million and we cannot see anything, because when one passes by Mount Hope, one sees a few pieces of steel rods coming from the foundation and grass growing upon it, but we are going to deliver. We are going to deliver the Oncology Centre.

The Point Fortin Hospital was promised since 2001, and year by year in the budget statements by the former Prime Minister you would hear him saying, "We are going to construct Point Fortin Hospital", and 12 years later nothing had been done at Point Fortin Hospital, but the People's Partnership Government is committed to constructing the Point Fortin Hospital. [*Desk thumping*] Recently that note was passed in Cabinet. We are committed to changing Sangre Grande Hospital and the Arima District Health Centre.

What about the San Fernando General Hospital? The hon. Leader of Government Business, the Minister of Housing and the Environment, has given full commitment with UDeCott to ensure that we take the Chancery Lane Administrative Building and provide another 300 beds for the people of San Fernando, and all this overcrowding that has been taking place in San Fernando General Hospital will be a thing of the past.

I want to ask Members opposite, how many times within the last two years they have seen a newspaper article on overcrowding at hospitals? It is no longer there to any major extent. [*Desk thumping*] That is testimony to the fact that we have been doing work within the health system to improve it. We are moving to ensure that the Oncology Centre, the Point Fortin Hospital, the Sangre Grande Hospital, the Arima District Health Facility and the central block at the Port of Spain General Hospital are built, and we are going to put 300 beds at the Chancery Lane centre. We have also turned the sod for the children's hospital in central Trinidad and a burns unit as well. [*Desk thumping*]

That is infrastructure work alone. There are so many other things outside of infrastructure in the health care system. What about training for nurses? We have a shortage of 1,500 nurses. As I had mentioned, they had stopped the training of nurses in the 80s and we had to resume it in the 1995—2001 administration. If they had continued training nurses we would not have the shortage of nurses. We have to import nurses from the Philippines and Cuba and so on. Now, do you not think that they could have done a better job and train nurses? Now we have resumed training and, pretty shortly, in about two to three years' time, we will have our full complement of another 1,500 nurses, and we will have more where we can export outside of Trinidad and Tobago. [*Desk thumping*]

Mr. Speaker, the Minister of Health has also ensured that we have nurses' aides coming into the system. Cabinet passed a note for 300 to 400 nurses' aides to give assistance to nurses in the delivery of health care. When a nurse has to make up beds and look after a bedpan and so on, that is taking away from her skills. That is what a nurse's aide is supposed to do.

**Miss Cox:** Mr. Speaker, Standing Order 36(1) relevance to the Bill. We are dealing with procurement.

**Mr. Speaker:** I am coming very close to sustaining that point, but I would ask you to connect to the actual matter that is before us, please.

**Hon. Dr. T. Gopeesingh:** Mr. Speaker, I am speaking about procurement of services across the region in terms of nurses' aides and nurses across the region;

[*Desk thumping*] movement and shifting of services; and transference of services across the Regional Health Authorities. So, if you have a centralized system for training more and more nurses' aides and getting them in the system, they would spread across the regions.

They must be reminded. They said they would bring down the UNDP doctors—75 UNDP doctors—to spread throughout the five Regional Health Authorities in Trinidad and Tobago, and they made no impact. They brought in some people who said that they were consultant neurosurgeons and who were not fit to even become interns. That is one of the things that they did. They brought in Cuban doctors. How did that impact upon the health care system? It continued to get worse and worse.

One of the Ministers of Health in the former administration went to the United Kingdom. In fact, they had three Ministers of Health: the Member for Diego Martin North/East for two years, and after the Prime Minister felt that he did not do anything and did not know what was going on, he was removed forthwith, right away.

Then the next one came, Minister John Rahael. I accept that Minister Rahael tried. He worked very hard, but I think his focus was misdirected. He went into tertiary health care instead of focusing on primary and secondary health care. So he was misguided.

The next Minister of Health, my good friend, Minister Jerry Narace, tried as well, but all I could remember of his accomplishments during that time was the Tobacco Bill; the Bill on Tobacco legislation. In terms of looking after benefits from the health care system, nobody could give any answer as to how the Regional Health Authorities across Trinidad and Tobago were able to benefit from their nine years of work in the health care system?

They went to the United Kingdom to recruit doctors; “A big thing on the newspaper”, and one doctor from the United Kingdom came down to Trinidad and Tobago; a complete failure. Then they said to facilitate the UNDP doctors and the Cuban doctors they set up what was considered against the Constitution and against the Medical Board Act, a parallel medical board to give registration and certification to the doctors that they wanted to bring, even though those doctors did not have the competence and the capability that was needed for the health care system in Trinidad and Tobago in the four regions in Trinidad and the one in Tobago.

They went even further to try to arrest the doctors at one time when the doctors felt that they were being threatened. So, I think it was the Minister of Planning at

the time who invoked the regulations to arrest the doctors. They attempted to arrest the doctors at that time, and that was the type of management they had under their time under the health care system, but compare that with what is happening now and compare what we had done as a previous UNC administration in 1998—2001.

The previous UNC administration kept a PNM board from 1994—1997 when the Regional Health Authorities Act came into being. So it is only from 1998—2001 the previous UNC administration was able to get its hands on the health care system.

Let me remind Members on the other side and the general population what we were able to do during that time. We refurbished 17 wards at general hospitals; [*Desk thumping*] we outfitted nine operating theatres, five on the main block, two at the maternity ward and two at the ENT block; and we built a new X-ray department for them. Do you remember at one time the fingers and toes of dead persons lying in the mortuaries were being bitten off by rats and so on? We built a new mortuary for them [*Desk thumping*] a 34-chamber mortuary at Port of Spain General Hospital.

We built an intensive care unit at Port of Spain General Hospital in just four months with only \$500,000 and the rest to be paid over a three-year period. Today, 11 years later, that intensive care unit has been saving hundreds of lives in Trinidad and Tobago who would not have been able to pay the cost of an ICU unit, because the average stay for a patient in an ICU unit is about \$90,000. So, we built an ICU unit in four months in 2000, and when we built the ICU unit people stuck towels in the toilet bowl to flood the ICU unit so it would short-circuit all the apparatus.

There were 70 cases of vandalism when we were in government. In three months, 70 cases of vandalism were done by supporters of the People's National Movement at that time. We built a new pharmacy for them; we built a new administration area; a new biomedical laboratory and we equipped the new biomedical laboratory. We bought seven X-rays machines; two ultrasound equipment; we built four new wards at St. Ann's Hospital; we did over the electricity, the roofing and the water supply at St. Ann's Hospital; we renovated existing wards at St Ann's.

At the National Radiotherapy Centre, we built a new chemotherapy fume chamber for them; we bought in a new cobalt machine, and then at the San Fernando General Hospital, we established a new wing. Mr. Speaker, that was the type of work that we were doing from a previous administration and that is the work that they had not done for the last nine years.

**2.15 p.m.**

We have gone a full circle. The mess that we met when we came in 1995, in the health care system, we have met the same mess again and even worse, 22 months ago. It is astoundingly painful to see what we have to do to ensure that the health care system improves.

We are committed to training more nurses and we are working with the Minister of Science, Technology and Tertiary Education. We are working with UWI and the medical school to try and keep our medical students, our young doctors in Trinidad and Tobago, here in Trinidad by providing more post-graduate tertiary education and keeping the doctors here so that they can specialize right here within Trinidad and the Caribbean area, because 50 per cent of the doctors leave the country on a yearly basis. Even though we train 100, 50 leave and we are unable to keep them. If we have the post-graduate training systems, which we are now making sure that we have with the University of the West Indies, we will keep these doctors in Trinidad and Tobago.

We are bringing senior doctors back into the system because the senior doctors are the ones who have the years of expertise and competence across the four Regional Health Authorities. They had put a VSEP package and all the senior doctors took the VSEP package because it seems as though your administration at that time did not want them. It has been shown that people had been going into the hospitals relatively sick and coming out dying under their administration because these senior doctors were missing from the institutions and therefore, now the Minister of Health and this People's Partnership Government are doing everything to encourage these senior doctors to come back into the system so that we will benefit.

We are opening more health centres beyond four o'clock. We have 105 health centres in Trinidad and Tobago—[*Interruption*]

**Mrs. Gopee-Scoon:** Thanks to the PNM.

**Hon. Dr. T. Gopeesingh:**—and we are now staffing them with more pharmacists and more doctors and nurses and we are going to keep opening them beyond eight o'clock, beyond 12 o'clock and even on public holidays. That is the work of the hon. Minister of Health who is moving towards ensuring that.

We are equipping the hospitals more and more, CT scanners, MRIs, ultrasound machines, X-ray machines, everything. We are staffing the district health facilities. There are six district health facilities in Trinidad and Tobago. The district health facility is the intermediate between the hospital and the health centres. The

hospitals provide secondary health care and tertiary health care and the health centres provide primary health care. The district health facilities are the ones where you can take patients and keep them over 24 hours, have ultrasound machines, X-rays, laboratory facilities, ECGs and everything, so that you reduce the burden of care in the tertiary institutions and the hospitals and you move the patients from the primary health care into these district health facilities and you prevent them overloading the general hospitals. This is the thrust of us.

The other thrust is that we are moving towards health prevention. The whole spectrum and the demography and the incidence and prevalence of diseases have shifted over the last 30 years particularly. When it used to be a number of communicable diseases like TB and a number of the other diseases, now we are speaking about non-communicable diseases, diabetes and hypertension. Most of the admissions to our institutions and hospitals are as a result of diabetes and hypertension and as a result of obesity in a number of situations. We are ensuring that we educate the population on the prevention of diabetes, early detection of diabetes and hypertension, treating them early to prevent the complications of heart disease, strokes, blindness, amputations, heart failure and renal failure. We are moving expeditiously to ensure that. [*Interruption*]

**Mrs. Gopee-Scoon:** What have you done in two years?

**Hon. Dr. T. Gopeesingh:** This is what I am telling you if you had not been listening. It seems as though she was sleeping.

Mr. Speaker, the national health insurance system, the Minister of Health has indicated that he is bringing the national health insurance system. We have been speaking about that for the last 15 years. The Member for Tunapuna would remember that he was part of a team. In fact, the Member for Tunapuna was the first Minister with two other Ministers at that time, former Minister Clive Pantin and Selby Wilson with Minister Dookeran. At that time, it was the 1981—1986 administration that really started the Eric Williams Medical Sciences Complex because the PNM had built the entire complex by SODETEG, which was supposed to have cost \$300 million or \$400 million and went up to \$1 billion. That is the history of the PNM.

Minister Dookeran at the time said: “We have no money to open it, so see if you can make Mount Hope self-financing and open your medical school” and this is what we did. I have the honour and pleasure to say that I was the first medical doctor who went there in 1981 at the women’s hospital and did the first gynaecologic operation almost 31 years ago. [*Desk thumping*] I was one of the



members who helped to pioneer the medical school in 1987 at Eric Williams Medical Sciences Complex. Today, 25 years later, our medical school is on parallel bringing out some of the best and this is as a result of the continued work what we have been doing as a Government and we will continue to do that work. We are moving to preventive health care.

The Minister of Health feels comforted by the fact that he has the support of the entire Cabinet and the People's Partnership Government. The Prime Minister feels a lot better about the delivery of health care. We feel better about better and better health care taking place across the regions and by virtue of this amendment Bill, we are seeking the support of the other side so that we can ensure a continuation of better and much improved health care. Thank you very much, Mr. Speaker. [*Desk thumping*]

**Mrs. Paula Gopee-Scoon** (*Point Fortin*): Mr. Speaker, I could not agree with the hon. Member for Caroni East, that today is indeed a momentous day because today is the opening of the Scarborough Hospital and it is a gift for the people of Tobago from the PNM administration. That is what it is. [*Desk thumping*] This administration seems to want to take credit for it. [*Continuous interruption and crosstalk*] Why are you all speaking so loudly? You all would be taken down to St. Ann's. Come on. [*Laughter*] Be quiet. As I said, it is a gift to the people of Tobago from the PNM. This administration could only take credit, I guess, for putting some paint on the walls.

Yes, I agree that the project had its fair share of complications and hurdles. [*Interruption*] All right! I agree that it had its fair share of complications and hurdles and stumbling blocks but that was more to do with the contractor more than anything else and they know that; with the initial contractor with whom we had engaged. Eventually, we chose another contractor who finished the job, China Railway Construction Corporation. You know the process. We went to arbitration and there were some fruitful things that came out of arbitration. Of course, credit must be given to China Railway Construction Corporation for the work and bringing here today to the opening of this project.

This hospital could have been delivered to the people of Tobago since August 2010. When the PNM administration engaged with China Railway Construction Corporation, it was to hand over the project to Tobago on August 30, 2010. I really would like this Government to come clean and to be honest with the people of Trinidad and Tobago as to why there was that unnecessary delay of more than one and one-half years. [*Interruption*]

**Mr. Peters:** “Because all yuh tief out all de money.”

**Mrs. P. Gopee-Scoon:** No, Mr. Speaker—

**Miss McDonald:** Mr. Speaker, please. That is imputing improper motives.

**Hon. Member:** Standing Order 36(5).

**Miss McDonald:** “All yuh tief out all de money.” Who is “all yuh”? “Tief” out what money? Who is “all yuh”? You cannot make those—Member for Mayaro.

**Mr. Speaker:** Member of Parliament for Mayaro, I think that your language across the floor is quite inappropriate and I would ask you to desist from using such language. It is bordering on disorder when you go there. I ask you not to go there at all. Okay?

**Mrs. P. Gopee-Scoon:** Thank you, Mr. Speaker. That just seems to remind me of a newscast a couple of weeks ago. As I was saying, this hospital could have been handed over in August 2010, and there was a reason for the delay. It was that the then Minister of Health, Sen. The Hon. Therese Baptiste-Cornelis is the one who is responsible for the delay and for not delivering on time to the people of Tobago.

If it is we are to come here today and speak about the RHAs, we have to talk about integrity and that is why I am bringing up this point. If you are going to talk about procurement we have to talk about integrity and you must put in place a system that is worthy of integrity and it has to start at the top. The previous Minister of Health to the current one, that is Sen. The Hon. Therese Baptiste-Cornelis, has to be blamed for the delay in the handing over to the people of Tobago. When the Minister took office, the then Minister, Sen. The Hon. Therese Baptiste-Cornelis, all of the bills to the contractors were paid up and she was supposed to have handed it over then in August, just five months after they had taken office.

That contract was done on a fixed date/fixed price contract and there was a penalty clause included in it; that for every day that went beyond August 30, the Government would be paid \$10,000 per day for every day delayed with that contract, once it was not delivered to the Government. It was a win-win situation that was written into the contract for the Government when they took office. But no, the Government saw to it that the hospital was not delivered as planned and the State, therefore, did not benefit from the penalty clause that was on account of the behaviour of the then Minister who was, as usual, playing her politics.

What happened, whereas we had paid the contractors up to that time when we demitted office, when the Minister took over, she did not pay any of the contractors.

That is a known fact. The Minister of Finance could bear me out. The contractors were not paid and then there were variations to the contract and then the contractors then stopped the work, so the penalty clause never applied. That behaviour is what caused the delay, and as a result of that, when we could have benefited something to the tune of—you could work it out—more than one and one-half years of delay at \$10,000 per day, the State could have benefited by something like \$5 million to \$6 million, we were not able to get the benefit. Therefore, we did not benefit from the penalty clause, neither did we benefit by the people of Tobago in fact having their hospital on time. That is what had happened. So, when you are talking about integrity, it must start at the top and they are to be blamed for the one and one-half years' delay on that side. As I said, there were problems but you all amplified it when you came into office and you have to take the blame for it.

The other thing is the current Minister of Health came to the House one day. I think he was speaking to the final arbitration and seemingly wanting to take credit for the final award which was given by the court, but what he did not say is that it was in fact the last administration which had done all of the work building up for this arbitration exercise. We had done all of the work and it had worked in favour of the people of Trinidad and Tobago. This Government only benefited by being given the final award, but the real reward is on account of the PNM Government and all of the work that we did. [*Desk thumping*] So, when the \$150 million claim, which the contractor had in place, was rejected by the courts, it was on account of the work done by the PNM in preparing us to get there.

Therefore, the Government received two monetary awards. The claim by the contractor of \$150 million was rejected. The Government also received an award for, I think, \$9.1 million in the first instance and then a second award for \$27 million. If you add that up as well, the \$9 million, the \$27 million, plus interest as well and cost—the Government was awarded cost as well—you are talking about forty million-odd dollars. All of that is the work of the PNM as well.

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

We understand what got us there, but we also know that this Government was not the one who should have been credited for the work we had done towards it. Start with integrity. When you are talking about this RHA Bill, start with integrity in the way you conduct your affairs.

So today we must congratulate China Railway on the work that they have done. We must of course take some credit, and we are happy to present this gift to the people of Tobago.

The hon. Member spoke about the Point Fortin Hospital; let me address that first off. The Point Fortin Hospital was given to the people of Point Fortin perhaps about 60, 70 years ago. It was a gift from Shell. It was their hospital and they gave it over; now it is being run by the South-West Regional Health Authority that has responsibility for it. They service an area of about 70,000 people, and therefore we too are anxious that that hospital is built so it could take some of the strain off of San Fernando. San Fernando, as it is, is serving something like 700,000 people. Minister, if I could be corrected—[*Interruption*]

**Dr. Gopeesingh:** It is 650,000.

**Mrs. P. Gopee-Scoon:** So if the hospital is built, you are talking about taking off a load of about 70,000. We are quite anxious just as the other side as well. The hospital is indeed in a state, and we might be the ones to be blamed partially for that. But, yes it is in a mess, and we really want that hospital done.

We know that no surgeries are being done there, save and except for the obstetrics and gynaecology department. There is no permanent radiographer. There is one specialist, Dr. Sylvan Pierre, who is the gynaecologist. I do not think there is any permanent anaesthetist or anyone like that assigned to that hospital, and there are nursing shortages. So there are problems definitely associated with the Point Fortin Hospital. Yes, people have been crying out for something like 25 years for a new hospital, and yes they are due that hospital. But I am fed up of hearing that it is the PNM, and the PNM and the PNM who is responsible for not building that hospital.

Of course, I do take responsibility for it, because I was in office, and I will tell you where I was, in fact, and what work I had done when we came into office in 2007. When we came into office, we were starting from scratch again and we were able to establish a site. We actually completed a tendering process, and obtained all the necessary Cabinet approvals that were required. A contractor was selected, which was the China Railway Corporation. It was a \$650 million contract done on a design/build/outfit basis, so that it would have been a total turnkey operation. That is where it was at May 2010, just ready to go. But what did this Government do with it? It is now almost two years hence and we have made absolutely no headway under this Government, and I am sure no one is surprised.

As a matter of fact, I know whoever speaks after me is going to say, “But you all did nothing about it for so many years,” because they are already mumbling that behind me. But I want to say to this House that this cry has been going on for something like 25 years, and Minister you will agree with me. But you people—in fact, the PNM Government has only been governing for less than half of it, and it is

really those on the other side who have been there for the greater part of the 25 years that you were in office. I want to ask you: What did you all do? [*Crosstalk*] For the last 25 years you had—[*Interruption*]

**Dr. Rambachan:** You are asking, “What did you all do?”

**Mrs. P. Gopee-Scoon:** No, for the last 25 years, because many of you—[*Interruption*]

**Mr. Speaker:** Hon. Member, if you can address the Chair rather than address Members. I think that crosstalk emerging could be at least controlled. Address the Chair, please.

**Mrs. P. Gopee-Scoon:** Mr. Speaker, I am used to the cry that it is the PNM, the PNM, et cetera; the PNM is responsible for everything. But there are some persons on that side who have been constant in every other administration that has been in office, other than the PNM. There are those who belonged to the NAR administration, those who belonged to the UNC administration and those who have belonged to the UNC plus the PP administration as well. Collectively they have been in power more than the PNM in the last 25 years, so they are the ones who are to be blamed. [*Laughter*] [*Crosstalk*]

**Miss Ramdial:** How did you come to that?

**Mrs. P. Gopee-Scoon:** Because they have done nothing. And I will tell you, just as example, the Member for Siparia was part of the NAR administration and a part of the—[*Interruption*]

**Dr. Rambachan:** And she has built more schools than you ever did. [*Interruption*]

**Mrs. P. Gopee-Scoon:** Excuse me—right! [*Laughter*] A part of the UNC administration, part of the PP administration, so I want to hear no talk about them, because they did nothing for the people of Point Fortin, whenever they were in office, about that hospital; absolutely nothing. [*Desk thumping*]

I am quite alarmed, but the latest I am told is that the hospital is now going to be built on—because sod turning—recognizing that they are half term and nothing much is going on, I expect a sod turning ceremony in Point Fortin any time soon, another PR exercise. Notice the way the ribbon is being cut now in stages. [*Interruption*] You must look and listen. The latest is that the hospital in Point Fortin is now going to be built on the e TeCK site, and that is very, very, very alarming. I would like the Member for Chaguanas East to explain that to us.

It is only two weeks ago that we had the President of e TecK and also the Chairman of e TecK in Point Fortin discussing with persons who had received commitment letters from the previous administration to occupy e TecK lands. They were there only two weeks ago sharing with them their plans, saying that they were going to open this e TecK estate in Point Fortin in September. That was two weeks ago. Lo and behold, there was no consultation, no discussion, no communication or anything like that with me, with the burgesses of Point Fortin or with anybody. All of a sudden someone presents a letter to me, one of the persons to whom a commitment letter had been given, that there would be no e TecK site anymore; all of a sudden.

So all this industrialization of the south-west peninsula and the growth poles in the south-western peninsula have gone through the window. We are no longer having an e TecK in Point Fortin, that is of this week. No explanation to the MP for Point Fortin or the MP for La Brea; no regard at all. Therefore I would like the Member for Chaguanas East to give an explanation about that, why there is going to be no e TecK in Point Fortin. [*Desk thumping*]

He is turning red as usual. If I understand it, there is an anxiety to open something in Point Fortin—to turn the sod I should say—to turn the sod for the Point Fortin Hospital as soon as possible. I do not know what is the anxiety, but it is sod turning season. We need some explanations about that. The people of Point Fortin want an explanation.

The system we understand is that you plan, you then turn the sod and you open your building. What you all do is turn the sod and then you start planning. That is the style, and that is not effective.

**Hon. Member:** That is not true!

**Mrs. P. Gopee-Scoon:** Generally, I am very upset about this latest plan in the non-availability of e TecK in Point Fortin. There are persons who had bought their prefab buildings, equipment and so on, millions of dollars invested and then all of a sudden no e TecK in Point Fortin. I am concerned about that, but I know you all are just being anxious about turning the sod for the Point Fortin Hospital, but we do not expect anything. If you do start it, we know that we will be on the side to open the facility. [*Desk thumping*]

**Hon. Member:** Aaaah!

**Mrs. P. Gopee-Scoon:** I want to explain that perhaps another reason between 2007 and May 2010, when we lost the election, why we perhaps did not do it as

well. The Minister of Health was busy opening health centres as well. You spoke about the 105 health centres, and you know that most of it was done by the PNM. [*Desk thumping*] No, no, no, do not shake your head for me, because 105 health centres, and we added to that between 2000 and 2010.

**Dr. Rambachan:** Ask Dr. Rafeeq how many he built.

**Mrs. P. Gopee-Scoon:** You asked what we were doing; let me tell you what we were doing. Between 2007 and 2010 we opened the Oxford Street enhanced health centre; the Barataria Mental Health and Wellness Centre; the San Juan Health Centre; the Debe Health Centre; the St. Madeleine Health Centre; the St. James District Health Facility; the Petit Valley Health Centre. [*Desk thumping*] Many of them went to Opposition territory. You see how we were performing? We were taking care of all Trinidad and Tobago. [*Desk thumping*]

**Miss Cox:** Morvant!

**Mrs. P. Gopee-Scoon:** Okay, we did the Morvant Health Centre as well. We were taking care of all their districts, you know, because we also did the La Romain Health Centre; the Gasparillo Health Centre; the Gran Couva Outreach Centre; the Chaguanas District Health Facility. They are all in their constituencies. How could I forget? The Siparia District Health Facility, completed. [*Desk thumping and laughter*] I cannot leave out the Member for St. Joseph. You got your St. Joseph enhanced facility as well.

These are the things we were doing between 2000 and 2010, among other things, and I will come to our total transformational plan just now.

So 14 health centres delivered. Of course we were attending as well in Tobago to the Roxborough District Health Facility, the Scarborough Health Centre and the Charlotteville Health Centre as well. That is just to attend to some of the things that the Member for Caroni East raised.

**Dr. Rambachan:** What about the costs and the overruns?

**Mrs. P. Gopee-Scoon:** I will go back to his previous statement that he made last week Wednesday as well, when there were some spurious allegations which I would need to address. But let me come to the Bill before us, Mr. Speaker.

I missed the contribution. [*Interruption*] I am now going to it, because he raised a lot of things that alarmed me. I had to attend to it. I am now going to the contribution. I was not in the House that day, I was unwell, but I did look at the *Hansard* and there were quite some convoluted statements made by the Minister of Health and the Minister

of Education. They went very wide, speaking to their so-called health policies and so on. Allow me please to speak a little about that as well.

Mr. Speaker, I will go back to 1978 when the PNM administration was in power, and we along with a number of States signed on to the Alma-Ata Declaration. That was a conference on primary health care. So we along with a number of States signed on to that, and we reaffirmed, for instance in Article I:

“that health...is a fundamental human right...”

And in Article V:

“Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures...”

Article VIII:

“All governments should formulate national policies, strategies, and plans of action to launch and sustain primary health care...”—that is what we signed on to—“as part of a comprehensive national health system...”

And in Article X, that all Governments should move towards an acceptable level of health care in 2000.

Mr. Speaker, generally the world has had a problem with health care. I know it can be argued that a proper standard of health care has not been achieved throughout the world and that the issue of health remains a very urgent one; not for Trinidad and Tobago only, but for all countries in the world. At a time especially that has been characterized by an economic downturn, the rise of chronic diseases, new and more expensive treatments and so on, the target is even more elusive and the goal is therefore a difficult one to achieve. Behind the economies and so on, health remains a big priority for all Governments at this time.

You would know that the US is grappling with its health system, the UK and many other countries. In the Caribbean, many countries have severe resource constraints at this time, and it is again because of the economic circumstances. Everybody has had to look at health reform and look seriously at the role of the private sector, and to come up with all kinds of solution for some sort of different health framework that could work in today’s challenging health circumstances, especially where the people suffering are the vulnerable. They are the ones who have been suffering all the while.

Our policy here in Trinidad and Tobago under the PNM—well, initially, the focus, and I am talking about pre-independence—really was on disease eradication.



In those days we used to get a lot of technical assistance from PAHO. They are the ones that helped us, and the PNM administration is the one that came with the nation's first national health plan. You would know of it, Minister, that from 1967—1976 was that first national health plan.

The general objective, and I am quoting, was:

“...to achieve the maximum level of health in the shortest possible time limited only by factors contingent on our overall rate of socio-economic growth and by the availability of technical knowledge and skills.”

Then in 1978 we signed on and committed ourselves to primary health care. After that, the Government, looking at what had been happening at the time with health care—and again it was a PNM administration—came up with the creation of the Regional Health Authorities.

**2.45 p.m.**

The overriding principle for the Regional Health Authorities was, and I am quoting that:

Hospitals, health centres and other services can be owned and managed closer to the consumer, so that managers and health care staff are more responsive to the needs and wishes of those who are served.

The idea behind it, was that the Ministry of Health would ensure that all these Regional Health Authorities would be, and I am quoting:

Operationally independent and able to make their own management decisions, in much the same way as any independent and dynamic organization can, without recourse to undue instructions from remote civil servants or from bureaucratic rule.

Further to that, in 2006 Trinidad and Tobago came up with its Vision 2020 policy which was to achieve developed nation status as well, and within Vision 2020 there was a sub-committee on health, its vision was, “a nation empowered to live long, healthy, happy and productive lives”.

You would see all throughout these are policies for decades in the past, they were all PNM policies to benefit the people of Trinidad and Tobago. [*Desk thumping*] I would not go on to the goals of Vision 2020 in terms of health and so on, I would not go into that, the public already knows it.

Then in 2009, we also proposed a national health system, this is where we were going, an e-health card plan as well, and the vision of the national health system

was to guarantee access for all citizens and eligible residents to defined package of quality health care services at public or private providers of their choice, and that is where we were going. With regard to the e-health card, the vision was to provide citizens access to their health records, anywhere in the world, at any time, and under any system, in full security and confidentiality. That is where we were taking health care; first world health care.

So that in 2008, in order to operationalize our Vision 20/20 plan for health, we in fact came up with a five-year transformational plan, and the strategic objectives were—and the Minister spoke about it, he seems to be plagiarizing or echoing the very same, or parroting the very same strategic objectives which we had in our transformational plan—and these were preventive care, you would know that Minister, you were part of the system, a first world health care delivery system, and a comprehensive, customer-based public health system, that is where we were going with health care. A very, very board framework with regard to health, over the decades, but it is all PNM policy, and we were working to operationalize that framework as it was.

So much so, Mr. Speaker, that there are many people from the Caribbean who would come to Trinidad and Tobago for medical attention, and that is because of the system of health care that we have had in Trinidad, and we were doing our medical tourism in a sense as well.

But what do we have here today? Let me go directly and on point with the Bill. We have, I think, what is the first piece of legislation which has come from the Minister of Health since they have been in office; two years, and this is the first piece of policy which has come into the Parliament. And what is it? It is a procurement Bill, imagine that. The first piece of legislation being a procurement Bill, which was ill-timed, if I may add to it. Essentially that Bill, and I will come to it, is simply to allow, and I will use the word, simple, because the Minister used that a lot in his presentation, is simply to allow the RHAs, to my mind, to go on a buying frenzy. It is a procurement Bill which will allow them to go on a spending spree; that is what this Bill is about.

I know that there have been problems with the RHAs; it is not a perfect system, but again, that is where I would have expected the Minister to go, that he would have come here with some kind of analysis to improve, if anything, but that is not what we got; first piece of legislation and it is procurement.

The RHAs system is the PNM system, and in 1991, when we returned to power, we embarked on a system of health reform, and came up with the RHAs system,

which was meant really to decentralize the power which was vested in Central Government, and which of course we had realized was not really working for us. We initiated this health sector reform, to deal with the problems of the centralized system which existed before. Indeed these five RHAs were set up based on geography, the only problem that the other side seemed to have with it, is that when they came into power in 2000, I think they did away with the North Central Regional Health Authority, and in fact when we came back in, we put it back in because there was need to focus on Chaguanas and so on, we felt that there was a need to focus on that area and that is why we included it once again.

What you would find is that, how the thing is set up, is for instance, the SWRHA is set up to deal with all the municipalities of Princes Town, Debe, Siparia, Couva, Point Fortin, et cetera, and then all the health centres which are included in those areas. There were very clearly defined goals for those RHAs, which was a higher quality of care for patients; accountability and customer oriented services; better value for money for the public purse; greater challenges and job satisfaction for staff; high visibility and priority for healthy behaviour, illnesses and accident prevention. So, another laudable set of goals by the PNM administration as well.

So they were meant to operate with semi-autonomy, not full autonomy in a sense, because they were meant to keep adhering to the policies which were laid down by the Ministry of Health, and all of the goals and targets of the Ministry of Health. In a sense the RHA was a provider, and the Ministry was the purchaser of the health services, and that is where we were with it.

Many years later we realized that there were some problems with it, and of course we moved to deal with it, and that is why we embarked on our transformational plan. In our transformational plan we were very clear on our objectives. We were very clear on a pathway forward. We were very clear on all of our milestones and deliverables as well. There were several core strategies that the PNM was focusing on, and those strategies, Mr. Speaker, if you would allow me, were leadership—so we were dealing with the RHAs, we recognized that there were some problems with the system, and we were dealing with it in our transformational plan. We were attending to the core areas of leadership; institutional strengthening; skill development and availability; infrastructure and services; ICT, quality service; continuous development and improvement; key stakeholder commitment; establishing closer bonds with unions and universities; and of course sustainable financing. We had a very, very clear and structured framework.

So, I do not understand how the Member for Caroni East could come here to say, and make the statement, that we were doing nothing. In fact, institutional strengthening was a priority of ours in the RHAs. That is why today you have a much improved RHA system, and it is because of the PNM. [*Desk thumping*]

Quite frankly, within the contribution while the Member for Caroni East was quarrelling, and was very anxious, and very upset, he had a very vexatious attitude that evening it seemed, judging from the *Hansard* record. Whilst he was very upset about the RHAs, the Minister of Health seemed to have had no problems with it. In fact, he commended the RHAs, and I believe he is just continuing the good work that we had done. So, the Minister of Education seems to have the issue with the problem when the Minister of Health does not, and I think they should have had some kind of discussion before on it.

Mr. Speaker, when I went to the Bill—and I thought to myself, well, no, something is wrong here, but anyway, we are used to having very flawed Bills coming from them—even though it was one clause, I read it, and I thought to myself, here we are, one clause, and with an error in it. It is that clause 2 referred to and I can quote:

“Pursuant to an agreement with any another authority.”

And I said to myself, an agreement, one RHA could act with any other authority in this procurement exercise. And I said to myself, that had to be wrong, it could not be right. Only to recognize as I read further along in the *Hansard*, that this was in fact what they intended. That any one RHA can engage with procurement exercises with any other RHA in the system, and that to me is a recipe for chaos because there are several permutations which you can draw from that. It means that the South West Regional Health Authority can engage with North Central, or they can engage with North Central and Eastern, or Eastern can engage with, and I could go on and on, but I can come up with at least 30 permutations that would be engaged under this procurement exercise the way they have proposed it, and that to me is chaotic, that to me is a recipe for failure, and I wonder what else that is a recipe for. But I think it is pure mayhem and bedlam with the way the system has been proposed, and therefore, we will not be going along with it.

I am saying and agreeing that there is a definite benefit to centralization in terms of economies of scale, we know that, but it cannot happen in the way that they have proposed it, which is that any RHA can engage with any RHA at any time or any number of RHAs, in order to buy equipment or pharmaceuticals or so, it cannot.

The Minister came here and sought to give no kind of explanation as to a system, as to the increased personnel that this will require, the storage capacity and warehousing that this will now require, the budgeting exercise, the coordination and so on. I do not know, for instance, that you say, just as an example, I am from South West Regional Health Authority and I wish to purchase an elevator today—because elevators seem to be the thing that we must have, even in two storey buildings—so I wish to purchase an elevator.

**Hon. Member:** Too many steps to go up.

**Mrs. P. Gopee-Scoon:** So, I am now going to call up my colleagues in all of the other Regional Health Authorities, “Do you want an elevator, do you want an elevator, do you want an elevator?” And decide that you want five elevators. There was no explanation of how this thing would be done, and the point about it is, there is a system in place for procurement of pharmaceuticals, a well-working system. The Member for Caroni East alluded to that in his remarks, in his contribution. He said that C40 worked well; the Nipdec procurement exercise done at C40 works well. The Minister said that. He said so, but this time, the Minister of Health disagreed with him about Nipdec.

Anyway, I had a look at the current procurement system through Nipdec, wondering, well what is really wrong with it, because one agreed and one disagreed. So I went to it, “Welcome to Nipdec Pharmaceutical Division” it said. And it seemed to me, I looked at the home page, that this was a very well-organized system. I am seeing on the main menu, tendering process; tender data; CDAP; inventory data; central stores; RHAs; so the RHAs had their own page and so on, and it seemed to be very user-friendly. It said on it:

“Notice: New to RHAs, Tracking your Requisition Online; Estimates of Needs working documents...Introducing CDAP”

Very, very well explained, very user-friendly.

I am saying, if this is working, why do you we want to give this authority, because the Minister of Health was very clear in saying, that they can possibly do pharmaceuticals as well. Why do you want to give that authority, when there is a system in place, that is a centralized system, you are already benefiting from buying in bulk at lower prices. Why do you want to change this?

**3.00 p.m.**

Nipdec is responsible for distribution, procurement, storage—and even the RHA representatives are on the bid evaluation committees at Nipdec, so why do you want to change that? Why do you want to give them the authority to buy as well?

What is wrong with that? If you are thinking of widening the scope so that you can do other type of medicines, equipment and so on, if Nipdec is doing this so well, why do you not give Nipdec? Why do you not let Nipdec widen their scope? *[Interruption]* I would imagine for emergencies and so on, but you do not have to go the way you have gone, which seems to be a rather loose arrangement; this one buys for one, this one buys for the other, and I do not see the need to do it. Especially, and I will come to it after.

But also, Mr. Speaker, I investigated further, there is a page for the Regional Health Authorities, so I do not think that they should be having any problem; you can track your requisition online, you can even get all your documents, your estimates of needs for 2012/2013. If there are some deficiencies with Nipdec, I would imagine that you could review and improve the system. *[Interruption]* But you could give them the authority to bring in all the pharmaceuticals because it is working well and it is a good system—*[Interruption]*—but I will address the Speaker, you seem to be having a problem with me. *[Laughter]*

Mr. Speaker, two years we have been waiting for some legislation from the Minister of Health and what do we get? Procurement legislation. Right! Why should we go along with this now? The Government came into office and one of the first pieces of legislation they wanted to work on was the procurement legislation, and we have been cooperating with them by and large. So that much time has been invested in getting that piece of legislation right and with the overall objective of minimizing cost, weeding out corruption, putting proper systems in place, rules and regulations and so on. Much time has been spent and we expect that legislation to come to the Parliament anytime now. Why then would the Minister insist on having this passed at this time? And the Leader of the Opposition said so. Why not wait? The legislation is imminent. Why come up with some other procurement system when we have the real thing coming out now which has been trashed out and dealt with. So, I think that the timing is all wrong.

I do not understand the anxiety and I found that the Minister of Health was simply convoluted in his presentation and it is our duty to examine it in the way in which we have done and to show the public why we cannot go along with it. I know the Minister talked about—in fact, I am speaking to his exact words, he said that there were cases of need and scarcity in the RHAs, trying to justify the reason for rushing into this procurement system. All I am saying is they just have to examine their operations, look at their operational deficiencies; do some analyzing, do some trend analysis, do some evaluating and fix your systems, fix your problems for dealing with things that you have to procure within the RHAs. You can fix it.

Further down in his statement—I am speaking now to the *Hansard*—he made a rather inconsequential statement and he said that:

“There is an unequal distribution of the budgetary allocation...one Regional Health Authority would have less money to spend than another Regional Health Authority, but they have the same needs although not the same volume of needs.”

**Hon. Minister:** What!

**Mrs. P. Gopee-Scoon:** I do not know what the Minister’s point was here.

**Dr. Browne:** Who is saying that!

**Mrs. P. Gopee-Scoon:** The Minister of Health. The budgets must differ. They have a different number of health centres under them; therefore, the budgets must differ, so I do not understand the point there. The Minister was—as I said that was a really convoluted presentation. That is the only word, very confusing presentation and backed up by the Member for Caroni East, another confusing statement as well.

The Minister had a problem with Nipdec and C40. He was talking about a wastage of movement and a wastage of drugs and poor administrative approach. This was the Minister of Health, when the Minister of Education said totally different words. In fact, he thought C40 and Nipdec were working very well. [*Desk thumping*] Why did you all not confer before.

**Dr. Gopeesingh:** That is what we are trying to do.

**Mrs. P. Gopee-Scoon:** All of these mixed signals you all are sending into the public because you do not have good intent. Your intention is not good and that is why you are coming here with these different approaches.

Then the Minister also made another statement—“oh”, with regard to the system as to how it would operate, he spoke about the whole system would operate on the basis of an agreement. That is what he offered to this House, “that this new proposed procurement system will operate”—it is in the *Hansard*—“on the basis of an agreement.” Now, we all know that this Government does not understand the sanctity of agreements. Right now they cannot even hold together an agreement which was made some two years ago and the Government is in chaos. [*Desk thumping*] You want to build a procurement system in the RHAs based on an agreement. This is what he offered to the House. This is the system that was to operate.

**Dr. Gopeesingh:** You have regulations governing it.

**Mrs. P. Gopee-Scoon:** That is what you said. I am only quoting page 7 of the *Hansard*. The Minister said it in such a nonchalant tone, “there will be an agreement.” The Minister is very calm and collected. I like him, you know, the Minister of Health.

But we know this Government does not honour agreements, so, therefore, we cannot agree with that system that is proposed by the Minister of Health. He went on to talk about:

“There must be transparency, there must be accountability and there must be ethical behaviour...”

I am asking then, if you want transparency and you want accountability and you want ethical behaviour, why do you not just wait for the proposed procurement legislation? [*Desk thumping*] Why rush, if this is what you want?

Mr. Speaker, the piece de resistance by the Minister of Health. He said—this is page 12: The Minister wants to encourage patients to go to the health centres rather than the hospitals, wants to lighten the load. I agree with that, provided you have the systems in place. He wants to do that so he is about to embark on the purchase of equipment for the health offices. He wants to equip all these 105—

**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. [*Miss M. McDonald*]

*Question put and agreed to.*

**Mrs. P. Gopee-Scoon:** Thank you, Mr. Speaker, and thank you to my colleagues as well. We were speaking about the Minister’s proposal to equip the health offices—very laudable—with lab facilities, X-ray facilities, pharmaceutical facilities for these 105 centres across Trinidad and Tobago, some of them were built a long time now and most of them are quite contained.

How could the Minister be so ludicrous to propose purchasing of lab facilities, X-ray facilities and pharmaceutical facilities? Where is he going to get all the required technicians? We already have a shortage of staff within the Ministry of Health, where is he going to get the required technicians? Where is he going to get all the radiologists and all the therapists to fill all these health centres with all of these X-ray facilities and lab facilities and so on? Can the health centres accommodate all these proposed facilities as well? I mean, the Minister comes here



and makes these statements and I do not understand. Did he do a feasibility study? Is it cost effective? Did he look at the cost of equipping the health centres with all of these pieces of equipment?

**Hon. Minister:** “Ol’ talk”.

**Mrs. P. Gopee-Scoon:** Yes, it is “ol’ talk”, pure “ol’ talk” by the Minister. These conversations are designed to cover up for whatever is the malady of the day, and no doubt something may have been occurring at that time and the Minister felt the need to come up with that.

Then he talked about midwives being given flexibility to go to different geographic areas. My goodness, we have a shortage of nursing staff and you want to take a midwife from Point Fortin and send her to Toco/Sangre Grande. They are not going to agree with that. They are not going to agree! The answer will be no, they are not going there. Did you discuss that with the nurses and so on? I do not understand what your argument is about wanting to send nurses from one geographic area to the other. It just makes no sense. What it means is that we need more nurses, that is why we were bringing in nurses from abroad. You make it seem as though we did nothing about bringing in staff from abroad. We brought in doctors from Cuba, India; nurses from India, St. Vincent, the Philippines. We were bringing in health care personnel from all over the world, and you are talking about a shortage and wanting to take some kind of credit for these new members who are coming in and so on.

I really do not understand the Minister’s thought process. He just seems to come up with all of these things and then—I mean, I think he might be well intentioned, but I believe beneath that, there are a lot of unholy practices and intentions as well sometimes. Maybe there are sweeteners in it, I do not know, but all these little propositions were made by him.

Then, when the Minister of Education came on—he was better today, but then, last week from what I read, as I said, very confused. He was the one who had the problem with the RHA system when the Minister of Health had no problem with it. But with all of that, he had a great problem with the RHAs, but then in his defence to the proposition being put before the House, he said, “we want flexibility”. If they are in massive decay as you said—this is how you described it in the *Hansard*, RHAs are in massive decay. It is in decay—those were your words—yet still you want flexibility. Why would you want to give flexibility to a system that is not in order? [*Desk thumping*] You should come here with some kind of analysis of how to improve. That should be your first order of business, not add to the chaos. [*Desk thumping and interruption*] That should be your first order of business.

Again, very, very confusing. Then in your usual style throughout that contribution you blamed the PNM, you were just very—Mr. Speaker, I am beginning to think that this Member for Caroni East is rather grumpy. [*Laughter and interruption*] All of his statements are rather vexatious. [*Interruption*] Very vexing statements. It is always the PNM, the PNM and the PNM. Right! Two years into office you are supposed to be talking about the “Partnership and the Partnership and the Partnership” and what you have done. Two years midterm is time to talk about what you have done, not the PNM, but it is because you have nothing to say. That is the problem, you have nothing to say. [*Desk thumping and interruption*]

So, Mr. Speaker, there we are. To this Bill I am saying that we definitely would not be able to support it. We would not be able to support it and the Leader of the Opposition has advised that we take caution and wait for the procurement legislation. I know you have said let us throw caution to the wind and let us have some flexibility, but that is not the way we are going. That is not the way we are going at all. We are not happy about this total unorthodox approach that the Minister of Health seems to have. Mr. Speaker, just recently the Minister went to Cedros and he went there by boat—Christopher Columbus, to make some fabulous new discovery in Cedros—well, they go by boat, they go by plane, they never drive, they go by helicopter. [*Interruption*]

**Dr. Rambachan:** You used to travel to Cedros by helicopter.

**Mrs. P. Gopee-Scoon:** I have never travelled to Cedros by helicopter. Never! Ever! So correct that. [*Interruption*] That is right. [*Interruption*]

Mr. Speaker, let me turn my attention to you, you do not need to caution me. [*Laughter*] The Minister went down to Cedros and unfortunately he met with a lot of resistance from the residents down there. They in fact made some requests to him which he obviously could not fulfil. They said they wanted their 24-hour health care service; they wanted two doctors on call 24 hours; they wanted two nurses on call 24 hours, and the Minister had to say, “I cannot deliver”, and then out of a hat he told them, “I’m going to give you a sea ambulance.” A sea ambulance! Where in the world and under what circumstances would you use a sea ambulance? What is the cost of a sea ambulance? What is the cost to having the driver of the ambulance? Because that would be some kind of boat man I would imagine—you would have to have your staff on board, your boat crew, your paramedics, you would have to have passenger-docking facilities; all to accommodate this—what you call it?—sea ambulance.

**3.15 p.m.**

I do not know if any feasibility was done, any cost analysis, but how could you have a sea ambulance just lying off the shores of Icacos.

**Dr. Browne:** To go to Venezuela.

**Mrs. P. Gopee-Scoon:** This is the proposition that came from your Minister of Health. And I am telling you, he comes up with these statements, these propositions. I do not know if it is to force the Cabinet or his colleagues to respond to him. Maybe that is the way they have been doing business, because I noticed the Member for Chaguanas West whenever he wants something done, he goes to the public and then hopes that his colleagues would take him on and get it done. This is the style I have been seeing that the Minister of Health has been using as well.

I do not know if he has realized that the Minister of Transport, for instance, has just said that there is going to be no Water Taxi service to Point Fortin. It has been shelved, because it is not cost effective. That is shameful. That is what the Minister of Transport has said: no Water Taxi for Point Fortin, it has been shelved, it is not cost effective. But the Minister of Health wishes to go there and put a sea ambulance. Can you tell me if there is any merit in that, a sea ambulance, no Water Taxi, but a sea ambulance? I have some time so I can tell you about the kinds of propositions that come from this Minister of Health.

Then there was another one recently, another unclear statement and I am beginning to—I have a word for his statements a rather “waggish” statement coming from the Minister of Health. So he came up with this one. Now, it could be laudable, there is some merit in it. But he was speaking to the public/private sector initiative in the Ministry of Health, a joint initiative—we have had many joint initiatives with the private sector, but he is talking about specialized services and surgeries being done by the private sector and not the public sector. He said that the State would give lands. One got the impression that this would be gratis, free. The State would give lands for the setting up of these private institutions.

Now, I am not clear whether these are going to be foreign institutions or the local/private sector or so, but I cannot believe it is the private sector because I did some enquires and I found out from the Private Hospitals Association of Trinidad and Tobago that no discussion was held with them, no collaboration at all. So I am wondering which members of the local/private sector he had these discussions with and who was to benefit. Because you are talking about free lands and, in addition to that, that the Government would engage in 20- to 30-year contacts with these private

institutions, foreign or local or whatever they are; that the Government would give free lands and engage in these types of contracts.

Now, from where is this coming? I understand the issue of public sector/private sector initiatives. We have done that. We have done that in the case of the renal dialysis treatments and so on. We have had to do it and we did it in the interest of patients. But this system, Mr. Speaker, that you are proposing are 30-year contracts, 20-year contracts, free lands for private institutions. Where did that come from? And at the end of the statement—I read it in the press—what did I see, it had not gone to Cabinet yet.

So I am saying that he is using the same approach that his colleagues used which is to come with the proposal to the public and they then have no choice, it would go to Cabinet and they would have to approve it. It would not work because—the Minister is always perky you know, he always has all these little statements, but it would not work. We would not agree to these initiatives that do not benefit the people of Trinidad and Tobago and that would seemingly benefit a few. I think that is where the Minister is going.

So as I close, Mr. Speaker, I want to say again that we will not support this Bill. Secondly, you said that we never brought foreign doctors into Trinidad and Tobago. I want to take this opportunity to thank the 50 doctors and technicians—Indian nationals—who came down to Cedros and did some voluntary work for the people of Cedros. I want to thank those Indian nationals, 50 doctors who came in under the PNM, Mr. Speaker, for the voluntary work which they did in Cedros. [*Desk thumping*].

Mr. Speaker, whilst I am on my feet, I hope that the Chief Whip does not mind. You know I am a devout Catholic and I do want to take this opportunity to wish my colleagues on this side and, of course, Members on the other side, the people of Point Fortin in particular, all of the Christians, all of the people in Trinidad and Tobago, a very happy and holy Easter. Easter is a very special time which not only Christians recognize, it is the death and resurrection of Christ, our Lord. It is the most wonderful time of the year—people do a lot of things together, families go to the beach, fly kites and so on and, of course, I hope that many of you would be in church, you need it; [*Laughter*] and to you too, Mr. Speaker, a very happy and holy Easter to you. Thank you very much.

**The Minister of Justice (Hon. Herbert Volney):** Mr. Speaker, I join my friend from the constituency of Point Fortin in making the same point and sharing the felicitations and the goodwill of this time of the redemption. It perhaps is the

only point of any consequence that she made in her contribution. [*Crosstalk*] What she has done is that she has dropped the viewing ratings of the Parliament Channel—[*Laughter*—]—to almost zero, because as I stand here, I am still trying to catch up with what was the point that she was first making.

Mr. Speaker, I have made—I have written so much on the pages before me and that contribution of the hon. Member reminds me of a Sunday morning when you have all kinds of characters in Hyde Park in London speaking on a soap box and just speaking of one subject after another and after that, having to get on a jet plane, head to Trinidad and when you reach Trinidad you still wondering if you are in Hyde Park, [*Laughter*] trying to get the measure of what was said.

I, like the national communities, are completely confused after that contribution. I do not know where to start and I think that maybe I better go back to the text that I came with, that eventually when I have dealt with some of the points that were made in the earlier contributions, I might remember what this Member said. You know it is really that this Member has left me totally confused here in this House and I do not know how the CAT Reporters, the transcriptionists are catching up with what she has said. I think that they are probably still typing in what she said as I speak now and they have to store everything in their memory as to what is to come next. I am flabbergasted. Really, after that length of contribution, very little was said to this Bill and to the benefits to this country of this Bill.

Again, we have a repeat performance coming from the Opposition, that this is a flawed bit of legislation. As I have said before, the Opposition in Parliament are like a stuck record. You know when you had a forty-five and it had a scratch, and it just kept saying the same thing over and over, that is what comes from the Opposition Benches. Absolutely nothing—[*Interruption*]

**Mr. Speaker:** I want to appeal to Members, you will get your chance to speak, so allow the Member for St. Joseph to speak in silence. Member for Port of Spain North/St. Ann's West, you seemed to be getting a little more sharp in your language across the floor which I find to be very disorderly at times. I would ask you to resist from that kind of language that you spew across the floor.

**Mrs. McIntosh:** What language?

**Mr. Speaker:** You know what you have said.

**Mrs. McIntosh:** What language did I use?

**Mr. Speaker:** No, no I have said you know what you have said. Do not argue with me. No, I am saying you know what you have said. Anyway, you do not know what you said, okay cool. Continue, hon. Member.

**Hon. H. Volney:** Mr. Speaker, I thank you for your help, but when I am on a roll on my leg as I am now, I do not really hear what these people are saying on the other side. I have heard what they said when they were on their feet and I would try my best to address those issues. I trust, Mr. Speaker, that I would have the liberty to speak to address some of the issues that have been raised by the hon. Member for Point Fortin as well as the hon. Leader of the Opposition, the Member for Diego Martin West.

Mr. Speaker, you know, the issue of the locating of the Point Fortin Hospital on lands formerly earmarked by e TecK—e TecK lands, has been well thought out. The fact of the matter is that this Government, our People's Partnership Government, has taken a look at what we found in terms of the planning for the Point Fortin Hospital: where it was to be located, to whom the contract was given—some China company—and also the cost of that project; the procurement processes, who presided over the procurement processes, and we have decided that that was not the way, given our overwhelming mandate at the polls on May 24, 2011, that we were going in providing for the people of Point Fortin and the south-west peninsula.

We have a plan, a plan in this Government, at the end of which Point Fortin and La Brea would also be in the yellow block at the end of the next general election. The programmes that we have, including the construction of Point Fortin Highway as well as the other initiatives that we have in that area, the construction of the Point Fortin Hospital would surely see the Members return from those constituencies on this side of the House in a People's Partnership Government after the next general election.

When the Member for Point Fortin speaks about the locating of that hospital, the fact of the matter is there is a better place for the location of that hospital. And after genuine stakeholder interests were consulted, it was felt that the better place for locating the hospital on a fresh piece of land where there was space involved, where the people of Point Fortin could have been proud of what was being given to them by their People's Partnership Government—[*Interruption*]

**Mrs. Gopee-Scoon:** Could the Minister give way?

**Hon. H. Volney:** No!

**Mrs. Gopee-Scoon:** Would you please?

**Hon. H. Volney:** I said no.

**Mr. Speaker:** Member for Point Fortin, you cannot rise whilst another Member is on his legs. He has to give way, and if he does not, you keep your seat. You cannot rise and argue with him. Hon. Member for St. Joseph, continue.

**Hon. H. Volney:** Mr. Speaker, the fact of the matter is that the lands taken or the lands given by the e TecK for the development of the Point Fortin Hospital comprised acreage of which 32 lots were being developed as industrial or part of an industrial estate. I am told that 12 applications were received for tenants in that 32 lot proposed development; and that of the 12, Mr. Speaker, many of them already had ongoing businesses that they would not have been affected by the change of use of that land for a hospital facility.

**3.30 p.m.**

**Mrs. Gopee-Scoon:** There was no consultation.

**Hon. H. Volney:** Mr. Speaker, I am being rudely interrupted.

**Mr. Speaker:** Member for Point Fortin, you had your chance to speak. If you continue to interrupt the proceedings of this honourable House, I will order you to leave the Chamber. Okay? You have had your chance to speak. You cannot be shouting across the floor whilst the Member is on his legs, otherwise I will ask you to leave the Chamber. Continue, hon. Member for St. Joseph.

**Hon. H. Volney:** You see, Mr. Speaker, I am advised by certain people from Point Fortin who have to come all the way to the St. Joseph constituency office for help concerning matters in Point Fortin, that if they had a parliamentary representative who resided in the constituency, that thieves would not have even stolen the support for the bridge over which they pass. When the hon. Member for Point Fortin speaks in this House about e TecK and what is happening down there, I am not sure that she is totally candid with this House, for the simple reason that not being resident and not keeping touch with her people in Point Fortin, that she really knows what she is speaking about.

**Miss Cox:** Mr. Speaker, Standing Order 36(5). The Member is imputing improper motives.

**Mr. Speaker:** Member, I do not think you should get into that area of the Member for Point Fortin. Let us deal with the issues. Forget the Member for Point Fortin, please.

**Hon. H. Volney:** Mr. Speaker, I will move on, but the Member for Point Fortin should know that she should not raise up any ants nest by what she says in this honourable Chamber, because she will get bitten by ants from St. Joseph.

Mr. Speaker, the Member speaks of the anxiety of our Government to get this Point Fortin Hospital off the ground. Of course, we are anxious to get this matter off the ground, for the simple reason that the Point Fortin residents deserve more, and that is why our Government is addressing the issue as we are, in order to make sure that the people of Point Fortin have a proper hospital within the next 30 months.

Then she asked: “What has the People’s Partnership done in that regard?” We have had to uproot all the procurement that was done whereby China Railway Company got a \$600 million contract. Who was the one who was behind the procurement process? Was it not one Calder Hart? Is this not a man who has been discredited in this country by the electorate? Where is this man today?

So, I have already said why it is that we have moved the hospital site from where the PNM had planned it to the better site on the e TecK Park. The hon. Member also speaks about this is the first piece of legislation to come to Parliament in two years from the Ministry of Health; that it is ill-timed and it will allow the Regional Health Authorities to go on a spending spree.

One of the problems that we have had to confront in Government on this side, especially when it comes to dealing with the health sector, is that we inherited a system that just was dysfunctional. It was one where people could not get beds; it was one in which people had to wait long hours in the priority adult facility and in what we call the casualty departments. Those issues have had to be addressed. When we came into office, one could not get drugs in the hospital. The poor man had to be finding money to buy basic drugs. All kinds of drugs that were substitutes for proper medication found themselves into the system, because the system allowed for procurement by persons who were out of their league working in the Regional Health Authorities.

That was the result of years of nepotism, putting all kinds of people to run departments; putting their friends in high places. For those who did not benefit from nepotism, we could call it cronyism. It was where all kinds of people, all kinds of square pegs were being placed in round holes, and that is why the regional health system was totally broken down, dysfunctional, not working.

And the purpose of this measure is to bring some sense to the procurement of goods and services by allowing, in a legal way, for economies of scale in purchasing goods and services, as I said. That is so laudable, but yet the Opposition does not support it. What do they support? You know, I always stand here—I sit on this side here—and there is nothing good happening in this country for the people that the Opposition supports.



You know, when we came into office and we axed the tax, the Opposition was upset. Everybody in the country who used to pay land tax got a little—what we call a little “bligh”, a little ease up. The poor man who was suffering under the PNM got a little opportunity from having to find money to pay taxes on land and properties. We said we would correct the tax system, and that is a measure that will come in the future, but in the meanwhile, the parliamentary Opposition was grumbling about it—grumble, grumble, grumble. They should have been happy for the people.

We find oil. The whole country is rejoicing, but the Leader of the Opposition and the Opposition “vex”; sour about it. Oil is not sour, you know. The oil that was found by Petrotrin is sweet for the whole country, but the Opposition is “vex” about it, sour about it. Every Bill we bring into this House is opposed; it is flawed. Do you know why? Because it is something good for the people. Every measure brought here is not good. “Take it back”, according to the Member for Port of Spain South. “Take it back!”

**Miss McDonald:** Would the Minister please give way?

**Hon. H. Volney:** Only on a point of order. “Take is back!” That is common in this House. I have a lot of regard for you; I will sit.

**Miss McDonald:** Thank you very much, Mr. Speaker, and thank you very much, Member for St. Joseph. It is just on a point of clarification. I have said from time to time in this honourable House that we are prepared to support any measure which is in the best interest of the people of Trinidad and Tobago, and to that end we have supported several pieces of legislation in this House, and you are well aware of that. We even went as far—this was the first Opposition that ever supported the Government on a national budget, and we did so. So it is not correct to say that we disagree with everything. No, Sir. And I can tell you the pieces of legislation. We agreed on the procurement; we agreed on the budget; we said yes to the interception of communication; to the Bail Bill; to the Anti-gang legislation. We have been supporting this Government on several pieces of legislation. So it is incorrect to give this type of view to the national community. We have been a very responsible Opposition.

Thank you, Mr. Speaker.

**Hon. H. Volney:** Mr. Speaker, while I will admit that the parliamentary Opposition will support those Bills that, clearly, they have to support because they are going to be passed anyhow, like the national budget, we are grateful for the support, but when it comes to giving constructive criticism of sensible Bills that are being brought before this parliamentary Chamber, we do not get it—constructive

criticism. What we get here in this House is: “Take it back! It is not good! Take it back!”

But the fact of the matter is that on this side of the House the responsibility is ours to govern and to bring measures before the House that will make the quality of life of our citizens better, and this measure here today is one such measure. It is to allow for the different Regional Health Authorities, so that when they call to each other and say, “Look, we have a problem here; we are not getting Plavix at a price that we should be getting it at; we are not getting Panadol at the right price. Let us make one big order together and let us get it at a cheaper price so that the poor man could come into the hospital and could get the Plavix, could get the different drugs.” That is the Bill they are not supporting, Mr. Speaker, and yet they talk about they are for the poor man. We are the ones for the poor man in this country, because they would not oppose a Bill of this type if they were thinking about the poor man who needs the little assistance at the hospitals.

I have been trying to find a point to make out of the Member for Point Fortin, and I keep saying to myself, despite all my notes I am unable to, for example, find anything of substance from what the hon. Member said about the Tobago Hospital. The fact is that the PNM—those on the other side were in government for all these years. They had the hospital building and they just could not build the hospital. They did not complete the job and when we came we had to make so many corrections to what was done, including in the procurement process. We had to get rid of Calder Hart, among other things, through the polls, and now we have finally seen the end of the road for the Scarborough Hospital, when today with great pride we share with the people of Tobago a sense of achievement; that we have taken the baton successfully when it was dropped by the PNM along the way through rampant corruption that led to it not being completed; we picked it up and we have made the race ahead of time so we can compliment each other on this side of the House with a round of applause [*Desk thumping*] and we share with great pride with the people of Tobago, this signal moment in their history.

I now come to some of the issues raised by Dr. Rowley. I cannot recall whether he made those statements here on the floor of the House or whether he made it at a press conference held on Monday morning, or was it Tuesday—

**Mr. Roberts:** Whenever. “Nobody listening to he.”

**Hon. H. Volney:** Whenever he made it, but the hon. Leader of the Opposition raised the issue of the necessity of the amendment as there is no body of evidence to show that the system is better off now than when it was under the Ministry of

Health, as pointed out by Minister Gopeesingh, the Member for Caroni East. The Regional Health Authorities were a creation of the PNM administration which our Government met. The Partnership Government is, therefore attempting to find the ways in which the Regional Health Authorities perform, inter alia, functions that would lend to the ultimate efficiency and effectiveness of our health care system.

**3.45 p.m.**

Mr. Speaker, the hon. Leader of the Opposition raised the issue regarding competition among suppliers who would have had to propose competitive prices in order to contract with the independent authorities. He said, “If there is now one body there is no need to compete, and as a result prices could soar.” But, quite clearly, the hon. Member for Diego Martin West is not an economist. If that statement had come from the Member for Port of Spain South, I would have been very disappointed. But, having come from the Member for Diego Martin West, who was clearly out of his depth when he made that statement, then, I think that the need comes for me to respond. The intention here is not to take away the competition from prospective suppliers, but to be able as a collective unit, to bulk buy goods and services where it allows them to be economically expedient to do the same.

The hon. Member for Diego Martin West raised issue with the fact that the hon. Minister of Health classified the amendment as a procurement Bill. He called for the Government to bring its procurement policy to the Parliament, and indicated that without a procurement policy which would act as an overarching legislation, they would not know the effect this amendment would actually have.

Mr. Speaker, the procurement policy being advocated here has been in policy form under their administration for nearly its entire time in Government. Having said that, this amendment is specific to the RHAs’ ability to procure as a unit.

Again, what has happened is that the hon. Leader of the Opposition has said, why now—the timing—why now? Why are we bringing this measure in the Parliament when procurement legislation is coming or should be coming? The fact of the matter is that after eight years in Government from 2002—2010, the PNM Government did absolutely precious little to deal with the issue of procurement.

The hon. Member for Diego Martin West himself has had his run-ins with the hon. Member for San Fernando East on issues of procurement. Because, he knew that the issue of procurement was critical and that there was a runaway corruption,

because of disrespect for proper procurement procedures by the then Government of which the hon. Member for Port of Spain South; the hon. Member for Laventille East/Morvant; the hon. Member for Laventille West; the hon. Member for Diego Martin North/East; the hon. Member for La Brea; the hon. Member for Diego Martin Central; the hon. Member for Point Fortin; all of them were part of that Government, all of them. All of them sat in this House when they saw the hon. Member for Diego Martin West exchanging crosstalk from one end of the Parliament, in the view of the whole country on this issue of corruption through lack of procurement.

Well, Mr. Speaker, that statement by the Member for Diego Martin West is hollow today, when one looks at the conduct of the hon. Member as well as the other Members who are on the Joint Select Committee. After weeks and weeks of hard work, when we were coming to the point of a collaboration, a proper putting together of heads from the PNM, the People's Partnership and the Independent Members of the Senate, and we had arrived at virtual consensus, lo and behold, it started with the Members of the Opposition at a 9.30 a.m. meeting or 10.00 meeting, arriving at 10 minutes to 12. Immediately, that started to break down what was happening in our proceedings.

The time offered by the Opposition to that process, developing a procurement policy for our country was being undermined because of the late coming and the absence of Members opposite.

When we had reached the stage, when we were about to nail it and come up with the policy, as well as the draft legislation, the Opposition Members walked out of the procurement. The same Member who stood on the other end for raw politics because he wanted to be the captain on the same ship that the hon. Member for San Fernando East was. But, you cannot have two "bo rat" in the same hole, Mr. Speaker, because they will argue, they will kill each other out. That is the same Member who stood in front of a press conference, "We are not participating, we are not participating."

Our Government did not want to impose any procurement policy on this country. What our Government was seeking to do was to have the Opposition, the Government and the Independent Benches in the Senate put together something that was universally acceptable to the people of this country, so that there would be widespread support for it. It would be something that would not be PNM, it would not be People's Partnership, but it would be Trinidad and Tobago's national procurement law. And, they walked out on it.

So, the hon. Member for Diego Martin West—and if the Member for Diego Martin North/East speaks on this measure, echoing what the Member for Diego Martin West, I say to them, your words are hollow. You do not mean it. You are not sincere and you have no moral authority to speak in this House as if what we are doing on the procurement measure should not be brought at this time in view of this procurement Bill that is coming.

Well, Mr. Speaker, that procurement Bill, whether it be high or low, however it is, in whatever form, it will come to this House and it is coming soon. So, having said that, my voice is giving away after listening to the Member for Point Fortin, it comes through my ears and it is affecting my throat. I do not know what it is, so I say, Mr. Speaker, I thank you.

**Dr. Amery Browne** (*Diego Martin Central*): Thank you, Mr. Speaker. I listened carefully to the Member for St. Joseph and before him to the other speakers who contributed to this particular debate.

Mr. Speaker, the hon. Member for St. Joseph started as he always does, with a few spurious insults and the use of some very broad adjectives directed toward the hon. Member for the Point Fortin. I hope that is not the training being provided to the younger Members on the Government side because that is not the way the citizens expect us to conduct ourselves in the Chamber of the Parliament.

The Member for St. Joseph, as usual, delivered his contribution in some very loud tones. And, it is a pity that loud tones do not get Bills passed. Because, it is the unfortunate record of the Minister of Justice that very few of his Bills that he has brought to this House have ever really gotten to committee stage or have been passed in the this Parliament.

And it was the hon. Prime Minister herself who, when she looked at the proposal for a Ministry of Justice, reported that she thought it would have evolved into a ministry of injustice. Sadly, when we look across the landscape of Trinidad and Tobago, that is exactly what we have on our hands today, a ministry of injustice. [*Desk thumping*]

Mr. Speaker, the Member for St. Joseph and his colleague, the Member for Caroni East, went all over the place on this particular debate and thus have widened the discussion considerably. The Member, as well as his manifesto makes very heavy use of the word, “consultation”. When the UNC talks about consultation, citizens would do well to listen very, very, carefully, because, they say one thing and they do exactly the opposite. Did you listen to the Member for St. Joseph, when he made reference to the issue of the moving—the decision to move the site for the

Point Fortin Hospital. I certainly listened very carefully to him. And, he chose his words very deliberately. He said something along the lines of, we spoke to some stakeholder interests in the area before moving the site for the Point Fortin Hospital. And, let me interpret this for the national population. What that means in plain English is that they held absolutely no consultation with the community of Point Fortin. [*Desk thumping*]

As always, that is their record over the last two years, they failed to consult with the affected community. They did no consultations whatsoever, and I am guided by the Member of Parliament for the area. So, I am very curious to know, Member for St Joseph, who were those stakeholder interests—[*Interruption*]

**Mrs. Gopee-Scoon:** Name them.

**Dr. A. Browne:**—that you are referring to.

The only aspect of the Government that seems to be doing any form of consultation appears to be a particular Congress of the People fragment of the Government, who has been doing consultations on constitutional reform—seemingly out of sync with the rest of the Government. That in itself is quite telling.

I also listened carefully to the Member for Caroni East. And, one of the things he said really leapt out. That is, and I would quote him here:

We are moving towards 24-hour care at our health centres.

We are moving towards 24-hour care at our health centres. Mr. Speaker, the Member for Caroni East is a very knowledgeable senior physician in Trinidad and Tobago, and he must know of the existence of 24-hour care at a number of health facilities, before the May 2010 election. He must know that. But, he did not even wink when he said what he was saying and, further than that, he failed to acknowledge the existence of several of these centres across Trinidad and Tobago.

He also failed to explain why there was very recently an opening of a 24-hour health facility. But, this one was done differently to most, very, very, quietly. The Minister of Health slipped down into the community in St. James and there was a very quiet opening of a 24-hour health facility. There was the absence of the types of camera work and the battalions that we normally see at UNC events. And, you know why that was so? There is a very good reason. That was not merely the opening of a 24-hour health facility, that was the reopening of a 24-hour health facility.

They reopened it very quietly and surreptitiously because they had shut it down very quietly, like a thief in the night, during the state of emergency. That is what we are getting from this Government and you have to look at their actions very, very, very, carefully; and that is what we are faced with.

We resumed debate today under this RHA (Amdt.) Bill, but what takes place here must always be relevant to what is taking place outside of the Chamber of Parliament. And, for every Bill that we debate here, we must consider the antecedents. There were some discussions about the policy background to procurement and even to the Regional Health Authorities. But, we must also be concerned about the implementation of whatever legislation we agree upon in this very Chamber as we do the people's business. And, it is my very sad duty to report to this House that when it comes to the implementation of health care related laws, there is a crisis taking place in Trinidad and Tobago.

It is very unfortunate that the Minister of Health and his colleagues did not find a way to address the population during this debate when they spoke about all sorts of things: water taxis, et cetera, on the implementation—the very unfortunate implementation of the Mental Health Act over the last two weeks in this country.

**4.00 p.m.**

Mr. Speaker, it is my observation that the Mental Health Act has been abused in a manner—not envisaged by those who are in this Chamber [*Desk thumping*] in passing that legislation—violating the human rights of a citizen of Trinidad and Tobago, an employee of the Ministry of Gender, Youth and Child Development who works right here in this building. [*Desk thumping*] This citizen works right here in this building, in the same facility that houses the core of our democracy, where these very laws are made. This is a shame and disgrace in the society of Trinidad and Tobago. [*Desk thumping*]

I have been listening to the Minister of Health very carefully and he said some very good things and then some things that are very unfortunate. He has been referring to the issue of overcrowding at the St. Ann's Mental Health facility, but based on everything that has been disclosed thus far, we need to tell the Minister that he has at least one extra patient right now at that facility and she should be released forthwith. [*Desk thumping*]

So while we go on back and forth about who build what and who did what, I need to tell the Government, on behalf of the citizens, that this debate is not going down very well with the family of Miss Cheryl Miller; this debate is not going down very well with the staff members of the Ministry of Gender, Youth and Child

Development. I met approximately 20 of them yesterday and they are very unhappy. This debate is not going down very well with some of the former staff members of the Ministry of Sport, the then Ministry of Sport and Youth Affairs. They are very unhappy on behalf of their colleague whose human rights they feel, very strongly, have been violated. What we are getting from the Government, certainly during this debate, is complete silence on this issue while they talk about everything else under the sun and that is very, very, unfortunate. You cannot come here and pretend to care about the health care of our citizens when you clearly do not care about the human rights of the citizens of Trinidad and Tobago. I call upon the Minister of Health and the Prime Minister to take steps to immediately reverse this travesty. [*Desk thumping*]

Mr. Speaker, I call upon the Minister of Health, as well, to investigate who made that call to the North-West Regional Health Authority, because that is where the mental health institution is located, in the North-West Regional Authority. Who made that call to procure those mental health officers to resolve a simple office dispute on a citizen standing up for her rights in such a brutal and dictatorial manner? The evidence presented to the public suggested that no violence or threat of violence to the self or anyone else was involved. This was simply a lady standing up for her rights. [*Interruption*]

**Miss Cox:** They tried it with the wrong person.

**Dr. A. Browne:** Mr. Speaker, is that not what this Chamber is about? Is that not what democracy is about? Is that not what the Parliament is about, defending the rights of the defenseless and speaking on behalf of those who have no voice and striking down injustice wherever it arises? I am ashamed that a violation of human rights occurred right here in Tower D, on the Waterfront of Trinidad and Tobago. It is a disgrace that two caring Ministries, the Ministry of Health and the new Ministry of Gender, Youth and Child Development, had to find themselves at the core of this particular travesty.

It is unfortunate that some of those who were involved in this decision are now withdrawing and pretending that they were not involved—it is the invocation of the Mental Health Act and the way that it was invoked. The staff members from the Ministry that I spoke with yesterday were very categorical, that before those mental health officers came and dragged this lady away, the Minister herself was seen interacting and speaking to Miss Miller.

**Mr. Speaker:** I do not want you to get involved in making any implications or imputations on the conduct of a Member of Parliament—in this instance, a Minister. Bring a substantive Motion. Good!



**Dr. A. Browne:** Mr. Speaker, it is clear that senior officials of the Ministry of Gender, Youth and Child Development were very much involved in the decision to abuse the rights of this citizen and invoke the Mental Health Act in a manner in which it should never be implemented in a democratic society. [*Desk thumping*]

Mr. Speaker, this is part and parcel of a whole sequence of activities of this Government, designed to erode the human rights of our citizens. Mental health laws have been abused in other countries, most notably in the USSR in the 1940s, when dissidents or persons who would stand up for their rights were taken away, were dragged away, under the auspices of the perceived issue of mental illness. No political party, no entity, no Member of Parliament, no Minister, should ever support that type of approach in Trinidad and Tobago.

If that is the road we are going down—then if someone stands outside the Parliament ringing bells or putting red paint on their clothing, if those in power were interested in abusing the laws in this way, they themselves could have been treated in the very same manner. So, let us not come here and be back and forth about who build what and who did not build what over the years, and not address a very pertinent issue affecting the same Regional Health Authorities, the same institutions we are trying to assist here today, but also directly affecting the citizens of Trinidad and Tobago.

I am not sure why the Minister of Health did not use the opportunity to say something to the citizens on this in the Parliament. I do not know if he thought that he might have been irrelevant in the Chamber in doing so, but by not doing, so I believe he took a step towards making himself irrelevant in the landscape of the society of Trinidad and Tobago. That should not be encouraged at all. Now, any citizen can go to work on a normal morning and be concerned that the Government might call the mental health team to haul them away to a psychiatric hospital. This was not someone ranting or raving in the streets. I know the Member for—

**Mr. Speaker:** Member for Diego Martin Central, I understand the point you are making. I think that everybody understands the point, but you cannot transform this debate into a mental health debate. This is about procurement. I understand the point that you have made; I think you have made the point. If you could connect now, I would appreciate it because you have spent the last 10 or 12 minutes talking about an issue which I do not think any Member has a difficulty with, but you cannot continue your whole debate on the Mental Health Act. So, please connect to the procurement and if you have that point you want to raise, raise it, but make sure you make the connection, please.

**Dr. A. Browne:** Mr. Speaker, I am not sure how you can conclude what Members have an issue with or not. The connection is quite clear because someone in the Ministry of Gender, Youth and Child Development sought to procure the services of mental health officers from a Regional Health Authority, in abuse of the Mental Health Act, [*Desk thumping*] but I will move on. I will be guided by you. [*Crosstalk*]

**Dr. Gopeesingh:** [*Inaudible*]

**Dr. A. Browne:** Thank you, Member for Caroni East.

The Member for Barataria/San Juan, the hon. Minister of Health, came to this Chamber and presented the RHA (Amdt.) Bill under the guise—but he presented it in a way that suggested that it will help us solve some of the chronic issues plaguing our health care system in Trinidad and Tobago today. It is unfortunate because this Government has presented no proper parliamentary agenda in either House of Parliament and, clearly, has no clear priorities for the citizens of Trinidad and Tobago. [*Desk thumping*] Some persons have observed that maybe bringing this Bill at this time was an attempt to fill a space in their parliamentary agenda, because it really does not fit logically into any sequence—Mr. Speaker, I do not know if the Member for Oropouche East wishes to contribute on his chair—of Bills that would suggest that this Government has a clue about improving the health care system in this country. We were pressed into this debate in the complete absence of any procurement policy or procurement legislation for Trinidad and Tobago, but there is a good reason for that. It is obvious that the Government has no clue about policy development. It is obvious that the Government has no vision for Trinidad and Tobago. It is obvious they have no plan for the health sector, whatsoever.

The Minister tried to justify this Bill, and the Member for Caroni East to some extent, by suggesting that it would bring economies of scale to the health care system; economies of scale and economies of scope to the health care system, with the various RHAs now being able to procure in bulk. They would get together, according to the Minister, and procure in bulk, reducing cost, improving efficiencies and reducing bureaucracies, et cetera, et cetera. That was the song that was sung for us by the hon. Minister. It sounds simple enough, Member for Point Fortin, but one thing we have learned and the citizens have learned is never to take the UNC Government at their word. You cannot trust this team that is currently in office. [*Desk thumping*]

**4.10 p.m.**

Mr. Speaker, if the Prime Minister and her Ministers say “jump”, the citizens should run away. If the Prime Minister and her Ministers say “Good Morning”, you should check your watch, it is probably around 9.00 p.m. That is the approach we need to take. If they say that PURE is corrupt, then we need to think that PURE really has a clean bill of health, and if they tell us that PURE has a clean bill of health, we need to think the very opposite. *[Interruption]* I see, in the absence of the Prime Minister, the self-appointed heir apparent is ascertaining himself a little further, but we know where that got him in the recent past.

The hon. Minister of Health spoke for a brief while, and I, myself, would not speak for very long. He tried to tell us that this Bill would help us to solve the problems of the health sector. If so, I really do not have a major problem with the Bill in itself because the most basic test of any legislation in this Chamber should be one question: is it good for Trinidad and Tobago? But, not so fast. In many ways, the amendments being proposed today seem like an attempt to cure cancer with Panadol, and that is exactly what this Government is trying to sell us today. Panadol, itself, may not be a bad pill—we heard it referred to by one Member earlier—but it really is not a cure for cancer, and this Bill is not going to help us to improve our health care system in any significant way at all, and let us remember that all medication has side effects.

It is surprising that the Minister brought this amendment Bill, Mr. Speaker, but failed to give us a comprehensive policy statement on the RHAs themselves. You would recall in the 1990s when the RHAs were proposed and implemented under the People’s National Movement, there were Members opposite who were vociferous in their opposition to the implementation of Regional Health Authorities. Now, they came back into Government after that—*[Interruption]* oh, younger than that—they kept the RHAs in place, remember they opposed them in the first place, they have come around now in another guise, another form, a reshuffling of the pack as it were, but they have not told us what is their vision for the future. Does it involve the retention of Regional Health Authorities? Because some of the steps being taken might suggest that you are moving away from the very philosophy of this regional approach to the implementation of health services. You could call it strengthening, you could call it weakening, it depends on where you sit, but, Mr. Speaker, the question remains.

So we find ourselves having these discussions in the absence of any policy framework both with regard to procurement, and also with regard to the RHAs

themselves, and that does not really add to the substance of what is taking place. So they need to tell us whether they have decided ultimately to keep the RHAs system or just to tinker with it from time to time as they go along.

Unfortunately, the record is clear. After two years in office, Mr. Speaker, the health care system in this country has unfortunately, believe it or not, gotten worse for the citizens of Trinidad and Tobago, and the hon. Member for Caroni East knows that. It has gotten—*[Interruption]* I did not say it started then, I am not like you all—worse for many citizens. *[Desk thumping]* People are still complaining; poor people—Member for Tabaquite, you know that—are still complaining about a lack of bed space in our nation's hospitals. That is a fact. They are still complaining.

Medication shortages are happening, sometimes, more often for certain of the medications within the system. Health centres are not being properly maintained and manned in some circumstances. Surgeries are being cancelled, including at the San Fernando General Hospital. I think the Member for Caroni East completely misread the situation with the anesthesiology department down at the San Fernando General Hospital, but I am sure his colleagues will correct him very swiftly on that particular point. Staff frustration within our health care institutions is at an all-time high.

We just saw the triggering due to some unfortunate practices at the Port of Spain General Hospital, for the first time, of the formation of a junior doctors association. That should tell the Government something. Morale is at an all-time low within our health care services; a great deal of frustration. Many of our health care facilities have been found to be unsafe both with regard to fire and other natural disasters. I am not sure if the Government is even looking at that or seeking to do anything about it. But, we come here with this “Panadol” Bill pretending to the nation that it is going to cure cancer.

Mr. Speaker, every single RHA is now plagued by heavy allegations of discrimination and unfair hiring practices. That is now cutting right across the board. *[Desk thumping]* We have a flood of non-medical consultants being hired by these RHAs—very highly-paid individuals. Many of them not very highly qualified and some of them are doing very little work—non-medical consultants being hired through these RHAs.

Well, I am not even going to treat with the Member for Caroni East and some of the comments he made just a few years ago about the Port of Spain General Hospital. I heard him today talk about the difficulty in bringing doctors into the

system, but with some of the very spurious allegations that were made—he was a good tutor back in the day. But, he made some very unfortunate steps in his time as Opposition and that may have accounted—because, what doctor would want to work in a hospital or a system under which that dark cloud would have been hanging?

Another issue that the Government and the Minister needs to confront is the issue of security at our health care institutions which is at an all-time low. Certainly, I would visit from time to time, I know the Member for Caroni East, maybe, now and then, would drop in at a hospital, I am not saying that he is in any way practising, but he may visit his colleagues or a patient from time to time, and he would realize that security is at an all-time low. So while we are trying to say that we would spend money, we would buy in bulk and thus save the Treasury some money, at the same time, I can tell you, Mr. Speaker, that a great deal of equipment, supplies and materials are exiting these institutions with very little control. So, what you have on the wards now is a shortage of toilet paper, a shortage of specific antibiotics, a shortage of linens, a shortage of needles. Sometimes it is not even the procurement side but it is the—*[Interruption]* What could I say, very frankly, stealing of material.

I would want to propose an immediate resumption of vehicle searches at all our health care institutions, *[Desk thumping]* Mr. Speaker, with no exemptions for the big “sawatees”. Because, sometimes, when you are searching trunks and vehicles, you do not check the big “sawatees”, the Porsches and the Range Rovers. Yes, sometimes the big “sawatee”, as the Member for Tabaquite would know, have a big car and a big suit but they are also a big thief, and we need to bear that in mind as well. *[Laughter]*

Mr. Speaker, there continues to be serious issues of unfairness and unevenness with wages and salaries. This is after years and it cuts across several administrations. But, after two years with the UNC-dominated Government in charge, we still have these issues unaddressed. After two years, we get this first Bill which is a piecemeal procurement Bill which really does not address some of these chronic issues, and these are the issues that are affecting the delivery of health care. It really is not what the Minister is trying to suggest at all. After two years of empty promises, we still have registrars in units being paid less than their junior officers. They are in charge, they are responsible, they are doing the reporting, they are overseeing the work, but their junior officers are earning more than them, and that is the type of disparity that still exists. That does damage to morale; it does damage to the system of care in our country.

Mr. Speaker, in addition, this proposed bulk-buying initiative is going to do precious little to help us address the huge disparities in the management of the human resources across the RHAs. If I were to give one specific area that requires intervention by this Government, it would be to take a look at the HR practices in those Regional Health Authorities. There are some very, very bizarre practices taking place. In the South West Regional Health Authority in particular, management has been telling—now each RHA has their own HR agenda and in terms of staff appraisals, Mr. Speaker, in the SWRHA, you just have three grades on issues like, I do not know, attendance, performance, et cetera. It is either you are below average, average or above average.

Now, that is insufficient and that is probably last century or World War I approach. But some of the managers have been sending back the staff appraisals and telling the unit heads, “do not put anybody as above average”. So you must see no staff appraisal with above average ticked off on their staff appraisal. Now, that is just very bizarre. It is not taking place at all the RHAs, but if you have this unevenness, then, how can you expect evenness with regard to efficiency, evenness with regard to even the staff being motivated to want to use, conserve and treat with the materials and equipment in the right way?

So, there is a great deal of work for the hon. Minister to do and many issues for him to address. We find it a little bit odd that he would drag this Bill out of some drawer in the Ministry, and bring it here as if it is going to cure any of the problems within our health care system. Again, it is Panadol being waved at a problem like cancer.

Mr. Speaker, both the Member for San Juan/Barataria and the Member for Caroni East made reference to the challenge the Government is facing of getting good people to sit on these tender committees and evaluation committees. Again, on their little plan here, the little back of a copybook plan, [*Laughter*] if you just have one big committee, you pool it all together and you have one big committee—[*Interruption*]

**Miss Ramdial:** That is insulting.

**Dr. A. Browne:** No, that is not insulting. I do not think that is insulting at all. We have all had value for copybooks in the past. You pool it together and then you just have one evaluation committee, you simplify things. So, if you are having trouble finding good people to man all these committees, it is easier for you now with this new amendment Bill, so that is how their plan is aimed to sound.

But, Mr. Speaker, that only works if, in the first place, you were making an effort to find good people. It is clear to us and it is clear to anyone who has been

observing the activities in the Regional Health Authorities, there has been no effort to find good people, and that unfortunately applies to many of these boards and committees; it applies to many of the State agencies over the last two years under this UNC-dominated coalition. There is no effort to find good people. The effort really was to find political hacks and square pegs to fit into round holes. It took years to appoint some of these boards and some of the RHA boards still have gaps to this day—long, long years, Mr. Speaker. Then, we are surprised by the inefficiencies and bring piecemeal legislation to address them. It is not just the RHAs; it is MTS, WASA, T&TEC, Caribbean Airlines, ODPM, URP, Social, right across the board, and our nation is paying a heavy price that bulk-buying is not going to cure at all, in no shape or form.

Mr. Speaker, they campaigned and promised to do things differently. They campaigned and promised to restore the public trust in Trinidad—imagine that, the UNC campaigning to restore the public trust in Trinidad and Tobago. But, they took so long to appoint these boards, they have filled them with some of the very worst appointments possible, and unfortunately this Government has been presiding over the erosion of public trust in this nation of ours.

Mr. Speaker, then there is always this concept that we have inherited “X” and we have inherited “Y”. I think the agenda here is that this administration seeks to cast to the public that they are brand new. They seek to erase from the public memory that many of them were part of the last UNC administration, and many of them were part of the NAR administration before that. When you look at the last 30 years, it is almost evenly divided between PNM administrations and non-PNM administrations, so any problem they find in the RHAs—[*Interruption*] no, listen—now, Mr. Speaker, these are chronic problems that they oversaw for an entire term, and then have come around and are talking about they have inherited this from PNM, et cetera.

So, it is just to look a little bit at the logic that some of the contributors on the other side was using, and to recognize that there is some level of deceit in the way that they have approached it. Even the Member for San Juan/Barataria was a Minister of State in a previous administration, right in the very Ministry of Health that he is now coming to treat with. So, they should not cast themselves as “new” on the scene.

#### **4.25 p.m.**

Mr. Speaker, after two years the Government is bringing this Bill which is prescribing Panadol when the system really needs surgery, it needs antibiotics, it

needs rehabilitation, it needs shock therapy and it might need some excision of the dead tissue that has accumulated. We know all their tricks. We know their tricks and we know the tricks of their paid bloggers.

**Hon. Member:** And you know yours.

**Dr. A. Browne:** First of all they say, “You are not bringing any solutions; the Opposition does not bring solutions”, and then when you prescribe solutions they say, “Well, you all should do that when you all in Government, doh tell us about that now”—exactly. The Member for Fyzabad is giving us—*[Interruption]*—that is exhibit A, Mr. Speaker. That is their mentally.

I have a few suggestions to offer this Government in a constructive interest. First of all, they need to forget the piecemeal approach to legislation and bring proper legislation and policy to this Chamber. *[Desk thumping]* Some are saying the procurement issue is being delayed until the Invader’s Bay and the rapid rail and so on are properly tied up, but I hope that is not the case. I hope and pray that is not the case. Investigate the bizarre HR practices at the Regional Health Authorities and implement measures to fix them, immediately, because this would cure some of the ills plaguing the system.

Hire only qualified managers to do the job of management, leave the club of friends and family to the golf course or other places, that has no place on state boards and in the RHAs. Very importantly, the Government is advised to take urgent measures to scale up monitoring and evaluation within the RHAs, within the Ministry of Health and in fact across the entire government service.

Another recommendation; take immediate steps to establish a National Radiation Regulatory Authority. We have heard of few pronouncements from the Ministry of Health, but it is no sense spending millions of dollars for membership on the International Atomic Energy Agency (IAEA), when at the same time we are not taking any steps to regulate and oversee what is happening with radiotherapy in Trinidad and Tobago, today.

What we are seeing playing out now in the media, talking about the Brian Lara cancer treatment issue, it is people just defending their turf, people defending their territory, people defending their business interest and the interest of their business allies. No one seems to be speaking or protesting on the patients’ interest in that particular matter.

The Government is also advised to expand and improve on ambulance services. I want to ask; why it is that ambulance service always seems to deteriorate when the



UNC comes into power? Why is that, Member for Tabaquite? I do not understand that.

Moving right along, recommendations and suggestions, review employment practices—[*Interruption*]

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

**Dr. A. Browne:** You want me to dwell on it? I could—review employment practices within the private health care setting in this country. What is that? The Minister of Health—[*Interruption*—because he has a responsibility for both public and private oversight. The Minister of Health needs to review employment practices within the private health care system. All this talk of public/private partnerships is very scary to the thinking citizen because it may mean that the taxpayers’ dollars are going to be used to fund some of these very unfortunate hiring practices in the private health care system. We know that there are illegal immigrants being recruited and used in the private hospitals and clinics, and we might find ourselves “John Q. taxpayer” subsidizing selective recruitments in that system that would offend the Equal Opportunity Commission. I will just leave that issue as that.

There needs to be a greater focus by the Ministry and the RHAs on the strengthening of community nursing right across Trinidad and Tobago. That in itself would do much more than this amendment Bill, and that will assist us in mobilizing a public health approach to some of our chronic issues like violence reduction, literacy improvement, poverty reduction; issues such as prevention and detection of alcohol abuse, drug abuse, incest, child abuse; early detection of psychiatric disorders and improved sexually transmitted infection (STI) education.

Also, restructure and improve the office of the Registrar of Births and Deaths. When we lose someone at a health care institution or a family member loses a loved one, they sometimes face a nightmare going to register the death. [*Interruption*] I am glad the Member for Tabaquite, at least, has woken up and is acknowledging that these are some of the issues, if the Minister of Health were to adopt a more strategic approach to his sector, it would bring a lot more results and reward for our citizens than this piecemeal legislation, an amendment Bill, that has just been dropped into Parliament out of the blue.

**Mr. Speaker:** I think it is a good time for us to have tea. It is now 4.30 p.m., we shall resume at 5.00 p.m. This sitting is suspended until 5.00 p.m.

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

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

**Mr. Speaker:** The Hon. Member for Diego Martin Central. We have a quorum.

**Dr. A. Browne:** Thank you, Mr. Speaker. I appreciate the opportunity to resume and I thank Members on both sides. We are just looking to wrap up with some recommendations and suggestions to the Government, instead of the piecemeal approach to take some real steps to help improve the delivery of health care services and the efficiencies within the system. I had mentioned the need to expand and improve the office of the Registrar of Births and Deaths because issues of delays and frustration, both of staff and of the client. Remember families would have lost a loved one, sometimes within a health care institution, and then to have to face a further barrier within the system before they can take care of their loved ones in terms of the final rights—that is unfortunate.

Mr. Speaker, I know there are things the Minister of Health himself cannot say and maybe I could help him in this regard. We are faced with a very tough environment in health care in this country where persons are no longer willing to accept death, even persons whose loved ones are ill. Patients check into a hospital or a health care institution with the expectation that they would recover and they would survive but, unfortunately, statistically, and otherwise, it is part of reality of life, death does occur.

One of the challenges for the Ministry of Health, in fact, all of us who are involved in some way in the health care sector, is to work to improve confidence in our health services while at the same time taking into full account that reality; that persons simply are no longer willing to accept death. I could elaborate on that a bit but maybe in a future debate because that is a serious issue. It applies in pregnancy as well, where, statistically, in every country we are going to lose some of our pregnant mothers—there are antenatal deaths that occur.

What we are seeing now is that in almost every case within a health care setting where we have a loss there is almost an insistence; let us find who is responsible. I am just suggesting—and, again, there are some things the Minister of Health cannot say or a Minister of Health may not be willing to say—that there would be some cases—and that is part of the discourse that has to be held with the population. There are going to be cases in which these losses would occur while, of course, recognizing the patients' and their families' full rights to information, redress and recourse if there is an issue of negligence that takes place. The suggestion is that the Minister also looks at that issue.

Another recommendation, and I reference this to the Minister directly, and that is to take steps to conduct an immediate independent review of our national blood transfusion system—and this cuts across all of the Regional Health Authorities—and to rapidly consider the introduction of nucleic acid testing or viral load testing for all donated blood in Trinidad and Tobago. This is where the—*[Interruption]* Mr. Speaker, the Member for Chaguanas West—*[Interruption]*

**Mr. Sharma:** Say something new and intelligent.

**Dr. A. Browne:**—is spending time in the media discussing all sorts of other things—*[Interruption]*

**Mr. Sharma:** Like what?

**Dr. A. Browne:**—but when we are talking about the health care of citizens he is saying old news. That is not old news. There is a problem in our national blood transfusion system and it could affect you, it could affect me if I get into an accident today or any citizen. People out there are concerned about that and if we do not talk about it what are we going to talk about, something that does not concern the citizen; Mayor and horse-trading and so on? That is irrelevant to the citizens of this country. Mr. Speaker, as I was saying and I will—*[Interruption]* It is horse-trading. *[Interruption]*

**Miss Ramdial:** What!

**Dr. A. Browne:** I will not be distracted by colleagues opposite including the Member for Chaguanas West. *[Interruption]*

**Mr. Warner:** My apologizes!

**Dr. A. Browne:** Accepted. The issue of nucleic acid testing is more relevant now. First of all, this technology is being well utilized in a therapeutic setting for patients who are living with HIV and who are on antiretroviral treatment. So the technology is available and can be utilized; there are some cost implications. At the same time, this Government when they came into office, there was a previous Minister of Health, and there were some unfortunate interventions into the system of blood donation in this country. You remember, first of all there were chits and then there were no chits—*[Interruption]*

**Mrs. Gopee-Scoon:** Yes. We remember very well.

**Dr. A. Browne:**—and there were chits again. There was a lot of back and forth. Mr. Speaker, that is all well and good and we could look back on it now, but that created some ripple effects in our blood transfusion system. It is very relevant and I

hope the Minister would get the notes and take another look at this very urgently, because there are two types of donors that we have in this country; there are the voluntary donors and then there are the elective donors. The voluntary donors are a very precious pool and you do not want to do anything to disturb—those are persons who have a long career almost, a history, of donating blood on a voluntary basis and they do this free of charge. What happens is that over a period of months and years—[*Interruption*]

**Mr. Sharma:** What you mean is free? Voluntary—[*Inaudible*]

**Dr. A. Browne:** No! No! No! Over a period—you have no understanding of any of this, Member for Fyzabad. Mr. Speaker, over a period of months and years they would have a history of testing for illnesses and any donation from that pool of individuals is considered much safer, and so that is a very precious pool for any country.

With all of those changes and misinformation and distortion that occurred in that system, some of those persons withdrew and dropped out of that pattern of donation, and that is something we need to rebuild that type of confidence and take caution in the future for any intervention. That is why I am suggesting an independent review; look at what is happening, look at the issue of risk, look at the issue of the window period, someone can become infected with a viral illness, not necessarily HIV, there are others as well and there is a window period before the serology test becomes positive. I am not going to dwell on it too much, but these are current and very relevant issues for the Ministry of Health, the Regional Health Authorities as well and they impact, potentially, every single citizen of this country.

So these are some of the other recommendations I would share and the experts at the blood bank can assist the Minister a little further in that regard, the technology is available.

Speaking of antiretroviral medication, there is a very excellent system of procurement through Nipdec where these ARVs are purchased in quantity and are utilized at various treatment sites in both Trinidad and Tobago, and this has made a tremendous difference to the lives of patients. Since 2002, when under a previous PNM administration, the distribution of free medication began with the antiretroviral treatment programme. But there is a concern, and that is, there is the prospect of having to buy a lot more of those drugs in the future because of the steps taken by this Government—very mistimed and bungled steps to disband the National AIDS Coordinating Committee without implementing a—what is it?—a statutory authority as they call it, to manage a national HIV response, again affecting every single patient and citizen of Trinidad and Tobago.

Over a year has passed since that disbanding, and I would want the Minister of Health to work with the Prime Minister and maybe the Member for Arima, who is in the Office of the Prime Minister, to very urgently fill that gap. So we are coming with this piecemeal legislation and there are burning issues on the table for months and over a year that have not been addressed by the Minister of Health and the Cabinet of Trinidad and Tobago.

**5.10 p.m.**

So you have to ask about the Government's priorities in this regard. They said they were going to draft legislation—over a year has passed and we have nothing on that, and you really have to wonder about the mentality of this particular Government; these are some more suggestions.

Mr. Speaker, I want to end on what I think is a very critical point—and it is not going to be a popular point in any of the political camps—in terms of what I feel is one of the reasons this Bill is not really going to achieve the results we would like it to achieve, and I am going to speak very carefully on this matter to try to express myself very clearly.

There is a critical reason I feel this amendment Bill will not really bring significant results in terms of the proper procurement of goods and services, or improved procurement of goods and services for the benefit of our citizens. This issue arises—*[Interruption]*—Mr. Speaker, I am getting some—*[Interruption]*

**Mr. Speaker:** Yes, I am also getting a feedback and I will have to ask the Member for Fyzabad and Members on the other side to allow the Member to speak in silence.

**Dr. A. Browne:** Mr. Speaker—*[Interruption]*

**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. *[Miss M. McDonald]*

*Question put and agreed to.*

**Dr. A. Browne:** Thank you, Mr. Speaker. I was getting on to what is probably my final point and, as I said it is not going to be a popular one, but I think it is very important. If we are talking about procurement, we are talking about improving the acquisition of goods and services for our Regional Health Authorities, our health care system, this point has to be put on the table. The point arises even before a

general election. The point arises even before the votes are counted, and what we have—and this cuts across successive administrations in this country, it involves the issue of financing election campaigns. You may say: “Well, what does that have to do with procurement?” Mr. Speaker, in my humble view, it has everything to do with procurement.

What we have found is that throughout the years, there is an issue of financiers of political parties. We all know that the well-funded campaigns tend to be the more successful ones; that is a historical reality in this country. The financiers approach the respective governments and if you listen to the Government, listen carefully after a general election, the victors very often at some early point begin talking about what, large projects. And we heard it after this last general election, talk about a tunnel to—where was it?

**Mrs. Gopee-Scoon:** Maracas.

**Dr. A. Browne:** Through a mountain. Talk about an airport in central Trinidad and: “If we had our way this is what we would do”, and major highways and so on, there is something significant going on there. In my view, these large projects are more attractive, because they provide greater opportunities for financiers and funders of campaigns—Mr. Speaker, I see you are agreeing with me—to be involved in the process, to be involved in the system of procurement. They provide those opportunities and every Member, if they are honest, will recognize that that is an issue in this country, every Minister of Government and every citizen who is involved in Ministries, is aware of some of the tensions that occur.

And some of these funders become very ruthless and they make threats, they say: “If you do not find a way where I could benefit within the sector, then I am going to be your enemy, and I am going to undermine you,” and worst of all, change support to the other side in the future.

So now we have this particular proposal, that is a reality in this country. Now we have this proposal to move toward what they are calling bulk procurement by the RHAs, and I have a concern, Mr. Speaker, that, unfortunately that will bring greater potential for the abuse in such circumstances. If you do not address that underlying issue or that underlying concern, whether you have disparate evaluation committees, and processes across the regions or worse yet you have one in the middle, and these committees are not peopled by persons with ethics, who have an ability to adjudicate properly and to resist pressure, all that will occur is that the mismanagement, waste, corruption and bad decisions—let us call them bad decisions—in procurement will continue and they might actually get worse under this particular approach.

There is nothing this Government has said or done which suggests that they have the ability or the will or the capacity to change that reality for Trinidad and Tobago, and we are going to have to look to a Government of the future to take on that particular issue, the issue of campaign finance reform. To satisfy those financiers and some of them acknowledge that that is a very real issue—I know the Member for Moruga/Tableland is aware of it—and some will pretend—[*Laughter*]—Member for—no, I am not casting any aspersion at all, you know that. Some would say—[*Interruption and laughter*]

**Mrs. Gopee-Scoon:** He is silent, silent!

**Dr. A. Browne:** Exactly. “Doh trouble him too much.” And then some would pretend: “Well, yuh know we doh know about dat, or dat is PNM.” That is part of the reality in this country, and I think citizens would need to start taking note of it more and start, well, maybe agitating or requesting that the entire system be—there are different countries which address it in different ways, maybe that is something the Government—well, I do not know. As I said, that triggers a concern that notwithstanding any impact of this particular amendment Bill, the wrong procurement decisions will be made in our health care sector and in every other sector in Trinidad and Tobago, because there is that underlying pressure, there is that underlying texture which demands that these financiers—and it may not in all cases be corruption, it may just be finding a way—and we saw it. I am sorry to bring in poor Mrs. Mary King, but we saw some of that there; [*Crosstalk and interruption*] that is the reality. You want to pretend otherwise. You want to come here and talk about other—[*Interruption and crosstalk*] that is the reality—[*Turns to the back*]—Mr. Speaker.

**Hon. Members:** Turn around!

**Dr. A. Browne:** I am speaking to you, Mr. Speaker, and I am free to turn in any direction that I wish. That is a more pleasant direction than your direction I could tell you, Member for Oropouche East. [*Laughter*] I am wrapping up. So I wanted to put that issue on the table, I am sure there would be other responses and persons would get clever with them, but when you look at some of the thrust behind those mega projects, and we are talking about financiers and how they affect procurement decisions, and I not going to get into the whole Ish and Steve issue or the Caribbean Airlines— [*Interruption*]

**Hon. Members:** Ahhhhhhh!

**Dr. A. Browne:**—or those other things, I am not, unless Members want me to. [*Laughter*]

**Mrs. Gopee-Scoon:** You have good enough time.

**Dr. A. Browne:** Mr. Speaker, I can say without fear of contradiction that that underlying issue has affected decisions in our health care system, it has affected decisions elsewhere in our government service; that is a reality. Unless the issue of campaign finance reform is addressed, any government without strong ethical moorings and strong leadership, is going to be lassoed and hog-tied before they are even sworn in—[*Interruption*]

**Hon. Member:** Patrick Manning.

**Dr. A. Browne:**—before they even accept their oaths of office. The bulk buying [*Interruption*] I see the Member for Oropouche East is insistent on delaying me—there are some other issues I could raise if Members want me to. [*Interruption*]

**Mrs. Gopee-Scoon:** Why not! I think so. [*Laughter*]

**Dr. A. Browne:** Mr. Speaker, the bulk buying, as the Minister of Health refers to it, for all these RHAs may actually increase the opportunity for more bulk rewards to some of the financiers, and that is bad news for John Q. Taxpayer. That is bad news for the citizens of Trinidad and Tobago. That is bad news for the Ministry for Health. It is bad news for the RHAs and it is bad news for those isolated board members out there who may wish to do the right things, but sometimes may come under pressure.

Mr. Speaker, this current regime needs to take this opportunity for a reality check; after all the promises to improve the various sectors, nothing has really improved and systems continue to crumble. The Panadol Bill the Minister has brought here is not going to cure the cancer which plagues our health care services. It is not going to cure the range of illnesses that beset the public sector in Trinidad and Tobago.

This Bill, I feel, is an attempt to obscure the reality that the Government is unable to solve the challenges which face Trinidad and Tobago, and I think they have recognized that. Sadly, they seem to have been unable to mobilize some of the right minds or put in the long hours of hard work that are necessary to resolve some of the big ticket items in the health care service and elsewhere. Instead, they are spending their energies, unfortunately stripping citizens of their rights and the longest meetings seem to be those that involve other issues as opposed to the priorities of the citizens.

And if you ask them, Mr. Speaker, health care, security, literacy, traffic reduction and labour relations, those are some of the big issues, but you see the



eight-hour meetings are going toward a completely different priority. And still [Interruption] more meetings to come I understand. The issues that are most important to citizens seem to be approached in a very ad hoc manner and with no strategic thinking whatsoever.

It takes more than piecemeal legislation to improve procurement in the health service or outside of the health service. It takes much more than an amendment Bill to improve our public health system in Trinidad and Tobago. It takes more—I wish the Member for St. Joseph was here—it takes more than personal insults to rebut a contribution from the Member for Point Fortin or anyone else. [Desk thumping] I mean, come on! It takes more than just PR or heavy-handed tactics or use of the Mental Health Act to quell protests or to silence citizens who may wish to stand up for their rights, and it certainly takes more than a shiny manifesto to develop the beautiful nation of Trinidad and Tobago. It takes a gathering of sober minds—[Interruption]

**Mrs. Gopee-Scoon:** Sober!

**Dr. A. Browne:**—persons who are dedicated, humble and serious about the future of Trinidad and Tobago. I believe it takes a team very different from this hijacked UNC administration, a team very different from them, but there is still hope. It was said that hope is a good thing— [Interruption]

**Mrs. Gopee-Scoon:** Not under this Government.

**Dr. A. Browne:**—and no good thing ever dies. I believe the hope for a developed Trinidad and Tobago did not die on May 24, did not die with Dr. Eric Williams, and there is hope, there is still hope that, by the grace of God, good governance will be returned to the health sector, to the nation of Trinidad and Tobago, by the next People's National Movement administration.

I thank you. [Desk thumping]

**The Minister of Local Government (Hon. Chandresh Sharma):** Thank you very much, Mr. Speaker. What died on May 24? PNM's discrimination; PNM's lack of procurement; PNM's racism; PNM's inequality of treatment; PNM's hate for Trinidad and Tobago. The wake has gone and the funeral has taken place. [Desk thumping] The Member for Diego Martin Central remains consistent which is good. The last day he spoke in this Parliament, he spoke about having gone to the Port of Spain General Hospital for some kind of treatment, I think it was mentally related, where he obtained medication—[Interruption]

**Dr. Browne:** Mr. Speaker, Standing Order 36, he cannot say that. [Crosstalk]

**Mr. Speaker:** Member for Fyzabad, I do not think we should get—this debate does not get—[*Interruption*]

**Miss McDonald:** Improper motives.

**Mr. Speaker:**—we do not need to get personal in debates, because that is going to bring about a deterioration of our proceedings. So I appeal to you to just focus on the issues and do not personalize debates, please.

**Hon. C. Sharma:** Thank you very much, Mr. Speaker, I intend to reply to set the record straight for the matters raised which do not obtain.

Now, the first thing I want to deal with is what the Member referred to in terms of indicating that the health care in this country has gotten worse. The proof that the average citizen can look at, is the former Prime Minister of Trinidad and Tobago, the former political leader of the PNM in the Member for San Fernando East. On previous occasions whenever that Member needed to obtain medical treatment he went outside of Trinidad and Tobago, he went to Cuba. For the first time, under a UNC, People's Partnership administration, which the Member condemned, he went to the San Fernando General Hospital. [*Interruption, crosstalk and desk thumping*] Not only that, the family of the Member for San Fernando East indicated in public, through electronic print media and other, that the best treatment was at San Fernando General Hospital. [*Desk thumping*] Not only that, the Member for San Fernando East is a spiritual person and he denied a number of his colleagues opposite from visiting the hospital, maybe he believed they were coming with evil forces.

**5.25 p.m.**

**Miss McDonald:** Mr. Speaker, 36(5) and 36(1) also.

**Mr. Speaker:** Member, I would ask you again, try not to personalize the debate, please. Continue.

**Hon. C. Sharma:** Thank you, Mr. Speaker, as you would know, one of the first Members of Parliament to go to the hospital on that day was the Member for Fyzabad. In keeping with the south hospitality of caring for each other—first Member. What is in the public domain, is that Members opposite were denied going to the hospital; I do not know for what reason. What I am suggesting is that the Member for San Fernando East is a highly spiritual person, and if he does not want the Member for Laventille West to come, or the Member for Point Fortin—Member for Point Fortin could not go and the reason could be—you went?

**Mrs. Gopee-Scoon:** I never did.

**Hon. C. Sharma:** Good. The Member for Point Fortin is confirming she did not go. Now, why would a Member not go to visit a former leader and colleague?

**Mrs. Gopee-Scoon:** I prayed for him.

**Hon. C. Sharma:** It must be the reason—[*Interruption*]

**Miss McDonald:** Mr. Speaker, no. Again 36(1).

**Mr. Speaker:** You all cannot be on “all yuh” legs and so on. All right, I know whenever the Member for Fyzabad rises, the temperature rises as well. [*Laughter*] I would ask the Member of Fyzabad again, in making your contribution try not to impute improper motives to any Member of this honourable House, and do not personalize the debate. I ask you again.

**Hon. C. Sharma:** Thank you again, Mr. Speaker. I am very conversant with the oath of my office which tells me I must speak without fear or favour. I have laid the facts, nothing I have said is far from what obtained. At all times this was in the public domain.

**Hon. Member:** That is correct.

**Hon. C. Sharma:** The Member for San Fernando East obtained medical care at San Fernando General Hospital. That is fact number one. Fact number two, is that a number of Members opposite did not visit for whatever reason.

**Mrs. Gopee-Scoon:** What is your point?

**Hon. C. Sharma:** The point is that you were not allowed to go because you did not carry good. [*Crosstalk*]

**Mrs. Gopee-Scoon:** What?

**Hon. C. Sharma:** Exactly, why else would you not go? Mr. Speaker, since the Member has raised it and it is in the *Hansard* now—

**Mrs. Gopee-Scoon:** Standing Order 36(1).

**Mr. Speaker:** Member, I am giving him an opportunity to connect because he has now started, give him an opportunity to connect. Continue, Member for Fyzabad. [*Desk thumping*]

**Mrs. Gopee-Scoon:** Connect, connect.

**Hon. C. Sharma:** Thank you very much. Mr. Speaker, we are talking health. What the psychologists have shown in terms of health care, all over the world, the Member for Diego Martin Central is a medical professional, including Marlene

McDonald, indicated that part of the recovery of any patient—[*Crosstalk*—no, I do not mean this Marlene McDonald, you are not a psychologist, you may need, but you are not one. [*Laughter*] What the medical world has shown and their studies at Georgetown University in the United States and in many, many, universities the world over, it shows that a person receiving medical attention, what helps that person to recover very quickly; it is visits by loved ones. And it is encouraged, that is why there are visiting hours.

**Hon. Member:** Not contrary spirits.

**Hon. C. Sharma:** When I was in Port of Spain General Hospital the Member for Laventille East/Morvant assisted me in getting there, so that helped.

**Hon. Member:** I do not know why she helped him to get there.

**Hon. C. Sharma:** I do not know why she did it. That is what you asked?

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

**Hon. C. Sharma:** I know you are jealous. The point that the Member for Point Fortin is claiming, the fact that they did not visit means that they were not lending to the quick recovery of the Member for San Fernando East.

**Mrs. Gopee-Scoon:** What does this have to do with the Bill?

**Hon. C. Sharma:** But it has to, the Member for Diego Martin Central indicated that health care is not just the provision of the machines at the hospital, it is not just the doctors; it is much more than that. And he made the point, it treats with a number of issues; visiting hours are allowed; there are visitors' car parks—

**Hon. Member:** So much rubbish.

**Hon. C. Sharma:** Exactly, the Member is agreeing with me. The Member is agreeing that it is rubbish, that is not good they did not go to visit.

Mr. Speaker, the other matter the Member raised is about procurement and the PNM over the years, what is the PNM best known for—corruption, wastage—[*Interruption*]

**Miss McDonald:** Mr. Speaker, no way, 36(5).

**Mr. Speaker:** Member for Fyzabad, you will know that the PNM is made up of Members of Parliament in this House, that is the Opposition, so if you make an accusation across the floor, you are imputing improper motives to every Member. So I ask you to be very careful and do not go down that road, please.

**Hon. C. Sharma:** Thank you, Mr. Speaker. A former PNM Member of Parliament, I think his name was Desmond Cartey; he said, “all ah we tief”. [Crosstalk]

**Hon. Member:** True.

**Hon. C. Sharma:** The records will show, John O’Halloran, a former PNM, moved funds that belonged to the country, so did Francis Prevatt and others. What I am saying, the PNM is known for things, I cannot change that; that is in the public domain. One of the things that they are known for, is corruption. That is not improper—[Crosstalk]—that is what they are known for.

Since the Member raised the point—in response to the Member for Diego Martin Central, let us look at where we are today. We are in this Parliament building, this is the first job done by UDeCott that came within budget. UDeCott has not delivered a single project in this country; is that not corruption at the highest level, is that not wastage of taxpayers money? [Crosstalk] What did we do different to bring this? Did we not engage procurement, budget wise?

**Dr. Moonilal:** Good point.

**Hon. C. Sharma:** Today, we are spending taxpayers’ money, hundreds of millions of dollars to fix houses that the PNM built; all falling down, all over the country. Where was the procurement? Thank you for agreeing.

**Mrs. Gopee-Scoon:** What?

**Hon. C. Sharma:** All over the country. What did you do wrong? You wasted the taxpayers’ money. Where is procurement? Today, we are introducing matters that will benefit the country, and this far the evidence shows that.

You had the Member for St. Joseph, one day he got ill, next day he was in the hospital, three days later he had open heart surgery; look how good he looks, pumping. His “willow” is at work; [Laughter] how good is he doing. So this is local health care, and this will apply to all Members of Parliament across the board, it applies to all our citizens.

Today we opened the hospital in Tobago, and you want to talk procurement? That started off at \$120 million, to date, close to \$1 billion. It is becoming the most expensive hospital in the world as per bed; close to \$1 million per bed. Nowhere in the world do we build like that. That is what PNM is known for.

We are bringing legislation to ensure we treat with the challenges. It is a global matter. Procurement has become a global challenge in Governments all over on the

world. This is not new, but the PNM does not want that. The PNM does not want anything that would save money; the PNM does not want anything that will improve the delivery of goods and services. The PNM continues—[*Interruption*]

**Mr. Speaker:** Somebody's phone is either on or there is some kind of vibration taking place. Could someone either put your phone on silent as I have asked? It is too close to the mike, whosever phone is on.

**Hon. Member:** Check your phone, Member for Fyzabad.

**Mr. Speaker:** Member for Fyzabad, continue.

**Hon. C. Sharma:** Thank you very much. If you had procured those phones properly you would have known the use of them. On Friday, we celebrate Easter; Good Friday, this weekend. Friday is also Hanuman Jayanti, and one of our noble sons who has captured space on the global stage, Prof. Anant Rambachan, gave a lecture some time ago talking about Hanuman. We all know that Hanuman, it is a famous a temple. I am sure the Member for Port of Spain South has seen it, at Carapichaima; Hanuman Murti.

**Dr. Moonilal:** I was there last evening.

**Hon. C. Sharma:** I think the former Prime Minister used to go there; the Member for San Fernando East, that is why I know he is spiritual, that is why I am not surprised that some of you could not have gone to the hospital. Hanuman J was seen as a fearless individual. Even when his leader was full of fear, he was not. You must not fear legislation. You see, you do not want anything that is good for the country. So you fear when we are doing what is right because you have come from a system and a practice of doing what is wrong. We must not hesitate to go and conduct ourselves in right conduct anywhere and at any time.

The teachings of Hanuman say that you must not be afraid to do what is right, you must do your service and do your duty. It is such a beautiful time, Easter and Hanuman Jayanti coming at the same time. Was there a question?

**Mrs. Gopee-Scoon:** What does this have to do with the Bill?

**Hon. C. Sharma:** What do you have to do in the Parliament? [*Laughter*]  
[*Crosstalk*]

**Mr. Roberts:** "What yuh calling me for gyal?"

**Mr. Speaker:** Member for Point Fortin, please.

**Hon. C. Sharma:** The Hanuman continues to say, fear, he reminds all the listeners has no place in the mental makeup of leadership. When we come to this Parliament, we must be fearless in the discharge of our duties. [*Desk thumping*]

That is the point I want to make. In keeping with the Easter celebrations and the Hanuman Jayanti celebrations, we must be fearless. When we come here, we must not worry about this tradition of the PNM of wanting to scrap everything that is good for the country. [*Crosstalk*]

**Mrs. Gopee-Scoon:** Take your seat.

**Hon. C. Sharma:** The PNM has never been in favour of what is in the interest of the people of Trinidad and Tobago—[*Crosstalk*]

**Mr. Roberts:** Never, shame!

**Hon. C. Sharma:** Has always been about themselves, and of a selected few. This is well-known in the country. The PNM was only about—[*Interruption*]

**Miss McDonald:** Mr. Speaker, 36(1) and 36(5).

**Mr. Roberts:** “Both ah dem?”

**Mr. Speaker:** All right, I will allow the Member to continue. Member, could you connect your points as you proceed please. Member, continue please.

**Hon. C. Sharma:** Thank you very much. When we talk about the procurement of goods and services, we must think of the end product. Where is this going to go, goods and services, it must go to every citizen. We must not return this country to what obtained under the PNM, it was for a few.

**Mr. Roberts:** Never.

**Miss McDonald:** This is penance.

**Hon. C. Sharma:** Today, you can go to any health centre under the People’s Partnership and you will find a medical practitioner on duty, you will find medication. [*Desk thumping*] In fact, today, when I greeted the Member for Point Fortin, I said to her, Member, you look very well, you look healthy.

**Mr. Roberts:** You look healthy.

**Hon. C. Sharma:** She is enjoying under the People’s Partnership Government good health care. [*Desk thumping*] There is drinking water in the taps every day, there are good roads to drive, and she can afford her electricity bill.

**Dr. Moonilal:** It is paid for by Petrotrin.

**Hon. C. Sharma:** “Yuh still in the house?” [*Laughter*] So that procurement must be for all the people. When I heard the Member for Point Fortin earlier saying, “well you know, if yuh buy through one institution, yuh could have additional warehouses.”

**Mrs. Gopee-Scoon:** What?

**Hon. C. Sharma:** Well, I did not say she was mentally capable of understanding everything.

**Mrs. Gopee-Scoon:** I never said that.

**Hon. C. Sharma:** The point is, when you buy, the distribution can take. If you look at an example—[*Interruption*]

**Mrs. Gopee-Scoon:** Mr. Speaker, 36(5). The Member is imputing improper motives.

**Hon. Member:** What?

**Mr. Speaker:** I think it is more, for instance, he is misquoting you as opposed to both. I do not sustain that point, continue hon. Member.

**Hon. C. Sharma:** Thank you. Assuming that the RHA, whichever one, decides to purchase items, all that will happen, they will identify what is required for the others, and they will go to their warehouses. If you look at any chain line delivery, that is what obtains now. In chain supply, if you use a little example of a store that has more than one branch in Trinidad, PriceSmart, for example—[*Crosstalk*]—when they purchase, they either will take it to a central warehouse or they will take it to the warehouses of each store, the same will obtain for any RHA. You will be cutting cost, because when you buy in bulk you are certainly cutting cost, and you will be able to negotiate better supplies; you will be able to negotiate better services and, certainly, a better price, but the PNM was never interested in that.

**5.40 p.m.**

In fact, when you go back and look at procurement under the PNM, they have always paid way above the industry standard. The former Prime Minister's residence is a good example. When one looks at what the industry standard gives per dollar per square foot, it is way above it. When one looks at the hotel next door, it is way above it. So the PNM has no interest, and they have demonstrated that very clearly in this debate. The only reason they are against this procurement is because it does not give control. That is the only reason, because all over the world it is best practice. Why do you want it to be different?

Of course, we had indicated previously, for example, we purchased computers for the school children, and we were able to obtain the best practices. We did not go school by school to buy them. We negotiated with one distributor through the right channels, and we made sure that every school child who was promised a computer, it was given to that child and the continued service.



Now, what the PNM has criticized is, over the last couple of sessions, we have seen a practice by the PNM where on every occasion, once it is about the delivery of goods and services for our citizens, they are always against it. The only reason is that they have a history of doing things that means it must cost much more, a few must benefit and it must not be across the board.

**Mrs. Gopee-Scoon:** That is not so.

**Hon. C. Sharma:** That has been the history. Mr. Speaker, the Minister of Health clearly indicated and also the Member for Caroni East that there is a global shortage of doctors in certain fields all over the world, not only in Trinidad and Tobago, and he made the point of the neurosurgeons. So the neurosurgeon who is attached, for instance, to the North-West Regional Health Authority, should his services be required at San Fernando, Tobago or at the Eastern Regional Health Authority, it could be made available. Why are you against that?

You heard the Member for Diego Martin Central say when he was talking about the blood transfusion unit that if you get in an accident, you want to make sure that you have blood. Well the same thing will obtain, because wherever that blood is, it must be able to reach the patient. What you are saying is that if it is in Port of Spain General Hospital, that RHA will not be able to make that blood available to a patient who needs it in south-west, and the answer cannot be so, it must be, and the same thing goes for medication.

If in Port of Spain you have a particular medication and it is under the watch of the North-West Regional Health Authority and a patient needs it in San Fernando, it must be able to reach that patient in the shortest possible time. What you are saying is, you are against that kind of procurement. It does not make sense. Are you saying that the neurosurgeon in Port of Spain must not make his services available to a patient in San Fernando?

**Dr. Gopeesingh:** Very good point, Chandresh.

**Hon. C. Sharma:** I expect to make very good points, Sir. [*Laughter*]

**Dr. Gopeesingh:** Excellent point.

**Hon. C. Sharma:** You see, over the years, what the PNM has done was to always limit access to goods and services for citizens, and that is why you are there. It is crystal clear, that is why you are there, and will continue to be there—

**Mrs. Gopee-Scoon:** Absolutely not!

**Hon. C. Sharma:**—because governance is about all the people all of the time. [*Desk thumping*]

**Mr. Jeffrey:** Call election! [*Desk thumping*]

**Hon. C. Sharma:** “La Brea, yuh know if dey call election, you gone”, so you do not want it to call. When we continue with what the Member indicated, he said:

“Notwithstanding subsection (1) and where it is economically expedient to do so, a Board may—

- (a) pursuant to an agreement with any other Authority;
- (b) in accordance with regulations made under this Act for the purposes of this subsection; and
- (c) acting on behalf of its Authority...”

Why are we against that? So when you say you are not supporting this, what are you doing? You are denying the citizens of Trinidad and Tobago access to goods and services. That is the PNM style. The national community knows that. You have branded yourself as a government that never cared, and you are now branding yourself as an Opposition that does not care at all. That is not fair to the citizens of Trinidad and Tobago. This Government will have to come here and make sure that it tells the national community all what you have done, on every occasion, to deny goods and services to our citizens. You come here and protest. Maybe it is your right to do so, I do not know. You did it in government and in Opposition you are doing it. Is this what the people expect of you for the next two or three years? Is this how you are going to continue? You add absolutely no value in the debate in terms of how are we working together to improve the quality of service. You were in Government and you must have had some experiences. [*Crosstalk*]

Mr. Speaker, as indicated, all that the Government has come to indicate is that it has an obligation to treat with all the citizens every day. Health services are 24/7. You cannot have days off. You cannot tell a patient we do not have medication this week or come back next month. There will be those extreme situations but, in general, we must be able to make it available to them. A citizen has a right, wherever he or she is—whether it is in Cedros, or Laventille—if that person requires medical care and there is one doctor who has it, that person must be able to receive it.

If at any given time that medication is in short supply, and can be obtained at a particular institution, one cannot argue. The PNM argument is that if you are in Cedros and the medicine is not available in Cedros, wait until you get it down there, and you may die in the process. They do not care about that. We are saying that we are going to make that available to the patient regardless of where he or she is and regardless of the day and the time, and that is what the Opposition is opposing.

I would like to ask the Opposition to revisit and think of the people. Election will come and the people will decide, but what they have now to decide—[*Crosstalk*—you keep saying, “Call an election”, but what will the election do? The election will simply say that the PNM continues to be totally useless as they have been for most of their years; never acting in the interest of the people of Trinidad and Tobago.

So, Mr. Speaker, I just wanted to ask the PNM to revisit and reconsider. It is a straight case. This matter in front of us today is about the people of Trinidad and Tobago receiving health care on a timely basis, and receiving the best health care from best practitioners on a timely basis, and we cannot delay that. Thank you very much. [*Desk thumping*]

**Mr. Fitzgerald Jeffrey** (*La Brea*): Thank you very much, Mr. Speaker. I want to respond to the Member for Caroni East, the Member for St. Joseph, but I will take the Member for Fyzabad first. [*Desk thumping and crosstalk*]

**Mrs. Gopee-Scoon:** We are ready; we are ready.

**Mr. F. Jeffrey:** Mr. Speaker, I do not understand why the Member for Fyzabad always speaks about corruption every time he gets up to make a contribution. This is Holy Week and this is a special week for me, so whatever I say here today, as I usually do, is the gospel truth. [*Desk thumping*]

Listen, Mr. Speaker—not from me, not from the Member for Point Fortin, the Member for Laventille or the Member for Diego Martin Central—to the words of one of the leaders of the People’s Partnership.

**Mrs. Gopee-Scoon:** The UNC People’s Partnership.

**Mr. F. Jeffrey:** The UNC-led coalition. His excellency, Makandal Daaga. At the founding congress of the Movement for Social Justice, this is what he had to say.

“In my whole 40, or 50, or 60 years, I have never heard so much corruption in my land as I have heard in this country over the last few days.” [*Desk thumping and crosstalk*]

Over the last few days, His excellency, Makandal Daaga

“I can’t understand why we cannot open our jail doors and pack them in...People are stealing money as if they have invented it; as if it is their right to thief.”—[*Desk thumping*]

Mr. Speaker, we can understand—

**Mr. Peters:** Mr. Speaker, Standing Order 36(5). [*Crosstalk*]

**Mr. Speaker:** Well, again, Member for La Brea, I understand the context in which you are speaking, but we cannot use quotations from the newspapers from whichever source, to tarnish, impute or implicate the Members of this honourable House. So I would ask you to be mindful of that particular ruling, and do not impute improper motives to Members of this honourable House. I know the quote that you are referring to, and you seem to be using it to indicate that Members of the Government—I am getting that from the quote. I am saying that we cannot use a quotation in this House to impute the good name and honour rather of Members of this House.

**Mr. F. Jeffrey:** Thank you very much, Mr. Speaker. I will not use that quotation again, but let us look at Transparency International Index which was released in December 2011. Trinidad and Tobago placed 91st out of 183 countries.

**Dr. Gopeesingh:** Standing Order 36(1).

**Mr. F. Jeffrey:** In 2010, we were ranked 73rd. What does that tell us? Is corruption more now or less?

**Hon. Member:** What year are you talking about?

**Mr. F. Jeffrey:** Obviously, it tells a story about what is taking place in this country. We know about Mr. Martin Daly's report in the *Antigua Observer*, again talking about his uneasiness about this Government. The Member for Fyzabad, I do not think that I should waste more time on him. I want to look at the Member for Caroni East. He said that there is no more overcrowding at San Fernando General Hospital. What a big joke!

Last week Thursday, I went to the San Fernando General Hospital to visit a sick relative. On the first floor of the San Fernando General Hospital, there were two or three wards full of patients on beds in the corridors. So, how come the Member is talking about no more overcrowding at the San Fernando General Hospital!

The Member also spoke about the improvement in health care and fewer people are dying. [*Interruption*] Mr. Speaker, I want to sit and let the Member for Caroni East say what he is saying. [*Laughter*] How do you respond to the death of the 29-year-old pregnant woman from La Brea who died at the San Fernando General Hospital under dubious circumstances on October 01, 2011; a strong 29-year-old woman who passed away? That was in 2011 under, who? The UNC-led coalition

Government! How do you respond to the death of the woman from Moruga who died after obtaining a C-section? She died at the San Fernando General Hospital on September 11, 2011. Who is the Government in power?

**Mrs. Gopee-Scoon:** The UNC people.

**Mr. F. Jeffrey:** Good. How do you respond to the 8-year-old child who died at the Arima Hospital on August 04, 2011, again under dubious circumstances? How do you respond to the death of the Guyanese national who died on August 31, 2011 from haemorrhage after giving birth to her daughter?

**5.55 p.m.**

Mr. Speaker, I refuse to call the names of these people, because I know the pain they are experiencing, but I want to really and truly let you know that they cannot be boasting as though things are all right.

When the Member for St. Joseph spoke about the Point Fortin Hospital, he said that they went through talking to stakeholders and agreed to the site at E TecK park. I want to place on record, Point Fortin and La Brea are like two sisters' children, we are close. Whatever hurts La Brea, hurts Point Fortin, and what hurts Point Fortin, hurts La Brea. [*Desk thumping*]

The south-western peninsula had a high unemployment rate, so that is why the caring PNM Government set up the Union Estate, the LABIDCO estate and the E TecK Park in Point Fortin. [*Desk thumping*] But this Government cares nothing about the people of the south-western peninsula. So even though the PNM Government had selected the central gate triangle for the location of the new Point Fortin Hospital as well as the University of Trinidad and Tobago, and left the E TecK park for employment, this wicked Government decided, "Listen, no development of the E TecK Park for employment. We are going to put the hospital there and spite the people of the south-western peninsula." But, Mr. Speaker, "long rope for maga goat"; [*Laughter*] election will come; election will come.

I ask the question: Which groups did they consult in the selection of the site? Was it the South-Western Chamber; Techier Village Council; Salazar Trace Village Council; Fanny Village, the Catholic Church, the Muslim community, the Pentecostals? Did they consult with the OWTU? I would like to place on record that they did not consult with anybody. They did not consult with anybody, and that is indeed a travesty.

Mr. Speaker, let me come to the Bill. I have great respect, tremendous respect, for the Member of Parliament for Barataria/San Juan; he is a good friend of mine.

Did you notice the body language of the Member for Barataria/San Juan? He is usually a very confident person. His body language told us a sad story of his heart and mind. It was a painful exercise. You could see that this Bill really was not the Member for Barataria/San Juan; no, “uh um”. He was caught in this whole question of collective responsibility, a millstone around the necks of many of his colleagues.

But I want to advise some of my good friends opposite; I know the trouble. I know how heavy the weight is around your neck. Throw it off and come into the caring arms of the PNM. [*Desk thumping*] Come, come, all ye who are heavily laden; come across and we will give you rest. [*Laughter and crosstalk*] “Fyzabad, dat doh belong to you. Fyzabad, many are called, but few are chosen; not you Fyzabad.”

What disturbs us a lot is what could be in the mind of this UNC-led Government to bring this Bill at this time, when we have poor old pensioners who cannot get their pensions, and are told that by the 14th of the month they would get it. [*Desk thumping*] I do not know what is happening in Toco/Sangre Grande or what is happening in D’Abadie/O’Meara, but in Point Fortin and La Brea pensioners are not receiving any pension. They are told that they have to wait until the 14th of the month to collect their pensions; and we come here to talk about procurement, when people cannot get their pension to meet their needs. [*Desk thumping*] That could never be right; that could never be right.

This Bill before us is nebulous; it lacks specifics. If you look at clause 2:

“Section 20 of the Regional Health Authority Act is amended...”

We are told in (1A):

“Notwithstanding subsection (1) and where it is economically expedient to do so, a Board may—”do so and so and so.

I ask the question: When we talk about “economically expedient”—economically expedient for who, which member of the board, which particular Regional Health Authority? On whom will this whole question about expediency rely?

Mr. Speaker, the hon. Minister said, and I quote:

“Regional Health Authorities together would be able as a collective unit to bulk buy goods and services and where it allows them to be economically expedient to do the same.”

I want to quote again from his presentation:

“The Bill as we have it today, the amendment would allow bulk purchasing of goods and services. And, there is a need for the legislation to coerce these Regional Health Authorities in such a manner.”

So this thing about autonomy and freedom and flexibility “dat eh there at all”; “is down de throat” of those Regional Health Authorities from some powers above. That tells us a lot of problems are in the offing.

The Minister goes on to tell us that one RHA would buy for all the RHAs, based on agreement, storage and other aspects of pharmaceutical work. I want to ask a few questions. Who makes the appointment of the Regional Health Authority? Who will do the bulk purchasing? When the goods are purchased and are stored at one RHA, say for six or nine months, and something goes wrong, who will foot the bill? Who will foot the bill? *[Interruption]*

**Hon. Member:** “De maga goat.”

**Mr. F. Jeffrey:** “Of course; I glad you say dat.” *[Laughter]*

The hon. Member spoke about the delay in evaluating tenders, because there were not enough persons to be placed on four evaluating committees and four tender committees at any one time, for the similar type of goods for each Regional Health Authority. I beg to disagree. Who says that all the members, of all the committees, have to meet at the same time? Who said that? We know that they do not have to meet at the same time. Do not tell me that in our country of 1.3 million people we cannot find, say 100 qualified persons, to sit on the evaluation and tender committees. That could never be true. Mr. Speaker, 1.3 million people and you cannot find 100 persons?

The hon. Minister said that sometimes these evaluating committees do not meet, because they do not get any consideration, no money and it delays the process. In other words, “they doh get money”, so that is one of the reasons they cannot meet. How does that justify the need for bulk buying? Trinidad and Tobago ranked 64<sup>th</sup> in the world in higher education, whereas India is ranked 87<sup>th</sup>. Trinidad and Tobago is ranked 52<sup>nd</sup> in the area of technological readiness, India ranks 93<sup>rd</sup>, at least according to Jwala Rambarran, Chairman of NIHERST.

**Dr. Gopeesingh:** So which one is better?

**Mr. F. Jeffrey:** “You did mathematics, not so?” *[Crosstalk]* It means that it is impossible for us to be unable to find qualified persons to put on all these

committees. That is a fact. The problem is they are only looking for their own supporters who, incidentally, not many of them are qualified. [*Crosstalk*] They are not really interested in providing adequate remuneration for the members of those committees. I am saying, the same way you could find \$23,000 today for some members of the Prime Minister's entourage to India, they could at least offer members of those committees \$2,000 and make them attend those meetings.

**Dr. Gopeesingh:** "Dat is rum shop talk."

**Mr. F. Jeffrey:** But your record shows \$233,000 was spent on 11 days for one person.

**Hon. Member:** Vidwatie!

**Mr. F. Jeffrey:** I am saying, if that is so, give four people a little \$5,000 and "leh we" get the job done. There is no need for bulk purchasing.

**Mr. Griffith:** How much Hazel made?

**Mr. F. Jeffrey:** They are beginning to realize that some of their lower level supporters are so resentful of what is happening upstairs, they are refusing to really sit on any committee to help with this procurement exercise. That is the reason.

**Mr. Sharma:** That mad blood really gone up to your head.

**Mr. F. Jeffrey:** The hon. Minister also spoke about the unequal distribution of budgetary allocations to the various Regional Health Authorities. This is not a regional health problem; this is a central Government problem. Provide the Regional Health Authorities with adequate financial resources so they can efficiently and effectively do their work.

The Minister also seems to be very unhappy about the size of certain RHAs. I am saying, if that is your feeling, you do not have to bulk purchase. Come to the Parliament with an amendment to reallocate or to withdraw the boundaries. There is no need for bulk purchase. That will not cut it. [*Interruption*]

**Mr. Roberts:** Teach us how to hide in a green pick-up!

**Mr. F. Jeffrey:** I will not be distracted at all today.

In the whole question of centralization versus decentralization, we had a problem with centralization. We saw the whole effect with traffic jams, loss of productivity and gross inefficiency. What has happened is that we see more and more in the world today that there is an emphasis on decentralization.

I want to place on record that since the coming into being of the South West Regional Health Authority, health services at La Brea, Guapo and Palo Seco have been very good—under the PNM. [*Laughter*] We could boast about that. We could



boast about that. *[Laughter]* The centres were renovated and they have good personnel at those three health centres: Palo Seco, Guapo and La Brea; very good people. The nurses, the doctors, you name it, we are proud. What we need is the construction of the Point Fortin Hospital. We would like to see a 24/7 health service at La Brea, Guapo and Palo Seco.

The Member for Barataria/San Juan said that they could not give Cedros a 24/7 service, and they could not get a resident doctor. However, in Point Fortin they are going to get X-ray services, a pharmacy, et cetera, 24/7, and I say fine.

**6.10 p.m.**

It seems as though our helicopter service seems to be abundant, we have a lot of helicopters available.

**Hon. Member:** That is right.

**Mr. F. Jeffrey:** So I am saying fine. We have helicopters travelling from Port of Spain to Philippines, no problem with that, I am saying fine. What about making helicopter service available for the people of Icacos to Point Fortin?

**Mrs. Gopee-Scoon:** That is right.

**Mr. F. Jeffrey:** The people of Erin to Point Fortin. The people of—*[Interruption]*

**Dr. Browne:** A water ambulance.

**Mr. F. Jeffrey:**—Aripero to Point Fortin, why not make it available?

**Mr. Roberts:** No.

**Mr. F. Jeffrey:** Why, why, why, what is the problem? I am saying that would be very useful.

Mr. Speaker, I want to say as well, that we need to understand that the real purpose behind this bulk purchasing, I think the Member for Diego Martin Central alluded to it a while ago. You see, with each individual Regional Health Authority making its own order—*[Interruption]*

**Hon. Member:** Bulk “teifing”.

**Mr. F. Jeffrey:**—the money “eh” coming in fast enough for those financiers. If you buy in bulk, it is easier and faster—*[Interruption]*

**Hon. Member:** “Tief” in bulk.

**Hon. Member:** Fast track bulk.

**Mr. F. Jeffrey:** That is it, you know, Mr. Speaker. This bulk purchasing has nothing to do with efficiency; nothing to do with efficiency. [*Desk thumping*] It is a question of, “aye, paying back those fellas and dem for financing the elections and so on.” “Dem fellas” must get back their money somehow. [*Crosstalk*] This thing about, each Regional Health Authority, that “eh” cutting it.

So, I want to join with my colleagues in saying that we reject this Bill because this whole question of bulk purchasing has nothing to do with increasing the efficiency, but rather to put more money, faster, in some of their selected friends. I thank you, Mr. Speaker.

**The Minister of Housing and the Environment (Hon. Dr. Roodal Moonilal):** Thank you very much, Mr. Speaker. The Bill before us, an Act to amend the Regional Health Authorities Act, one thought, at the beginning, it was a simple enough Bill that attempted to make a small amendment to the Regional Health Authorities Act, in one particular section, section 20, of the Regional Health Authorities Act, to bring about a greater level of efficiency and effectiveness in the conduct of the business of the Regional Health Authorities.

I was involved in some of the early discussions on this amendment in various areas in the Government that deal with legislation and policy, and indeed several issues were raised at that time, including some of the issues raised by Members opposite. Members in the Government had to satisfy themselves that any measure that comes to the Parliament, with the endorsement of the Cabinet and the Government, comes because it is felt that this measure is in the best interest of the people of Trinidad and Tobago.

We do not adopt policies and support Bills if we believe that those Bills and these legislative reforms are not in the best interest of the people of Trinidad and Tobago. And the Minister of Health who, Members opposite, I imagine, all express some level of confidence in, either his ability or his character, or both. Members opposite express some confidence in the Member for San Juan/Barataria’s ability, competence, and indeed sincerity of purpose, I thought that came over. And the Member and his team from the Ministry of Health would have to defend any measure they propose to the Government, and they did not have an easy time in defending this measure. There were several questions raised, and only when we were convinced that this was in the best interest of the people that we adopted this measure and brought it to this House for this debate.

The Member for La Brea is qualified to read and interpret body language, and says that the Minister’s body language betrayed him. I am not qualified to read

body language, I tried to do that before and got into a lot of trouble, so I no longer do that, but the Member for La Brea was looking at the body language.

Members opposite [*Crosstalk*] took the debate to the corners of the earth and spoke on matters of procurement, politics, election, relating it to trust, integrity and accountability, and to corruption, but you see, Mr. Speaker, in all fairness I was there already. I spent 10 years there.

**Mr. Warner:** Never again.

**Mrs. Gopee-Scoon:** He has another 10 coming. [*Crosstalk*]

**Hon. Dr. R. Moonilal:** If that is the will of God, it is the will of God, but I spent 10 years there, [*Crosstalk*] and I know how it is to be there, and I understand their arguments and motives. Because when you sit there, you believe that if you talk every week, and use the word corruption, eventually the talk of corruption will stick, and members of the national community will believe that there is corruption. So when they talk every single thing—but I discovered a new line from one of the ideologues opposite, not sitting here, but one of their ideologues. When they cannot find elements or serious evidence of corruption, they say that the Government is not guilty of corruption, but there is corruptibility, meaning that we are not seeing it, and we do not have evidence, but it must be. That is it; one of their ideologues, who was not kind to Members opposite but surely is rooted in their philosophy. Because that is the gist of their argument, that the Bill before us would lead to corruption and an opportunity for party financiers to somehow break the law, and the argument was led by the Member for La Brea.

The Member for Diego Martin Central, in a lively contribution as well, raised the issue of party financing, and called on the Government to take action on that. I imagine when we do that, we will build on the good work of PNM for the last 10 years—[*Interruption*]

**Mr. Warner:** Fifty-six.

**Hon. Dr. R. Moonilal:**—on that matter. I am sure that you have done a lot of work when you were in office, so we can build on that good work that you did on party financing. We would be happy to do that.

So, Mr. Speaker, the Leader of the Opposition though, I think in response very early, made a few points that we thought it was useful to respond to, and to set the record straight. Several of our colleagues opposite of course, had more political, as we expect, arguments and that had to do with their “Opposition-hood” really, and the demands of Opposition every Friday.

Members opposite also sought to cast the debate in the wider issue of procurement, since this Bill obviously deals with procurement, in the Regional Health Authority setting. The Members raised the issue, I think it was the Leader of the Opposition, he argued that why were we hurry to implement this measure when it was anticipated that we will have a procurement regime before the House, in due course, and we may well pass legislation, why the hurry to deal with it?

Now, the Member opposite led his team to enter the procurement committee, and then jumped out of the procurement committee, and then re-entered the procurement committee, and we have no guarantee they will not jump out again.

We were going to pass a Motion here, we were going to take a legislative initiative to ensure that at that select committee, the—Mr. Speaker, the Prime Minister joins us now, I think returning from Tobago, where we opened the Scarborough Hospital [*Desk thumping*] at 2.00 p.m. today, after 14 years—[*Interruption*]

**Mr. Sharma:** What a shame!

**Hon. Dr. R. Moonilal:**—and 14 years is significant, as the Member for Fyzabad reminded us earlier with that story of Hanuman, I think, yes. It is 14 years I think that Lord Rama spent in the wilderness. The people of Tobago—[*Interruption*]

**Mr. Sharma:** But not a million dollars.

**Hon. Dr. R. Moonilal:**—had to spend 14 years in the wilderness waiting for a hospital that was delivered today by the People's Partnership and the Member for Siparia. [*Desk thumping*] I really wanted to know where he was going with that story of Hanuman, but he knew where he was going.

**Hon. Member:** He knew. [*Crosstalk*]

**Hon. Dr. R. Moonilal:** He knew of that 14 years in Tobago, waiting. [*Crosstalk*] And the Member for Chaguanas West indicated he will take all of his salary of one dollar, and play on 14 tomorrow. [*Laughter*]

The point that I was making is that the Leader of the Opposition was pains to tell us we should not hurry because we are waiting for procurement regime, but they jumped out before, and effectively undermined the work of the Parliament in delivering procurement legislation. When we came to the Parliament to take legislative action for the entire House to act to ensure that we got a quorum, and to proceed with the work, they came and made an argument to us, which we accepted,

that they will continue to support the committee, and we should hold our hands on a legislative action that would have dealt with the quorum issue.

So we are awaiting their contribution but there is no guarantee that the Opposition would stay in that committee, because their history is bailing out. Therefore, it is incumbent upon the Government to act, at all material times, to deal with the issue of procurement. It is very instructive that we are amending Chap. 29:05, the Regional Health Authorities Act. Mr. Speaker, at 20(1), this is the provision that we are amending, it states clearly:

“For the purpose of any transaction, contract or covenant a Board...”

meaning a Regional Health Authority board—

“for which it was constituted—”

shall invite, consider and so on for carrying out its business. But 20(2) is very clear:

“For the purpose of this section, the provisions of the Central Tenders Board Act shall not apply.”

But they took an argument, as if the Central Tenders Board Act applied, to tell us wait, hold up. Why are you doing this? Why are you hurry? Procurement regime coming and you are hurry to do this. Then they fantasized and rhapsodized about we are doing this for bulk buying, so that financiers can come in. This has nothing to do with the Central Tenders Board Act, under 20(2) of the parent Act Regional Health Authorities, absolutely nothing!

The provisions that currently govern procurement in the Regional Health Authorities, are those of the Regional Health Authorities (Contracting of Goods and Services) Regulations. There are regulations that govern that activity, not the Central Tenders Board. So the final outcome of the procurement regime may not affect this at all. We are dealing only with the regulations.

They tried to pull that one on us early o'clock because they thought procurement in Regional Health Authorities, procurement in the joint select committee, they could pull everything in one, and con the population, and fool them. I am not singling out any individual but their approach really is to let us con the population into believing that the Government is hurry to deal with procurement in health because we had some mischievous intent, we are up to no good. That has been their strategy.

The Minister of Health was at pains to explain that over the years there has been a leakage of scarce resources, M-O-N-E-Y—[*Interruption*]

**Mr. Sharma:** Paisa.

**Hon. Dr. R. Moonilal:**—paisa, by dealing with procurement in this individualized, independent manner. And the Minister of Health, if you listened to him in the opening statement, he gave examples. Imagine four Regional Health Authorities trying to buy one machine each, setting up a tenders committee with five each. You end up with 20 people maybe to meet once per month, and these are technical people.

**6.25 p.m.**

Sometimes they do not meet, there is no quorum and decisions cannot be taken. Imagine four Regional Health Authorities buy four CT machines—I think that is what he used last time—each one at a different price with different components, from a different supplier; each Regional Health Authority advertising in the newspapers separately. The purpose of this Bill is to synchronize and harmonize that procurement approach—

**Mr. Warner:** Harmonize, harmonize is the better word.

**Hon. Dr. R. Moonilal:**—to get efficiency, to save money. That is what we are about, to save some money.

When we outfitted this building into the Parliament; we were proud, we came in under budget, \$6 million less. Yesterday, if I am not mistaken, at Couva, the Prime Minister and the Minister of Works and Infrastructure opened the Couva Interchange. We were told yesterday, the Government saved, I think, \$6 million on that project under the budget and within time. When in the history of Trinidad and Tobago members of the national community ever hear something like that? Over the years when the PNM was in office, half the highway fall, two years “yuh in traffic waiting”. Two years “yuh” crawling on the highway, because a piece of the road fall apart.

**Mr. Indarsingh:** They take 18 years to build a bridge in Calcutta.

**Hon. Dr. R. Moonilal:** Yes, in Calcutta, 18 years. *[Interruption]* Mr. Speaker, the Scarborough Hospital, we were told today, 14 years. Imagine a child at birth saw a broken bridge, when that child goes to second year university the bridge fix. That is what we experienced.

Members went on at length on the problems in the health sector. The problems in the health sector did not start on May 24, 2010. They did not start then. On May 24, 2010, the solutions arrived. *[Desk thumping]* But the problems did not start

then. So, whether it is the shortage of beds—look at the innovation this Government has introduced. We went to San Fernando and we saw this big, tall building in the sky, Chancery Lane, impressive building, as we looked at this building we looked to the hospital next door, what did we see? Our citizens on a “peerha”, on a bench; old ladies, you go there, they are crying, three days they are waiting for a bed. You go and see the doctors, they do not have a proper room to sit, they have to discuss patient care; they do not have two chairs in a room for two doctors to sit comfortably and chat. They have no facilities for proper storage. *[Interruption]* Run down.

When we saw that building, the Prime Minister said to us at UDeCott, convert that into the San Fernando General Hospital Expansion Project which we are doing now. By May this year after a short two years in office we will be in a position to open facilities at the Chancery Lane Hospital Expansion Project. *[Desk thumping]* In two years.

So, Mr. Speaker, that is the vision, and I do not want to carry on and go on about the children’s hospital. The Member for Point Fortin—

**Mr. Warner:** She run. She done run.

**Hon. Dr. R. Moonilal:**—today we heard her—when she speaks on the Point Fortin Hospital, it is a surreal experience. *[Interruption]* They promised that hospital, I think, when we got Independence. On Independence night 1962, I think they promised that hospital. *[Laughter and interruption]* Yes, they moved the venue about three or four times. We were in Opposition—every single year they come, the Mamoral Dam, the Point Fortin Hospital, the highway to Point Fortin, monotonous frequency. Today, e TecK is in a position where they are surrendering the lands that have been approved as the best site by the Ministry of Health and by UDeCott to begin construction of that hospital in Point Fortin. *[Desk thumping and interruption]*

**Mrs. Persad-Bissessar:** Obviously it would not be tall buildings, but schools and hospitals.

**Hon. Dr. R. Moonilal:** Yes. Mr. Speaker, the vision of the Prime Minister and this Government is a vision to develop our social infrastructure. We will not pride ourselves by tall buildings that remain empty or musical halls that are not used, or—what is it?—a hotel somewhere that never had a guest. We would not pride ourselves by that. We would pride ourselves by hospitals, by police stations, by fire stations, by schools, by universities—*[Interruption]*—courthouses. It is the social infrastructure, the criminal justice infrastructure.

The Leader of the Opposition in this debate as well, carried on and indicated that there is already a system in place for the procurement of pharmaceuticals by Nipdec, so why is this Bill being used for that purpose? The Leader of the Opposition should know as Leader of the Opposition and, I imagine, as alternate Prime Minister in another janaan—J-A-N-A-A-N—

**Hon. Member:** What! [*Laughter*]

**Hon. Dr. R. Moonilal:**—in another life, an alternate Prime Minister, and he would know from his health experts, I believe, next door opposite. Who is that?

**Hon. Member:** Jerry Narace.

**Hon. Dr. R. Moonilal:** But he should know that Nipdec does not have the pharmaceuticals that are in need. There is a difficulty in the health system now with procuring the pharmaceuticals from Nipdec. There is a shortage, so that each Regional Health Authority has to procure its own, and the Bill will be used for this purpose to synchronize and harmonize the procurement approach where different Regional Health Authorities want the same pharmaceuticals.

Could you imagine the Eastern Regional Health Authority with less resources than the San Fernando or the Port of Spain health authority, and they have to procure the same equipment, same medication, same pharmaceuticals, but they cannot because of their resources. If there is a pooling now, coming together, you will have greater efficiency; you have economies of scale, and indeed, economies of scope. This is the vision of this measure, but what does my friend see opposite? It is corruption, bulk buying—because you know what is in their mind. You know what is in their mind. From the time they read this, you know what is in their mind, where they were focusing had they been in office. [*Interruption*]

Had they been in office, Mr. Speaker, and something like this come to them, their eyes bright. They would have started already who is bringing in pharmaceuticals. How this working?

**Mr. Volney:** The cookie jar.

**Hon. Dr. R. Moonilal:** Yes, the proverbial cookie jar. I was shocked that they would think of that, because some of us did not see it there, but they saw it. They pointed out the opportunity in case nobody else saw it. [*Interruption*]

So, Nipdec cannot and does not procure several essential pharmaceutical items, Regional Health Authorities do, and this would make it quite easier, more efficient and more cost effective. When you are cost effective in the health sector, you have



more money for critical services and critical equipment. If you save \$6 million on a procurement process, that \$6 million can easily buy you another critical piece of equipment that you need in a hospital or a health centre. Health equipment is not like going to PriceSmart and buying a scanner/printer for \$200/\$300 you know, it is a sophisticated piece of equipment. You know, bio-medical technology and so on, and if you purchase those things collectively there is an enormous number of cost saving involved. But, Mr. Speaker, friends opposite may not understand or appreciate that, because under their regime and their culture—because I do not want to blame any one of them, most of them had very little or no influence—[*Interruption*]*—well, they had no influence but they are tarnished by association. Under their regime you heard of \$500 million for—what?—a pre-feasibility study and \$34 million for a report. That is how millions and millions of dollars left us.*

**Mr. Warner:** What about the *Su*?

**Hon. Dr. R. Moonilal:** The *Su*. We tried to drag it here and we could not. They said if you tried to drag it in the sea, it would sink even when they are pulling it. How much, \$60-plus million?

**Hon. Member:** Fifty-two million.

**Hon. Dr. R. Moonilal:** Fifty-two. So, Mr. Speaker, when you look at the millions and millions, you could understand this culture that will not easily lend itself to saving.

Mr. Speaker, there was another issue raised by the Leader of the Opposition. He said these arrangements would cause further delay in procurement because of differing personalities on boards and no guidelines to govern decisions regarding who decides to procure—et cetera, et cetera—what should be procured on behalf of whom. So, what he was really saying is, in fact he said it because—I think the Member for Diego Martin West returned from the Republic of India, so he is now hurling Hindi terms around, and he said it would lead to “jhanjat”.

**Mr. Warner:** One trip to India, “eh”.

**Hon. Dr. R. Moonilal:** One trip to India, you know. [*Laughter*] Mr. Speaker, he made one trip to India and he came back with a few Hindi words. He said this would lead to a lot of confusion, if you do this. Mr. Speaker, what could lead to confusion? Harmonizing several boards together coming up with one committee, working to save money with five or six professional people on a board? But there are many boards in this country. Huge enterprises are managed by a board:

Petrotrin, NGC. How do they manage? What confusion they lead to? So, this is all part of the administrative challenge of managing this situation, and if you are saving money it is better.

The other issue here is four Regional Health Authorities have to procure the members of those evaluation committees, technical people, in medicine, in accounting, in all sort of areas—

**Miss McDonald:** [*Inaudible*]

**Hon. Dr. R. Moonilal:** Yes, Tobago would have a separate regime. We are in a society where resources are limited and scarce, high-skilled technical people and so on. Imagine you have to get four specialists in some biomedical technology; four different people to sit on different committees; move around the country; one day you have a meeting in Arima, the next day you have a meeting in Point Fortin, the following day you have a meeting in Port of Spain. If you centralize that and have one group of people doing this, there is greater transparency, greater accountability and greater economy.

Mr. Speaker, the Bill also proposes that this mechanism of instituting collective procurement is only triggered upon agreement by Regional Health Authorities, so the health authorities continue to do what they are doing and they agree. If they believe that they are into procurement which is expensive, highly technical, they may or may not have resources at the same level, they agree and they come together to do this. Moreover, regulations amending these health authorities, procurement of goods and services, that currently exist, these regulations are being finalized by the office of the Attorney General with amendment to those regulations that would provide for the agreement, the purchasing procedure and liabilities they are under. They are working out the amendment to the regulations that would give effect to this. So, we will ensure accountability and transparency in the process. So, you do not have to bother about “jhanjat” and—what the Leader of the Opposition said—turf war developing between one health authority and the next. I mean, that is sounding more like a village council kind of approach to this thing.

**Mr. Volney:** La Brea council. [*Laughter*]

**Hon. Dr. R. Moonilal:** I would not say about La Brea, that is more a village council kind of thing. This is more of a high-level technical evaluation committee—

**Hon. Member:** Professionals.

**Hon. Dr. R. Moonilal:** Professionals. A group of professionals and, of course, the Ministry of Health is there. The Minister is there, who they expressed

confidence in; to provide policy guidelines in the event that there needs to be clarity in terms of policy, the Ministry of Health is there.

So, Mr. Speaker, all of their arguments boil down to these three matters and, of course, several speakers used the opportunity to use the word corruption “plenty” times hoping it would stick. My friend from La Brea was at the top of his voice screaming out about—*[Interruption]*—you know it is difficult to hear when he speaks so loud. The Members for Point Fortin and La Brea spoke about the south-west development and our policy initiatives in that area. You know, when we came in office in May 2010—I think the Parliament was convened in June—the Member for La Brea came to this Parliament from June 2010, and every single week he would ask a question: “When is this road being fixed? When is this sport centre being fixed? When is this box drain being completed? When is the community centre going to be built? When is the manhole cover going to be replaced?” As if the PNM did nothing in La Brea.

**Hon. Member:** They did nothing. *[Laughter]*

**Hon. Dr. R. Moonilal:** For 10 years, but he has confirmed that. *[Interruption]* So, as soon as we come into office, the manhole cover needs to be placed back, the school needs fixing, the health centre needs fixing—

**Mr. Sharma:** The goat needs rope. *[Laughter]*

**Hon. Dr. R. Moonilal:** The Member for La Brea is conveying to the national community that the PNM did nothing in 10 years—*[Interruption]*—and he may be speaking the truth. The truth was leaking out I think. It may not have been deliberate, it leaked out. They believe every week saying the same thing: discrimination and so on, all that would get them somewhere.

**6.40 p.m.**

But, Mr. Speaker, they also raised the issue of policy. The Member for Diego Martin Central is slick with raising a few issues, and he always argues about policy, where is the policy, what is the vision; two years and no policy, no vision.

Mr. Speaker, the budget document is a policy document. The medium term framework which we circulated in Parliament, the national manifesto of the People’s Partnership, these are three documents put together. I do not know if we have to sit down with them, open it in the night and say, “Once upon a time there was a manifesto” and read it for them. They always ask for policy, you give them policy, they would not read policy. They ask for vision; we outlined a vision for social infrastructure development—a western hub for the health sector, health

sector tourism. It began with the appointment of the Children's Life Fund to ensure that our children would never die.

I am proud to announce to my good friend from Port of Spain South, 19 children are alive today because of the Government of the People's Partnership. [*Desk thumping*] Nineteen children may have been dead today—[*Interruption*]

**Mr. Warner:** Tell Jerry Narace that.

**Hon. Dr. R. Moonilal:**—had it not been for the People's Partnership. Nineteen; that is a lot, one life is a lot, far less 19.

You see, Mr. Speaker, we began with the Children's Life Fund—you know we took a cut in salary—Ministers, Prime Minister took a cut in salary. We contributed, in fact my money gone towards that.

**Hon. Member:** We care.

**Hon. Dr. R. Moonilal:** We invited Members of the Opposition to give us, not 5 per cent but 1 per cent for the Children's Life Fund of their salary and, Mr. Speaker, they prefer to play it in “lotto”, in “play whe”, than to give the 1 per cent to the Children's Life Fund to save a child's life in their own constituency.

**Miss Cox:** Do not impute improper motives.

**Hon. Dr. R. Moonilal:** But we are asking for a donation. The Member for Diego Martin Central said, they would not he spoke on behalf of them. So the health care vision is very key to this Government. But not that alone, you look in housing, you look in infrastructure, you look at labour, we have before this Parliament now, maternity protection legislation. We raised the minimum wage among the first actions of the Government. In every single sector we have delivered.

**Miss McDonald:** And when you are raising our salary?

**Hon. Dr. R. Moonilal:** Members opposite have made a reasonable request to increase their salary. I think we should do a referendum on that, whether the population believes that the Opposition Members should have an increase in salary, phone in and say, yes or no. [*Crosstalk*] What do you think will be the answer?

**Hon. Members:** Nooo!

**Hon. Dr. R. Moonilal:** We should probably do that as a people meter. Mr. Speaker, but Members opposite would get an opportunity to make a representation for themselves on that matter. You see, if we save money in the Regional Health

Authority with this measure, you may well get an increase, because you would be saving public funds. So you see it might be in your interest.

I just want to reply to one matter again and to remind Members opposite, the benefit of this measure is to ensure that we have cheaper purchase in bulk. The Ministry has indicated to us when we enquired, this is the experience. This is not the experience of the People's Partnership Ministry of Health. This is the experience of the Ministry of Health regardless of which party is in power. They indicated it is cheaper to purchase in bulk and it is less time consuming. It involves a lesser number of personnel in procurement processes.

Mr. Speaker, the Ministry of Health has brought an argument, we have accepted it. We would like to try. Who knows, it may get better, who knows, it may not. But, we must try. At all material times we must try to save money. Particularly if we believe there are processes that can be streamlined, harmonized and synchronized, that would lead to cost savings. Because while we may have resources available, and more may come, we cannot continue to squander taxpayers' dollars, as they did for so many years. That hospital was how much, \$1 billion in Tobago? I think it was supposed to be \$110 million. It reached to \$1 billion.

So, Mr. Speaker, this measure is a measure that has received the support of the Ministry of Health. The hon. Minister has brought the measure to us and it is our considered view that it would enhance the delivery of health care by making for a faster and more efficient system of procurement by amending section 20 of the Regional Health Authorities Act.

Mr. Speaker, with those few words, I beg to move.

*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 and 2 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.*

**ADJOURNMENT**

**The Minister of Housing and the Environment (Hon. Dr. Roodal Moonilal):** Mr. Speaker, I beg to move that this House do now adjourn to a date to be fixed.

**Easter Greetings**

**Mr. Speaker:** Hon. Members, before putting the question, as we are all aware, Trinidad and Tobago joins this weekend with large sections of the international community and members of the Christian community in particular, in observance of one of the most sacred occasions called Easter. I shall now call on the Minister of Works and Infrastructure to bring greetings on this occasion. [*Desk thumping*]

**The Minister of Works and Infrastructure (Hon. Jack Warner):** Thank you, Mr. Speaker. On behalf of the hon. Prime Minister and my parliamentary colleagues on this side, it gives me the greatest pleasure to bring Easter greetings to the national community.

Mr. Speaker, this is the Holy Week, as you know, this is the week when Christ travelled throughout the length and breadth of Jerusalem and when on Good Friday, two days from now, he was crucified having died for all of us, to save us, and on Sunday was the resurrection.

In a sense, Mr. Speaker, what this has taught all of us is that in each of us there must be a piece of Jesus Christ, where we would forgive, where we would extend our love and our hearts to each other, and therefore in this season of Lent, as we come to the end of Lent so to speak, and as we come to the death and resurrection of Christ, it gives me the greatest pleasure on behalf of my Government and on my own behalf to extend to the national community Easter greetings and the best of everything that they wish themselves. I thank you.

**Miss Donna Cox (Laventille East/Morvant):** Thank you, Mr. Speaker. I rise on behalf of the Opposition to bring greetings to the Christian community on the celebration of Easter. Easter is a very important event on the Christian calendar and it is indeed fundamental to Christianity. It recognizes that Jesus Christ overcame death. Easter is the glorious celebration of Jesus' victory over sin and death. He came back to life—life after death is indeed fundamental to Christian beliefs.

On Palm Sunday, the Bible tells us, that Jesus rode into Jerusalem on a donkey and was the source of much adulation by those who greeted him. But five days later, the very same people were the ones who called for his crucifixion.

As Christians prepare to celebrate Easter, we recall and review our baptismal promises. This time of renewal emphasizes the need for Christians to reflect and examine what is the true meaning of following Christ. As we remember the resurrection of Jesus Christ, it is indeed a perfect time for all of us to celebrate life and the life that lasts forever.

Mr. Speaker, in this Holy Week, on behalf of the PNM Members of Parliament and on my own behalf, I would like to wish the Christian community a most holy observance of the sacred feast of Easter. May the love and hope of the risen Christ be with you and your families. I thank you.

**Mr. Speaker:** Hon. Members, I would like to join with both the Government and Opposition Members of Parliament in wishing the entire Christian community a very happy and holy Easter. As we all know, Easter is celebrated as the resurrection of Jesus Christ from the dead, and here as elsewhere, Easter is preceded by the Lenten period that is a time of reflection, of prayer and of fasting.

There are a variety of ways to celebrate Easter as you know. In Trinidad and Tobago however, the practice is usually the Easter vigil that begins in darkness as a flame is lit. This light symbolizes the resurrection of Jesus from the grave and the light of salvation and hope.

I wish all Christians celebrate and embrace the newness, the freshened possibilities and new beginnings out of the symbolism that Jesus' resurrection embodies. Also, I wish to extend to all Members of this honourable House, a blessed and joyous Easter and hope that all members of staff also enjoy, like all fellow citizens of this Republic, a very holy and happy Easter.

*Question put and agreed to.*

*House adjourned accordingly.*

*Adjourned at 6.54 p.m.*