

HOUSE OF REPRESENTATIVES*Friday, November 29, 2013*

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 hon. Vernella Alleyne-Toppin, Member of Parliament for Tobago East, the hon. Anil Roberts, Member of Parliament for D'Abadie/O'Meara, as well as the hon. Marlene Mc Donald, Member of Parliament for Port of Spain South. I have also received communication from the hon. Fitzgerald Jeffrey, Member of Parliament for La Brea. These Members have asked to be excused from today's sitting of the House. The leave which the Members seek is granted.

May I take this opportunity on behalf of the House to welcome our colleague, the Member of Parliament for Diego Martin Central. I understand that he was involved in a vehicular accident some time ago and I am happy to see that you are back with us and you are happily recovering from that very unfortunate experience. Welcome back on behalf of all of us. [*Desk thumping*]

Members, I would like to let you know that before the Parliament adjourns this afternoon, I will be making a statement on a strategic planning workshop, which all Members are requested to attend. But I will give you more details before the adjournment of this honourable House.

PAPERS LAID

1. Administrative Report of the Trinidad and Tobago Free Zones Company Limited (TTFZ) for the year ended December 31, 2012. [*The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal)*]
2. Annual Administrative Report of the National Insurance Appeals Tribunal for the financial year October 01, 2011 to September 30, 2012. [*The Minister of Finance and the Economy (Sen. The Hon. Larry Howai)*]
3. Annual Administrative Report of the Ministry of the People and Social Development for the year October 01, 2009 to September 30, 2010. [*Hon. Dr. R. Moonilal*]
4. Annual Administrative Report of the Ministry of the People and Social Development for the year October 01, 2010 to September 30, 2011. [*Hon. Dr. R. Moonilal*]
5. Administrative Report of the Ministry of Justice for the period June 2010 to September 2011. [*The Minister of Justice (Sen. The Hon. Emmanuel George)*]
6. Administrative Report of the Ministry of the Attorney General for the period October 01, 2009 to September 30, 2010. [*Hon. Dr. R. Moonilal*]
7. Annual Report of the Ministry of Foreign Affairs for the period October 01, 2007 to September 30, 2008. [*Hon. Dr. R. Moonilal*]
8. Annual Report of the Ministry of Foreign Affairs for the period October 01, 2008 to September 30, 2009. [*The Hon. W. Dookeran*]

UNREVISED

9. Annual Report of the Ministry of Foreign Affairs for January 01, 2011 to December 31, 2010. [*Hon. Dr. R. Moonilal*]
10. Annual Report of the Ministry of Foreign Affairs for January 01, 2010 to December 31, 2011. [*Hon. Dr. R. Moonilal*]
11. Annual Administrative Report of the Community Improvement Services Limited for the period October 01, 2009 to September 30, 2010. [*Hon. Dr. R. Moonilal*]
12. Annual Administrative Report of the Community Improvement Services Limited for the period October 01, 2010 to September 30, 2011. [*Hon. Dr. R. Moonilal*]
13. Annual Administrative Report of the Community Improvement Services Limited for the period October 01, 2011 to September 30, 2012. [*Hon. Dr. R. Moonilal*]

ORAL ANSWERS TO QUESTIONS

The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal): Mr. Speaker, may I inform the House that the Government is in a position to answer all questions on the Order Paper except question no. 9 to the Minister of National Security. We will ask for a deferment of two weeks.

Miss Cox: “Nah, not two weeks again, man.”

Mr. Hypolite: Mr. Speaker, is it possible to find out exactly when, or if, in the two weeks’ time, we will definitely get the answer?

Miss Cox: “That is ah next deferment.”

Mr. Sharma: Two weeks. He said two weeks. English!

Mr. Speaker: Hon. Leader of the House, you would like to—

Hon. Dr. R. Moonilal: We expect in two weeks to have the response from the hon. Minister of National Security.

Mr. Speaker: Okay.

The following question stood on the Order Paper in the name of Miss Donna Cox (Laventille East/Morvant):

**Fire Tender Accident, Blanchisseuse
(Details of)**

9. With respect to the fire tender which was involved in an accident in Blanchisseuse in November 2012, would the hon. Minister of National Security state:
- a) What was the exact date and approximate time of the accident?
 - b) When was the tender bought and at what price?
 - c) What was the book value of the tender at the time of the accident?
 - d) What is the total cost associated with the recovery of the wreck?
 - e) What payment has been made to the contractor to date and how much is outstanding?
 - f) What was the approval process involved in authorizing the payment?
 - g) Who authorized and effected the payment?
 - h) Under which Head and Sub-Head were payments made?
- Question, by leave, deferred.*

**Purchase of Aircraft by Caribbean Airlines Limited
(Details of)**

2. **Mr. NiLeung Hypolite** (*Laventille West*) on behalf of Dr. Keith Rowley (*Diego Martin West*) asked the hon. Minister of Finance and the Economy:

With respect to the Caribbean Airlines Limited (CAL) purchase of “wide-bodied” aircraft to re-establish a London route, could the Minister state:

- a) What is the age of these aircraft, from whom were they purchased and when was the transaction initiated?
- b) Whether any agent, local or foreign, was involved in the procurement process at any stage?
- c) If the answer to (b) is in the affirmative, what was the extent of the involvement and how much were they paid?
- d) What was the total cost associated with the purchase of the aircraft?
- e) What is the total cost associated with the pilot training, storage, reconfiguration, upgrade and other related expenses in order to operate these aircraft?
- f) How was the transaction financed?
- g) On what date was the aircraft purchased and when were they put into scheduled service?

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Mr. Speaker, with respect to part (a) of question 2, with respect to the age of the wide-bodied aircraft which are used for the London route, Caribbean Airlines Limited leased two aircraft, the MSN 27597 and the

MSN 26327 from the International Lease Finance Corporation. The transaction for the lease of both aircraft was initiated in July 2011.

Both aircraft were manufactured approximately 17 years ago with the MSN 27597 being manufactured in February 1996 and the MSN 26327 manufactured in July 1996.

With respect to part (b), no agent, local or foreign was involved in the procurement process at any stage.

With respect to part (c) of that question, this part is not applicable since the answer to part (b) is in the negative.

With respect to (d), the total cost of purchasing the aircraft, Mr. Speaker, the aircraft, both aircraft, were not purchased, as previously indicated a short while ago, they were leased. The monthly cost of the lease agreement is US \$370,000 per aircraft.

With respect to part (e), the total cost to operate these aircraft was US \$1,651,704. This comprised pilot training amounting to US \$1,275,704; storage cost of US \$60,000; aircraft upgrade of US \$76,000 and related engineering support services of US \$240,000.

With respect to part (f), as the aircraft were not purchased, there was no need to arrange for financing. The monthly lease payments are met from the company's cash flow.

With respect to part (g), Caribbean Airlines signed the aircraft lease agreement with the International Lease Finance Corporation on December 19, 2011. The MSN 27597 aircraft was put into scheduled service on November 03, 2012 and the MSN 26327 on December 09, 2012.

Mr. Speaker: The hon. Member for St. Joseph.

Sen. Deyalsingh: Supplemental, Mr. Speaker. With regard to part (a) and the aircraft being 17 years old, were these aircraft acquired with a functional GPS system? Could the Minister say?

Sen. The Hon. L. Howai: Could you file it as a separate question, a new question? We will deal with it at that time.

Sen. Deyalsingh: Further supplemental, Mr. Speaker, with regard to part (b), was any firm involved in vetting the technical specifications as to the suitability of the aircraft?

Mr. Speaker: Please Member. Hon. Minister of Finance and the Economy.

Sen. The Hon. L. Howai: Mr. Speaker, I do not have the answer to that question. We need to file a separate question on that matter.

Mr. Deyalsingh: Further supplemental, Mr. Speaker, is the Minister aware that in the other place the Minister had indicated that there was a firm associated with the procurement?

Mr. Speaker: Member, Member, hon. Member. This is the House of Representatives. We do not deal with the other place here. That question is irrelevant. [*Shouting from the Public Gallery*] Okay. All right!

Hon. Members, I will suspend the sitting at this time until the officers will be able to get this lady out. The Sitting is now suspended until next 10 minutes.

1.40 p.m.: *Sitting suspended.*

1.51 p.m.: *Sitting resumed.*

Mr. Speaker: Any further supplemental?

Mr. Deyalsingh: Yes, Mr. Speaker, with regard to part (e) of the question, the cost of upgrade, could the Minister say whether this upgrade has resulted in an extended ETOPS time?

Sen. The Hon. L. Howai: Sorry, I did not get the question, Mr. Speaker.

Mr. Deyalsingh: With regard to the cost incurred in upgrade, has the upgrade resulted in these aircraft having an extended ETOPS time where they can fly the transatlantic route?

Sen. The Hon. L. Howai: This is in respect of part (b). No, part (b) is whether any agent, local or foreign—*[Interruption]*

Mr. Deyalsingh: In part (e), the upgrade cost.

Sen. The Hon. L. Howai: Sorry, sorry. My apologies. Part (e), the aircraft upgrade was intended to allow the aircraft to fly to the United Kingdom without the use of the GPS which they are about to install and, therefore, they use the ETOPS to assist them with getting to the UK and to allow that facility to allow them to do the flight in a safe and secure manner.

Mr. Deyalsingh: Further supplemental, is it that the aircraft now have the GPS system, then?

Sen. The Hon. L. Howai: Mr. Speaker, I would need to get the answer for that question. I understand it should have been installed, but I need to confirm.

Mr. Deyalsingh: Thank you. Final supplemental, Mr. Speaker, in regard to the financing from cash flow, does the Minister consider cash flow financing to be prudent?

Sen. The Hon. L. Howai: Mr. Speaker, the payment is not a very significant payment in terms of the overall cost and expenses of Caribbean

Airlines, so that the lease payment, we feel fairly comfortable with the lease payment and the ability of the company to meet the payment.

**Caribbean Airlines Limited London Route
(Details of)**

3. **Mr. NiLeung Hypolite** (*Laventille West*) on behalf of Dr. Keith Rowley (*Diego Martin West*) asked the hon. Minister of Finance and the Economy to state:
- a) What is the total cost incurred in relation to “wet-leasing” of aircraft for operation of the London route to date?
 - b) When did Cabinet authorize the expansion of CAL onto the London route?

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): With respect to part (a) of the question, Mr. Speaker, the total cost incurred for the wet leasing of the aircraft was US \$12.39 million. A breakdown of the total cost is as follows:

Wet lease for the period June 14, 2012	
to January 10, 2013	US \$12.1 million
Crew allowance and expenses	US \$290,000
Total	US \$12.39 million

With respect to part (b), I am advised that the company had only suspended operations on the London route to the London Heathrow Airport, and then recommenced operations to the Gatwick Airport. Cabinet approval was therefore not required for the resumption of the route.

1.50 p.m.

Sen. Deyalsingh: Supplemental, Mr. Speaker. With regards to the \$12.39 million cost, could the Minister say whether the airline has been meeting its

break-even point to pay back this, and in what time frame?

Mr. Speaker: The hon. Minister of Finance and the Economy.

Sen. The Hon. L. Howai: Mr. Speaker, the payments in respect of the wet lease—and this is separate from the ongoing lease arrangement—with respect to the wet lease which is in relation to this question, those payments have already been made.

Mr. Speaker: The hon. Member for Laventille West.

**Point Fortin Highway
(Details of Land Acquisition)**

4. Mr. NiLeung Hypolite (*Laventille West*) on behalf of Dr. Keith Rowley (*Diego Martin West*) asked the hon. Minister of Works and Infrastructure:

With respect to the Point Fortin Highway currently under construction, could the Minister state:

- a) The location and size of each parcel of land in the acquisition process as at June 15, 2013;
- b) The owner of each such parcel of land?
- c) The sums paid or agreed to be paid for each such parcel?

Mr. Speaker: The hon. Minister of Works and Infrastructure.

The Minister of Works and Infrastructure (Hon. Surujrattan Rambachan): Thank you, Mr. Speaker. Mr. Speaker, this question relates to the Point Fortin Highway currently under construction, and I am asked the question in three separate parts.

Firstly, the location and size of each parcel of land in the acquisition process as at June 15, 2013; the owner of each such parcel of land, (b); and (c), the sums paid or agreed to be paid for each such parcel. Mr. Speaker, with

respect to 4(a), which is the location and size of each parcel of land in the acquisition process as at June 15, 2013; the number of parcels required to date for the optimized alignment of the highway is 505. Now this number could be subject to change depending on the manner in which the project is being executed, because one must recognize that this is a design build contract, and sometimes in the design build contract where you have to have realignment or changes you may or may not require more or less of the 505. The contractor is carrying out the design works, therefore, as we go along.

The second part of the question: the owner of each such parcel of land; Mr. Speaker, the titles to these lands have to be carefully checked, and the titles are only confirmed for those properties that are negotiated. This does not mean to say that we do not have names and addresses for the owners of each parcel of land, but when you are acquiring a piece of land you have to make sure that the land is really on that person's name. So titles have to be checked, and the titles are only confirmed for those properties that are fully negotiated and checked, as well as settled and paid, because it is only the title searches and titles opinions that would be required to confirm ownership.

Part (c), the sums paid or agreed to be paid for each such parcel of land; Mr. Speaker, this Government values the concept of transparency, and therefore my answer in no way negates the idea of transparency, but what I would like to advise is that I do not think it is prudent, in the Parliament like this, to make available the sums paid or agreed to by claimant for each parcel of land, and I do so in order to protect the claimants. However, I am prepared to provide for the Member information that she has asked for; the

Member for Point Fortin had asked for [*Crosstalk*] in writing to the hon. Member of Parliament.

Dr. Gopeesingh: It is Leader of the Opposition.

Hon. Dr. S. Rambachan: Oh, Leader of the Opposition. Sorry, Mr. Speaker. So that is available. I am not running away from being transparent, but I do not think it is prudent to call the names and amounts of money that people have received here in the Parliament in the public domain. One knows, Mr. Speaker, an incident where a former administration came here and read the medical records of a pilot, and the kind of pain that that caused to the particular person. [*Desk thumping*]

Dr. Browne: You all master that.

Dr. Gopeesingh: Well done, Suruj. [*Desk thumping*]

Dr. Browne: You all master that. [*Crosstalk*]

Mr. Speaker: The hon. Member for Point Fortin.

Cap-De-Ville Coastal Protection Works (Details of)

16. Mrs. Paula Gopee-Scoon (*Point Fortin*) asked the hon. Minister of Works and Infrastructure:

Could the Minister state:

- A. Why did the Cap-De-Ville Coastal Protection Works not commence as planned?
- B. Whether this project is still scheduled to commence and if so, could the Minister also state:
 - i. what is the starting date;
 - ii. what is the estimated completion date;
 - iii. what is the scope of the project; and

iv. what is the anticipated cost of the project?

Mr. Speaker: The hon. Minister of Works and Infrastructure. [*Desk thumping*]

The Minister of Works and Infrastructure (Hon. Surujrattan Rambachan): Thank you, Mr. Speaker. Mr. Speaker, the question asked, why did the Cap-De-Ville Coastal Protection Works not commence as planned; and there are two sections with four subsection questions, so there are really five questions in all here. And the second part is whether the project is still scheduled to commence and if so, could the Minister state: what is the starting date; the estimated completion date; the scope of the project; and what is the anticipated cost of the project.

Mr. Speaker, you would recall that the drainage division was once part of the Ministry of Works and Infrastructure; that division has now been moved to the Ministry of the Environment and Water Resources, but, fortunately, the mandate for coastal protection still remains with the Ministry of Works and Infrastructure. And that being said, let me just say that this project was originally planned to commence in 2010 and, for some reason or the other, the project did not commence.

Whether the project is still scheduled to commence and if so, could the Minister state what is the starting date, completion date, scope of the project and the anticipated cost of the project. Mr. Speaker, the project is programmed to commence during this fiscal year, 2013/2014, and has been allocated funding by the Ministry of Finance and the Economy. It is projected to start in September of this year, and it would be completed by February 2015—September of next year, sorry; “yeah”, 2014 and to be

completed in February 2015. It is a very complex project and requires a lot of design work. And the scope of the project, as the Member has asked, entails the placement of 647 metres of rubble mound revetment from Chin Kit Trace to Sunset Beach, so that entire area will be protected.

And, finally, in order to preserve the integrity of the tendering process for this job the Member asked, what is the anticipated cost of the project. Mr. Speaker, this project has not been tendered yet, and it will have to be tendered. Now, if I were to give the cost of the project or divulge it here in the Parliament, then the engineer's estimate would now be available to those people who will come out to tender for the project—

Dr. Gopeesingh: Prejudice.

Hon. Dr. S. Rambachan:—and that will prejudice and jeopardize [*Crosstalk*] the transparent—the tendering process, and I hope that we can in fact maintain the integrity of the project by protecting the engineer's estimate.

Mr. Indarsingh: [*Inaudible*]

Mrs. Gopee-Scoon: Supplemental please.

Mr. Speaker: Yes.

Mrs. Gopee-Scoon: Supplementary to the hon. Minister. Minister, could you tell whether this would be done in phases, or whether you are going to make the complete go of it all at one time?

Hon. Dr. S. Rambachan: The project is going to be completed. As I said, in 647 metres, which is almost 2100 feet of rubble mound revetment from Chin Kit Trace to Sunset Beach; which is the area that was originally under consideration. If it means, when we get onto the project that there are other

works to be done, then, certainly, we are not going to leave that work out, but you know, another programme would be put in place in order to do that. I want to assure you that in May 2015, we would still be in office, and beyond that we would still be in office, so [*Desk thumping and laughter*] you could have the assurance that it will be completed. [*Laughter*]

Mr. Speaker: The hon. Member for Point Fortin.

**Main Icacos Watercourse
(Details of)**

17. Mrs. Paula Gopee-Scoon (*Point Fortin*) asked the hon. Minister of Works and Infrastructure:

With respect to the reconstruction of the Main Icacos Watercourse, could the Minister state:

- a) what work has been done to date;
- b) the reason for the delay in activity;
- c) what work is still to be done; and
- d) when will the work be completed?

Mr. Speaker: The hon. Minister of Works and Infrastructure.

Hon. Dr. S. Rambachan: Mr. Speaker, this question asks about the reconstruction of the Main Icacos Watercourse, and the question asked me to state: what work has been done to date; the reason for the delay in activity; what work is still to be done; and when will the work be completed.

Mr. Speaker, the work done to date: 200 metres, 660 feet, approximately, of sulfate resistant reinforced concrete drains have been constructed, two bridge culverts have been replaced all along the main drainage channel within the community, and also along the recreation ground. I hope this territory is familiar to the Member for Point Fortin.

Mrs. Gopee-Scoon: Very much. [*Laughter*]

Hon. Dr. S. Rambachan: Also, Mr. Speaker, over 4,000 kilometres—and if you divide that by 1,000; 4,000 metres divided by 1,000, you would get 4 kilometres—of the Main Watercourse was cleaned and desilted. And, Mr. Speaker, would you believe that some of those areas when we went down there and began to desilt, the people in the area told us that they were so happy because for 10 years or more—

Hon. Member: Aww!

Hon. Dr. S. Rambachan:— that place was not desilted, nor was it cleaned. And, Mr. Speaker, the maintenance is presently being carried out by the drainage division from south, and this is done by the maintenance gang on a bi-monthly basis, Mr. Speaker. So it tells you [*Desk thumping*] that we are intense in terms of cleaning and maintaining, compared to 10 years that nothing was done to clean this.

And, as I speak, Mr. Speaker, [*Crosstalk*] according to the schedule that was given to me, maintenance works are scheduled for the next fortnight also.

Hon. Member: That is another Ministry.

Hon. Dr. S. Rambachan: The reason for the delay in activity, [*Crosstalk*] there were certain designs to be finalized and the designs are now being done, and as soon as the designs are finished that will continue. The work still to be done: maintenance of the watercourse, and some special equipment, of course, will be carried in there also to do that.

Mr. Speaker, a further 1,000 metres or 1 kilometre of sulfate resistance reinforced concrete drains has to be done, the replacement of two more

bridge box culverts, a series of major concrete structures for the sluice gates, the pump station, including pumps and ancillary works, and then you would also have other works like road access, minor drains, outfall structures, and so on. There is a complete scope of works that is available as to what has to be done.

When will the work be completed? Mr. Speaker, as we said, the designs are being done, this is an ongoing process, and in the meantime, as I said, we will continue to use the maintenance gangs to ensure that it is well maintained.

Mr. Speaker: The hon. Member for Point Fortin.

Mrs. Gopee-Scoon: A supplementary question. Hon. Minister, are you aware that work has stopped completely, and in that regard the water is still, it is a health hazard, and as a result the area is subject to flooding? Are you aware of this, and in that case, can you tell me when the work will be resumed?

Mr. Speaker: The hon. Minister of Works and Infrastructure.

Hon. Dr. S. Rambachan: “Yeah”. Mr. Speaker, I am not aware that the work has stopped completely—

Mrs. Gopee-Scoon: It has.

Hon. Dr. S. Rambachan:—what I am aware of is that we are continuing to do the maintenance using the maintenance gangs that we have in the area, but if the Member so claims I will certainly investigate and find out.

[*Crosstalk*]

Mr. Speaker: The hon. Member for Point Fortin.

**San Fernando to Point Fortin Highway
(Details of)**

18. Mrs. Paula Gopee-Scoon (Point Fortin) asked the hon. Minister of Works and Infrastructure:

With respect to the San Fernando to Point Fortin Highway, could the Minister state:

- a) when is the second phase to the Dunlop Roundabout, including the Fyzabad and La Brea interchanges, likely to commence;
- b) the expected completion date of this phase;
- c) whether any portion of the Highway thereof has been converted to two lanes;
- d) whether a confirmed list of constituents who will be affected by construction works has been compiled;
- e) whether all outstanding compensation matters have been duly settled; and.
- f) whether any relocation exercise is planned?
- g) If the matters at “e” and “f” are incomplete by what date will these be completed
- h) what are the financing arrangements for this project phase?

Mr. Speaker: The hon. Minister of Works and Infrastructure.

The Minister of Works and Infrastructure (Hon. Surujrattan Rambachan): Mr. Speaker, question 18, asked here by the hon. Member for Point Fortin, is a question with several parts. With respect to the San Fernando to Point Fortin Highway, could the Minister state: (a) when is the second phase to the Dunlop Roundabout, including the Fyzabad and La Brea interchanges likely to commence—[*Interruption*]

Mr. Speaker: Hon. Member, you do not have to read over the question, just—

Hon. Dr. S. Rambachan: Well, Mr. Speaker, let me just start with this part of it. Mr. Speaker, we already started work from the Dunlop Roundabout to No. 8 Road, and from the No. 8 Road there will be a connection to the existing road so that the people can begin to use that road as soon as it is finished.

The Mon Desir interchange, as I speak, is being built. There will be a concrete pour any time now, and the tar coat [*sic*] on part of that road is already done to the Saint Mary's Tarouba Bridge, and just with 500 metres again we will be onto the south Oropouche roundabout area there. Works from Don Desir to La Brea therefore have already started, with initial clearing and grubbing progressing from the Mon Desir end.

(b) the expected completion date of this phase; Mr. Speaker, these segments are scheduled to be completed in 2015 in accordance with the contract between NIDCO and OAS. Whether any portion of the highway therefore has been converted to two lanes; Mr. Speaker, I want to state categorically, no portion of the Solomon Hochoy Highway extension to Point Fortin has been converted from four lanes to two lanes; it remains four lanes, and that is what we are cutting and that is what we are going to build.

Whether a confirmed list of constituents who will be affected by construction works has been compiled; Mr. Speaker, the list of properties to be acquired has been prepared, and, again subject to changes as designs are finalized, and bearing in mind that the contract is a design build contract. Mr. Speaker, the owners of these parcels are only confirmed when title

searches are completed in accordance with the acquisition process.

(e) whether all outstanding compensation matters have been duly settled; Mr. Speaker, compensation matters are settled prior to removal of residents who are to be relocated, and in keeping with the acquisition process and the Land Acquisition Act, Mr. Speaker, you will be delighted to know that in the Petit Morne area, 44 residents have already been allocated their lands [*Desk thumping*] where they can move. Mr. Speaker, another 65 will be allocated just in the month of December, and these are mainly people who are squatters. We are treating with everyone equally and respecting their rights and so on, and these things are being done very quietly, very efficiently and to the satisfaction of those who have to be relocated. Compensation matters, therefore, are settled prior to the removal of the residents.

Whether any relocation exercise is planned; Mr. Speaker, as I said, all households which must be removed to permit construction of the highway are offered building blocks at discounted prices of cost for relocation in accordance with Government policy, and this is why things are progressing so well, because both at Picton and Petit Morne we have residential lots that are ready, and people have already been handed out these lots of lands. And therefore people are really recognizing that the Government is treating them well, and dealing with them on a very fair basis and a very transparent basis.

2.10 p.m.

Mr. Speaker, remember that none of these persons have had their lands or buildings compulsorily taken away. We have engaged in private treaty negotiations, which is a very important point to make in this process.

Part (g) asks, “If the matters at ‘e’ and ‘f’ are incomplete by what date will these be completed”—all compensation matters will be completed on a timely basis to allow construction of the highway as scheduled and in accordance with the Land Acquisition Act.

Finally, the Member wanted to find out “what are the financing arrangements for this project phase”. Funds are provided by the Ministry of Finance and the Economy to NIDCO to meet all project expenses on an annual basis.

Mrs. Gopee-Scoon: Supplemental to the hon. Minister. Minister, you said that you started a phase from Point Fortin to La Brea; therefore, do you have a final design? Do you have a final list of people who would be affected by that phase and have those compensation matters been settled for that particular phase?

Hon. Dr. S. Rambachan: Mr. Speaker, when you are doing the designs, you take into consideration all the properties and all the buildings and so on that are on the area that you are designing. The designs are being done with that in consideration. We could not have started, for example, from Dunlop to No. 08 Road unless we had the designs. The designs from Dunlop to No. 08 Road also have four major box culverts. We are already in the process of designing beyond road No. 8 where there is a 200-metre bridge that would have to cross pipelines owned by NGC and bp, and this is also being done.

The highway is proceeding at a much quicker pace than anticipated because local contractors are doing a very good job alongside the OAS and the consultants AECOM.

Mrs. Gopee-Scoon: You have not answered the question.

**DEFINITE URGENT MATTER
(LEAVE)****Effective Measures To Protect Nation's Children
(Government's Failure)**

Mr. Speaker: The hon. Member for Diego Martin Central.

Dr. Amery Browne (*Diego Martin Central*): Mr. Speaker, in accordance with Standing Order 12 of the House of Representatives, I hereby seek your leave to move the adjournment of the House at today's sitting, Friday, November 29, 2013, for the purpose of discussing a definite matter of urgent public importance, namely, the failure of this Government to use its term in office to put any effective measures in place to protect our nation's children.

This matter is definite as there has been an alarming epidemic of abuse, neglect and murder affecting the children of Trinidad and Tobago, as documented by non-governmental organizations such as ChildLine as well as the media, yet this Government has failed to make the Children's Authority fully operational and effective.

Mr. Speaker, the matter is urgent because within the last week our society has been horrified by a sharp increase in vicious acts of murder against young children, and there has been no pronouncement or response by the Children's Authority.

The Government urgently needs to strengthen the Children's Authority so that it can serve the lead role in coordinating the prevention, response and monitoring of acts of abuse, cruelty and neglect against our children.

Mr. Speaker, the matter is of public importance because the public is aware that our nation's children face increasing danger every day. The

Definite Urgent Matter (Leave)
Dr. A. Browne

Friday, November 29, 2013

Children's Authority was initiated in 2009, but under this Government no meaningful steps have been taken to make the Authority fully operational. This must be viewed as a clear and present danger to the health and safety of our next generation.

The Government must address this situation immediately by providing the Children's Authority with the resources and support needed to become fully established and successful in this important mission.

I thank you, Mr. Speaker.

Mr. Speaker: Hon. Members, this particular matter does not qualify under Standing Order 12. I wish to advise the hon. Member for Diego Martin Central, however, that he may wish to avail himself of Standing Order 11.

STATEMENT BY MINISTER

Special Committee on Prisons (Outcome of Deliberations/Recommendations)

The Minister of Justice (Sen. the Hon. Emmanuel George): Thank you very much, Mr. Speaker. Before I make this presentation, let me express my delight in being in this House and to avail myself of the opportunity to address this very August Chamber.

Mr. Speaker, hon. colleagues, I rise to update the national community, via this august House, on the outcome of the deliberations and recommendations of the Special Committee on Prisons appointed by the hon. Prime Minister, Mrs. Kamla Persad-Bissessar, on Monday, November 18, 2013.

This committee, Mr. Speaker and hon. Members of this House, would remember was appointed to provide recommendations to address the heightened levels of disquiet and dissatisfaction among prisons officers and

inmates, arising from the unsatisfactory conditions within penal institutions across the country, particularly at Golden Grove.

The conditions to which I refer are by no means of recent occurrence. However, national consciousness and awareness of the prevailing conditions and issues affecting our penal system came to the forefront with the gruesome and unlawful killing of prisons officer, Andy Rogers, on November 10 and the shooting of another officer, Mr. Maheer, a mere one week later.

Prisons officers responded with work-to-rule action. Soon there were reports of inmates agitating over disruptions in service relating to their not being taken to court for hearing of their matters, to their meals being delayed and other hygiene entitlements not made possible, as well as the curtailment of airing time outside their cells as a result of the officers' actions.

The Second Decision Officers' Association sought to bring national attention to its concerns surrounding the personal safety of its members on and off duty and the safety and well-being of inmates.

As the national debate ensued, the hon. Prime Minister appointed on November 18, 2013, a nine-member committee to assess the challenges at hand and make recommendations for redress in the shortest possible time frame.

The terms of reference of the committee were as follows:

- i. To investigate, study and make recommendations to equitably and expeditiously resolve the complaints identified by the prisons officers and prisoners.
- ii. To investigate, study and make recommendations on resolving

the overcrowding at the remand yard, including the expediting of the justice system as it relates to pending matters.

- iii. To develop strategies and action plans which will allow for a higher degree of personal and property security for prisons officers, both while on and off duty.
- iv. To investigate, examine and study the conditions under which prisons officers and inmates exist and interact and to make recommendations for improvement both at the physical and physiological environment. In addition, strategies were to be developed to allow for less confrontational approaches towards interaction between prisons officers and inmates.
- iv. Any other matters related to the points raised in the items i to iv above.

Mr. Speaker, the Special Prisons Committee comprised the following persons: Prof. Ramesh Deosaran; Sen. The Hon. Emmanuel George, Minister of Justice; Sen. The Hon. Gary Griffith, Minister of National Security; Mr. Daniel Khan, Inspector of Prisons; Mr. Martin Martinez, Commissioner of Prisons; Mr. Stephen Williams, Commissioner of Police, *ad interim*; Mr. Wayne Sturge, attorney-at-law; Mr. Gerard Gordon, General Secretary, the Prisons Officers Association of Trinidad and Tobago, Second Division, and Mr. Duane Murray, Legal Officer II, Ministry of Justice, performed duties of Secretary to the committee.

The committee presented its report to the Prime Minister on Friday last, November 22, 2013. The committee's report and recommendations were reviewed at the Finance and General Purposes Sub-Committee of

Cabinet, on Monday, November 25, and a Cabinet decision was taken on November 28, 2013.

Before I go on to disclose what recommendations of the committee the Government has agreed to, I wish to provide an even larger context to the issues surrounding the penal system today. I indicated earlier that many of the problems facing our nation's prisons are by no means new. Testament to this fact are the many studies and recommendations submitted to prior administrations from as early as 1963.

Mr. Speaker, we have had the following:

1. Report on Prison Organisation and Expansion, Trinidad, by O.V. Garratt, Adviser on Prison Administration, Colonial Office, London. That report was submitted in February 1960 and laid in the House of Representatives in March 1963.
2. Report of the commission appointed to enquire into the circumstances surrounding the outbreak of fire at the Royal Gaol on January 01, 1974. [*Interruption*] Lionel Augustine Seemungal QC was Chairman of the commission and the report was submitted in May 1978.

I say "gaol" because I am reading verbatim from the subject of the report.

Hon. Member: You are quite right! [*Crosstalk*]

Sen. The Hon. E. George: Mr. Speaker:

3. Final Report of the Commission Appointed to Enquire into the Existing Conditions at the Prisons and to make Recommendations for Reform in the light of Modern Concepts of Penal Practice and Rehabilitation Measures. The Right Rev.

C.O. Abdullah chaired the commission, and that report was submitted in February 1980.

4. The Final Report of the Cabinet Appointed Task Force on Prison Reform and Transformation 2002. The committee's Chairman was Mr. Cipriani Baptiste.
5. Prison Recidivism: Towards Reduction, Rehabilitation and Reform by Ramesh Deosaran, PhD, Professor of Criminology and Social Psychology, and Mr. Ian Ramdhanie, B.Sc., M.Sc. The report was dated January 2003.

And most recently:

6. The Republic of Trinidad and Tobago Inspector of Prisons Report by Daniel I. Khan, Inspector of Prisons, dated 2012.

A cursory study of the recommendations of those documents and reports would reveal that over the last 50 years many of the recommendations proffered were indeed repeated. Let me highlight but a few, and this as I indicated was in all of the reports:

1. The provision of basic amenities such as beds and suitable toilet facilities at the prisons.
2. The provision of a programme of rehabilitation, a system of parole and after care for prisoners.
3. The movement away from a philosophy of prisons to one of corrections supported by the establishment of the appropriate statutory boards and training for officers.
4. The construction of purpose built facilities, especially a new remand facility.

5. The development of a prison industry whereby inmates can provide labour for projects in the private and public sector for which they are paid, and the funds go to assist in the maintenance of their families and provide a nest egg for restarting their lives upon release.
6. A specially crafted youth justice system.

2.25 p.m.

So that, Mr. Speaker, the evidences and the current situation at the prisons suggest that for 50 years there were merely piecemeal actions and interventions to adopt and implement even the most basic of the initiatives suggested.

Mr. Speaker, in the instant and most recent report, [Crosstalk] the special prisons committee—and we may wish to refer to it as the Deosaran committee—proposed some 20 recommendations. Mr. Speaker, I take this opportunity to lay the committee's report in this House, and by the extension therefore, it becomes a public document and is now available to the wider national community.

Mr. Sharma: Very good.

Sen. The Hon. E. George: Mr. Speaker, it is with the advent of a Ministry of Justice, under the astute and visionary leadership of the Prime Minister, the hon. Kamla Persad-Bissessar SC, that directed and focused attempts at bringing redress and reform of the Prisons systems have begun.

Mr. Speaker, Members of this honourable House, years of neglect cannot be erased simply with the wave of a magic wand, though certainly one wishes that such was available. When one sees the hardship and suffering

experienced, especially by those awaiting trial for periods in excess of five years, one must be concerned and remedial action must be expedited.

At this point I wish to acknowledge and salute the contributions of my predecessors in the Ministry of Justice who began the transformation agenda of this administration in this particular area.

Mr. Speaker, while all the problems cannot be fixed immediately and some will require medium to long term intervention, which my Ministry has been and continues to assiduously pursue, the Government, based on the recommendations of the committee, has agreed to the following initiatives in a bid to bring immediately relief and amelioration for both prison officers and prisoners of the many difficult conditions that now exist.

Number 1; as a matter of urgency, Government will purchase and make available to prison officers, bullet and stab proof vests. This recommendation of the committee was among a number of initiatives that had already been received—sorry, that already received the approval of the Cabinet prior to the recent prison impasse and which were in various stages of implementation.

The Ministry of Justice gives the undertaking to expedite this initiative in order to deliver these items and equipment in the shortest possible time. Indeed, the process has already begun as the vests are being acquired via a special tenders committee of the Ministry of National Security.

Number 2; the Cabinet agreed to the construction or allocation of properties to be used as safe houses to readily accommodate prison officers and their families who are under grave and imminent threat.

We propose for this initiative to be pursued and completed within six

months. In addition to this measure, I have written to and agreed to hold discussions with the Minister of Housing and Urban Development with respect to ensuring that prison officers who have applied to the HDC are allocated homes in accordance with the existing policy that 10 per cent of the total HDC housing be allocated to members of the protective services.

Number 3; the Cabinet has accepted the committee's recommendation that a new remand facility be built as a matter of immediate and urgent necessity, having regard to the circumstances of remanded inmates' confinement, which it must be stressed, is for safe keeping until determination of their trial and not for punishment.

The committee made the point, and Cabinet agreed, that suitable accommodation for remanded inmates must neither be unduly crowded or unsanitary or likely to cause injury or undue suffering to the inmates.

This recommendation, Mr. Speaker, is another among a number of proposals put forward by the committee that was already actively being pursued by the Ministry of Justice. Preconstruction activity has been taking place for a new remand facility at Golden Grove. UDeCOTT is the project manager. The site has been identified and the user brief completed. It is estimated that a new facility will take between 18 months to two years to construct.

Number 4; in a bid to bring immediate and relief to tangibly conditions at the remand prison at Golden Grove, Cabinet accepted the committee's recommendations to procure 300 beds as a matter of urgency.

Additional, immediate measures to improve the lighting, plumbing and toilet facilities in the cells at the prisons are to be started and completed in the six months as stipulated or recommended by the committee.

Number 5; Cabinet also accepted the recommendation that prison officers be required to participate in a routine regime of training in “the use of force” and that such training be supported with the implementation of a firm and detailed “use of force” policy. This policy was noted must be balanced and not calculated to cause undue injury to the prisoner.

Specifically with regard to prison security, Mr. Speaker, Cabinet agreed—and this is item number 6—to the immediate installation of close circuit security camera in all of the nation’s prisons.

Number 7; to the installation of a system of cellular phones jammers and grabbers and full body scanners at all the prisons as quickly as possible.

Mr. Speaker, this honourable House is informed that this initiative had the approval of the Cabinet since March of last year, and the purchase of the equipment has been referred to the Ministry of National Security for procurement under its special tenders committee arrangements.

Number 8; the Cabinet also agreed with the committee’s recommendation for the installation of a regulated inmate telephone system. This initiative is another task already engaging the attention of the Ministry. In fact, requests for expressions of interest for the supply of the system were published in the daily newspapers and on the Ministry’s website on November 01, 2013.

Cabinet in accordance with the recommendations of the committee has mandated that this system be up and running within six months.

Number 9, the Cabinet has agreed to the recommendation to have laid and passed in the Parliament the new Prison Rules before February 01, 2014.

The new rules, which will replace the old rules, which have been in effect since 1838, and amended circa 1943, are before the Legislation Review

Committee and will be a guide in part for the management of inmates as regards their supervision, health and safety conditions and overall security.

Number 10, finally, Cabinet accepted the committee's recommendation that discussions with the hon. Chief Justice be commenced in order to explore early and urgent measures to bring about a significant reduction in the time taken to have pending court matters, of remanded inmates, heard.

Once more, Mr. Speaker, in order to ensure the timely implementation of these measures, Cabinet will appoint a technical team to fast track all the outlined initiatives, and Cabinet has also mandated that the utilization of the Eastern Correctional and Rehabilitation in Santa Rosa, Arima, be revisited to explore whether or not it can provide any immediate short term relief for persons or inmates in the prison system.

Mr. Speaker, and Members of this honourable House, we must reform the prisons, and we will. Our Government has signaled, in more ways than one, its commitment to the task ahead. The Government has given this nation a commitment to rethink and overhaul our penal system and so aim to provide real opportunities and supporting systems for the convicted to turn their lives around.

The Government aims to provide the necessary support in systems and resources to enable the Trinidad and Tobago Prison Service to live true to its motto "to hold and treat". Mr. Speaker, I thank you.

Mr. Sharma: Well said.

Mr. Speaker: The hon. Member for Point Fortin.

Point Fortin Hospital

(Construction of)

Mrs. Paula Gopee-Scoon (Point Fortin): I beg to move the following Motion standing in my name:

“WHEREAS the 2010 Manifesto of the People’s Partnership Government was adopted by Cabinet as Government Policy, as stated

in the Preface of the Medium Term Policy Framework; and

WHEREAS in such document, within Pillar 2 Human Development, Inclusivity diversity, Wellness and Competitiveness, the Government articulated its intention to improve physical infrastructure to Public Health Care Facilities, and as a priority a new Point Fortin Hospital; and

WHEREAS several announcements have been made to initiate with immediacy, the construction of several health facilities other than the said new Point Fortin Hospital; and

WHEREAS the construction of the Point Fortin Hospital should have commenced in the first quarter of 2013; and

WHEREAS healthcare at the Point Fortin Hospital continues to deteriorate to unacceptable levels, putting at risk the lives of citizens from La Brea to Icados, and including persons from Fyzabad, Buenos Ayres and environs; and

WHEREAS there is also no adequate local health service for employees of industries within the South Western Peninsula:

BE IT RESOLVED that this Honourable House call upon the Government of Trinidad and Tobago to take immediate steps to begin construction of the new Point Fortin Hospital.”

Today, I come to Parliament and to simply request, just request, very humbly request, that this Government, the Government of the people of Trinidad and Tobago, the Government which manages the country coffers, the Government which looks after and is responsible for the health and well-being of the citizens of this country, I am exhorting you to immediately build the new Point Fortin hospital.

I not going to ascribe any blame to this Government with regard to the Point Fortin Hospital and certainly not to you Minister—[Interruption]

Dr. Gopeesingh: Very honourable.

Mrs. P. Gopee-Scoon:—and in fact, blame—this is the last time I am going to use that word in my presentation. On the other hand, I wish to take responsibility, and I have said that before, because during the tenure of my being in office as Member of Parliament, I am accountable to the people of Point Fortin and this hospital is their number one priority. It should have been done by the last PNM administration. I can only speak to the time that I was in office, but it was not done. It was only two and a half years, and I met virtually nothing on table, and I think when I left I brought it to some place and I will speak to that later on. [Desk thumping and crosstalk]

So, that on the basis of collective responsibility I am at fault, but I am satisfied that I did everything that I, personally, could have done, but my duty nonetheless, is to ensure that this Government does it; that you do it.

Dr. Gopeesingh: We will.

Mrs. P. Gopee-Scoon: I have been trying ad nauseam. I have spoken in Parliament. I have invited the hon. Minister to Point Fortin. I have visited, walked, talked, toured, et cetera. I mean, sometimes the Minister even tells

me that I am a nag when it comes to health matters, but sometimes love is expressed in that way. [Crosstalk and laughter] I have no problem with him saying these things [Crosstalk] of me. [Laughter]

At the end of the presentation, Mr. Speaker, all I want from the Minister is just really a two-minute response; just not to tell me anything about a sod turning ceremony with refreshments, et cetera. That is not what I want to hear about, no poor excuses and so on. All I would like to know is that construction of the Point Fortin Hospital begins—let us say—in a month or two. [Desk thumping]

This is very difficult for me “eh” and sometimes I think that I am even putting my political life on hold and on the line because there is absolutely no way that I can approach the people of Point Fortin for a third term, if I have not attended to their number one priority [Crosstalk] which is—Minister is saying I am off the table already. I am responsible for my own destiny, Member for Tabaquite, and you look after yours, but what I am saying, [Desk thumping] someone else will have to try. I cannot go back to the people for a third office if this hospital is not built whether it is by our administration or the Government which is in office today. **2.40 p.m.**

So, Mr. Speaker, in examining the Motion which is before us today—[*Interruption*—in examining the Motion which is before us here, I wish to put my presentation into a context of briefly looking at the global health environment, very briefly, and then thereafter, examining briefly as well, how health evolved within Trinidad and Tobago from the 1960s to the present, and then I would respond in seriatim, sequentially with the points raised in the Motion, and that is how I am going to proceed.

Mr. Speaker, promoting and protecting health is essential to human welfare and sustained economic and social development. And indeed, signatories—and I just go back to that piece of, that treaty—to the declaration of the Alma-Ata Treaty at the International Conference on Primary Health Care in September 1978, reaffirmed—and indeed Trinidad and Tobago signed on to that treaty in 1978—that health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal.

I go on to Article V of that treaty and it says that:

“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 X goes on to say that:

“An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world’s resources...”

And I add that the goal of an acceptable level of health worldwide—and we will all agree—has not been achieved, and the health care issue remains an urgent one for most countries. In most countries, however, the health situation has been exacerbated with the economic concerns of the last few years and health, therefore, remains the biggest priority for most governments.

I look now at the history of health care in Trinidad and Tobago, just briefly, and I go to the early years of self government and independence, where the focus was really on disease eradication and control, and we had

some assistance from PAHO, and by 1965 it is PAHO that had, in fact, given us the first proposal for a comprehensive health care resulting in the first national health plan 1967—1976, and the general objective then was to achieve the maximum level of health in the shortest possible time limited only by factors contingent on our overall rate of socioeconomic growth and by the availability of technical knowledge and skill.

And somewhere around there, and it would have been the 1970s, the boom years would have started, and then we had our first private nursing home, Parks Nursing Home, I believe, would have been the first one, it is now St. Clair Medical—and then by 1978, we became a signatory to the Alma-Ata Treaty, and I spoke about that. And considerable work—it was the boom years then, the focus of the Alma-Ata was really on primary health care, a lot of other commitments were made then, but the focus of that particular treaty was to deal with primary health care, and the Government of the day, which was the PNM then, we started building a number of health centres to ensure that health care reached communities in all the rural areas. As I said, that was during the boom years of the '70s, and the recession of the '80s began, and of course, that affected the funding and the scope of activities in the area of health and all of the reforms that could have taken place just could not be done at that time.

By 1991, we would have had a change of fortunes in our country and then the Government of the day embarked on a path of health reform and that led to a major health sector reform project of 1996—2003, and that then included the decentralization of health services and so on. So, by 1994 the overriding principle in the creation of the RHAs was that hospitals, health

centres and other services can be owned and managed closer to the consumer. By 2004, the then Prime Minister announced in Parliament the appointment of a commission of enquiry into the operation and deliverance of public health care services, and I would come back to that later in my presentation.

Dr. Gopeesingh: The Gafoor report.

Mrs. P. Gopee-Scoon: The Gafoor report—that is right—and I am going to come back to that. That Gafoor report was, in fact, indeed an extensive and a most—a report which has, perhaps, been neglected and I would recommend that we go back to the Gafoor report recommendations in my presentation as well.

So, by 2006, the Government, the PNM administration which was in power, we adopted the Vision 2020 policy to achieve developed nation status, and there was a subcommittee on health capturing the following vision statement, “A Nation empowered to live long, healthy, happy and productive lives,” with a mission, and I am quoting from the Vision 2020 document:

To create a nation of individuals, families and communities, empowered to achieve and sustain the highest standards of health and well-being through the provision of efficient, effective, equitable and collaborative services that support good health.

So, I would say that there was a lot of policy, even policy by us; tremendous work to be done, but also, there were very complex issues to deal with complex issues which we still have today; complex issues of bureaucracy and staffing and some achievements were done—were made

and some things remained undone, and one of the things that remained undone was the Point Fortin Hospital.

Dr. Gopeesingh: Very good presentation so far.

Dr. Rambachan: She is going good.

Mrs. P. Gopee-Scoon: By 2009, in fact, the PNM was proposing a national health service and e-health card, which was actually piloted by us—and you would know what the Siparia district health facility, Mr. Speaker—and then your Government came into, no, before you came in, we had proposed a five-year transformational health plan. It had been approved actually with very strategic objectives of preventive health care, a first world health care delivery system and a comprehensive customer-based health system.

By 2014, you, the current Government announced its health care services and hospitals objectives and with it, came the announcement of the building of several hospitals, including the Point Fortin Hospital. So, there we are, a brief history of how health evolved from the 1960s to the present, to the present Government in place.

So I now turn to the 2010 manifesto of the People's Partnership which was adopted by Cabinet as Government policy, and that was stated and verified in the preface of the Medium-Term Policy Framework. I do not know, I would talk about the change in the policies which had been outlined then and why some of it is not being done now—and, in fact, actioned—and I do not know if it is because the results of the 2010 election changed things for some constituencies; it may very well be that.

But, I go to the manifesto and I look at what this Government had, in fact, promised to take to the people, and one of the subheadings was “Taking

health care to the people”, and you spoke about many things and you did articulate that health is a basic right. You said that you would ensure first-class health care for the people and you went on to say how you would do that, and you spoke about supporting patients’ rights and a lot of things to be done and a lot of improvements to have been made, but you also spoke about it is there to improve physical infrastructure of public health care facilities and then you went on to list—construct new hospitals in the catchment areas of—and first on the list, Mr. Speaker, is Point Fortin, then Arima and Chaguanas and its environs, and to upgrade and modernize the Caura Hospital.

Now we have heard a lot of things, I have not heard about the Caura Hospital and I do not know if because there is another community and voters attached to the Caura Hospital, but you have said nothing about that in the three and half years that you have been there, but you went on when you were speaking about improving physical infrastructure, you said complete the construction of the Scarborough Hospital. Well there is not much for you to do, just put a coat of paint on it, we did it, and you spoke about upgrading the children’s unit at Mount Hope Hospital.

But within that, within those promises there was no mention—you mentioned specifically Point Fortin, Arima and Chaguanas, but there was no mention of a Rio Claro hospital, a Penal hospital, a Couva children’s hospital. You spoke to the upgrade of the children’s unit at Mount Hope. And I am not begrudging any of these communities for having a hospital in their area, I think—[*Interruption*—I am not at all begrudging them, but I am concerned that your priority—you placed us first, Point Fortin, that you

have not fulfilled it, and then you went on to talk about a lot of things including a lifelong commitment to health and I would really like to see that happen.

Then we went on to the more detailed document, the more formal document, which you produced, the *Medium Term Policy Framework 2011–2014*, and then under Pillar 2, “Poverty Eradication and Social Justice”, let me find that. Then you went on further to talk about the social imperatives of transforming our society. Very committed I must say, and you listed about, you listed all the social and economic transformations that have to go, that must go hand in hand and then you went on to talk about, in a subheading, a healthier nation and you said:

“A socially transformed Trinidad and Tobago will also comprise a health system that is of the highest standard”—having—“access to quality health care...”

Then you went on later in chapter V, I believe, to speak about health care services and hospitals and you articulated once again:

“Government recognises that in delivering first class health care to citizens, the image of the public health system must be improved”—and—“This requires efficient, well managed hospitals...”

There it is, Mr. Speaker, in their Medium Term Policy Framework. Then they went on further, again, in this document, I think it is page 52, and you spoke about modernizing physical infrastructure for public health care facilities, and you said that the:

“Government is committed to ensuring that all health care infrastructure is consistently maintained, upgraded and constructed in

areas...”—and so on.

I would not read all of it, but then the first point under that subheading of “Modernise Physical Infrastructure for Public Health Care Facilities”:

- “Construct new hospitals in”—again, firstly—“Point Fortin, Arima, Sangre Grande and Chaguanas.”

Well, Sangre Grande was brought into the picture then, but, of course, first on the agenda, building a hospital in Point Fortin.

So, I would say on your part, judging from the manifesto, turned policy document, and judging from your Medium Term Policy Framework, I would have to say that your Government gave a definite commitment and priority to building the Point Fortin hospital by your good selves, and that has not be done today.

So, let me say what you have done so far regarding the Point Fortin hospital. Let me say that the former Minister of Health who is Therese Baptiste-Cornelis paid absolutely no attention to the Point Fortin hospital, absolutely no attention at all. Thank you. In fact, under her we had a visit—I invited her to come down to Point Fortin to view the premises and she sent a team down, under Dr. Rohit Doon, and when you came into office, through you, Mr. Speaker, when the Minister came into office, at my request, you did, in fact, visit, and I commend you on that and we seemed to have gotten some slight infrastructural improvements, and then, of course, we got a bag of promises after to build. And on that visit, you would remember we visited two—you did not think that it was prudent to build on the same site and we visited two alternative sites across from the Dunlop roundabout, and that is when you gave a commitment to building on that e TecK site.

Point Fortin Hospital (Construction of)
Mrs. P. Gopee-Scoon

Friday, November 29, 2013

Mr. Imbert: When was that?

Mrs. P. Gopee-Scoon: That was in October 2011.

Mr. Imbert: 2011!

Mrs. P. Gopee-Scoon: 2011, that—[*Interruption*]

Mr. Imbert: Oh Lord.

Mrs. P. Gopee-Scoon: That is right, can you believe? And what happened, the Minister, and I am quoting from the *Guardian*, of October 31, 2011, the Minister, and it reads:

“...Dr. Fuad Khan has disclosed that the existing Point Fortin Area Hospital will be upgraded to provide additional services while the promised new hospital is under construction.”

Well, Minister, you have done a few things and I commend you on that, but I do not think it could amount to any upgrade and any additional services per se, Mr. Speaker. And then you went on to say:

“I recommend that we can refurbish this old hospital while the new hospital is being built and increase the number of services here...”

Those were your words:

“adding that work would begin as early as today.”—And you said that you—“...intend to retain the services of foreign doctors and nurses...”

2.55 p.m.

You went on to admit that:

“...at present, there is only an obstetrics and gynecological (service) together with a medical ward. Everything else is shuttled to San Fernando...”

Those were your words.

“He said the expansion of services will include minor surgeries such as cataracts...”

Which—that has not started.

“...and installation of a CT Scan...”

That has not come.

“When the new hospital is built”—which is supposed to be, which was supposed to have started—“we will transfer the services across there and use—it—as an enhanced district health facility, possibly a trauma centre since it is so close to the Atlantic LNG”—plant.

I think those were very good recommendations which you made, but sadly, you have not implemented any of those features, just a few things you have improved and I am going to detail those as well.

Then, Mr. Speaker—we then got an announcement, and that announcement came shortly after October 12, 2012. I want to quote from the *Newsday*, and the—

“HEALTH Minister Dr. Fuad Khan has assured that construction of the Point Fortin Hospital will begin in the first quarter of next year...”

The first quarter has come and gone and this Government has not started the Point Fortin hospital. And you explained, you went on to explain:

“...that the...hospital was supposed to be built on the site of the old hospital”—and that your concern is if it was demolished the residents will not have a service, et cetera, et cetera.

Then you said okay, let us go to the new site and all that was needed to be done was to have a design brief for the Point Fortin hospital, and you said:

“...that [it] has since been done and it was sent to the Ministry of Finance...”

That is what you said. Then you said at that time:

“...the Health Ministry—as well—has started negotiation to open the Cedros Health Facility on a 24-hour basis...”

So there you are, you gave a definite commitment to commence work in the first quarter of 2013. Then you went on, shortly thereafter, it was September 24, and I want to go to the *Guardian* again, as you made another statement there:

“Health Minister promises delivery in 18 months.”

We are not talking about commencement now, we are talking about delivery, and this is shortly thereafter. I suppose you would have gone to your Cabinet and you would have got confirmation that you would have started and delivered in 18 months, right. And it says here that it:

“...is not under construction yet”—the newspaper is quoting you, is not quoting you, they are reporting:

“...not under construction yet because the original user brief, done under the PNM government, was inadequate.”

So you said. Maybe you want to give us something better. Good, but we have—

“We have redesigned the user brief, which goes to the people who will then design and equip the hospital.”

And you said that the user brief was completed by that time and had been sent off for two months for redesign. That is where it was and then you will explain that, it will be built with a government-to-government concessional

loan and so on. You said again that you are:

“...hoping to start building the hospital by January once procedures were in place”—and you said that you were going—“to complete both the Point Fortin and the Arima in 18 months.”

Well, I do not think any of them has started, well Point has not started, I am not sure Arima has started.

So there you are, a lot, a lot of promises, definite arrangements. I suppose there were some Cabinet approvals, but nothing, nothing, nothing has started. So what we really have gotten from you—I mean at that time I had expectations and so did the people of Point Fortin, that you really, really would do something. You spoke about it so often, but what we got instead, what we got instead, Mr. Speaker, was several announcements that they were about to initiate with immediacy the construction of several health facilities other than the Point Fortin hospital. It now shifted. So they committed and we got many announcements about other facilities.

So first we got, I am not sure if it is the first, I am not sure of the order, but we got notice of the Arima hospital, that a new hospital will be built at a cost of \$1.6 billion, and in addition to that, you were going to upgrade the Arima District Health Facility. But of course I know you wanted to you retain that seat, and somehow or the other the local government election has shown something else. But you did not give a cost for that, but I would say that would be in the vicinity, that upgrade of the health facility would be about \$2 to \$3 million. Generally, you speak in billions. And then came the announcement about the Sangre Grande Hospital and that announcement you said that the cost of that again would be

\$1.6 billion, right.

So Arima—which the Chinese were to build, there was an announcement, China Railway Limited doing it, Arima hospital, \$1.6 billion, right, and then you went on to talk about the Sangre Grande hospital again, another \$1.6 billion. Then I saw in the newspaper where there was actually, this is in the *Guardian* again of Thursday August 29—I seem to be quoting the *Guardian* a lot, for the design—we are moving ahead with Sangre Grande—for design supervising consultant for the construction of the new Sangre Grande hospital inclusive of furniture, fittings and equipment, for the Ministry of Health. So you bypass Point Fortin and you gone out now, you move on to Sangre Grande, never mentioned in your Manifesto, not in your Manifesto, not prioritized in your medium term framework either and then you come on now to talk about the construction of the new Sangre Grande hospital and you send out the tender documents for the design and supervising consultancy. At what cost, that Sangre Grande as I said, \$1.6 billion.

Then we had the announcement of the Penal hospital. That hospital which was steeped with controversy with SNC-Lavlin and so on, but in the cost—again that *Guardian* document you made the announcement again that the cost of Penal, \$1 billion expected to build—that hospital expected to be built on Clarke Road Penal, so another billion dollars, Mr. Speaker. That is the currency we use now, billions of dollars.

Then we went on to, well of course there was much said about the Couva children's hospital, and of course there was much discussion about that one, that project, because of the technical concerns on the location, the

location being close to the earthquake prone Central Range fault line. So that one, there was an announcement in the *Guardian* again, Wednesday September 11—this is good reporting, and then they said there in that one they referred to the \$1.5 billion Couva children's hospital, et cetera, \$1.5 billion.

Dr. Rambachan: Compliment the *Guardian*. Compliment them.

Mrs. P. Gopee-Scoon: Over the election period—this must have been the Chaguanas by-election period, you made the announcement about the Chaguanas hospital. This is in addition to the Couva hospital. During the election you spoke about the Chaguanas hospital and that is another—the figure I got for that was another \$1.5 billion. You could correct me when you come to speak, another \$1.5 billion.

Then you made the announcement about the oncology centre, and I am pleased to have an oncology centre here in Trinidad. We did not do it, I am pleased if you can do it, but the concern about that is the cost. I mean if it has to be done at that cost so be it. But you are talking about \$1.5 billion again. That was your quotation, and so on. When I have added all of these and you have not spoken about the Point Fortin hospital at all, you have not even quoted a figure for the Point Fortin hospital, you are saying that you are building buildings, health buildings, health facilities to the tune of \$9 billion. Nine billion dollars, Mr. Speaker, and no announcement of Point Fortin hospital and what it is going to cost. That is not easy for the residents of Point Fortin to absorb, \$9 billion for hospitals, every which way, and I said I am not begrudging those communities that will benefit if those hospitals are built at all. But the point about it is nothing for the Point Fortin hospital.

I really want to see if those announcements would really materialize. You have just another 18 months in office or 21 if you take your full extension, and I cannot see these projects being completed, but I believe it is all election promises. How really, and I should not be asking, through you, Mr. Speaker, the Minister of Health, I really should be putting this to the Minister of Finance and the Economy, how is this Government financing this \$9 billion expenditure for hospitals? How? I would really want the Minister to answer that. And worse yet, how will we staff these hospitals? It is one thing—and you accused us of buildings, you accused us of putting up a lot of buildings, you are going to put up \$9 billion worth—and many of them, not replacement hospitals, new hospitals, and how are you going to staff these when in fact you have a critical shortage of doctors and nurses. What I am saying is, this is scandalous having regard to the fact that you look at the staff vacancies and you know that they cannot even be filled.

Dr. Browne: Poor planning.

Mrs. P. Gopee-Scoon: Poor planning. I looked at the staff vacancies for doctors and as at January 31, 2012, and I looked naturally at the Southwest Regional Health Authority which looks after the Point Fortin hospital, and as you know we do have staff vacancies in the Point Fortin hospital. So SWRHA, in terms of medical doctors alone, medical doctors and I doubt whether the Minister of Health has been able to fill these, 171 medical doctor vacancies at the SWRHA as of January 31, 2012. And looking at ERHA, NWRHA, NCRHA and so on, as well, that document tells me 342 staff vacancies for doctors; medical doctors. How then, unless you could tell me these have been filled, how are you going to give—yes you may put

down quality buildings, how are you going to give matched quality health service and care to match these buildings when you have no doctors and nurses at all?

So I am really, really concerned about it, and I will tell you something, “eh”, there is a document that I looked at—as I said buildings must be matched by quality health care, and I really went, and I am saying this Government cannot be serious. I went to the Report of the Joint Select Committee on Ministries, Statutory Authorities and State Enterprises (Group 1) and this was a 2012 meeting, and there were a number of recommendations there. These are the things that I believe the Government should be attending to, to ensure that we have some semblance of quality health care, including the Point Fortin hospital instead of doing a number of physical buildings to satisfy the electorate and then all of these recommendations are ignored.

So you had this joint select meeting of both sides, and it gave very, very good recommendations. Number one being that the Gafoor Report should be reviewed and that the public health ordinance which is largely obsolete needs to be urgently updated. It went on to talk about the RHAs and the quality of the service there; to the Ministry of Health and the Ministry of Education collaborating strategically to promote the health of students in the nation’s schools. You talked about removing sweet drinks. If you go back to that report, it spoke about patient complaints and accelerating the completion of the patients’ bill of rights and patients charter. All of those recommendations, Mr. Speaker, it spoke about the appointments of the health ombudsman as well; radiology services, national dental, health

policy, all those areas of quality health service that must be introduced to the country and yet still all we are hearing from them is doing buildings, doing physical structures and when it comes to the quality to match the physical structures it is just not there at all. And then you are not prioritizing those areas, those communities that really do need a hospital, and one of those is Point Fortin, all of the human resource issues, et cetera and so on, the integration of returning scholars. Minister you need to go back to this document. The Parliament has done extensive work and you need to go back to these recommendations, Mr. Speaker.

So I think this is just all being very, very scandalous, I am not pleased just about the announcement of buildings and the fact that the Point Fortin hospital is excluded. So I would like to go directly now to the Point Fortin hospital, a little bit about the history the demographic and so on, and the state of the hospital as well. I think it is public knowledge that the Point Fortin hospital was previously owned by Shell Oil Company and was handed over to the Ministry of Health as a gift to the Ministry of Health but for the people of Point Fortin. And that was done sometime in the 1950s. I was born there—and I am not sure if I was born there on account of just being a resident. My father worked in the cable section doing cables as a young man. Anyway, so the Shell hospital was there primarily for the employees and then they gave that gift to the people of Point Fortin, Mr. Speaker, and its services, almost all of county St. Patrick and the surrounding areas.

3.10 p.m.

So you are talking, not only Point Fortin alone, but you are talking

about La Brea, Oropouche, Erin, Cedros, Fyzabad, Icacos. All of those areas are serviced by the Point Fortin hospital. It serves a population, I think, of about 70,000 and, Minister, you might probably have the up-to-date statistics. You should have looked at that. But it serves, to me, about 70,000 persons.

But again, with a new hospital, and if you have expanded facilities and services, the catchment area would widen, and then I think you would be servicing perhaps about 90,000—100,000 persons, and you would really be putting a great ease on the San Fernando General Hospital which has a catchment of about 600,000 persons, and the last figure I knew of was just 650 beds. You cannot even get a bed in the San Fernando General Hospital. People are dying right there before they even get up to the wards.

So I think the idea is that this particular hospital will take a big load off San Fernando, if done. And I do not want you to tell me at all about the utilization data and so on, which I am sure that you would have done as justification for the type and size of hospital that you are going to put there and so on, and you would have looked at the occupancy rate. I do not want you to come to justify that with figures because, as you would realize, people have not been using the hospital, and bypassing the hospital because of the limited services, and of course, the condition of the hospital and the fact that you have no—one specialist there, and therefore people are either going straight to San Fernando or to private health facilities and so on. But, again, a new hospital would put people at ease and it means that persons will come back and use the facilities of the Point Fortin Hospital. That is what should happen.

So, Mr. Speaker, I cannot do this Motion without actually speaking to the current state and condition of the Point Fortin hospital, and I will do so in the areas of human resources, equipment and supplies, transportation and physical accommodation and infrastructure. But in doing so, let me again say that, yes, the hospital has not been built. I do not know why I keep supporting the Minister like that, but I want to say that there has been effort by the Minister and the SWRHA to improve some situations here and there, and especially when we have emergency cases and so on. I have called up the CEO or the chairman, and the Minister and they have helped, especially with the emergency patient care, but that, of course, can no way mitigate for the fact that we need, immediately, the new facilities.

So I go directly to the human resources aspect of it, and let me say that elective gynecological and obstetric surgeries are only done at the Point Fortin hospital two days per week. That is all, two days per week, and also on an emergency basis. But that is only within the hospital capacity. A huge population, but again, two days per week, that is when it is done.

For more than a decade—and that is why I refuse to actually blame them because this has been going on for a long time. For more than a decade we have had only one specialist—one Ob/Gyn specialist at the hospital, Dr. Sylvan Pierre, and Dr. Pierre is, in fact, deserving of a national award for the kind of service that he has been giving to that hospital. So that the Ob/Gyn team really consists only of Dr. Pierre—this is just prior to September. The Ob/Gyn team consists of the one specialist, Dr. Pierre, and any doctor that is available from the Accident and Emergency Department, and that team, they would do some services: all of the BTL, the tying of the

tubes; the hysterectomies, the caesarian, some simpler removal of fibroids and so on.

But what it means is that whenever Dr. Pierre goes on leave, or he is ill or so, or he decides to have a vacation, absolutely no surgeries are done at all. No elective surgeries are done at that hospital at all, and there is no replacement. Everything then goes to San Fernando and what we, in fact, end up having is more or less—I think the hospital has come down to a palliative care institution. That is what it has come down to. It is as bad as that. So that when he is not there—the one specialist—I mean, I do not think you should even think—mothers should not even go there for a normal delivery because if, by chance, you should need a caesarean, you really have to shoot to San Fernando and San Fernando is about 80 kilometers away from Point Fortin. It is that far and so on.

But only in September of this year, a specialist started coming from San Fernando, Dr. Subratie, and I really hope that this is a permanent feature. I think he has really fit in well within the staff and so on. I really hope it is permanent, Minister. But at least we have a slight improvement there. At least we now have an alternative and somebody who can sit in with him as well.

Hon. Member: The man is a hero.

Mrs. P. Gopee-Scoon: But again, I understand—not I understand, I know that for some time as well—and this is even under us—there was no anaesthetist assigned to the hospital, and I understand that those duties, the duties of an anaesthetist was being done by the acting registrar, which is, I mean, poor—not done.

But I have to say that there is now one—and the anaesthetist came, actually under the PNM. But there is one anaesthetist, so that even recently doing a schedule of surgeries, he fell ill, and when he fell ill, the rest of the scheduled services for the rest of the day were obviously cancelled. That is how it is. That is how bad it is. So that even—and in San Fernando at the general hospital, I understand that you have two anaesthetists in the theatre at the same time, but in Point Fortin it is just one and if something happens to him, well that is it, none at all. Right?

One thing I am particularly saddened by is the fact that there is no paediatrician at all, and to me that is risky business. So after a mother delivers a baby, there is no examination by a specialist to diagnose any immediate illness, to counsel the mother or anything like that. Nothing like that takes place. “Yuh come, yuh deliver, yuh shoot out the baby, that is that”, and I suppose a registrar or a house doctor looks at—[*Interruption*]

Dr. Browne: Premature births and so on.

Mrs. P. Gopee-Scoon: Yeah, premature, whatever happens. Well, I guess in a case of a premature baby, you have to take an hour trek from Point Fortin and you have to hope that the baby survives. Right? So cases of fetal distress and so on, and I know that is high—Minister, you will have to tell me—one in 25 or it could go up to one in 100 cases of fetal distress. I mean, whatever happens there, it is a serious, serious matter because the baby’s health is compromised either in pregnancy or in labour, and then there is that one hour trek again, and that is if an ambulance is available.

Hon. Member: Compliments to your research team.

Mrs. P. Gopee-Scoon: And the fact is, there have been deaths, and I could

speak of a particular mother from Granville who—and I am not going to call any names; that is not my style—our style. They deserve their privacy. But this mother from Granville, we lost her. We lost her; we lost the baby as well. This was a young mother recently married and so on, not properly diagnosed at the Point Fortin hospital. It was not recognized that she needed a caesarean and by the time she got to San Fernando, we lost both of them, and that is a very sad situation. I know deaths will occur, but it is because of the fact the hospital is inadequate and sometimes you do not have the persons there to make the necessary decisions that you need to make.

So I think—and I go back to the paediatrician. I think it is crucial and therefore I really do not believe that you should have any deliveries at all in Point Fortin without an attending paediatrician. What is good for me—if I could go to a private clinic—is good for any mother out there, Mr. Speaker. It really concerns me.

Then I go to the question of general surgery. General surgery is not done, not even one-day surgery—same day surgery—nothing like that is done in Point Fortin. And that is—and again I go back, and we are talking the truth here today. That is because of the unavailability of a surgeon, I think as far back as 2003. When Dr. Datadeen resigned, remember he went back into private practice. But when Dr. Datadeen resigned—he was the surgeon—I do not think we got a replacement still. He died, and, of course, I pay honour to him because of this—I pay tribute to him because of the service he, too, has given to Point Fortin in the area of health. There was no replacement. And before him, we had, again, one surgeon, Dr. Veenu Mooneram, and this is a doctor who came from Mauritius and—

Point Fortin Hospital (Construction of)
Mrs. P. Gopee-Scoon

Friday, November 29, 2013

[Interruption]

Dr. Gopeesingh: God bless his soul.

Mrs. P. Gopee-Scoon:—and God bless his most holy soul. He had a heart of gold.

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

Motion made: That the hon. Member's speaking time be extended by 30 minutes. *[Dr. T. Gopeesingh]*

Question put and agreed to.

Mrs. P. Gopee-Scoon: Thank you, Mr. Speaker. Thank you to the hon. Member for Caroni East for extending my time and to all of my colleagues as well.

So as I said, following from Dr. Datadeen and Dr. Veenu Mooneram—I could picture Dr. Mooneram now—no surgeries are performed at all. All emergencies—all emergencies—you are at your risk, subject to ambulance availability and, of course, the staff to accompany you—the ambulance too. You may have the ambulance but you may not have the staff to go with the patient to San Fernando.

You know, sometimes I ask myself what is it that we have in Point Fortin, if it is just a maternity outpost? And sometimes you think it is akin to, you know, one that you would find in the most remote villages in Africa and India. That is what it is. If you walk through, that is the feeling that you actually get, as if it is a very remote village, and you cannot understand that this is a country with a \$50 billion budget. It is very hard to believe.

We also have some shortages again. We want more nurses; midwives

as well. There is only one registrar. I do not think that is good enough as well, but notwithstanding, I think all of the staff, medical and non-medical, are working very, very well, despite the deplorable conditions. I must single out also, Mrs. Kanhai, the pharmacist, who is really doing an excellent job to ensure that we get our supplies when needed and so on.

So I am saying, big concerns with regard to—[*Interruption*—there seems to be a lot of murmur—big concerns with regard to staffing. Point Fortin, as it is, is not an attractive place for medical professionals. The doctors' quarters—we have doctors' quarters, it is “slumish”. Quite recently there were two dead dogs under the steps in the doctors' quarters. Yes, we have a cleaner, but it took days to remove them and that is where doctors are supposed to rest and so on. You have doctors bathing with buckets, and it is just not right at all. So that you need to review the accommodation immediately, as well as you need also to think about that there are a number of young doctors from Point Fortin who have now graduated and they are working elsewhere. Could you perhaps re-zone them to Point Fortin as well?

So, generally, I am concerned about the human resources, the lack of specialists and so on, and because of that you have a lot of health conditions—many health conditions that are diagnosed too late and, of course, the end result is, you lose the patient and so on.

All dengue cases—imagine serious dengue cases cannot be treated in Point Fortin. We had a young girl who died at around that time. I think it was Atiba, an eight-year-old girl died from dengue at around that time. The Vialva children—we had three children—dengue cases as well—could not

be treated in Point Fortin. They had to be treated at San Fernando General Hospital. They are all well and alive, but at the same time, imagine dengue cannot be treated at the hospital. And then you remember we had the case of the mother who—the pregnant mother who was bitten by a pit bull, again, cannot be treated at Point Fortin; has to be treated at San Fernando. Really, really, my heart goes out—really, just a skeletal health facility. I cannot describe it as a hospital, Mr. Speaker.

I go to the equipment and supplies. Thankfully now we have an X-ray service available on Saturdays. So it is now Monday to Saturdays, 7.00 to 3.00. Thank you, Minister, for that. But that is only when the X-ray machine is functioning because it always malfunctions—very often—and then anything that happens after three o'clock in the afternoon or on a Sunday, San Fernando for it again.

The ECG machine, where you have all these women delivering children—the ECG machine in ward A is not functioning as well. The lab services: blood work is done on site but the specimens have to go to San Fernando. So we do not have a full lab. Again, specimens go to San Fernando twice per week, so the day after the surgery the specimens go up to San Fernando. I mean, that is really inadequate because with that space of time you realize that a lot of the samples could be contaminated and then you get the wrong results as well with that.

3.25 p.m.

Then we come to CSSD, central sterilizing. I believe there is no such department in Point. So again, the surgical instruments have to be sent up the road as well. So what happens is, when you have surgery, they wash and

pack the instruments, and then that has to go to San Fernando on Monday to come back in time for Thursday surgery. That is the kind of system. If they have an emergency, it is amazing how the staff can really pull things together and deal with the emergency as well.

As we are talking, we asked for some laparoscopic instruments and I want to know that we will get those soon. The pharmacy supplies—
[*Interruption*]

Dr. Khan: [*Inaudible*]

Mrs. P. Gopee-Scoon: Hold on! Pharmacy supplies as well, we sometimes have a challenge getting that, but thanks to the pharmacist, we can deal with it.

The laundry! Laundry, again—recently there were some issues of dirty linen which I was forced to go public with, filthy laundry on the floor, piled high. Again, I went public with the dirty linen, and there it is the CEO has assured that there is a new commercial machine equipment on order. But why do I have to always put pressure in the media and always cry out to the CEO and so on, to ensure that the services are kept? That is not right. You are not monitoring your work.

Then I go to the question of transportation. I think I have to quicken up. The ambulance service at the hospital is inadequate. Inadequate I say because of the physical area which has to be covered. You are talking about Icacos to San Fernando, you have to say. So if you have a patient, let us say is in cardiac arrest in Icacos, that person has to be brought up to, I suppose, perhaps be stabilized in Point Fortin and then sent on to San Fernando. That is a minimum of two hours without any traffic. And then, of course, if the

Cedros ambulance is not available, it means that an ambulance has to go from Point Fortin to Icacos, then come up to San Fernando, and that is three hours on the road. That is the situation as it is because that person cannot be helped in Point Fortin. It is impossible. And, of course, given the limited medical services, it means that people are on the road, the ambulance is on the road a lot. That is how the hospital functions with patients being transferred up and down, all the time.

So for a long time we have functioned with two. I understand a third one has recently come, but the nurses are saying to me that it is like a converted maxi-taxi. You have to realize because of the long distances that these ambulances have to endure because of the vast area that is serviced by this, you really do need the right type of ambulance service to deal with the area and the number of cases and so on. And of course, remember, you need to always again, with patients up and down as well, we have to ensure that you always have nursing staff with the ambulance. So it means, with the ambulance up and down again, the nursing staff is on the ambulance and, therefore, you have a shortage in the hospital. So you have to look at all those as well.

So I am really concerned when you look at transport. You are talking—what are you transporting? You are transporting patients, you are transporting blood samples, specimens, you are transporting laundry, and that is considerable expense. All you need to do is to avoid all of that with a properly functioning hospital in Point Fortin with good full service.

Then I go to the physical accommodation and infrastructure. The building, on account of its age is totally, totally deplorable and dilapidated.

You have Wards A, B and C—well you have been there. The operating theatre and also the X-ray room, all those are connected by a corridor and the corridor is breaking down. That is a fact. You are actually seeing it. I am seeing the support systems in some of the pillars as well, and that is where all the patients—everybody has to pass there—visitors, patients on the stretchers, doctors, everybody passing that corridor. When it rains, you have rain coming in all of the time. The thing is in a visible state of disrepair.

I mean, I wanted to bring pictures, you know, Mr. Speaker, but I thought that I would not take pictures. I am going to instead invite the media down. Early as possible, I am inviting the media and I am going to extend the invitation to the Minister and the Prime Minister—it is that bad—to come down early next week—I will treat you all to lunch—and let us see— A little picture will do nothing, so we will have lunch next week at the hospital. As I said, you know, you could actually see the broken concrete in the pillars. If you have an earthquake down there now, there is a chance that it will tumble. There is a chance. So it is really acceptable.

The casualty. The casualty is so cramped that you could go in there to have—let us say you have fractured your arm or something to treat with that, and because it is such a cramped space, you could pick up any kind of disease that can be airborne, any kind of communicable disease that can be transferred in the air. So you are talking about you are going in there for a fractured hand and you are coming out with measles or the common cold or some things as well. The medical ward is not in a good state. Very terrible conditions and I cannot see how you expect people to recuperate in there—all of the curtains hanging up; one piece here, one piece there. The thing is

really bad. If I only pull it, they would tear and they are dirty as well, as bad as that.

The sewer system and the drainage, very, very old and under capacity, so that when it rains, the entire hospital smells. The plumbing is so bad, so to avoid—I have to say it—clogging, what is done is that the soiled paper—soiled with urine that is—is put in a bucket, and this is Trinidad and Tobago in 2013 with a \$50 billion budget. Mr. Speaker, it is that bad. Again, the doctors' quarters are uninhabitable as well. The kitchen needs to be upgraded.

There is no mortuary facility. So that all dead bodies are taken to the funeral homes in Point Fortin as well. The operating theatre, thank you, you have fixed the roof, but if you had not fixed the roof, you had all those sugary termite droppings—I mean, I do not even know if they fell into the patients during theatre. The resuscitation room. There is no resuscitation room at all. So patients resuscitate either in the operating theatre or just as you are entering the theatre. So there is no room as I said.

So in summing up about the physical conditions, I am saying that it is utterly rundown, the staff needs have not been met, the patients' needs have not been met. This is really unsatisfactory. In fact, I almost think it is chaotic and it is entirely unacceptable for a country like ours, Mr. Speaker, but again, we need the new hospital. The NAR did not do it—and it is 25 years that the people have been clamouring for this—the UNC did not do it, the PNM did not do it, and I am saying, I am calling on the Prime Minister to correct this injustice now. Politics must not trump health at all. And to the other—how much time do I have? [*Crosstalk*] How much time do I have,

Point Fortin Hospital (Construction of)
Mrs. P. Gopee-Scoon

Friday, November 29, 21013

Mr. Speaker?

Mr. Browne: You are going real good.

Mr. Speaker: Ten to four.

Mrs. P. Gopee-Scoon: Ten to four?

Mrs. Thomas: You have 20 minutes.

Mrs. P. Gopee-Scoon: Twenty minutes? Okay. With regard to the—and I am talking about the state of health care in Point Fortin. So let me go to the ECC centre. Let me go to the Point Fortin Health Centre first. I had asked the Minister of Health to come in. Dr. Doon came in instead and, of course—I was in Point Fortin that day—Dr. Doon refused to allow me to go on that tour with him.

Hon. Member: The deputy Minister.

Mrs. P. Gopee-Scoon: Mr. Doon, I am hearing that he might be the deputy Minister of Health. I understand now that there is a plan to expand the health centre—this is why I had asked him to come down—to the extent of \$800,000. [*Crosstalk*] I do not know what the plan is. The MP has not been shared the plan at all and, quite frankly, \$800,000 is not going to do anything in terms of accommodation and that is the problem with it. It is cramped. We need increased accommodation.

The only thing I could recommend, the only adjust, is that it goes upward. The building must—and this is why you must discuss these things and have consultation. It must go upward and, therefore, \$800,000 is not enough. If it is going to put any ease at all on the pressure of persons coming there for treatment, you have to go upward. All right? Then, of course, you talked about the district. You gave a commitment; the district health hospital for

Cedros as well. Yes, it has to be done, but, of course, I think everybody understands that the priority must be the Point Fortin Hospital with the full service and then we could deal with the district health facility.

The psycho geriatric facility, the Point Fortin Extended Care Centre. I think it is managed pretty well, but I still think it is understaffed a bit. There was a drill recently with the Chief Fire Officer and what we realized, is that the staff is insufficient to handle the types of patients that they have there in an emergency, and emergencies do happen. You just had an emergency with San Fernando General Hospital with smoke coming out. So evacuation is a reality, and in a psycho geriatric facility, you have to ensure that you have enough staff and you do not, and that revealed that.

I want to go to health service for employees because Point Fortin, people believe—and it speaks to Point Fortin as if it is a rural village. Point Fortin is not a village. It is an industrialized town. It is a town that is filled with industry, and I am talking about La Brea as well. So I want to speak about the health service for employees and so on. I cannot really pontificate as much as I would like to as well on it, but certainly we have a number of industries in Point Fortin and I am talking mega, large, small, medium and so on, ranging from all kinds of facilities—the agriculture. You have the Erin meat packers in Buenos Ayres; chemicals; construction; oil and gas; you have an LNG plant in Point Fortin; Petrotrin; all kinds of motor vehicle repair places, hairdressers, and so on; quarrying operations—and accidents can take place in all those cases.

Then, of course, we have another plant coming, the Mitsubishi plant—so you have announced, that they are building a \$5 billion DME

plant in La Brea. I believe that when we return to power in 2015 and we go back to our proper industrialization for the south-western peninsula, you would, in fact, have more industries coming to Point Fortin, and that is why it is ever so important that we provide an adequate health service for those employees of those industries, small or large as well.

All of these industries, we know, are risk-bearing. All, all are risk-bearing and there is a duty that the employers bear the risk in terms of a changing workplace and so on, and that these risks are always well-controlled and so on, and there is a safety culture that is promoted and, of course, there must be compliance by law, Minister of Labour and Small and Micro Enterprise Development. There is a duty by employer, there is a duty by employee as well, however, accidents do happen and you have to be able to treat with it.

Of course, there are the OSHA Regulations, and then before that, we have had the old Factories Ordinance, 1948. But, of course, we had put in place—I think it was the PNM Government—the OSH, Occupation Safety and Health Act of 2004, which spells out all of these commitments which must be met by employer and employee and so on, and, of course, we have the Occupational Safety and Health Authority which deals with all the recommendations for policy and so on as well for all of these different types of industries that I have mentioned here today. But despite all of that, obligations by employer/employee and so on, there is an obligation by the State to the employee, and that is what I am talking about, to ensure the health and safety of citizens, all of those in the workplace, Minister. I am talking about, when I say obligations by State, perhaps it extends to many

Ministries, but we are dealing here today with the Ministry of Health.

So the Ministry of Health has an obligation in terms of health care hospitals again, blood supplies facilities, pharmaceuticals, ambulance services, et cetera, and so on. So there are many of those companies. The larger ones will be able to protect these employees and there are various areas of protecting and you look at Petrotrin. Petrotrin has a health centre for its employees, and they also have their own hospital—very good hospital—the Augustus Long Hospital in Pointe-a-Pierre and so on, but that is not so for all the other industries. They do not have a hospital. You look at Atlantic, for instance—and you cannot just look at the LNG plant which is located on land in Point Fortin. You also look at the offshore platforms, the Cassia and so on, the natural gas pipelines, the support facilities out in the Beachfield area and so on. So we have people working on land and in these marine areas as well, and all those people need attention as well. I am sure that everybody recognizes it is the duty to protect the critical infrastructure. It is so important to our economy, our economy being an oil and gas economy. But, however, of utmost importance is the people; the people that are involved in these industries, and Government, Ministry of Health, you are responsible for the health of welfare.

I am satisfied that Atlantic—yes, they have no hospital, but they have their fire services, ambulances. I am sure that they do ongoing risk assessment and so on, I am sure that they are first-class when it comes to health and safety and so on, and there will be even insurance to take the employees abroad, if necessary, but the point about it is there is no hospital in this industrialized town. As I say, it is not a village. It is an industrialized

town. So there is no easy response, no quick response or anything like that. You have no proper stabilization facilities at the hospital in Point Fortin in the event of an emergency, no CT scan, no burn centre or anything like that. Everything is straight to San Fernando and you have no beds there, and to Port of Spain, or shipping the patients out of the country.

I mean, I have every faith and confidence in Atlantic and so on, but I think about the rest of the industries, small and medium and so on, and I think that Government must take its acceptance of risk. Seriously, you are responsible for it, and with regard to your responsibility thus far to the employees who contribute to the economy as they do—the people from Petrotrin and Atlantic and so on—I think you are going to get a failing grade in terms of looking after their health, that aspect of the risk that you are responsible for.

And then again, we are building a highway to Point Fortin, rushing to complete it by May 2015 to score political points, and all of the auxiliary projects that are supposed to go along with the highway, if you are talking about development, the e Teck Park and the hospital are not done.

3.40 p.m.

What good is the highway? Surely we will get from A to B very fast and in the event you have an industrial disaster, you could evacuate it very quickly as well, but at the end of day, what is a highway for if not for the creation and expansion of more industries? That is why it is going down there. So therefore you cannot do—attend to a highway and not give a hospital at the same time. It is a priority if you are doing it; that is what development is about.

So I want you to address the question of your responsibility with regard to development in the Point Fortin area as well, and I am saying that the new hospital is mandatory, and it must, because, again, of the industrial circumstances that we need a helicopter landing pad as well because of the heavy industry in the area. We need a trauma unit; a CT scan must be there as well, burns—we will talk about the burns, Mr. Speaker, but I know you have talked about a national burns facility, so I know that if you are going to do a national, well then maybe you cannot do a full scale one in point; I understand that. There are other industries all over Trinidad, but you need to be able to attend to it, you know, at first response, and that is not done. As I said, you need to be able to anticipate the kind of risk that people, employees in Point Fortin are exposed to and need to attend to it, and the only way you could attend to it is by putting an appropriate and adequate full-scale hospital in Point Fortin immediately.

What we did, very important, on the table—I could tell you that I left—we established a site, which is the current site we found to be ideal for the hospital, but however, we completed all of the proposals, Cabinet's approval was obtained. You met the Cabinet approval there, I am telling you that. All the design works were completed. We completed a tendering process. An international contractor was selected: China Railway Corporation. It was costing six—not billions—\$650 million and to be done on a design/built outfit basis, so virtually a turnkey procedure; virtual turnkey operation. In addition, within the \$650 million, was the completion of the temporary facilities right across the road. I am telling you; go and dig it up again. "Yuh shaking yuh head, dig it up; it is there."

Dr. Khan: You are completely wrong.

Mrs. P. Gopee-Scoon: That might be that note, but you have to go and find the one I am speaking of [*Crosstalk*] because I am right. That might one note but I am telling you there is a note for this on cabinet, go and look at it.

I am saying within that, what we had approved was a 100-bed facility comprising 24 medicine beds, 26 general surgery beds, 10 gynaecology beds, 15 obstetrics, six psychiatric beds, 10 pediatric and adolescent beds, five burns bed—I got this off the UDeCott site as well—four high dependency beds as well. We were offering services in the area of general medicine, psychiatry, burns, high dependency and accident and emergency as well. But all major medical equipment: furniture, security system, data and wireless networking, in addition to a waste water treatment plant, et cetera, which would have been necessary; all of the landscaping, et cetera, and so on.

What we are recommending now—let me come down to my recommendation. What is the time?

Mrs. Thomas: You have seven more minutes.

Mrs. P. Gopee-Scoon: Seven, thank you. Firstly, you must get a hospital that is capable of handling any major industrial disaster, at least for a first response. Then, again, as I said before, given that it is heavy industry in there, we must have a helicopter landing pad to be able to quickly transfer patients to Port of Spain, San Fernando, or to the airport if it is that they have to be shipped out of the country. The CT scan, the burns unit as well, and all of the other services which I had listed which I told you had been approved as well—the trauma centre as well.

We need to have, again, in my recommendations, adequate staffing—medical and non-medical—the required specialist as well, full ambulance services as well that could fall long distances. We want the refurbishment and additional residential facilities for medical professionals. You all threw me out of the house in Point Fortin. “Dai house is unused.” That could have been used for doctors—medical doctors, it has remained unused for a year or more.

Miss Cox: Wickedness! Wickedness!

Mrs. P. Gopee-Scoon: You could have put doctors inside—in there.

Dr. Browne: They rather leave it empty just like the HDC houses.

Mrs. P. Gopee-Scoon: We want proper kitchen facilities and so on, and that kind of thing. Proper mortuary facilities as well, pediatric services, I mean, I did not see that—[*Interruption*]

Hon. Member: The children! The children!

Mrs. P. Gopee-Scoon:—on our list but I want—children are important and finally we want from you the political will to get it done, but I question: I do not know if you have it.

So, in summarizing, I want to say it has been decades of unfulfilled promises by all political parties, but things—I mean, earlier this year, you heard me talking about the fact that we had lost—we had lost about seven nurses, but you fixed that for us, but that is how we have gotten by, by complaining. Again, no X-ray machine and so on. The thing is just woefully—woefully, woefully, woefully, woefully inadequately, and it is hazardous. The building is hazardous for all those who visit and for those resident there or who work there and so on. As I said, services are limited

and so on.

Medical attention is for people out of—people like me who are not of childbearing age, and I will say 40 and over because “I doh wanna say my age”, [*Laughter*] but I will say 40 and over. And within the Borough of Point Fortin, there are about—[*Crosstalk*] [*Laughter*] “Nah, I pass that long time.” But within the Borough of Point Fortin, just in the confines of the borough, you have about 8,000 people like me—when I say so, 40 and over, men and women—there is no use for us in that hospital, so it is almost non-existent. Anything happening to me or to anybody else, 40 and over, because you have no children to thing, it is because you have to go to San Fernando and that is poor. Very, very, very poor!

As I said, I mean I am concerned about the children. There are so many—the children who are treated in San Fernando, for the dengue as well, I addressed that, and “oh gosh”, as I speak about children, I must really extend my condolences to the family of Keyanna from Maloney—
[*Interruption*]

Mrs. Thomas: Maloney.

Miss Hospedales: Keyanna.

Mrs. P. Gopee-Scoon: We all deeply regret her death. This is the loss of an innocent child. I will always remember the picture of her with her crown, princess, Princess Keyanna; that is what she was to so many people, and it is really an unfortunate situation and my condolences go out to their family.

Dr. Gopeesingh: Sad, very sad.

Mrs. P. Gopee-Scoon: Very, very sad. So I am saying that there are lot of children in distress as well who suffer as a result of the poor, poor facilities

in point. Sometimes I wonder if you care about point at all. I mean, I wrote to you about the patient from Buenos Ayres who has five tumors in her head, and you gave no assistance, so it is always “ah begging” and “ah begging” going on. There is another one who was at the community hospital because of a brain injury, severe brain injury, well she has died, and I have not gotten the assistance, but, of course, her bill lives on. So, again, you have not attended to that as well.

Too many cases and I am thinking: is it that you are discriminating? If you are discriminating, I can ask the people of Point Fortin to bring some kind of class action law suit against the Equal Opportunity tribunal that you all brought in, I think, as well, the UNC. But, at the same time, I think you have been unfair in the distribution of resources in Trinidad and Tobago and certainly in the announcements of the hospitals as well. You have been unfair and all I can ask you to do now, in the face of the fact that you are putting the lives of the people of Point Fortin at risk.

Mrs. Thomas: Two more minutes.

Mrs. P. Gopee-Scoon: Two more minutes? You are putting the lives of the people in Point Fortin at risk. You know, that had been said by a group of researchers in an article, it was put out by the BBC. But you know what? They were not talking about Trinidad, “eh”, the title was: “Poor hospital care ‘puts lives at risk’ in the third world” and that was in the *Guardian* of March 15, 2012. It was a study published in the British Journal. But, you know what? They were not talking about Trinidad, they were talking about hospitals in Egypt, in Jordan, Kenya, Morocco, South Africa, Tunisia, Sudan and Yemen but the heading—[*Interruption*]

Point Fortin Hospital (Construction of)
Mrs. P. Gopee-Scoon

Friday, November 29, 21013

Hon. Member: The point is made.

Mrs. P. Gopee-Scoon:—Point Fortin falls into that: poor hospital care putting the lives at risk, the people of Point Fortin.

So, I want you, Minister, if you are very serious and if you want to demonstrate that your Government and the SWRHA are serious about first-class health care, you have to build this hospital for the people of Point Fortin. [*Crosstalk*] Well I am not going back unless I know that—I am not even considering, would not even enter my mind, if you do not build that hospital. That is what we are there for, to ensure that you do it, [*Crosstalk*] whether we are in Government or not. Have a heart! Build the hospital for the people of Point Fortin, it is imperative. We absolutely need it.

Mr. Speaker, health care is the right of every citizen of this country including the people of Point Fortin. I thank you.

Hon. Members: Well said! [*Desk thumping*]

Mr. Speaker: “Yuh beg to move; yuh beg to move; yuh beg to move.”

Mrs. P. Gopee-Scoon: I am sorry. Mr. Speaker, I beg to move.

Mr. Speaker: This Motion requires a seconder.

Mr. Hypolite: Mr. Speaker, I beg to second the Motion and I reserve the right to speak.

Seconded by Mr. Nileung Hypolite.

Question proposed.

Mr. Speaker: The hon. Minister of Health.

The Minister of Health (Hon. Dr. Fuad Khan): Thank you very much, Mr. Speaker. First, let me am—to say that I want to congratulate the

Member for Point Fortin for an extremely well-researched and heart wrenching contribution.

Hon. Members: Well done! [*Desk thumping*]

Hon. Dr. F. Khan: I am going against the grain of politics here this evening. What I am going to say this evening is that health, as you quite rightly said, is a basic right for everybody and everything, and that we have said in our manifesto. What I would like to also say is that I am going to ask for a copy of your contribution, and hand it to the South-West Regional Health Authority who has assured me so far that everything is going quite nicely in Point Fortin.

Mr. Samuel: Different kind of politics.

Hon. Dr. F. Khan: So I will definitely take your contribution and ask the members of the South-West Regional Health Authority, Dr. Lackram Bodoë—[*Interruption and desk thumping*]

Mr. Samuel: That is a different type of politics.

Mr. De Coteau: Different type of politics! [*Desk thumping*]

Hon. Dr. F. Khan:—to look at it in detail—[*Interruption*]

Mr. Samuel: Different politics!

Mr. De Coteau: Decent!

Hon. Dr. F. Khan:—and dissect what you have said because you have made some excellent points—[*Interruption*]

Mr. Sharma: First time in five years!

Hon. Member: Surprisingly!

Hon. Dr. F. Khan:—and I must say that on this side—just listening to you on this side and the empathy that you showed for the people of Point Fortin,

it will be “ah”—I am going to—I am definitely, together with the Cabinet of the People’s Partnership and the Member for Oropouche East who [*Interruption*] is in charge of UDeCott,—[*Interruption*]

Mr. De Coteau: Currently neglected!

Hon. Dr. F. Khan:—we are definitely going to give you your hospital—
[*Interruption and desk thumping*]

Miss Hospedales: Wow! [*Desk thumping*]

Hon. Dr. F. Khan:—because we are working on it. [*Desk thumping*] You see, Mr. Speaker, health is something which we see as being apolitical, and I think the Members on the other side could bear witness to that. I see health as a system in this country that needed to be placed in a proper direction and a proper movement forward. So, no matter who goes into office, no matter which government goes into office, no matter with health Minister goes into office, there is a plan, there is a movement. [*Crosstalk*]

Firstly, let me start by saying that I understand your pain, I feel your pain—everything that you said there about the conditions of the hospital, I have seen it firsthand when I came on that visit, and that is why I took the necessary steps—[*Interruption*]

Mr. Sharma: That is not three years old, “eh”!

Hon. Dr. F. Khan: Yes, and I am just coming—

Mrs. Gopee-Scoon: I said that.

Hon. Dr. F. Khan: I am coming to that now.

Mrs. Gopee-Scoon: I said that.

Hon. Dr. F. Khan: I am coming to that now. That was only three years ago—less than three years. I am not even a Minister for three years as yet;

that is only about two and half years or two and whatever.

So obviously that deterioration did not take place overnight [*Crosstalk*] and I am not coming to say that the PNM did it.

Mrs. Gopee-Scoon: “Yeah.”

Hon. Dr. F. Khan: I am not going to do that.

Mr. Seemungal: We know they did. [*Continuous crosstalk*]

Hon. Dr. F. Khan: What I am going to say is that it has been—

Miss Cox: It is a mature—

Hon. Dr. F. Khan:—like that for quite a while.

Hon. Member: [*Inaudible*] disappointing.

Hon. Dr. F. Khan: In the 2000—year 2000, when the UNC was in office, a Note was taken to Cabinet—and I have the Note here: H200—no, this is the one, 2004. It was No. 1616, August 23, 2000, Cabinet Minute:

“noted that:

- (i) the feasibility study undertaken to assess the need for a hospital at Point Fortin as opposed to a District Health Facility had recommended that Point Fortin would be better served with a hospital 24-hour in-patient services...”

Mr. Sharma: The PNM killed it.

Hon. Dr. F. Khan: This was 2000.

Dr. Gopeesingh: 2000.

Hon. Dr. F. Khan: In the light of that, the Ministry of Health had held discussions with the IADB on a possible change in the design of the district health facility to that of a hospital in the contract and it went on. This was a hospital that was approximately 46—let us say 50 beds. It was not carrying

the amount of services that we realized even afterwards that was needed. However, in 2004, it came back on the table to be done again, and we are talking 2004. This is the—regimes change in 2002.

3.55 p.m.

Regimes changed in 2002 and I could be fortunate to say that I was part of the Opposition at that time. In 2004, it came back on the table; then something lapsed, it came back again, and I have the Notes here. I am going to read something of a Status Report from a 2000—I think—8 Note.

November 2007 the Ministry of Health request...
This is a Status Report on a question to answer by the then Minister of Health.

Hon. Member: “When it is?”

Dr. F. Khan: January 24, 2008.

“NOVEMBER 2007” the “Ministry of Health” requested that
“UDeCOTT... undertake Pt. Fortin Hospital.

December 2007” the “Project Administration Unit and the” South-
West Regional Health Authority “provide”—supposed to provide a
“Schedule of Accommodation

JANUARY 2008 Development Manager to be selected to develop and
provide” a “Design Brief.

JANUARY—MARCH 15 Prequalification of eligible construction
firm.

MARCH 15 RFP for Design/Build to prequalified contractors.

JULY 15 RFP closes

JULY 15—AUGUST 15 Submission to Cabinet for approval of concept and budget.

AUGUST 15 Successful Proposer” would be “awarded.

AUGUST 15—OCTOBER 01 Mobilization and Finalization of Design” and

“OCTOBER 01, 2008 CONSTRUCTION...” was supposed to begin.

I come back now to 2009. This is a Note. It goes according to what you said. It was said that the Hospital cost would be \$694 million and the temporary area that was going to be built for relocation of the health services, \$30 million. And this also showed that—this was in December 22, 2009. However, certain questions were asked. Apparently, as you quite rightly said, a contractor was chosen—the China Railway Corporation and also they had the designs, et cetera.

And when you go ahead, when we went with that, for some strange reason on March 18, 2010 that Note was then withdrawn. So you had everything in place—[*Interruption*]

Hon. Member: Who withdrew it?

Dr. F. Khan:—and in 2010 it was withdrawn. So, we speak—[*Interruption*]

Mr. Sharma: By the PNM.

Dr. F. Khan: “Yeah”, by the PNM, by the PNM. March, March, March, by the PNM. So we are speaking about a hospital that was conceptualized by the United National Congress in 2000—[*Interruption*]

Mrs. Gopee-Scoon: What?

Dr. F. Khan:—it was. It went into 2004, things were put in place. 2008, nothing done except a schedule of affairs; 2009, okay, it came back on the table and then 2010, which is March 2010—[*Interruption*]

Hon. Member: Withdrawn.

Dr. F. Khan:—withdrawn. When—[*Interruption*]

Mrs. Gopee-Scoon: There was a subsequent Note.

Dr. F. Khan: There was no Note after that.

Mrs. Gopee-Scoon: Yes.

Dr. F. Khan: How could there be a Note after that?

Mr. Sharma: Just ignore that and continue what [*Inaudible*]

Dr. F. Khan: Okay. The reason you would find that things were not going as fast as you would like it to be—we, in the Ministry of Health, looked at it, and when that plan came to me while I was Minister, what was recommended by the PNM, at that time, was closing down the existing facility—[*Interruption*]

Mr. Sharma: “Total waste ah time.”

Dr. F. Khan:—complete—close it down and place—rent a building or build a building or something to put an Accident and Emergency area, and shuttle people to San Fernando Hospital.

Mrs. Gopee-Scoon: Oh no, no, no, no, no. You better [*Inaudible*]

Dr. F. Khan: That is what it said, yes, that is what was there. [*Crosstalk*]
And demolish the site as it was—[*Interruption*]

Mrs. Gopee-Scoon: No, no, no, no.

Mr. Sharma: Exactly.

Dr. F. Khan:—demolish the site and put a new hospital on that site.

Mr. Sharma: “Yeah”, very true.

Dr. F. Khan: When I visited it, I saw—okay, it was in a complete state of disrepair when I came down there in 2011. The Accident and Emergency, the operating theatre, everything was a total mess. I could not believe that something was existing in that level for such a long time. The roof, as she said, had the termites.

Mr. Sharma: What a shame!

Dr. F. Khan: And everything—“yeah”, I fixed it.

Mr. Sharma: The PNM spent money on [*Inaudible*]

Dr. F. Khan: And also the staffing arrangement was poor. One doctor was available. You did not have much X-ray facilities after four. You had nothing for the people of Point Fortin. And that was 2011. I took it upon myself, and I told—I wanted to see the different sites that were available. We drove “round” to two sites, as we said, and that is as we spoke—
[*Interruption*]

Mr. Sharma: “Yuh look at the bungalow?”

Dr. F. Khan:—and there was a site that was opposite the Dunlop factory, I think. And it was called—that was the eTeck site, I think it is about 50-something acres, from what I am saying, you know. This was in 2011, I would say. So after looking at it, I asked the Ministry’s team to look at it and see, can we refurbish the hospital as it is? Fix the roof—user friendly—do over the operating theatres, do over the Accident and Emergency, increase the X-ray time and look at it in such a manner, increase the pharmacy services, increase the nursing complement and while people are

still—they would still be able to use the hospital while we build the other one.

Mr. Sharma: Brilliant idea as usual.

Dr. Khan: That is what we did. So service oriented medicine. We decided to keep the service running while building the new hospital. That land belonged to eTeck. We took the Note to Cabinet. First we had to obtain the land and as things go, and as the bureaucracy of the system goes, it took close to, I think, nine months to really get the land transferred to the Ministry of Health before we could build.

Now, we tried to use the designs that were there in the previous contract for design. But that was a design/build contract.

Mrs. Gopee-Scoon: Yes.

Dr. Khan: So once you have a design/build contract, you cannot just grab a design and run away with it. The contractors, who were chosen at that time, are the ones to give up those designs because they built the design—they designed it. So that was a no-no; we had to redesign all over again. So we looked again for the User Brief. Now, in it—when I looked at it I realized there was a paucity of some medical services. Now, what I placed on the record for the new hospital in the User Brief—because the User Brief had to be done prior to design. If you design without a proper User Brief, you are going to get a deficient structure.

General medicine, 24 beds—in that area would have specialist beds for cardiology, renal medicine and other parts of the complication of the ENCDA's General surgical beds, 26 beds—you will have general surgery, orthopaedics, ophthalmology/ENT and eyes. Burns would be a unit—Burn

Unit, minimal Burn Unit and Trauma Unit for five beds. Psychiatry/Adolescent, 10 beds; Psychiatry, 6 beds. A High Dependency Unit and an Intensive Care Unit to be placed in that area. Obstetrics by itself, 15 beds; Gynaecology, 10 beds. The total operating theatres will have five theatres; one for same day surgery, one for obstetrics by itself on the Obstetric Ward, two would have general surgery beds and two theatres for only orthopaedics and trauma.

That would take into consideration exactly what you talked about with the employees, because if you are building a hospital next to a site that has an industrial disaster preparedness, you have to have proper orthopaedics theatres, proper burns—proper trauma centres. And as I said, once that hospital was built and we transferred the services across—of course I do not have to mention that you will have a CT scan, you will have an MRI, you will have ultrasound services, you will have diagnostic services. That is all going to be in the hospital.

I am in the process of trying to work to get a CT scan, a mobile CT scan, okay, for Point Fortin, so it could be moved across, a containerized. Now, when that is over—I will tell you what is happening now, I will tell you where we are now. Right now we are at the position where we have already gone to Cabinet, we have the User Brief, we have gone to Cabinet and we are going to do a Government to Government concessional loan and we have chosen—because of the way the Chancery Lane was being done at a very rapid rate with almost 90 per cent local labour—we are going to ask the Government of Austria to recommend or support a contractor who they

so desire, together with a concessional loan rate, to do the Point Fortin Hospital.

We do hope—and I would read it for you.

We hope that the designs should be finished in the first six months of next year because a design of a hospital using the brief would take about six months. We hope to start—okay, because—at least by June/July to commence building.

If I said 18 months, I would mean 18 months from the time of building, not 18 months from when I spoke. And that is the same thing for the Arima Hospital. Now, what we have done so far in Point Fortin, we have upgraded the operating theatres, there is increased X-rays and ultrasound services from Monday to Saturday, which was not there before. There is a 24-hour Accident and Emergency service with a full complement of doctors. There are two new ambulances, purchased and located on site. There is the upgrade of the pharmacy service for six days a week.

So when the hon. Member says that things are not happening, we have refurbished quite a lot of stuff. The primary care services and ambulance have been stationed in Cedros and Cedros has been opened at much longer hours than it was before. There is a nurse there and now we have a doctor there.

Hon. Member: Excellent.

Dr. F. Khan: So looking at the periphery of the area, my whole thrust of—and the Cabinet thrust as we have brought into it is moving the system of care—decentralized. We are decentralizing emergency care and, as they say, primary health care services, into the periphery. So when one says

that—when you said that these things are bad with the hospital, I agree. I mean it is happening. However, what I have learnt, things take time. One cannot build a hospital in a proper manner in about two years. And I have shown that the PNM could not do it. [*Crosstalk*] No, the PNM could not do it in 10 years.

Hon. Member: Ten years for Tobago.

Dr. F. Khan: When—I “doh want” to be political, but when they say you talk and we deliver, you are quite right. You did a lot “ah” talking today [*Desk thumping*] we are going to deliver it. So, you know, “ah mean”, they talk, we deliver. So you look at the whole aspect and the whole part of it. My job here is to tell you this evening, number one, you did a very good presentation, you are an extremely good representative. I must say so, and I commend you for doing what you did this evening.

Mr. Sharma: What—today is your birthday or what?

Dr. F. Khan: No, no no. It is the truth. One’s health is apolitical. However, you have brought up a lot of good points and we have taken it on board and we are definitely going to look at it, refurbish as much as we can of the hospital itself. Had we gone the way of the PNM, had we gone that way—[*Interruption*]

Hon. Member: [*Inaudible*] nothing.

Dr. F. Khan:—no, no, had we gone that—“yuh” destroy the structure as it is, moving them to a temporary location that is not going to give any big set “ah” service, not even health office services—[*Interruption*]

Mr. De Coteau: It would have been temporary/permanent.

Dr. F. Khan:—and then—that is what you all were going to do—break down the whole hospital, and then now go through the whole system again. I wonder if you would have had any service at all. Now we have gone so far as to upgrade the doctors’ quarters. The two dead dogs you see there—you know “ah mean”. [*Laughter*] What I am saying to you we are upgrading the doctors’ quarters to have on call doctors. I know there is one doctor there, you said who is obstetrician/gynaecology, when he goes away, “ah mean”—we need to—[*Crosstalk*]*—*that is why we are putting new doctors in the system so we will take care of when he disappears and goes on his holidays. So, and what I am saying—[*Interruption*]

Hon. Member: “By that time Paula doctor would come back”.

Dr. F. Khan: No, what is happening is the health care—you know sometimes I wonder—we have been here for at least two and a half years, three years—the health care system was left to deteriorate. It was left to deteriorate and I would say there was not a plan; there was no plan of infrastructure. When I went into the Ministry, I found that—I asked, okay we are building hospitals, as we said we are building infrastructure, what is the plan? What are we going to do? How are we going to do it? What is the plan we are going to do for the next 50 years, 60 years?

Do you know that things were being built in this country since 1915 now and there is not one plan for a hospital city, nothing at all? It is just being built. Take a piece “ah” land; build it because you need it. We have commissioned, through the IADB and through the Central Tenders Board what we call the master plan for health in this country. Port of Spain master plan, San Fernando and environs master plan, Eric Williams and the

university master plan. After that we will be going to Sangre Grande. You see, building a hospital is one thing as you quite rightly said, staffing it is something else.

Are we going to go the way of a hospital with everything in it? Or silos of excellence? Centres of excellence in one area, tertiary level one area, primary health care around it. San Fernando, through Chancery Lane is going to be, as they say, a state of the art. Very soon it is going to be opened, hopefully by December we are going to get the handover. The rain is stopping quite a lot of the work these days, however I do hope to have the first patient in Chancery Lane by March. So, Chancery Lane has 18 floors, 450 car parks. After that, when the service is moved—paediatrics, maternal, et cetera, administrative—from the San Fernando Hospital into Chancery Lane, we are going to now refurbish the San Fernando Hospital for more services, et cetera.

4.10 p.m.

So you see, it is a plan. But looking at the whole thing, we do not have a proper psychiatric centre, diagnostic centres, neurosurgical centres, et cetera, and that is what we put in the master plan. Where is it going to be located? We are going to have teaching services.

The Royal Society of Medicine is going to look at San Fernando Teaching Hospital and indicate whether they are going to run it or assist us in running it, teaching with Internet services, et cetera, to develop the specialist capabilities. So when you say where are we going staff these hospitals with; who are we going to staff it with? Right now, in El Dorado there are approximately 2,000 to 3,000 nurses being trained. The Ministry

of Health is training approximately 1,000-plus, through our system.

Mr. Ramadhar: That is an innovative—step, training.

Hon. Dr. F. Khan: “Yeah”, innovation, right. What we are also going to do, COSTAATT has nurses being trained, ultra sonographers being trained, radiographers being trained, every ancillary medical service you could think about, COSTAATT has it; but they do not go on the wards. They do not go until the final year and they are finished. The hon. Minister of Tertiary Education and Skills Training and myself, we are having a memorandum of understanding, where people who are being trained will be going on the wards, on the system in the investigative area from year one—[*Interruption*]

Mr. Ramadhar: Practicum.

Hon. Dr. F. Khan:—and they will be there doing that and increasing the amount of staff and ancillary services, nursing services there. So, when you talk about human resources, we have a lot of people being trained in COSTAATT “no way” on the system. They are going to be part of the system and be mentored by the ones that go further up. Fourth year will mentor third year, second year first year and vice versa as you move up. Right now that is not occurring. So doing that, we will be able to increase the capacity of the ancillary medical service.

Specialist services: what we are going to do. The University of the West Indies, University of Trinidad and Tobago, Royal Society of Medicine, et cetera, we need more specialists. We need neurosurgeons, haematologists, et cetera. There is a worldwide shortage of nurses and also the specialists. What we are working out with the University of the West Indies is for these specialists to be allowed, people who are trained in the

area under recognized specialists, to be able to write the exams of the University of the West Indies, proficiency exams, be given certification if they do pass, and in doing so, rather than having three and four people going into the programme once a year, and in fact, four years that is only 12 people, we are going to have a lot more people being trained, a lot more professionals in specialty training. So you have neurosurgeons, cardiac surgeons and all the other surgeons for any surgery that you have. So that will take care of the shortages.

Right now, only Eric Williams, hardly in Port of Spain and San Fernando, is being used to train students and train specialists. I am working on a plan with the University of the West Indies, where we can utilize every single center in this country as a training ground, an increase in the amount of lecturers and associated lecturers from the University of the West Indies. Once that takes place, every single hospital will be used as a training ground. So, that will take care of the human resource part of it.

But as we go forward and further—[*Interruption*]

Hon. Member: Then they are actually trained.

Hon. Dr. F. Khan: “Yeah.” No, that is where the University of the West Indies will certify them.

Hon. Member: But we have to keep them in the country.

Hon. Dr. F. Khan: We are—I do not know if I should say it now—right now working on a plan, together with the doctors and nurses, first let me deal with the doctors, where we are going to look at the salary arrangements and change the structure of like, full-time consultants in hospitals, part-time consultants and different kinds of consultants. What would happen, you

choose whatever level you want, but you have to give the service. We are benchmarking and performance payment depends on what you do. So that is looking at it right now. That is happening right now as we speak.

With the nurses, now you would notice that, as you quite rightly said, Point Fortin is not attractive for specialists. We have recently—and thanks to the Member for St. Augustine who pushed it forward for me, the Nurses and Midwives Registration (Amdt.) Bill, bought in by the Nursing Council too. What we have in that Bill is a change of a whole paradigm shift of nursing care. What we are doing, the Nurses and Midwives Registration (Amdt.) Bill will allow, once student nurses have written their exam, they will be allowed to enter the system as nurses interns and they have, within one year, to write the RENR exam or the Nursing Council exam, but they will be in the system working together with their practical student time. After that, and they have a system in place where will be working, studying and upgrading themselves as they go on.

We have started the direct entry now for midwifery. We have started the direct entry for psychiatric nursing. We have started the direct entry for district health visitors. So there was none. There was a paucity of movement in that direction. That is taking care of the nursing part of it and I have the blessing of the Nursing Council.

The other part of it, which is an innovative approach, was started by Jamaica, is called the nursing practitioner. The nursing practitioner is a new category of nurse. That category of nurse will definitely be able to touch patients, inject patients and also prescribe simple drugs in rural areas on, basically after being trained. So that is a new category of nurses that will be

coming out. So the human resources part of it is being taken care of.

When we talk about infrastructure, yes, you are quite right, we are building hospitals but we are also taking care of the ones that we have. There is ongoing work in Arima. There is ongoing work in Point Fortin. There is ongoing work in Cedros and I can read a whole host of health offices, Talparo. I mean I have the whole list here where that is being done. Some being tendered out, some being, as they say, procured, some being repaired, some refurbished.

I see Carenage Health Centre. Carenage Health Centre is a primary health care centre. The thing about it, five Ministers of Health tried to build it, five.

Hon. Member: No alternative site.

Hon. Dr. F. Khan: Now, I have the site. Because why? There was a family there who nobody chose to negotiate with them to leave the site. We have been successful thanks to the Member of Parliament for Oropouche East. We worked together and we got something for the people and they have signed over. This was done almost 10 years ago, but they were not leaving. They are happy with what they have gotten. Now we have been able to tender and it is now being evaluated for Carenage Health Centre.
[Desk thumping]

Sangre Grande Health Centre—and if we go down south by your area, you have other health centres being taken care of. When you make the assumption that we are not taking care of the people in the rural areas, your discussion centred solely around Point Fortin and I understand why and that is why I understand and I agreed with what you are saying.

Mr. Sharma: Cedros.

Hon. Dr. F. Khan: No, Cedros, we are taking care of Cedros.

Mr. Sharma: She is only focused on Point Fortin.

Mrs. Gopee-Scoon: Of course, I mentioned Cedros.

Hon. Dr. F. Khan: Now, in all of that there is a foundation approach to the whole health system, which is something sometimes called an invisible, disruptive-type of innovation. It is electronic medical records and a health information management system. Once we get that right—and you all started it in Siparia as you said but it is now—I went to Siparia Health Facility recently. I saw it in action but it still needs to be upgraded. It is just matter of registration. What we are going to do in the whole system is put in place a health information management system where it will be paperless. So medical records will be paperless and that will serve as the foundation for everything: for your registration, for your investigation, for your doctors' and nurses' notes, your ward stay; all on one simple card and we are working towards that goal so the people of Trinidad and Tobago will have what we call the health card that contains their information on a strip and—
[*Interruption*] “Eh?”

Mrs. Gopee-Scoon: A data card?

Hon. Dr. F. Khan: A data card. It will be a chip card. Now, we are going to start it off and we are going to start it off with what we call the CDAP movement. With the CDAP, it is going to have accountability of the drugs that are there and on the CDAP form, we are going to reassess the pharmaceuticals, put lab tests. We are going to put some doctor visits and put some other things on that form and we are going to connect it with all

the pharmacies, together with the central stores. So anything that is taken off a pharmacy is recorded in a central store. That is going to be the pilot for the national health card. Hopefully that will start—it is being done right now. We are working out the costing. The Ministry will be paying for putting those card readers and computer systems throughout the pharmacies and the labs and then we are going to have it in a central area. After that is taken off, we are going to now add the services to it. But, in order to do that, we have to have the health information management system in place for the records. If you do a CT scan, if you do a simple blood test, it is uploaded on the card, in the area. The card has the information and that will now be taken to you wherever you want to be because it is going to be placed in what we call a cloud system.

Now when—so that is the approach we are going to do. We talk about ambulances. Recently the Ministry of Health acquired 10 ambulances through VMCOTT. Those ambulances, I want to say proudly, were fitted by local agents and they did a very good job. It is an excellent outfitting of the ambulances.

Mrs. Gopee-Scoon: Converted maxis.

Hon. Dr. F. Khan: No, but they are very good outfits. You could laugh as much as you want.

Mrs. Gopee-Scoon: But it is, “eh”.

Hon. Dr. F. Khan: You could laugh. It is one-tenth of the price of what we would pay for an external one.

Mr. Ramadhar: One-tenth?

Hon. Dr. F. Khan: One-tenth.

Mr. Ramadhar: So you are getting 10 more.

Hon. Dr. F. Khan: This is what I am saying and we are doing, we are looking at the approach to the ambulance system with the, as they say, inter-hospital transportation system. They are outfitted well. We have looked at it, we have compared it with the external ambulances and it is fantastic. So we are going to be able to outfit them at home at a reasonable cost, compared to the other way—procure more ambulances.

We have created an ambulance policy on how ambulances are supposed to go. What are the criteria for operating ambulances and what are the structures that you have in a grade of ambulances. Also, there is a problem where ambulances are held up in the emergency room. Sometimes three ambulances are waiting to take off, to, as they say, put their patients/triage their patients. We have put a time limit of 15 to 20 minutes on takeover. That will free the ambulances for external activity.

Now health care is simple, you know, it is just a matter of management; managing it where it has to go. But I have, as Minister of Health, to depend on the RHAs. I have to depend on south-west, north-west and whatever it may be. In your case, I am depending south-west. And one of the, I would say innovations that the PNM did in 1994, the health sector reform, was bring the RHA together. And I liken the RHA to an apple that was once whole, that you cut into four pieces and you pull them apart and you do not touch. That is why you cannot get an anaesthetist in Point Fortin. You have only three anaesthetists in San Fernando but you have about 11 of them sitting in Eric Williams.

Hon. Member: What!

Hon. Dr. F. Khan: Yes, but they will not move because they are contracted to north-central—*[Interruption]*

Mr. Seemungal: Thanks to the PNM.

Hon. Dr. F. Khan: And to get them to go to, on their contract, another RHA, no, they are not doing it. So, in other words, by trying to innovate, you have destroyed. Had you at that time in 1994—and I was part of the system in 1994 when we said it is not going to work because you are pulling it apart, people are not going to go. You cannot get a urologist in Sangre Grande. You cannot get certain people in Sangre Grande. You have to pay them exorbitant money for one day work because of the same system. So what I am looking at is bringing the RHAs into one unit, managed by the Ministry of Health and one board but that is in its—we are designing it.

Mr. Ramadhar: You are harmonizing it.

Hon. Dr. F. Khan: Harmonizing it so we can move people off the hold. Trinidad is too small to have four RHAs—*[Interruption]*

Mr. Ramadhar: Resource allocation.

Hon. Dr. F. Khan:—and England has decided that does not work and they have gone to a different method of approach.

What I am indicating is that things are happening. You are going to get your hospital. We have put it in place. The Government of Austria—at the same time, we hear the cries of the people of Point Fortin and we are going to deliver exactly what is asked. As you say the Point Fortin Health Facility, not the hospital, health facility—*[Interruption]*

Mrs. Gopee-Scoon: Health centre.

Hon. Dr. F. Khan:—health centre. I have told them to go up on all the

health centres.

Mrs. Gopee-Scoon: Go up?

Hon. Dr. F. Khan: Go up.

Mrs. Gopee-Scoon: That is right.

Hon. Dr. F. Khan: Now, I have taken a decision with the Chaguanas—that is not a Chaguanas Hospital, 1.6, no. That Chaguanas District Health Facility, if you want, or enhanced health facility is going to be like a mini hospital. It is going to be a prototype for all health centres in the country. I am taking that approach. I am going to get a design specifically done for that. That design will have an MRI, a CT scan, ultrasound, diagnostic services, something like the Siparia Health Office but with additional services for your health centre. Okay?

You are going to have all the services attached unto it. You will have a wellness centre, a gym upstairs and I am asking them to put administration upstairs and services below for wheelchair patients. So we are going to do the design first. So we are going to use designs such as these, depending on what part of the country we are at. So we are going to have an A, B, C and D design, depending on the area. So it will have uniformity around the place; uniformity of room, uniformity of structure, uniformity of service.

In it, there is a paucity that we are out of dental services. I am thinking. I am deciding to decentralize dental services from being a vertical service so you will get dental services out also. So what I am trying to say here, in two and one-half years—[*Interruption*]

Dr. Browne: But you were just criticized that decentralization?

Hon. Dr. F. Khan: No, no, when I say decentralized, it is going to be part

of the RHA but it is going to be linked. You see there is a—[*Interruption*] no, no but they would not be separate. They would be linked. Remember I passed an amendment here that goods and services could be procured by one RHA for all, but all the contracts that we are having problems with, that would be contracts from before. North-central contract was done before that.

4.25 p.m.

Mr. Speaker, we could go on, but we hear the cries of the Member for Point Fortin. I want to commend her for an excellent presentation and I want to say to her that we on this side will build that hospital, as you say, and I have to finish with a political thing. They talk, we deliver. Thank you.

Mr. Speaker: You can continue.

Hon. Dr. F. Khan: “Ah finish.”

Mr. Speaker: “You finish wrap up.” Finish?

Hon. Dr. F. Khan: “Yeah.” [*Desk thumping*]

Mr. Speaker: Leader of the House, you remember you want to move the adjournment, then I seek you indulgence.

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have been advised that the hon. Kamla Persad-Bissessar SC, Member of Parliament for Siparia and Prime Minister, has asked to be excused from today’s sitting of the House. The leave which the Member seeks is granted.

STATEMENT BY MINISTER

Mr. Speaker: Hon. Members, I seek your indulgence, the indulgence of the House, to return to Statements by Ministers to allow for a statement to be

made by the hon. Minister of Gender, Youth and Child Development. Do I have the House's indulgence?

Hon. Members: Yes.

Mr. Speaker: Hon. Minister of Gender, Child and Youth Development.

[Desk thumping]

**Growing Concerns on the Welfare of Children
in Trinidad and Tobago**

The Minister of Gender, Child and Youth Development (Hon. Clifton De Coteau): Thank you, Mr. Speaker. I wish to respond to the growing concerns on the welfare of children in Trinidad and Tobago. As my colleague, the Member of Parliament for Point Fortin, I wish to place on the record our deepest condolences and empathy for the relatives of Princess Keyana.

In making this ministerial statement, I do so with tremendous empathy, especially when my princess granddaughter celebrated her birthday last week, around the same age. I really, really feel for the parents and all those concerned citizens of Trinidad and Tobago.

Mr. Speaker, the Children Act, 2012 seeks to introduce a more relevant and effective legislative scheme, coupled with infrastructure that would greatly strengthen the protection offered to children who have been abused or harmed, or at risk of such abuse or harm. A new children protection framework incorporating the elements of coordination, monitoring and regulation will be introduced.

The Act forms part of a package of legislation, which includes the Children's Authority Act, 2000 and the Community Children Residences Foster Care and Nurseries Act, 2000 [*sic*] and is intended to work in tandem

with these two statutes to achieve its overarching purpose of strengthened child protection ranging for Trinidad and Tobago.

The elements of this framework necessary for the proclamation and hence implementation of the Children's Act, 2012, the elements needed: licensing and monitoring of community residences, foster care system, adoption, places of safety, children's attorneys, public education and sensitization, monitoring and evaluation of the implementation of the Children Act 2012, priority actions for the implementation of the Children Act, 2012, Children's Authority as a coordinating/monitoring entity. The three priorities were:

- (1) proclamation of the Children's Community Residences, Foster Care and Nurseries Act, 2000;
- (2) proclamation of the sections of the Children's Authority Act 2000, not yet proclaimed;
- (3) sensitization of key stakeholders and communities.

The Children Act, 2012 introduces fundamental changes to the criminal and civil regimes for the protection of children who are being abused, harmed or at risk of such abuse. Not only are these reforms intended to guarantee the optimal protection of children in government commitment under the United Nations Convention on the Rights of the Child, but are also intended to increase the detection and reporting rates of child abuse as well as prosecution rates of sexual offences against children in accordance with the Government's seven interconnected pillars for sustainable development, more specifically, pillar three, which addresses national and personal security, human security for peace and prosperity.

Effective implementation to achieve these outcomes is dependent on awareness of the reforms and the paradigm shifts effected through the reforms as well as an understanding of the precise roles of stakeholders and persons in the communities.

The hidden nature of child abuse, particularly child sexual abuse, means that although the new Act strengthens the existing protective framework, it can only be effectively implemented if the key stakeholders such as the police, social work educators—that is teachers, principals, school supervisors, guidance counsellors—managers and staff of children homes, caregivers and other persons with responsibility for children, non-governmental organizations and civil society as a whole are aware of their roles in effective implementation.

Quoting from my colleague at the time, Sen. The Hon. Verna St. Rose Greaves stated on Wednesday, April 25, 2012, that legislation is important but it is just one of the many tools that we must use to protect our children.

In closing, allow me to reiterate the sentiments of Prime Minister Kamla Persad-Bissessar SC, who in a message to commemorate Universal Children's Day, stated that:

“We must put an end to these evils perpetrated on our children and do our part in making this world a place where children are truly welcomed, loved and protected; a place in which they can thrive and realize their fullest potential in an environment conducive to creativity, security and well-being.”

The Government of Trinidad and Tobago, again, extends heartfelt condolences to the Cumberbatch family during this time of bereavement.

Our prayer is that none perish by the grips of violence and that all citizens, especially the most vulnerable in society, are given a safe space to grow and thrive.

The Government, through the Ministry of Gender, Youth and Child Development has a vision for the nation's children, which is that all boys and girls are happy, healthy and confident and their rights are respected, protected and promoted to facilitate their development towards achieving their fullest potential as active contributors to society.

The Children's Act, 2012 was assented to on August 06, 2012. The Act introduces a new and modern criminal system to address sexual deviant behaviour and neglect amounting to abuse against children. The Ministry of Gender, Youth and Child Development has been given the responsibility to engage practitioners who work closely with children and play a critical role in the detection and reporting of child abuse, to inform on the changes contained in the Act.

The purpose of the Act is to strengthen the child protection system in Trinidad and Tobago. Act No. 31 of 2000 amended section 31 of the Sexual Offences Act which makes mandatory the reporting of the sexual abuse of minors. This includes reporting by a parent or guardian, a person with custody, control, charge or control of a minor and persons with temporary custody and care, such as teachers. It is also incumbent on medical practitioners and those who have reasonable grounds to believe that a sexual offence has been committed in respect of a minor must report to a police as soon as is reasonably practical to do so. Failing to do so is an offence with a fine attached of \$15,000 or imprisonment for a term of seven years, or both

fine and imprisonment.

The new Children's Act, which we are working on to proclaim shortly, will significantly strength the protection of children who have been abused or at risk of abuse. Three statutes are involved in this process. These include:

- the Children Authority Act, 2000;
- the Children's Community Residences Foster Care and Nurseries Act, 2002; and
- the Children's Act 2012.

Implementation requires a number of administrative, legislative and infrastructural measures before the system can become operational. The three Acts must be proclaimed in tandem to establish a new Child Protection System. The following measures are required:

- the establishment of a minimum of three assessment centres in strategic locations throughout Trinidad and Tobago: the Children's Authority has entered into an MOU with the North/Central Regional Health Authority to provide the first assessment centre. The authority is currently in the process of outfitting the space to carry out its administrative duties and to receive children for assessment. Two other sites, in St. Madeleine and Chaguanas have been identified and preliminary designs for construction are in train.
- the development of standards and regulations for community residences, including children's homes and foster homes is completed. This with launched two weeks ago by the Children's

Authority and was done in consultation with stakeholders.

With respect to foster care standards, the Ministry hosted a stakeholder consultation as recently as yesterday and the draft standards will be reviewed based on the recommendations of the stakeholders with a view to preparing regulations. We are moving to license community residences and to develop a register of foster parents so that children can be appropriately placed, after assessment by the Children's Authority.

We are working to expand the number of places of safety. Additionally, the Ministry has recognized the need to establish a national children registry which was approved by Cabinet in August 2013. This registry will identify and track all children to ensure their wellbeing. The registry will foster a proactive and collaborative approach to addressing child abuse and neglect.

Another initiative of the Ministry is the implementation of a National Parenting Programme to equip parents with the skill set and support that is necessary to treat with the individual needs of their children. The expected date for roll-out is January 2004.

Cabinet agreed in May 2013 to an approved organizational structure for the Children's Authority. The compensation package is before the CPO and an aggressive recruitment process has begun.

A holistic approach is salient to address root causes of child protection failure such as poverty, power imbalances, gender inequality and harmful traditional attitudes, practices and behaviour. We therefore believe that security, both the awareness and commitment of all involved in protection planning and implementation to serve as a catalyst of change is essential in

realizing children's rights to protection.

For children to be effectively protected, it is essential that everyone accepts responsibility for the welfare of children. Social workers, health professionals, police, educational staff and anyone else who work with children and their families, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for the protection of our children.

Child protection is everyone's responsibility, so let us all work together to safeguard our children, the flowers of our nation; the future of Trinbago. [*Desk thumping*]

Mr. Speaker: Leader of the House.

ADJOURNMENT

The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal): Mr. Speaker, I beg to move that this House do now adjourn to next week Friday at 1.30 p.m.—I believe it is Friday, December 06—and to service notice that it is the intention of the Government to debate Bills No. 2 and 3 on the Order Paper and Motion No. 1, under Government Business.

4.40 p.m.

Strategic Plan Workshop

Mr. Speaker: Hon. Members, before putting the question on the adjournment, may I take this opportunity to remind you of our workshop to discuss the comprehensive strategic plan of the Parliament, to be held in the J. Hamilton Maurice Room on Wednesday, December 04, 2013, beginning at 1.30 p.m. and ending at 4.00 p.m.

Members can access the comprehensive strategic plan in your

Strategic Plan Workshop
Mr. Speaker

Friday, November 29, 2013

Rotunda application on your iPads. As you know, the strategic plan proposes the strengthening of the institutional capacity of Parliament; the strengthening of the legislative process; the enhancement of executive oversight and the strengthening of the representational role of Members of Parliament, among others. A pre-recorded presentation by the parliamentary consultant has been uploaded to the Rotunda, and you can access such under the heading “Important Information”, then “General Documents” under “Libraries”.

Hon. Members, I urge you to make a special effort to be part of this important discussion as we collectively seek to strengthen our Legislature. Let us, through this exercise, strengthen our Parliament together. Looking forward to your presence on Wednesday, December 04, 2013 from 1.30 p.m. to 4.00 p.m.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 4.32 p.m.