HOUSE OF REPRESENTATIVES

Friday, November 28, 2014

The House met at 1.30 p.m.

PRAYERS

[MR. SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Mr. Speaker: Hon. Members, I have received communication from the following Members: The hon. Dr. Keith Rowley, Member of Parliament for Diego Martin West. Dr. Rowley is currently out of the country and has asked to be excused from sittings of the House during the period November 24, 2014 to December 01, 2014; Mr. Colm Imbert, Member of Parliament for Diego Martin North/East and Miss Donna Cox, Member of Parliament for Laventille East/Morvant, have asked to be excused from today's sitting of the House. Mrs. Joanne Thomas, MP for St. Ann's East, is also out of the country and has asked to be excused from sittings of the House during the period November 25, 2014 to December 02, 2014. The leave which the Members seek is granted.

PAPERS LAID

1. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Chaguaramas Development Authority for the year ended September 30, 2000. [*The Minister of State in the Ministry of Finance and the Economy* (*Hon. Rudranath Indarsingh*)]
2. Report of the Auditor General of the Republic of Trinidad and Tobago on the Statement of Recovery of Expenses of the Ministry of Energy and Energy Affairs for the year ended December 31, 2013. [*Hon. R. Indarsingh*]

   Papers 1 and 2 to be referred to the Public Accounts Committee.
3. Report of the Auditor General of the Republic of Trinidad and Tobago on a Special Audit of the School Nutrition Programme managed by the National Schools Dietary Services Limited. [*Hon. R. Indarsingh*]
4. Audited Financial Statements of the Tourism Development Company Limited for the financial year ended September 30, 2011. [*Hon. R. Indarsingh*]

   Papers 3 and 4 to be referred to the Public Accounts (*Enterprises*) *Committee.*
5. Foster Care Regulations, 2014. [*The Minister of Gender, Youth and Child Development* (*Hon. Clifton De Coteau*)]

6. Children's Community Residences Regulations, 2014. [*Hon. C. De Coteau*]
7. Children's Authority Regulations, 2014. [*Hon. C. De Coteau*]
8. Annual Report of the Regulated Industries Commission for the year ended December 31, 2011. [*The Minister of Public Utilities* (*Hon. Nizam Baksh*)]
9. Annual Report of the Regulated Industries Commission for the year ended December 31, 2012. [*Hon. N. Baksh*]
10. Response of the Public Service Commission to the First Report (2011/2012) and the Fifth Report (2012/2013) of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on an Evaluation of the Service Commissions and on a Re-Evaluation of the Efficiency and Effectiveness of the Public Service Commission. [*The Deputy Speaker* (*Mrs. Nela Khan*)]
11. Response of the Teaching Service Commission to the First Report (2011/2012) of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on an Evaluation of the Service Commissions. [*Mrs. N. Khan*]
12. Response of the Teaching Service Commission to the Third Report (2011/2012) of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on a Re-Evaluation of the Efficiency and Effectiveness of the Teaching Service Commission. [*Mrs. N. Khan*]

JOINT SELECT COMMITTEE REPORTS
(Presentation)

Miss Marlene Mc Donald (*Port of Spain South*): Mr. Speaker, I wish to present the following reports:

Municipal Corporations and Service Commissions
San Juan/Laventille Regional Corporation

Fifteenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on a review of the Administration of the San Juan/Laventille Regional Corporation.

Sangre Grande Regional Corporation

Sixteenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service

Commissions on a review of the Administration of the Sangre Grande Regional Corporation.

Ministries (Group 1), and on the Statutory Authorities and State Enterprises National Insurance Board of Trinidad and Tobago

The Minister of Public Administration (Hon. Carolyn Seepersad-Bachan): Thank you, Mr. Speaker. I wish to present the following report:

Tenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Ministries (Group 1), and on the Statutory Authorities and State Enterprises falling under their purview on the administration and operation of the National Insurance Board of Trinidad and Tobago with particular focus on the Board's relations with the National Insurance Appeals Tribunal (NIAT).

ORAL ANSWERS TO QUESTIONS

Pointe-a-Pierre Refinery
(Details of)

7. Mr. Fitzgerald Jeffrey (*La Brea*) asked the hon. Minister of Energy and Energy Affairs:

A. What is the status of the repairs/replacement to the Hydrant system at the Pointe-a-Pierre Refinery?

B. Is Petrotrin prepared for all major fire scenarios in the Pointe-a-Pierre Refinery?

C. Does Petrotrin have a structured framework for corrosion management with mitigation actions?

The Minister of Energy and Energy Affairs (Sen. The Hon. Kevin Ramnarine): Thank you very much, Mr. Speaker. In response to question No. 7 on the Order Paper from the Member of Parliament for La Brea, and I get straight to the answer.

The answer to part A of the question reads: There have been extensive evaluations and upgrades of the hydrant water system at the Pointe-a-Pierre refinery. The hydrant system or fire mains system is configured to transport water from the fire pump houses through water mains of varying sizes throughout the refinery complex, tank farms, residential and other company locations at Pointe-a-Pierre. The refinery has an elaborate network of fire mains which comprises

several thousand feet of pipe including: four-inch, six-inch, eight-inch, 10-inch, 12-inch and 16-inch diameter sizes. These fire mains are continually upgraded in parts in order to replace piping that is deemed undersized to meet the current and emerging fire response water flow requirement and the demand created by newly constructed or upgraded process plants. The water for the fire pumps is supplied from Petrotrin's dams on the Pointe-a-Pierre camp.

The upgrading of the fire mains was recently conducted with the commissioning of a new 16-inch pipework for both fire pump house number two and fire pump house number 12. This has been ongoing for the last three years and is being done in order to ensure that the company meets the supply demands of process plants and other facilities in the refinery east area including but not limited to the acid-alkylation plant, the FCCU—which is the fluidized Catalytic Cat Cracker unit—the GCX, merox and the recently commissioned refinery laboratory. Also receiving supply via these recently installed fire mains are the central refinery and the ultra-low sulphur diesel plant, which is under construction. This new line also improves the supply to both the isomerisation and the CCR units.

In addition to the above, increasing pumping capacity is planned by the end of the current fiscal term with the introduction of an additional large capacity fire pump at the number two pump house. The adequacy of the fire mains hydrant system is measured through flow testing which is carried out as a joint function between Petrotrin's process engineering, utilities and fire department. Flow testing is conducted as:

(a) sections of fire mains are upgraded or replaced;

(b) construction undertaken and completed on new plant and facilities;

(c) randomly to determine adequacy due to new construction and process changes; and

(d) at the request of our insurance underwriters.

Fire water pumps are also tested every week by the Petrotrin fire department. There is also a project currently under way to improve the layout, size, capacity and pumping capability in the west area tank farm by way of the following:

(a) New 24-inch fire mains to supply sea water for enhanced fire protection throughout the foreshore tank farm;

(b) installation of four new large capacity fire pumps;

(c) installation of 24-inch pipework at the periphery of the tank farm; and

(d) installation of a 10-inch barrel super hydrant to service the area.

That is the end of part A of the question.

With regard to part B of the question the answer reads: Pointe-a-Pierre refinery has a detailed fire emergency response plan that is designed to manage all major fire scenarios. The plan is updated routinely with the latest version issued in November 2014. As part of the testing of the company's emergency response systems, there will be a planned evacuation drill of the refinery in the first quarter of 2015. There was one planned for this month, and you would see in the newspaper that has been postponed. For this exercise the company will be partnering with other key emergency responders, including the San Fernando City Corporation, the Trinidad and Tobago Police Service and the fire service. To ensure that it is prepared for any possible event that could require the evacuation of refinery personnel, Petrotrin conducts on an ongoing basis:

- Retraining of all existing fire wardens—and that is 140 persons who are fire wardens for the company;
- Identification and training of additional fire wardens—and that is 80 persons;
- Training of all refinery personnel in evacuation procedures—1,200 persons—and conducting of evacuation exercises for each facility;
- In addition, testing of the refinery voice over alarm system and siren; and finally
- Identification and training of contractor fire wardens/training of contractor employees.

1.45 p.m.

With regard to part C of question 7, the answer reads—the question is and I must read the question because this is a technical question. Does Petrotrin have a structured—[*Interruption*]

Mr. Speaker: No, you do not have to read it.

Sen. The Hon. K. Ramnarine: Okay, the answer to the question is, yes, it takes the form of a structured inspection programme that generates remedial repairs and activities.

The components of the structured inspection programme include:

1. Knowledge of the design parameters, operating conditions for the equipment.
2. Determination of the applicable degradations mechanisms based on equipment design and operating conditions.
3. Selection of the inspection method to best detect the effect of the applicable degradation mechanisms.

The frequency of inspection is guided by applicable codes and history of the equipment. The types of remedial action carried out will be dependent on what is required to return the equipment to serviceable condition. Remedial actions include painting, repair or replacement of the equipment, piping and insulation.

That concludes the answer to question No. 7, Mr. Speaker.

Mr. Speaker: The hon. Member for La Brea.

Mr. Jeffrey: Supplemental, Mr. Speaker. Hon. Minister, are you aware that if a major fire were to occur on one of the berths, okay, and at the same time there is a major fire in the refinery, there would be inadequate pressure to deal with both fires?

Sen. The Hon. K. Ramnarine: Mr. Speaker, I do not have specific information as to the water pressure as it relates to the berths and so on and what volume of water and so on, but if the Member were to file a question, I would certainly answer the question.

Mr. Jeffrey: Supplemental, Mr. Speaker. Why was the planned fire drill that was scheduled for November 27, why was it cancelled?

Mr. Speaker: Is that a new question or is it—[*Interruption*]

Mr. Jeffrey: No, it is said—

Sen. The Hon. K. Ramnarine: Yeah, again I will have to get the answer to that question, again, if you file a question I will answer it.

Fractionator Column
(Details of)

8. Mr. Fitzgerald Jeffrey (*La Brea*) asked the hon. the Minister of Energy and Energy Affairs:

A. What is the status of the Fractionator Column?

B. Was a recommendation made to change the Fractionator Column?

C. If yes, why has the Fractionator Column not been changed?

The Minister of Energy and Energy Affairs (Sen. The Hon. Kevin Ramnarine): Question No. 8, Mr. Speaker, and I will read the answer in the interest of time. The answer reads, the main column at the Fluid Catalytic Cracking Unit commonly known as the Cat Cracker, the main column is a fractional distillation column. This is referred to as a fractionator, which is a combination of the word "fractional" and "distillation", fractionator. The fractionator separates a feed stream into different fractions based on differences in their respective boiling points. At the fractionator, vapours leaving the reactor are separated into various product streams for further processing. The FCCU, which is the Cat Cracker, cannot be operated without the fractionator.

Following concerns raised by plant operators in April 2014, over the condition of the Fractionator Column, a 'Fitness for Service' evaluation was completed by Lloyd's Register. The final report will be received by the end of November 2014, so that should be sometime today, today being I think the last working day of the month. Preliminary indications, however, are that the fractionator can be returned to operations. It should be noted—I just want to put on the record for historical accuracy—that the Cat Cracker and its fractionating column were commissioned in 1952, and that would now make it approximately 64 years old now.

With regard to part B of the question, there have been recommendations to replace the existing column with a larger one, a larger column, with increased hydraulic capacities. I was just informed via email that these recommendations have not only been made during the term of this Government but they have been made under the term of the previous Government. And the question therefore is why was the recommendation not taken up when it was made under the previous Government?

With regard to part C, Petrotrin's engineering group has developed the specifications for the replacement of the fractionator column and the procurement group is currently in the process of placing the order. Estimated duration for receipt of new fractionator column is two to three years.

And that concludes the answer to question No. 8.

Mr. Jeffrey: Supplemental, Mr. Speaker. Hon. Minister, are you aware that on December 16, 2010, right, the Executive Management of Petrotrin—[*Crosstalk*] Mr. Speaker, I am asking you for protection please.

Mr. Speaker: Please allow the hon. Member to speak in silence, please.

Mr. Jeffrey: The Executive Management of Petrotrin had taken a decision for the procurement of this FCCU. However, Mr. Speaker, that invitation to bid was done. However, we recognized that on November 27, 2014, we had invitation to bid again resurfacing. Could you shed some light on that?

Sen. The Hon. K. Ramnarine: The question was, with all due respect to the Member, very confusing, the supplementary that is, but I just wanted to add a piece of information to what he said, because he has opened up a very interesting dimension to my answer, part of which I will ask him to file, but I just want to put on the record a partial answer. The decision taken in December 2010 by the then Board of Petrotrin was a decision—the upgrade of the FCCU, or the Cat Cracker was part of the gasoline optimization programme.

When the new Board of Petrotrin came in to office in November 2010, they found that project totally out of control with huge cost overruns that were as a result of a cost reimbursable procurement strategy which was a recommendation of the previous board.

In essence, the contractor at that time which was Bechtel and a company in Pointe-a-Pierre—I cannot remember the name of the company right now, they are somewhere in Tropical Plaza—they were given a blank cheque, a cost reimbursable contract is essentially a blank cheque, to upgrade the Cat Cracker and the company at that time took the decision to stop that and Petrotrin themselves took over the process of the upgrade of the Cat Cracker. I am not sure he is aware of that.

With regard to the other part about a tender being issued on some—I do not have that information and, you know, with all due respect to the Parliament and not wanting to mislead the Parliament, the Member may want to file another question.

Mr. Jeffrey: Further supplemental. Was ultrasonic testing done on all the nozzles in the column?

Sen. The Hon. K. Ramnarine: Again, I do not have that specific technical information with me and the Member may, again, wish to file a new question.

Petrotrin
(Risk Control re Refinery Incidents)

9. Mr. Fitzgerald Jeffrey (*La Brea*) asked the hon. Minister of Energy and Energy Affairs:

What risk control measures and practices have been taken by Petrotrin to eliminate the reoccurrence of recent incidents at the refinery?

The Minister of Energy and Energy Affairs (Sen. The Hon. Kevin Ramnarine): Thank you. Mr. Speaker, with regard to the answer to question 9, the refinery has a number of systems, processes and practices to deliver the objectives of safety and efficiency of operations.

Following the recent MP6 spill, all of these have been reviewed and changes are being made with the objective of preventing a recurrence of similar events. The control measures being implemented to prevent recurrence of a major oil spill at the refinery include:

1. Identification of any asset/facility that poses a high risk to personnel or the environment. The carrying out of immediate visual checks on all tanks in service for obvious signs of leakage or other abnormalities.
2. Inspection of all assets classified as high risk and development and implementation of required remedial measures and maintenance works to reduce risk.
3. Removal from service of tanks that pose a high risk to the environment.
4. Identification of all tanks that require bund walls and prioritization based on risk for the construction of bund walls.
5. Review and training of personnel on Safe Operating Procedures for transfer of product.
6. Review of Emergency Response Plans for Oil Spills in the refinery and conduct of training and drills to improve response time and preparedness.
7. Purchase of additional oil spill response equipment and stand-by arrangement with contractors for emergency response. The equipment includes containment booms, skimmers, vacuum trucks, storage tanks, et cetera.

8. Strict adherence to Management of Change and Risk Assessment Procedures for all changes and activities.

Additionally, Petrotrin has contracted the services of a Canadian firm, Cole Engineering, to review Petrotrin's waste water systems and develop recommendations to improve the quality of effluent leaving the refinery. Petrotrin is awaiting the final recommendations from that report.

However, we expect that the recommendations will naturally include the upgrading of all of Petrotrin's waste water treatment plants, acquisition of additional pumps and cleaning and upgrade of all oil collection points, such as oil and water separators. This will ultimately eliminate any oil from entering the Guaracara River or the marine environment.

With respect to bund walls—Petrotrin proposes to undertake in the first and second quarters of calendar year 2015, the following:

Masonry bund wall. Devise engineering strategy for correcting deficiencies/demolishing and the rebuilding of failed bund walls in conformance with all applicable codes and standards with respect to design, capacity, construction and disposal of spilled material.

Verification that all other current masonry bund walls are in compliance with all applicable codes and standards with respect to design, capacity, construction and disposal of spilled material.

Finally, with respect to earthen bund walls, verification that all current earthen bund walls are in compliance, again, with applicable codes and standards. The implementation of corrective actions were required and the development and implementation of measures for proper disposal of spilled material.

And those are some of the plans that are being put in place to eliminate or reduce the probability of oil spills at the Pointe-a-Pierre Refinery. Thank you very much, Mr. Speaker.

Mr. Speaker: The hon. Member for La Brea.

Mr. Jeffrey: Supplemental, Mr. Speaker. [*Crosstalk*] Mr. Speaker, I would like your protection. Hon. Minister, Pricewaterhouse was commissioned to do a study of the refinery. Could you tell us what were the recommendations made?

Mr. Speaker: That is a completely new question. Ask another question. Do you have another supplemental, hon. Member? [*Mr. Jeffrey waved his hand*] All right, let us move.

STATEMENTS BY MINISTERS

Mr. Speaker: Hon. Members, under Standing Order 24(2), I have been informed by both the Minister of Works and Infrastructure and the Minister of Finance and the Economy, that they both intend to make ministerial statements here today. In those circumstances, I wish to advise this House that those statements will be presented by those two Ministers before the adjournment of this honourable House this evening.

2.00 p.m.

EBOLA VIRUS

(COMPREHENSIVE NATIONAL RESPONSE TO)

Dr. Amery Browne (Diego Martin Central): Mr. Speaker, I beg to move the following Motion standing in my name:

Whereas the security and well-being of Trinidad and Tobago are threatened by an Ebola epidemic that has affected multiple countries;

And whereas the implementation of effective measures against Ebola is critical to the future of Trinidad and Tobago;

And whereas the Government has failed to sufficiently prepare this nation to properly prevent and manage Ebola infections:

Be it resolved that this House direct the Government to initiate a comprehensive national response to protect the people of Trinidad and Tobago from the Ebola virus.

Mr. Speaker, this is a very serious issue that has been addressed in countries right across the globe ever since the current Ebola outbreak was documented first in March 2014, and maybe I should begin by stating what this Motion and what this debate are not. This is not a case of opposing for opposing sake. This is not a case of trying to score cheap political points against the Minister of Health or the Government of Trinidad and Tobago, on an important issue of national and international concern. This is not mere criticism for criticism sake, and I will be in a position before I end my contribution to present specific recommendations which I aim to assist this Government which has its responsibilities, and to assist the nation of Trinidad and Tobago to be more ready, to be better prepared and to be better protected against Ebola and any other emerging infection that might arise in the future.

This debate is also not an attempt to generate confusion or panic or terror in the citizens of Trinidad and Tobago.

Hon. Member: Well said, well said.

Dr. A. Browne: So I just want to start with that because I know [*Desk thumping*] the way these things are characterized on the other side.

But, Mr. Speaker, let me also say what this debate is. Ebola is a pressing concern and issue of international attention. It is a disease that has a very high fatality rate, an infectious disease with an unusually high fatality rate, and the fatality rate in this particular outbreak has been of concern to public health officials across the world.

This debate is also about highlighting and helping the Government to address the gaps in the health infrastructure of Trinidad and Tobago, and to ensure that systems are put in place that will protect us, not just in 2014 but also in 2015 and into the future because Ebola is not the last threat that will affect this nation with respect to infectious diseases. And if we look into the future, there are other diseases out there that might present themselves in the Caribbean and in Trinidad and Tobago, and there are some that are yet to come.

People have been asking—citizens have been asking—why are you getting all of these outbreaks across the world? What has changed? A lot has changed. Global travel has increased—we are well aware of that—to an historic high. In addition, mankind is encroaching more and more into the natural environment, into forests, into jungles, into wetlands, like in some parts of south Trinidad and even north Trinidad, where the Government is on a rampage, and all of those—[*Interruption*] Yes it is. You are going to be educated today.

All of those activities present a challenge with zoonoses and the crossing-over of infections from animals—which are often the natural reservoirs of these viruses—to the human race, which very often is not the natural reservoir or the natural host; but due to mutation and other factors, and the close proximity in interaction between humans and those species, we are seeing outbreaks of these emerging infections more and more, and Ebola is no exception.

Mr. Speaker, Ebola was first demonstrated in 1976 and since then there have been a number of international outbreaks of concern. The worst and most complex is the 2014 outbreak. There have been 30 outbreaks of Ebola thus far on planet Earth. This one is the worst of them all. So it is something that every citizen must pay attention to. And the overriding question must be: are we ready in Trinidad and Tobago?

Mr. Speaker, I am going to present some evidence that would suggest to the contrary. I am not going to say that the Ministry of Health, or the Government,

has done nothing because that would not be the truth and we on this side stand for the truth. There have been activities. [*Desk thumping*] Yes, that is what we do. There have been activities; there have been events; there have been attempts, but we have yet to see laid in the seat of democracy, the Lower House of Parliament, any comprehensive national response plan for Ebola. The citizens, at this point, have not yet been taken into the confidence of this Government, and I am hoping that will end in this debate today where we can get some of the answers to these questions.

But, Mr. Speaker, what has happened internationally with the Ebola response? Bear in mind, on August 08, 2014, the Director General of the World Health Organization declared, for the first time, that Ebola is an international health situation that is of concern to the globe. That was a very important day, and countries and governments should have sat up at that point and taken some action.

But I mentioned there were 30 outbreaks, and let me tell you some of the countries that have been affected by past Ebola outbreaks because if you do not know the past, you are not going to have a sense of what you are really dealing with in the present and you are not going to be able to prepare for the future. We keep talking about West Africa. Yes, West Africa has been the epicentre of this particular outbreak, but in the past let me tell you countries that have been affected by Ebola: Zaire, Sudan, England, the United States of America—this is according to the WHO—the Philippines, Italy, Gabon, Côte d'Ivoire, South Africa, Russia, Uganda, Mali, Guinea, Liberia, Sierra Leone, Spain, Senegal, Nigeria.

Mr. Speaker, that takes us well beyond any assumption that this is merely an African problem, that Ebola is merely confined to one continent. It has not been like that in the past. Bear in mind, we are dealing with the largest, most complex outbreak in the history of that particular infectious disease. Some of those countries, there were human cases; in other of those countries, there were cases of illegal importation of monkeys and other primates infected with Ebola. We know what is going on here in Trinidad and Tobago. We know what is happening on our south coast and I am going to present some evidence to support, not alarm or panic, but concern and a need for the Government to respond accordingly. We know what is happening.

There were other cases where it was within laboratories that there was contamination based on Ebola samples and exposure, and that was the cause of concern and the source of the outbreak, and I am going to discuss a little bit what is happening with our laboratories here in Trinidad and Tobago.

There was a big push a few years ago—big hurrah-rah, classic Government style, certifying labs and standardization and meeting international standards. Mr. Speaker, all of that has fallen silent. Remember the big hurrah-rah about—in fact, a Bill came here to standardize procurement with the regional health authorities, and to help—fancy presentation; we are going to get drugs on time and so on. That Bill died on the Order Paper. Nothing happened after that.

So we have had these commitments and promises and prospects, but we remain very vulnerable in this country to, well, just about any health crisis. And if you pick up any newspaper any day of the week, or if you turn on the television any night, you are going to see an increasing volume of health emergencies that are affecting ordinary citizens of this country. The last thing we really need is not to put all measures in place, not to have a comprehensive approach to preventing Ebola and then adding that to the list of burdens or crosses on the back of the humble citizens of this country.

That is really the source of this presentation. That is the primary nexus of concern and I am hoping we are going to move the country in the right direction. All of those countries that I mentioned that had to deal with Ebola in some way in the past, you know what is the one factor none of them had that we have here? The greatest show on earth—the greatest show on earth that we are all very proud of—many of us are very proud of—and I am going to talk a little bit about that as well, and steps that the Government must take now to help ensure that our citizens and our children are protected and are safe from this, and future emerging infections.

But, Mr. Speaker, I promised to talk a little bit about what other countries have done that might be a little different, and might I say in some cases, a little superior to the approach of this UNC Government. Let us talk about the Parliament and how Parliaments have interacted, and I know there is a lot of back and forth. I saw the Minister of Health, with his usual glib comments in the media and so on; none of us should take personally because we know what we are dealing with on the other side. But there was a lot of debate and talk about, "Well, should the Parliament consider Ebola?" And, "That is not the Parliament's business", and "Let the Executive do its job". A lot of nonsense, Mr. Speaker, in my humble opinion—not to use a strong enough word. But let us see what other countries have done.

On September 17, 2014, the European Union Parliament met and conducted a debate in its Development Committee. Well, on September 17, the European

Parliament engaged in debate on the Ebola crisis. On November 17, the Development Committee of the European Parliament met again to specifically discuss the Ebola response within Europe and also the engagement between Europe and African nations. The ACP/European Union Parliamentary Assembly is also convened for three consecutive days of debate in the country of France, specifically on Ebola-related issues.

Further, the United Kingdom Parliament convened a special House Committee session specifically on Ebola. Westminster system! United Kingdom Parliament! Specifically on Ebola! And I have extracts which I will share with the Minister of Health if he chooses to read them. Of course, Parliaments across Africa, including the Pan African Parliament, I am not even going to dwell on them, but we are looking at international examples. The Singapore Parliament debated that country's Ebola preparations on November 03, 2014.

Closer to home, the Government of St. Lucia—where is St. Lucia? The Government of St. Lucia also engaged with respect to Ebola and there was a special session of both Houses of Parliament—it is right here before me—addressed by regional and international experts, and again, the focus was specifically on Ebola. I am going to say a little more on that. Oh, here we are. This was on October 27.

> Special joint sitting of the St. Lucia Parliament focused on Ebola with an address by the Director General of the OECS Commission.

Mr. Speaker, what about Jamaica? In Jamaica, our regional neighbour—friendly neighbour. The Prime Minister invited all 63 Members of Parliament to a meeting with key health officials, with mayors, with councillors and all the other elected officials of that country to discuss two things: Ebola and Chikungunya. All 63 Members of Parliament were convened for that specific purpose, recognizing the importance of properly sensitizing and informing and empowering elected officials in the country and therefore reaching more persons across the communities.

But the Jamaican Government did not stop there. The Jamaican Ministry of Health has also been hosting a series of Town Hall meetings in counties across Jamaica. Has any Member of Parliament attended a Town Hall meeting on Ebola so far? Raise your hand. Not even the Minister of Health can raise his hand because that is not happening. But I am just giving you a comparison when we talk about a comprehensive national plan and dissemination of such, and readiness of a community and country to treat with an emerging infection, or infectious

disease, and what we have here.

So that is what is happening in Jamaica: series of Town Hall meetings to help sensitize and prepare the general public. There was one just this Tuesday evening, just a few days ago in the island of Jamaica. The Grenadian Government has also been doing work with a specific facebook page, website, giving updates about the Ebola situation and response.

2.15 p.m.

But, Mr. Speaker, what of the Republic of Trinidad and Tobago? Well, our Government—and we heard it from the Member for Oropouche East—took it upon itself to send the Parliament on an unannounced holiday during that same period that other countries were taking their responsibility seriously. Sent the Parliament on an unannounced holiday and I will examine that on another occasion because the rationale for that was complete smoke and mirrors and, you know, vacuous emissions from the Member for Oropouche East. I would not dwell on it at this moment.

But the Government has avoided the Ebola discussion in this Parliament for weeks and months. The Minister of Health only read a hastily-prepared statement on Ebola here after this Motion that we are debating today was filed, and they realized they could no longer escape on a permanent basis, the House fulfilling its responsibilities of providing oversight to the actions of the Executive of Trinidad and Tobago. So they have avoided this like the proverbial plague.

In fact, the Prime Minister went so far as to invite elected officials from other countries to come here to talk about Ebola, and she did not engage the same respect for the Lower House of Parliament and elected officials right here in Trinidad and Tobago. So how then can we be assured that what the Government is doing is sufficient? How then can we engage in discussion or debate? How then can we ensure that communities across Trinidad and Tobago, irrespective of political alignment, et cetera, are properly sensitized and are on board with respect to Ebola and other emerging infectious diseases? Mr. Speaker, I would say that that was a disservice—that approach was a disservice conducted by the Government of this country.

Mr. Speaker, well, the history is quite clear, it took a private Motion to gather the Parliament of Trinidad and Tobago to discuss Ebola filed by the youngest member of this People's National Movement Bench, and the fact of the matter is, we care about the citizens of this country. [*Desk thumping*] We recognize topics of importance and concern to the citizens and we will hold this Government to

account no matter what it takes, no matter what it takes. And based on what I have presented thus far and the differing approaches in the region and across the globe, I would have to say I am ashamed that this Government has been hiding on this particular issue.

Mr. Speaker, if this Ministry of Health was driven by competence and intelligence and other good things, the Minister himself would have filed a Motion here. He would have laid a plan on the Parliament's table. He would have presented the Government's approach and response to Ebola, and then allow for response, rebuttal, engagement, et cetera, but that is not his approach and we see it in the budget debates as well. Wait until the Opposition takes that responsibility, conducts a presentation, and then he is going to come and say, "Well, we did this, we did not do this" and they are responding. That is how this Government deals with the seat of democracy. And, Mr. Speaker, I want citizens to take note. There was a better way that they could have conducted this business, they chose not to, but thank God there is a responsible Opposition in this country. Thank God for that. [*Desk thumping*] They could run but they cannot hide. So we have a lot to talk about.

And why am I so concerned, Mr. Speaker? It is not just because I am a health care provider but I pay attention to the Government as well. Forgive me for that, I pay attention to them. And, Mr. Speaker, the words that will echo in my mind and in the minds of many of the citizens of this country occurred many months ago when we were told by this Minister of Health that Trinidad and Tobago is ready for what? Chikungunya. He then had to come to the House a few weeks ago in response to a question that I filed to tell us that we have almost 3,000 cases of confirmed and suspected Chikungunya in this same country that was ready for that same disease. How then can we trust this Government without the plan being shared and without proper examination? How can we trust them to protect any citizen from any emerging infections? They gave that same commitment for Chikungunya and right now, if I have to say anecdotally, there are probably more ill persons in the western peninsula of this country and other parts of Trinidad and Tobago than well persons.

You have businesses that are suffering from a lack of productivity and you know, this—[*Interruption*]

Mr. Cadiz: This is nonsense! [*Inaudible*]

Dr. A. Browne: What constituency is he?

Hon. Member: Chaguanas East.

Dr. A. Browne: The Member for Chaguanas East is saying that is not true because he is totally disconnected from the citizens. Totally disconnected! [*Desk thumping*] Acute febrile illness, malaise, body pains, abdominal pains, nausea, is affecting thousands of citizens. The Minister of Health knows that. He does not know the cause of all of them. I asked the question: Has the research been done? He said, "Well, we have a surveillance unit" which was—he knows that is nonsense, because, Mr. Speaker, if this scenario was occurring in Florida or any serious part of the world, the CDC and other agencies—[*Interruption*]

Dr. Khan: Would fly down here. [*Laughter*]

Dr. A. Browne:—would be very very concerned and would want to identify the causative agents of that type of clinical picture in a large segment of the population.

But what we have now is many persons with viral-like symptoms. We know in some of them, it is Chikungunya; we know in some of them, it is dengue; we know in some of them, whatever it might be, the common cold, some of them might have a drug rash, some of them might have influenza, there are other things going on, but the research is not being done. I am telling you because I have checked, Mr. Speaker, and therefore, I am describing really a fertile environment for other infectious organisms to set in, possibly unbeknownst to public health officials, and that laid back, laissez faire approach by the Member for Chaguanas East and others in the House must be very worrisome to any right-thinking citizen of this country. [*Crosstalk*] Yes, Member for Chaguanas East, "you self, you self". So, Mr. Speaker, that is the reality in this country.

And maybe it would do us well to take a look at some of the symptoms of Ebola. What are some of the symptoms? Mr. Speaker, I think that is a fundamental error that the Minister and a number of other public health officials have been making. There seems to be an assumption that Ebola is going to announce itself, and so therefore, we just need to get some isolation and transportation up to Caura—the $250,000 facility for Ebola in Caura and all will be well. And so you have these photographs, poor Chief Medical Officer—is he still the CMO so far? [*Laughter*]—standing in front of two health officials with some makeshift biohazard equipment, duct tape around their wrists and all sorts—I mean, really, really, I feel sorry for the health care workers to have to be grandstanding or made to grandstand like that to tell people "We are ready, it is all right", just like we were ready for Chikungunya, we are ready, we took a photograph up at Caura. But, Mr. Speaker, Ebola does not announce itself. A patient is not going to arrive with Ebola printed on their forehead.

So let us look at the symptoms and we could go to the CDC or any other agency to assist us in that regard. Signs and symptoms according to the Centre for Disease Control and Prevention. Do you know what they are? Fever, body pain, malaise, weakness, fatigue, diarrhea, vomiting, abdominal pain. The identical symptoms that thousands of families are experiencing right now, including rash—raised rash on the skin. So, in the first two weeks, the first two to 21 days, average eight to 10 days, people are not—skin is not falling out, people are not bleeding, you have the dramatic pictures. They did the same thing with HIV at first and AIDS, dramatic pictures, and you know, some whole death scare, but that is not how Ebola first presents itself.

If you look at what happened back in Zaire in 1976, you know where the place that Ebola spread the most? It was in health care institutions because persons came in with these viral-like symptoms which are very common here, and they were allowed to wait and mingle with other patients in emergency settings and guess what? Infection spread from patient to patient within health care institutions. Mr. Speaker, I invite you to visit the casualty department right now when we are finished with this sitting, at the Port of Spain General Hospital, San Fernando General Hospital, Arima Health Facility, Sangre Grande, anywhere else in the country, and that is the same picture that you are going to see. Very little—there is no febrile illness policy at these institutions.

So once they do a triage and they identify somebody with fever, body pain, probably a virus-like illness, you are made to wait—and this is no fault of the staff, this is the system they are working with and sometimes hours—three hours, four hours, five hours—ill persons with those symptoms that I have just described, mixing and mingling and interacting with others—[*Interruption*]

Dr. Khan: Talk about the extended hours in the health centre there one time.

Dr. A. Browne: I will mention it.

Dr. Khan: Go ahead then.

Dr. A. Browne:—for hours. The Minister is somehow trying to say, well, we have extended hours, but that is not curing the problem that I am describing, Minister. Let us not be glib, you will get your chance to splash and "ramajay" or whatever you want to do. So, Mr. Speaker, I am describing a very fertile environment and the Ministry—as I was telling the Minister, Ebola is not going to announce itself.

Then you come to testing. "All right, Dr. Browne, it may not be an obvious case of Ebola if it does arise but surely we can just test and we would know."

But, Mr. Speaker, what the Minister has, as yet, conveniently, not told this population, we do not have testing for Ebola in Trinidad and Tobago; we do not have testing for Ebola in the English-speaking Caribbean, and that is a fact. So, Mr. Speaker, we have to send samples, like in some other diseases, abroad to Canada or the United States of America. Do you know how long it takes for the result to come back to Trinidad and Tobago for an Ebola-specific sample request? How long does it take? I could tell you the Minister of Health does not know. Do you know why? Because they have not tested that chain—[*Crosstalk*] Sorry?

Dr. Khan: It has no Ebola to test.

Dr. A. Browne: He has no Ebola to test. Mr. Speaker, in any sensible health Ministry, and it is happening in other countries, they do a trial run—

Mr. Deyalsingh: A simulation.

Dr. A. Browne: A simulation.

Mr. Deyalsingh: That is right. [*Desk thumping*]

Dr. A. Browne: He has no Ebola. So, Mr. Speaker—I do not want to "rough yuh up, yuh know, so ah suggest yuh wait yuh turn". Because if we wait on Ebola to get ready for Ebola, "we in trouble", we would be in trouble. I am not saying "we doomed" or anything, this is not a panic-creating presentation but when I hear the Minister saying things like that, I must worry. I am starting to panic for him because I really want him to approach his job with a little more open-mindedness and forthrightness than that. So you cannot wait on an Ebola sample to test that—

Mr. Deyalsingh: Test the system.

Dr. A. Browne:—system. Exactly. Let us do it right, that is all I am saying. Let us do it right, let us do it properly and let us not make excuses. Minister, I see you are getting—I am not saying "yuh not doing anything", you know, I read the newspapers like other citizens, I see activities and events, and as I said, I have a long list—Mr. Speaker, I want a little time guidance from you—that would take about 10 minutes so that I can give my specific recommendations because I have a few things to share, and if some of them, the Minister has addressed, I will be very happy, but I know many of them have yet to be done.

So, people do not realize that the testing—we do not offer the test here, the sample can be drawn and if you look at what is happening in some of our laboratories, I am concerned there as well. The Minister has dropped the ball on

that, there is no doubt in my mind because our labs are not certified, they are not standardized, they are not held to account, they are not properly monitored, and that effort that was being made a couple of years ago, it seems to have died. That is a concern. Ebola does not announce itself, it is going to take up to several weeks for that type of result.

Then what happens to "Mr. ah not feeling well, doctor" during that period; "Mr. I have a fever?" Then, the other thing that causes me some additional concern, we seem to have an over-reliance, if I listen to the Government, on a checklist at the airport and at the port, which ask persons on a voluntary basis: have you been to these three African countries? Some Members of Parliament travel more than others, and that is a topic for another day, but when they go to the United States or Panama or wherever else they go, they get a questionnaire from immigration in those countries, and we do the same here. Some of the countries ask: where have you been in the last six months or indeterminate period? What countries have you visited during the last or name the last six countries you have travelled to?

Mr. Speaker, I have spoken to Members of Parliament right here in this House and persons outside who travel often, and very often, they do not take that very seriously. Very often they take a shortcut and just say the last country or avoid filling that out altogether because it is a nuisance. Far less for someone who might be concerned about being quarantined for 21 days in a location when they are feeling all right, they do not need to put down those things. This is a voluntary system and citizens need to be aware of that because what we are talking about is the protection of our country, and therefore, we have to sit up and take note of what the Government has or has not done.

2.30 p.m.

Furthermore, if someone travels from a West African Ebola-affected country to the City of London or the City of Washington DC or any other metropolitan area, they do not have to come to Trinidad for us to be concerned, you know. They just have to interact with someone from Trinidad who is in such a city. And, therefore, a national or some other visitor arrives here and they are asked: "Have you travelled to West Africa? Are these countries that you visited on your last stay?" And you may be asked to give a travel history, et cetera, and that might be a very innocent travel history. Member for St. Augustine, that might be a very innocent travel history, but they have interacted with persons wherever they went—even in the airport where they did business or in the hotel or elsewhere—who could have been exposed to Ebola and, therefore, if we put too much reliance

on Caura and our isolation vehicle and our gentlemen with duct tape around their wrists and a makeshift hazmat suit, we are making a grave mistake.

I want to add another factor, Mr. Speaker, to the concerns that I am expressing. And it really was an interesting article. You know, there has been a lot of talk about discrimination at the Immigration Detention Centre, et cetera. I saw an article entitled:

"'Lured by land of milk, honey'"

It was a gentleman from Nigeria—now, Nigeria is now declared Ebola free, but people travel from Ebola-affected countries to Nigeria by the thousands on a weekly basis—who indicated that he came to Trinidad and he said, and I am quoting from an *Express* article of November 28, 2014. He said:

> "…he did not know why he came to Trinidad. 'I got a ticket to go to Brazil for a job and there I realised that the job I was promised was not actually"—coming my way and—"I was stranded…so someone comes to me"—this is in Brazil—"and says there is this land flowing with milk and honey, T&T, there are jobs, you could make some good dollars. That is how I came here,' he said
>
> "…he made a connection with a Trinidadian who owned a boat and paid the man US $250 for a ride 'in a fig boat on the high seas' to Cedros."

A gentleman from Africa, another continent, finds himself here.

He has not visited the Minister of Health or their official. He has not visited the Minister of National Security or immigration officials. Coast Guard has not seen him. The radar—well that is another story. He is here. He is in this country, having arrived here. So all of the checklist, all of the equipment to be procured and systems and $250 facility, he has bypassed all of that and he can turn up at our STI clinics, as many immigrants sometimes appear with sexually-transmitted infections. He can turn up at his nearest health centre. He can turn up at a job site, a construction site, et cetera. All of that to say, if we do not address our basic primary health care infrastructure, if we do not properly train and equip our staff in health facilities across the country, focusing on Caura and photographs with the Chief Medical Officer is not going to help us, especially when we have the greatest show on earth that is coming. This Government has to do a lot more.

So, Mr. Speaker, I spoke about the signs and symptoms and the differential diagnosis is quite wide with this particular infection. So, I know there have been a number of sides. There have been some who said, and I agree with that, that there is generally a low risk of Ebola importation into this country. But just because

something is of low risk does not mean it is of low concern. I would say it is of low risk but high concern, because should that eventuality occur, especially if we are not properly equipped, it is more likely to occur, then we would be in very serious trouble in Trinidad and Tobago.

When you look at what happened back in 1976, weak health systems. It is not as weak here but it is quite weak and I am afraid it is getting weaker in some respects; procurement disaster, basic hygiene equipment.

I was on the Paediatric Ward in Mount Hope a couple days ago, on a social volunteer exchange or participation. The first thing you do when you walk on to any ward, especially in paediatrics, you go to sanitize your hand and the hand sanitizing station, empty, no fluid, not working. Talk to the staff: how long has it been like that? When you see these basic things—and it is not just there, at many health facilities—there is something wrong with the procurement chain in this country. Basic supplies—our health institutions are in trouble. And, therefore if you cannot even do the ABC of infection control, how do you reach to the hazmat suits? And I really want to talk a little bit about that.

Then you get into—when you talk about procurement and proper supplies—NIPDEC and the Ministry, I do not know what is going on with NIPDEC and the Ministry of Health right now. They came to a Joint Select Committee and they said they are not getting enough money to buy supplies and drugs for our health institutions. The Minister said they are not telling the truth. But I have evidence here that appears to very much validate what the NIPDEC officials are saying and very much substantiate that the Ministry of Health is giving about 50 per cent or less of what is required to procure these drugs and equipment. So, are we ready to deal with infectious diseases? Is our country safe in that regard? I do not know. They are going to have to settle their differences.

We talk about accountability. There are differences even with the RHAs and the Minister. I do not know what is going on and I hope you would update us. We made some calls for some changes. I am very interested in knowing if the Minister is taking steps to improve what is going on in our RHAs and help secure the health of our citizens. Maybe he will have something to share on that a little bit later.

Then we have to talk about the cost of equipment. But, I do not want the time to pass without sharing those recommendations. How much time do I have?

Mr. Speaker: You have until 2.45 p.m.

Dr. A. Browne: Oh, look how time flies. Look how time flies, Mr. Speaker. I am going to have to pass some of this material on to one of my erstwhile colleagues. But let us go right into some recommendations, Mr. Speaker. Recommendation number 1, procure proper equipment and provide them to health care workers and immigration workers where required. Mr. Speaker, I am inviting this Minister not to waste money but to do this wisely.

He made some pronouncements that must have me concerned. I would just quote two of the major newspapers, the *Daily Express* of November 12, 2014, Minister of Health:

"Caura ready for Ebola"

Caura ready. Trinidad and Tobago not ready but Caura ready for Ebola. All right. I would just give a brief quote. He said, this is the Minister.

> "…several hazmat suits have been purchased at a cost of US $20,000 each and training on the proper use of the suits would be provided to staff."

Same day, Wednesday, 12th November, the *Newsday* this time:

"Ebola treatment centre ready"

Right, they are ready up there. Quote again, the Minister of Health speaking:

> "'Thank God"—these suits—"are re-usable', Khan said noting that each one cost US $20, 000."

Mr. Speaker, I have to ask the Minister of Health: what type of suits are these? I suspect they are suits that probably were worn by the Apollo 13 mission, because I have done extensive research and I have checked providers of type A hazmat equipment across the world and I have yet to identify suits that cost US $20,000. The highest priced suit that I could come across, complete with communication equipment, ventilation equipment, total protection, biological views for dirty bombs, chemical containment, highest level of biohazard exposure, cost less than US $3,000. I would want the Minister of Health to disabuse me of any notion that I might have that he is reckless and wasting money on this so-called Ebola. Disabuse me, just present the actual reality because he is saying that those suits have been purchased. Extensive research—Mr. Speaker, I have an entire file on type A hazmat suits at the highest level and US $20,000 is not even close, not even close. So that is number one, procure the proper equipment and provide it to health care workers. Do not waste money. As far as I am concerned, not done until proven otherwise.

Training for all medical staff, there have been some, what they call sensitization sessions, but very often these sessions have not been done demonstrating the proper equipment and its use. They have not been followed up by any recall sessions and they have not involved any simulation exercises or readiness exercises whatsoever, as far as I am aware and I have done extensive checks. The Minister is going to clarify whether or not that has been done. As far as I am concerned, all of that is mandatory if we are serious and it would not just help us with Ebola but other emerging infections as well. Not done!

I am going to make another recommendation, given what is going on in the informal sector with illegal immigration. This recommendation will assist us, not just with disease control but human smuggling, reducing human smuggling, cocaine, drugs and guns, et cetera, and that is to implement. I am calling on the Government once again to implement closed circuit television monitoring of all our fish landing facilities, those fisheries, and we are spending money on them across the country. I have one in my constituency as well. God bless them. But there are also illegal activities that sometimes occur, including human smuggling, including people from possible Ebola-affected countries. Implement closed circuit television monitoring at all of these facilities. Minister, not done.

Moving on, recommendations. All schools and churches must be involved in training and sensitization around Ebola. Not done! Not done at all! Done in other countries, not done in Trinidad and Tobago. Institute a febrile illness protocol at all our emergency and casualty units. Again, I am concerned. Given the lack of research that is being done, the possibility exists that a contact or someone that might be affected by Ebola or one of the other emerging infections for hours mixing and mingling, a febrile illness protocol, and it has been done in other countries. There is overcrowding and intermingling. Not done! We need to be more concerned about infectious diseases.

Speaking of which, recruit infectious disease specialists for each regional health authority dealing with Ebola and others. Not done or insufficiently done to this point. Review the carnival situation. Even Sat Maharaj would agree—I have read his article—and many others. Watson Duke, imagine Watson Duke and Sat Maharaj on the same page. Review that situation, not just with Carnival stakeholders and people who want to make money on Carnival, but with national level stakeholders including elected officials and set clear criteria. Share those with us. What are the clear criteria and the threshold above which Carnival will occur and below which it will be deferred? It has been done before. We need to be clear on that, as opposed to this hazy maths that the Government is engaged in,

wishing and hoping. We cannot just rely on press releases and press conferences. You have the Parliament. You have committees. Engage with the elected officials and ensure that the right decisions are being made. Engage in a social media campaign. Where is it? Where is it? These things must be done.

I just want to give one example of social media campaign—and sadly it did not come from Trinidad and Tobago in its inception—inspired by the Prime Minister of St. Kitts and Nevis, the Hon. Denzel Douglas. There is now a social media app that was produced, guess where? Right here in Trinidad, right here, by a local provider, free of charge, technology-minded company, free of charge, and inspired by the Prime Minister of St. Kitts & Nevis. The name of the company, I want to share it, is called Landmark Communication. And guess who they came for to help finalize their app? This Member of Parliament, and I provided that service free of charge, because they provided their service free of charge, and members of the public can now go, if they have an android device, and download. You can do a search for Ebola application, Caribbean Ebola app, and get all of the information on Ebola in a convenient social media-friendly form that is easily downloaded and is updated on a daily basis. These are things that a Ministry of Health is resourced to do, but you have private citizens. There is great initiative out there and we need to tap more into those. I just gave one example of the use of social media. We need to do much more of that.

Again, the protection and the value is not just for Ebola but for other emerging infections. Recommendations continuing, lay your Ebola readiness plan or preparation plan or strategic plan or whatever you want to call it, right here in the Parliament so that the nation can be properly engaged. Not done up to now. Where is the national strategic plan on HIV? Not laid as well. Where is this Chikungunya plan? Not laid. We do not know what is going on with that Ministry and they seem to be trying to avoid the organs of democracy in here.

Recommendation, fix those issues in NIPDEC with procurement of drugs and other supplies and basic equipment to help protect against infectious diseases.

2.45 p.m.

Clear all of those political appointees from the Ministry of Health and the health sector and health institutions—managers, a set of political appointees—engage the schools and churches, I mentioned that. Address remuneration issues with immigration and health care providers with immediate effect in the light of—[*Interruption*]

Mr. Speaker: I think your time is up. I will give you 10 more seconds.

Dr. A. Browne: Thank you—in the light of Ebola, Mr. Speaker.

So this Parliament has yet to be convinced that this Government is serious, and has taken all necessary measures to protect Trinidad and Tobago from Ebola. I mean, we could just hope for the best and sing Pharrell's "Happy, Happy, Happy", but that would not be seizing our responsibilities in the right way.

I have laid this Motion out of genuine concern for the safety and protection of citizens, on behalf of this Opposition and on behalf of the persons who elected us. Mr. Speaker, I am glad you have accepted this Motion because it has given the Government an opportunity to take this Parliament into its cognition, to ensure that every citizen is kept safe, to ensure that the safety of our children is borne in mind.

This Motion, I want to assure the citizens, has been filed with the best interest of every citizen of Trinidad and Tobago. I pray that the recommendations are taken in good spirit because they were shared with the best of intentions.

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

Mr. Speaker: Hon. Member for Diego Martin Central, "I beg to move".

Dr. A. Browne: You do?

Mr. Speaker: No, you.

Dr. A. Browne: Oh, I beg to move, Mr. Speaker. [*Laughter*]

Mr. Speaker: This Motion requires a seconder.

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

Question proposed.

The Minister of Health (Hon. Dr. Fuad Khan): [*Desk thumping*] Thank you, Mr. Speaker. I want to first thank the Member for bringing this Motion to this honourable House. You see, it is a classical example that he has done, giving his recommendations and bringing this Motion. I am very glad that you accepted the Motion, because it shows to the population of Trinidad and Tobago, that the PNM is out of touch, completely out of touch with what is occurring in Trinidad and Tobago over the last couple months.

This Motion, unfortunately, as we speak now, is a non-issue, but I will still address it. You see, listening to the Member for Diego Martin Central, it came about quite lucidly that the PNM has filed a Motion and has begun to speak and talk, hoping that the People's Partnership is going to deliver; as "dey say", PNM speaks and the People's Partnership delivers.

Everything that the Member has said on that side has been addressed, and I am going to go through it "as dey say", clinically, surgically and otherwise. You see, when Ebola first became—we became aware of Ebola, this country was on an alert since last year, looking at the Ebola problem. When the Chikungunya virus started to rear its ugly head in the Caribbean, we looked and addressed the Chikungunya system, and realized that it is a mosquito-borne illness, and as result of being a mosquito-borne illness, the only way out of that was to stop and decrease the breeding grounds of the mosquito.

The treatment, however, for all the viruses that the hon. Member for Diego Martin Central has indicated—the different signs and symptoms—the treatment of all those illnesses are the same, which will be painkillers or analgesics together with bed rest and hydration.

Ebola, Mr. Speaker, started off last year with about 30 to 40 patients in West Africa; no one took notice of it. However, the Ministry of Health indicated to CARPHA that the Ebola problem is greater than that of Chikungunya, because Chikungunya virus can be easily dealt with, and the number of fatalities that occur as a result of Chikungunya virus is very, very low, almost zero to minimal.

So looking at that, we started preparing just in case an Ebola patient came to Trinidad and Tobago. Because looking at the demographics of our oil industry, and gas industry, more oil, Nigeria, West Africa, there are a lot of activities going on with the oil sector and the energy sector. A lot of our citizens do work in that area and we also have a sort of cohesion with those south-west African countries. So movement between West Africa and Trinidad was high and we decided to put special emphasis on the Ebola virus.

Mr. Speaker, as we started, we looked at information gathering. It was long before the World Health Organization showed that Ebola was an epidemic. It came about that one young child started the spread in Guinea because they did not understand the system. We looked at that and we realized that the education and isolation were more important.

In Nigeria a doctor was able to decrease the spread of Ebola in Nigeria, because the doctor recognized that the legal person who came across the border had the Ebola virus based on the signs and symptoms, and because of awareness was able to shut down Ebola in Nigeria, so too the other countries. It exploded because of the culture in the other West African countries of touching dead bodies, and not understanding that the infective part of Ebola is not a mosquito-borne illness, but that of a bodily-secretion sort of contagion. Now, Lassa fever, cholera, Marburg virus disease and Ebola, all give the same sort of symptoms. It is a vague set of symptoms and it is only recognized by being aware of it, and blood investigations.

The Member of Parliament for Diego Martin Central indicated how long we take for a blood sample to emerge. He sort of scoffed at the Ministry of Health/Minister of Health not knowing how long. Mr. Speaker, let me walk you through it. The Ebola virus is considered a highly contagious virus in bodily secretions, and that highly contagious blood sample has to be handled properly.

We have in Trinidad and Tobago as a gift from the Canadian Government, what we call a biosafety lab type 3, for certain levels of infective diseases at CARPHA. That cannot deal with the Ebola virus. So we need what they call a biosafety lab 4 to deal with the Ebola virus. We are working to allow CARPHA to become a biosafety lab 4 based on certain other criteria. So we can do our Ebola viral investigations in Trinidad. So it has to be sent abroad under the strictest conditions towards the CDC area, and the labs that have are WHO-recognized in America. It takes approximately four hours to determine exactly what the virus is, or sometimes six hours, and the results are sent back.

So taking a plane, let us say plane hours, is about four hours to Atlanta, four to six hours and we should get back results in a day or two. However, I would like to indicate that Japan as well as some other countries, they have started to look at an Ebola investigation kit that will take about 15 minutes utilizing saliva DNA and, I think it is Toshiba—putting in the device and it comes up with the—utilizing the DNA samples. So hopefully that will be part of the future.

Now, looking at what is happening worldwide now, Mr. Speaker, the World Health Organization has basically said that Ebola has been at least controlled in the majority of the West African states. It is not rising as it should, except in one area, but it is now decreasing or it is plateauing in certain of the West African states.

So to say it is infective and it is a worldwide pandemic and epidemic, and we should do all of these things, we have done those things in the last couple months, making Trinidad and Tobago Ebola ready. We have done it. We are ready. A team from PAHO came here last week. In fact, the Pan American Health Organization team came with a couple of experts, and they looked at, for three days, our state of readiness for Ebola, and they told me that we have done much more than is required, and we are really ready to deal with Ebola. In fact, they indicated in the Caura area, it is so ready that we have to now take out certain parts to allow movement through the system. So in other words, Mr. Speaker, contrary to what the Member for Diego Martin Central has said, the Caura facility is an area that is good for isolation. I will come back to that.

Now, to identify Ebola patients, one has to, one, suspect Ebola patients. You cannot go and willy-nilly take an Ebola sample from everybody who has fever of greater than 38 degrees, body aches and pains, vomiting and diarrhoea. If you do that, Mr. Speaker, you will be taking samples from about approximately more than 100 people per day or more than two, three hundred people a week. So you would be doing that as a sort of investigation approach according to the Member for Diego Martin Central. Now, I do not know where he learned his infective medicine, but—[*Interruption*]

Dr. Browne: What? Did I say that? Come on Fuad.

Hon. Dr. F. Khan: No, you said they have all the—the Member said, Mr. Speaker, you had all these symptoms, and we are not looking at the symptoms, and we are not taking investigations. If we were to take him at his word, then he is indicating that we should examine each person for Ebola who has these symptoms. [*Interruption*] This is what he came across, Mr. Speaker.

Dr. Browne: Mr. Speaker, I will have to respond to this, you know. This is not true.

Hon. Dr. F. Khan: You could respond, you said that. You said we are not doing any surveillance and we are not taking any blood samples. If you do that, you will take Ebola samples from everybody or Chikungunya samples from everybody. So that, understand, is not a way that infective medicine works. Infective medicine works—you are aware of it, you look at the—in the case of Ebola, you look at the travel histories. You wonder where—okay, are they, one, are they a suspected case? Are they a probable case or are they a confirmed case?

So when you look at that criteria of what kind of case you are looking at, then you decide if the person is a suspected case, then you may have to take an Ebola

sample, rather than somebody who just came through with fever, vomiting, diarrhoea, et cetera.

Mr. Speaker, the Member of Parliament for Diego Martin Central scoffed at the amount of—we are not taking care of the Chikungunya, we are not ready. We have a population of 1.3-or-plus million people, and we have suspected cases of 2,000. If you put 2,000 over 1.3 million, multiply by 100, you will see what percentage is that, Mr. Speaker. Dr. Gopeesingh is very good at that. However, if you look at that, it is less than .0001 per cent.

So in the case of Jamaica, Jamaica had to call the Parliament together because they were going outside the box with the amount of Chikungunya viruses. In fact, at one time they were saying 10,000, 15,000 and onwards. So the Prime Minister of Jamaica had to call that because people were not listening.

In Trinidad and Tobago we had a campaign earlier, before Chikungunya hit Trinidad and Tobago and we were able to curtail the activity of the Chikungunya virus in Trinidad and Tobago, because of the education and the social media campaign, and the TV campaign, and the education to the schools, et cetera, bore fruit. People were able to look at breeding grounds and it was a sustained education campaign and it still is going on, Mr. Speaker. People were looking at the breeding grounds, we were looking at everything that was in that because—[*Interruption*]

Dr. Browne: Mr. Speaker, a point of order. You are supposed to sit now.

Hon. Dr. F. Khan: No, no, you are supposed to say the point of order.

Mr. Speaker: No, no, hon. Member, Minister—[*Interruption*] just allow—you are on a point of order?

Dr. Browne: Standing Order 44(8), Mr. Speaker.

Mr. Speaker: Because you have the right to reply to your Motion, you will reserve that for that occasion. So that particular Standing Order would not be applicable to you. Continue, hon. Member.

Hon. Dr. F. Khan: Thank you, Mr. Speaker. What we were saying was that the Chikungunya virus was growing at an exponential rate in Jamaica, and they had to curtail by educating all of the elected Members and those who were part of the population, to take that message back to the people of Jamaica at the rural level, so that they could curtail the Chikungunya virus. I was even interviewed in Washington about whether we would be able to supply medication to Jamaica if it be—if we need to. Mr. Speaker, I said yes, because knowing exactly the level of

the exponential rise of Chikungunya, and they tagged on the training of Ebola to it.

3.00 p.m.

Mr. Speaker, when WHO indicated that Ebola had become an epidemic, a fast-rising epidemic, the Ministry of Health took a Note to Cabinet outlining various positions and various things that we needed to do to make sure that Trinidad and Tobago becomes Ebola ready. Cabinet passed it and the Note was approved and confirmed in record time, thanks to the hon. Prime Minister. Now, what also the Prime Minister did that was unique, she called a meeting of the Heads of the Caricom area to deal with Ebola as a unit. Cuba went ahead and did their training sessions.

What the Ministry of Health did in the early days—we had National Operations Centre start off the meetings from August 05 as long as up to today. The regional health authority meetings started August 12 and they continued even up to this week. The National Ebola Prevention Information Response Task Force was put together by Cabinet and Brig. Spencer heads that unit, together with members of the different areas—civil aviation, et cetera, Ministry of Health, ODPM—and that unit is the unit that looks at the movement of protective measures and information for the whole of Trinidad and Tobago, and that is in keeping with the World Health Organization recommendations.

Now in early September, we started off by Cabinet approving for us to purchase personal protective equipment for the people handling Ebola patients if they do arrive. We purchased personal protective equipment, although I must say, in Liberia, a nurse was able to utilize garbage bags, rubber boots, gloves and a mask and took care of four members of her family who had Ebola. Three survived, one died. She bought hydration salts for them and that in a nutshell shows exactly that you do not really need all this protective equipment if you are going to treat an Ebola patient. Because if she was able—[*Interruption*]

Hon. Member: What?

Hon. Dr. F. Khan: You do not really need it, but it is good to have it. [*Interruption*]

Mr. Speaker: Please allow the Member to speak.

Hon. Dr. F. Khan: Mr. Speaker, I think they have a misunderstanding. I said, it shows that you do not need all that the media is saying you need, but unfortunately, we are a media-oriented society, so we have to get the Level A hazmat suits to treat Ebola patients. So we have gotten the Level A hazmat suits.

By the way, Member for Diego Martin Central, it is TT $20,000, not US, sorry. I know. That was a mistake I made.

Now, Mr. Speaker, another thing. When the Liberian patient went into the Texas hospital, he was sent home. He went again with the fever, he was sent back home and I think the third episode he was admitted, when they suspected the possibility of Ebola.

Mr. Speaker, when that patient was at home, he vomited; he had diarrhoea; he was treated by his family who did not have protective equipment. But guess what, Mr. Speaker? When they were tested, not one of them had Ebola.

Hon. Member: Why?

Hon. Dr. F. Khan: You know why? Guess? Because it is not as contagious as people are making it out to be. You have to either get the virus from a bodily secretion into your eyes—your conjunctiva—or your lips. They have not shown that it can penetrate the skin.

So when you have this panic and this fear from this Ebola, what is happening in West Africa, Mr. Speaker—and I will tell you why it is spreading. In West Africa, there is one doctor for 70,000 to 100,000 people in different parts, if you looked at the—they have no proper health facilities. Running water is at an almost minimum to zero in certain parts of the area. It is spreading very fast in the slum districts. There is civil war going on so you will find, based on the culture and the lack of the health care system, lack of running water, all the Ebola secretions are moving like this.

That is why they have traced the Guinea outbreak to a two-year-old child who died and that child, because he was touched by all the members of the family—three died and they traced it into the area—you will see that that is how it spread. Because of the system it was not recognized, one, as well as the health care system.

From what I understand, in certain parts of, I think it is Sierra Leone or Guinea, there are 50 doctors and some have died already. When you look at that and you look at the other areas that are panicking over Ebola, it is almost as if a fear panic is being created for some ulterior motive.

We have to make ourselves responsible. We are already responsible. Now the Opposition could jump up and down and "bawl" that we are not ready, et cetera. I am here to present the facts and the people have to understand I am using scientific proof to present the facts. I am not using rhetoric to present the facts like what happened in Diego Martin Central.

Scientific proof: why did the family of the Liberian patient in Texas, why did none of them "ketch" the Ebola virus, when you had an Ebola patient there vomiting in the toilet—everything in that room? Because it was a professor of urology said to me in the meeting that the SALISES forum had in UWI, he worked in Uganda among Ebola patients and he said it is not a highly contagious disease. One has to get direct contact with the body secretions in your mouth or your mucus membranes.

So what you are saying—now in the case of the nurse who contracted it and those who worked with them, it is a possibility of cleaning and not proper utilization of these hazmat suits or whatever suits they call them. So they somehow got into their fingers—they may have taken off the gloves wrong—and I am glad of what the Member for Diego Martin Central said about the duct tape. The PAHO team that was in Trinidad and Tobago said we should not use duct tape because they have found out that the duct tape that was used, when you pull it off like that, it spills. So, if you have any sort of those secretions, it could jump. So what they have indicated we have to use longer gloves, which we have gotten.

So, you see, Mr. Speaker, looking at the whole scenario of Ebola; looking at where it is happening, where the explosion is taking place—and it is being contained now—and the reason why it was not contained before and it was exploding in West Africa is because of, one, health care system, and two, the international response came too late.

Mr. Speaker, these are poor countries that we are speaking about and it is creating a financial burden on these countries. In fact, they expect Africa to lose US $32.6 billion for the next couple months. Now, that is a lot of money for any small country to take as a result of people not working.

In fact, the cocoa industry in Ivory Coast is starting to suffer because it is close to the West African area and 30 per cent of the world cocoa to make chocolate comes from the Ivory Coast. So you are looking, Mr. Speaker, at a serious financial problem burdened by the Ebola virus.

However, countries that are making personal protective equipment, making the Odulair Units, making things that are used for Ebola, have seen a boost in their economy because you cannot get PPE, personal protective equipment. There is a line-up for hazmat suits. There is a line-up for Odulair Units and isolation chambers. There is a line-up for them. So, at the end of the day, one has to look at the economic benefits.

The Member for Diego Martin Central was very proud to say that we have an isolation unit in Caura. He was extremely proud to mention that because he is a

Trinidadian like myself, a Trinidad/Tobagonian, and I am very glad you are proud of that unit. In fact, he even mentioned how little it cost, the $250,000. He seems to be very proud that it did not cost much money and it was done in record time. Thank you, Member.

Mr. Speaker, in the early days when Ebola was now a watchword around the world, Trinidad and Tobago, thanks to the Cabinet of Trinidad and Tobago, sent a team from Washington to Nebraska, the Ebola unit in Nebraska, Omaha, to see and to learn what to do with Ebola. Right now, that unit is so oversubscribed that everyone is going to that unit and now you have to make an appointment for a period of time to see the area, and Trinidad will be sending another team, together with the Ministry of Health officials, also with Mr. Watson Duke and two members of the PSA, two members of the nurses union, two members of the NPATT as well as Brig. Spencer and somebody else. They will be going—Cabinet has approved this—to the Omaha Unit to see more about how one has to deal with Ebola, et cetera.

We have started to train staff—immigration, port health, as well as medical staff—and one understands that everybody has to be trained. Who we are training first are staff that would come into contact with Ebola viral patient, at the earliest time.

Now, the Travel Health Declaration Form: we are looking at introducing the Travel Health Declaration Form, but it has to go through the different legal areas before we can introduce that form. What that form will do, you will have to write down all the countries that you have visited in the last six months. You are vocalizing it and you are writing it down in immigration.

Now, Trinidad and Tobago was one of the few countries to put travel restrictions on Sierra Leone, Liberia, Guinea, the Democratic Republic of Congo, as well as Nigeria. We are also the first to lift the ban on Nigeria when it was declared Ebola free.

The Caura Unit has had what we call an infrastructural upgrade with negative air pressure systems. The team from PAHO indicated also that the quarantine ward that we do have in Caura is a very good ward with negative pressure. It was built initially for the tuberculosis patients and as a result of that it is useful for the Ebola quarantine. We say also that we have, in Trinidad and Tobago, two patients right now who came from West Africa, the oil industry, who have been quarantined in different parts of Trinidad and Tobago, in-house quarantine.

What is occurring as a result of that? The quarantine is getting them a little bit of cabin fever, so we are looking at instituting the possibility of hazmat suits or

one-way mirrors for them to speak to their families over that 21-day period. What we do check is the fever, their temperature levels to see what is happening.

You see, we have formed a number of sub-committees: one, primary care managers and secondary care managers, specialist management of Ebola cases. We have a rapid response team, port health is conducting their training and we have the Public Health Council of the Ministry of Health dealing with education.

Now, Mr. Speaker, I just want to quote from something. The advisory board company, this is in the United States, daily brief www.advisory.com, et cetera. It talks about Ebola in the United States of America. When you look at it, the front line in the designated Ebola hospitals in the United States, you have St. Patrick Hospital, three beds, in Missoula, Montano; Nebraska Medical Center, three beds; we have the Bethesda Medical Center in Maryland, one bed; and you have Emory University Hospital in Georgia, two beds. So when we see we have four beds in Caura Unit, we are way, way oversubscribing to our Ebola patients. You can laugh, but here it is in black and white. You are laughing, Member for Diego Martin Central.

Also, the World Health Organization, Pan American Health Organization has indicated, among the actions that PAHO and WHO have taken in planning to strengthen the alert and response capacity in the region are:

- "Creation of a special…task force on Ebola"—and we are doing it. In fact, they have been to Trinidad and Tobago;
- "Establishment of a framework for strengthening Ebola preparedness in the countries;
- Activation of the PAHO/WHO's Emergency Operations Center;
- Mobilization of technical missions to"—all—"26 countries"—and it keeps going on—and;
- "A series of in-person training sessions on risk communication in November and December in Barbados, Ecuador and Panama."

So PAHO is doing what they are supposed to do.

3.15 p.m.

Mr. Speaker, there is an article on the British Medical Journal site; it shows how Public Health England is dealing with Ebola. When you scan this article versus what we are doing here, the only thing different is that Public Health England in their advisories have indicated that if people think they have Ebola or

have gone to Ebola-affected countries and have a fever, they should not go to the health institutions, they should call 111 or 999 so that they will decrease the risk to other patients. Other than that, it talks about the health service being prepared in the same manner we are; the risk for health workers, in the same manner and the effective ways, et cetera. Mr. Speaker, it continues to show that Trinidad and Tobago has paralleled Britain and the United States in the preparedness for Ebola.

So, the new diagnostic is if somebody has the Ebola virus, it takes about four hours for the specimen being received by the lab, and testing can be done at the imported fever service in London seven days a week. Now, Mr. Speaker, when the Member of Parliament for Diego Martin Central indicated how long it takes for us to get our Ebola tests back, in England it takes about two days to get back the results from where they send the blood test at the imported fever service. It seems to be in a place called Porton Down, Wiltshire.

Mr. Speaker: The speaking time of the hon. Minister of Health has expired.

Hon. Dr. F. Khan: Mr. Speaker, can I get my 15 minutes? Thank you.

Mr. Speaker: Hon. Members, the question is that the speaking time of the hon. Minister of Health and Member of Parliament for Barataria/San Juan be extended by 15 minutes.

Question put and agreed to.

Hon. Dr. F. Khan: Thank you, Mr. Speaker. Mr. Speaker, what I would like to also say is that in *The Economist* magazine it shows how things are done—this is now October 23, 2014—and it has quite a nice beautiful picture of the Prime Minister on it. Now, what they were saying in this article is exactly what the Member for Diego Martin Central is trying his best to create, but saying he is not creating it: "When fear crosses oceans." Come on. You see, Mr. Speaker, the Member of Parliament for Diego Martin Central said. he is here talking in the best interest of the country, but yet says: "They are not ready. If the PNM was there, we would be ready." We are ready.

Mr. Speaker, a Pan-American Health Organization team for Ebola preparedness came to Trinidad and Tobago last week, and said: "Minister, you all have overdone the preparedness."

Hon. Member: What!

Hon. Dr. F. Khan: What am I supposed to say? In fact, I wonder, if the Member of Parliament for Diego Martin Central had any hand in Dr. Archibald

coming to Trinidad and Tobago. Do you remember Dr. Archibald who said that we are not ready? [*Crosstalk*] You see, I was a bit concerned with the team coming here on the 21st—I would be honest with you—after hearing the negativity that was being perpetuated and pervaded throughout our system. I was a bit concerned what would the Pan-American Health Organization team would do or say, so I decided to leave everything as it is and let us see where we are at ground zero. When they came, in fact, they visited the areas first and then they came and visited the Minister after, and we had long discussions. What came out of that discussion was significant—and it did come out—and we had conversations based on preparedness. Number one, Trinidad and Tobago is extremely low risk. By the time Ebola could even reach here, it has to do so—like how the Member for Diego Martin Central said—by boat, a fig boat from Brazil. That is the only way it could reach here. [*Interruption*] you said some fig boat from Brazil came with an illegal immigrant?

Dr. Browne: The *Express* said so.

Hon. Dr. F. Khan: So, Mr. Speaker, that is the only way something like that could reach here, because when you look at the checks and balances in the international airport, by the time an Ebola patient could even arrive here, they would be quarantined somewhere in London or the United States or in some part of Kennedy Airport or elsewhere. We do not have any direct flights from West Africa as yet. So, at the end of the day, they have to pass through London, Amsterdam, the United States or somewhere—New York or Miami—and in all those areas they are screening for any closeness to an Ebola area.

Now, if that person does arrive here, Mr. Speaker, we have the Advance Passenger Information System, and in the Advance Passenger Information System, Brig. Spencer has looked at it and he has indicated that there are certain parts of the Advance Passenger Information System that we have to sort of drill down into—and that is the travel history of people coming—and we have done that. As a result, we are now able to detect who came and where did they come from and what happened, and how long they stayed in any area. If they stayed in an area that had an Ebola infection then we can flag them, and they might not even reach to Trinidad and Tobago.

If they do arrive in Trinidad and Tobago they can be isolated because we have looked at transport facilities with the ambulances. We have about two ambulances that are Ebola ready with isolation—I do not want to use the chambers—but isolation units that will take these patients directly to the isolation unit in Caura and there we start processing. If it is a probable or suspected case, they would go

to the quarantine wards in Caura, or if it is just a matter of not suspected but have come from that area and are Trinidadian citizens, they will be quarantined at home.

Now, the Ministry of Health has looked at the legal aspect of it, the Quarantine Act, and we are also looking at the International Health Regulations—that is the agreement between WHO member states to prevent global spread of disease with minimal disruption of travel. However, we have indicated to the WHO that we have put travel bans on Sierra Leone, Guinea, Senegal and the Democratic Republic of Congo, but we have recently lifted that of Nigeria.

Now, the Ministry of Health together with the unit at National Operations Centre—we have the stakeholders from the following agencies: the Immigration Department, Customs and Excise Division, ODPM, Trinidad and Tobago Police Service, Trinidad and Tobago Defence Force, Trinidad and Tobago Fire Service, Pan-American Health Organization, Trinidad and Tobago Civil Aviation Authority, the Airports Authority of Tobago and Tobago, Tobago House of Assembly and some union leaders. They all belong to the National Response Unit for Ebola. Now, what else can we do to make us more prepared? We have done what we are supposed to do and we have things in place.

Now, the handheld cameras, we have them on the docks. I have just been advised by the Permanent Secretary that they are on the docks just waiting to be deployed to be used in the ports of entry.

Now, the public health sector preparedness began on August 12, 2014, and you will notice that date, we started long before everybody else being prepared. In fact, we started this preparation before we went to Washington on the WHO/PAHO yearly conference, and it was at that conference that Ebola was then spoken about, and what should we do. Trinidad and Tobago, at that time, was able to give a lot of information to the WHO and PAHO and the Members of COHSOD at that conference.

Now, there are certain health sector subcommittees, one is the health education subcommittee—that is part of the Ministry of Health—where we inform and educate citizens on the Ebola virus. We do have a social media facebook page that we tend to utilize to get the message out. We do also prepare the public for possible measures should a case of Ebola be imported into Trinidad and Tobago. We are asking patients, through the health education system, to prevent measures, to decrease the spread and also reduce the stigma.

I just want to show one ad, Mr. Speaker—I know I should have gotten your permission—but we have been looking at advertisements in the newspapers. The

Member for Diego Martin Central might not have seen this [*Ad in hand*] he might be seeing this for the first time, but it is in all the newspapers. May I send it out to him? [*Crosstalk*] I said first, I did not have permission, but I am asking for permission now. So we have been advertising. If the Member of Parliament—Mr. Speaker, I will send it across to him to look at www.health.gov.tt, Ministry of Health, YouTube "Trinidad to Help", MOH Trinidad and Tobago on Facebook. So we are hitting the social media.

We were looking at having an app for Chikungunya, but then realized that it did not make much sense when we look at where Chikungunya is in Trinidad and Tobago, because Chikungunya is going to be a disease, a new disease sweeping across the country, and if it sweeps across the country everybody is going to get it and, at the end of the day, it is going to be like dengue-1, and then we have to now put measures in place.

Insect vectors: we are looking at insect vectors, and they are working very hard with the spraying, et cetera and looking at the areas to see where the breeding grounds for mosquitoes occur. Now, Mr. Speaker, may I say that Trinidad and Tobago—the Ministry of Health, the Ministry of National Security, the unions—everyone has pitched in to this Ebola preparedness and the Government, the Cabinet of Trinidad and Tobago, we are looking to see how best we could remunerate those people as a result of being in a hazardous area, and to see how best what type of remuneration package could be given. That has to be worked out. However, with the help of the unions we might be able to come to some agreement and that, as I say, is being done.

Now, when you look at worldwide systems, worldwide Ebola activity, Trinidad and Tobago has Carnival, yes we have Carnival. It is one of the greatest cultural activities worldwide. It is not an easy decision, Mr. Speaker, to just jump and say, because Ebola is occurring in the world, shut down Carnival. You cannot say that. One has to look and see exactly what is happening internationally before you put a system in place to look at Carnival. Carnival is being looked at.

The Ministry of Health understands—two months ago, the checks and balances at international ports were not really existing, it was coming into being, now it is existing. The United States has five airports where people from West Africa—the planes land in these airports. They are screened at a very high level—England screens at a very high level—so the chance of an Ebola patient coming to Trinidad and Tobago from that area will be flagged. So to shut down Carnival based on a hysteria and a panic of what you think may occur, it is not really a

good idea. Although I cannot believe that the Member for Diego Martin Central who belongs to the PNM is saying for us to shut down Carnival.

Dr. Browne: Mr. Speaker, I never said that.

Hon. Dr. F. Khan: That is what you said. You said that.

Mr. Deyalsingh: No, no, he never said that.

Hon. Dr. F. Khan: He said that. He said shut down Carnival. [*Crosstalk*] Mr. Speaker, he said the PNM wants to shut down Carnival. So, I do not understand why. [*Crosstalk*] That is what he said. He said that. He said Ebola, we should shut down Carnival. That is what he said, check the *Hansard*. [*Crosstalk*] You see, Mr. Speaker, we do not believe in shutting down the people's Carnival.

Dr. Browne: You are lying.

Mr. Speaker: Please. Member for Diego Martin Central, you have to withdraw that word. We do not use that word in his honourable House.

Dr. Browne: I cannot say "lying" and I withdraw. I withdraw.

Mr. Speaker: Minister, just one minute. Members, if a Member is claiming that he has not said what he—or what is being alleged that you are saying he said during the debate—of course the *Hansard* would clear the air on it and, at any rate, the hon. Member in question has the right of reply to this particular Motion.

So, I would say that if the Member is claiming that he never said that Carnival should be shut down or we should shut down Carnival because of the Ebola matter, let me get the *Hansard* record to clear it but, in the meantime, I would say to avoid the crosstalk, we should really be quoting accurately, because I would not like us to put on record what he did not say. Continue hon. Member.

3.30 p.m.

Hon. Dr. F. Khan: Thank you, Mr. Speaker. All right, if the Member said he did not say that, if the Member said he did not say to shut down Carnival, well, I withdraw the statement. All right? I hope you did not say that the PNM wants to shut down Carnival. I hope you did not say that.

Mr. Speaker, how much time do I have again?

Mr. Speaker: Two more minutes.

Hon. Dr. F. Khan: Thank you, Mr. Speaker. Mr. Speaker, I just want to assure the population of Trinidad and Tobago that we have been liaising with the

Public Health Department and also different parts of the system to make sure that we are ready and prepared for Ebola. In fact, we are purchasing, what we call, the Odulair two-bed isolation chamber, which is a standalone chamber for Caura to, as you say, work alongside the Caura unit. Any effluent, as you say, any waste or any secretions would be handled as a unit with an autoclave dealing with destroying the virus.

We are working with the funeral agencies and the religious bodies, and we are looking at—certain religious bodies do not cremate their deceased, we are asking them, in the case of an Ebola virus, they have to make a decision that we may have to do cremation because the virus, Ebola virus, could stay in a body about four to six hours after death and be infected. So we are asking that cremation and handling of bodies in case an Ebola patient comes to Trinidad and Tobago, that we will be able to not upset a religious movement and cremate where in case your religion says do not cremate. The Muslim religion is one of those religions.

Mr. Speaker, I agree with the Member for Diego Martin Central that we need to do some town meetings and we will start, hopefully, some town meetings and, as well as, deal with the school children, but what we were hoping to do initially was make sure the structure was airtight for anything coming in, now we could educate this way. Mr. Speaker, I want to thank you and I cannot say a bit more.

Mr. Speaker: The hon. Member for St. Joseph. [*Desk thumping*]

Mr. Terrence Deyalsingh (*St. Joseph*): Thank you, Mr. Speaker. Mr. Speaker, we are here to debate a very important Motion, Private Members' Day, brought by the Member for Diego Martin Central, whom I congratulate heartily, to deal with this whole question of Ebola. Mr. Speaker, before I get into my contribution, I really, really have to express my disappointment with the Member for Barataria/San Juan for putting words onto the Member for Diego Martin Central on the Carnival issue, and I will address that first. [*Interruption*]

Mr. Speaker: Member, please—

Mr. T. Deyalsingh: What?

Mr. Speaker:—I have already ruled on that matter, that is why I intervened, and I advised the Member. I have ruled on that matter, let us not go there and reopen or question the ruling of the Chair. Stay clear of that matter, please.

Mr. T. Deyalsingh: Mr. Speaker, could I state our position then on carnival?

Mr. Speaker: Yes, you could say that.

Mr. T. Deyalsingh: Our position, as said by the Member for Diego Martin Central, is that we should look at a protocol, come up with a set of criteria and set a bar, and if we reach that stage then we reconsider the issue of Carnival, and if we do not reach that stage then Carnival goes on, and that is what the Member for Diego Martin Central said. At no time did the Member for Diego Martin Central say, "Cancel Carnival".

Mr. Speaker, it is shocking to hear a Minister of Government, and I will address this issue later on, state that there is a difference in the treatment of Ebola corpses between cremation and burial, because I intended to deal with that and I will speak to that issue very soon. This Government has been speaking loose and fast about the Ebola issue. Ebola was proclaimed to be a major worldwide problem on August 08, a public health emergency of international concern on August 08, and one of the plans in which they sought to alert countries to is this:

> "States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travellers…from known Ebola-infected areas…"—arriving—"at international airports or major land crossing points with unexplained febrile illness."

And pay attention to:

> "prepared to detect, investigate...manage Ebola cases..."—and to manage—"unexplained febrile illness."

Mr. Speaker, I want to demonstrate by using the Minister's own words in publications where the lack of information and clear direction and focused leadership on behalf of the Government was so lacking in the early stages of this Ebola crisis that that lack of information, lack of clear focused leadership, caused panic. I refer to *The Economist*, October 23, 2014:

> "Workers at Trinidad's state-owned Petrotrin oil refinery have refused to unload a cargo of crude oil from Gabon, which like Cameroon has had no recent Ebola cases."

So, Petrotrin was not in the loop because of lack of information, and do you know why there was this lack of information, Mr. Speaker? There was this lack of information because as reported in the *Newsday* of October 18, 2014, and I quote, article by Miranda La Rose:

> "Meanwhile, Khan confirmed that in keeping with a decision of the Cabinet committee dealing with the setting up of an Ebola Prevention and Response

> Team (EPRT) he"—that is he, Khan—"has issued a directive to chairmen of Regional Health Authorities (RHAs) not to disseminate information pertaining to EVD preparedness."

Now, if the Regional Health Authorities cannot be charged with giving out information about Ebola, then who will? Who will? Only himself and Chief Medical Officer, Dr. Colin Furlonge, will be doing that. Imagine that! Information, Mr. Speaker, in this day and age gets out. We were trying to tackle an Ebola issue which grabbed worldwide attention and we have a gag order on the RHAs. Train the RHAs. Let their communication departments be in sync with the Ministries communication departments. Train them and give out the information, whether it is to Petrotrin or whoever. But no, this Minister of Health puts a gag order that only he and Dr. Furlonge can give out information.

By the way, whose leave is being bought out in this whole Ebola thing? That will be interesting for some investigative journalists to look at. Whose leave, Senior Medical Officer, is being bought out? Mr. Speaker, the Minister of Health was economical with the truth when he said that PAHO said we are over-prepared. Mr. Speaker, PAHO's team, as reported in the *Trinidad Guardian* of November 24, 2014, by Mr. Richard Lord, the headline stated, yes, "PAHO satisfied with T&T's Ebola preparedness", but when you read the body of the article, the only place the PAHO team went to and saw and was satisfied was Caura. What about the rest of the country? What about the Port of Spain Hospital? What about our ports? What about Cedros? What about Petrotrin? But because they went to Caura, this Minister thinks that Caura is the centre of the universe when it comes to treating with Ebola, that the primary health system counts for naught, that the RHAs count for naught, you cannot talk about it. Right? But that is the truth. They only visited Caura, they did not visit Mount Hope, they did not visit Port of Spain, they did not visit the Arima Health Facility, they did not visit Point Fortin, they did not visit Tobago, but, big headline, "PAHO satisfied…".

Mr. Speaker, I am going to talk very soon about febrile illnesses, but the Member for Diego Martin Central's Motion talks about a comprehensive plan to deal with Ebola, and let me tell you from our perspective what we mean by a comprehensive plan. A comprehensive plan addresses issues of border control, it addresses issues of identification, diagnostics, it talks about treatment and how do we deal with mortality, and let me tell you where this Government has failed. Under border control, what is the standard operating procedure to be used by immigration officers and public health officers and port health workers at all the

ports of entry? Do they have any? Do they have any instruction as how to deal with persons on a flight or on a ship presenting with febrile conditions?

Mr. Speaker, when we come out the airport the first thing to "hit yuh" is that big bmobile sign and there is Government information, you know what recently that is showing?—about cholera in Haiti, not about Ebola or Chikungunya, and that is our main port of entry. This Government made a song and dance about cancelling the OPVs. Our borders are unprotected. The Member for Diego Martin Central spoke about the case of somebody who paid US $250, bypassing every man and formal port of entry.

We have passed legislation in this Parliament about human trafficking. Where are those humans trafficked and how do they get in? But because this Government played politics with OPVs for five years, as the Member for Diego Martin Central said, the person presented with Ebola "doh" have a sign on their head saying, "I have Ebola", they are not bleeding yet. They may be asymptomatic but are harbouring the virus, and they could come through Cedros on a banana boat. They could come through Mayaro. So, our ports of entry, our formal ports of entry have no standing operating procedures and our informal ports of entry, used for drugs and human trafficking, are totally unmanned—our coastline. Our coastlines are still porous. Are we utilizing advanced passenger manifest systems as yet? I do not think so. So, there are no standard operating procedures at our borders.

Let us talk about identification, because the Motion talks about a comprehensive plan. Yes, PAHO went to Caura, but what about the case that the Member for Diego Martin Central gave me about the man from Mayaro. Let me read it, on September 19, 2014, "Statement on Patient Treated for Malaria After Travel from Central Africa":

> "A Trinidadian man was initially seen at the Mayaro Health Centre..."

If we are to have a comprehensive plan to deal with Ebola, it starts at the primary health care level; there is where people will present themselves. People do not present themselves to Caura, that is where they go after they have been diagnosed. Did you take PAHO to Mayaro? The answer is, no.

So:

> "A Trinidadian man was initially seen at the Mayaro Health Centre after exhibiting"—

And this is where the keywords are, as pointed out to me by the Member for Diego Martin Central—

> "after exhibiting prolonged symptoms of fever, pains and tiredness."

So, our first responders, our first points of contact are our health centres. What is the standard operating procedure? What is the protocol to deal with all febrile illnesses?—whether it is Lassa fever, whether it is ChikV, whether it is Chikungunya, whether it is Ebola or dengue. The answer is, none. None.

"The patient recently traveled from Equatorial Guinea..."—

So, he did come from a country that has Ebola through the Abuja airport so he could have been screened there.

"...Nigeria before arriving in Trinidad on September 3rd."

Presumably, through London.

"Accordingly, certain precautions were taken. On Wednesday, September 17th, the patient was admitted to the Eric Williams Medical Sciences Complex where he was isolated and managed."

PAHO did not visit the Eric Williams Medical Sciences Complex.

3.45 p.m.

So the Minister can rest on his laurels that Caura is ready, PAHO has said so, but the rest of the health care system was not visited by PAHO—not visited by PAHO.

We need to introduce protocols into our health centres for testing, for isolation, for treatment. We need to know when and where patient zero lands in Trinidad and Tobago, and have patient zero identified, isolated and treated, before he makes contact with his friends, family, acquaintances.

We saw recently even in the United States, a nurse who treated an Ebola patient travelled to another State with Ebola. We have to learn from those errors. We have to be concerned about persons in contact, the health care workers. We have to get serious about primary and secondary care, and secondary care is where the supportive care to treat Ebola patients is going to happen; whether it is rehydration, bringing down the fevers, electrolyte imbalance or whatever.

Mr. Speaker, I said I was going to go back to the issue of cremation v. burial, and the Minister of Health is recommending that cremation is the better form of disposal. Mr. Speaker, I investigated this same thing with the CDC, but before we get to disposal of a body, I checked with some funeral homes, none of them has been contacted by the Ministry of Health as to the protocols to deal with a body, to deal with a corpse—"but dey ready; but PAHO say we ready".

Hon. Member: "Caura ready."

Mr. T. Deyalsingh: The funeral homes should have been in the loop because the second most infectious stage is when you are handling the corpse, and the same PPEs we have to give to the health care workers, you have to provide them for the funeral homes. Mr. Speaker, the Minister of Health is promoting cremation over burial, that is his point of view. My research tells me that there is basically little difference of risk of contamination between the two, once the protocols for handling for a burial are followed. So we do not have to ask the Muslim community to go against their belief and cremate. What we need to do is educate and inform and give out information, and do not put gag orders on people. Do not put gag orders and say only you and Dr. Furlonge could talk on the issue. Once you use a hermetically sealed coffin and a proper body bag, burial is as safe as cremation. Those are the facts—those are the facts.

But you have a Minister of Health, speaking on behalf of the Government, telling the Muslim community to reconsider their stance, when the evidence out there says differently. You use a hermetically sealed coffin, you use a proper body bag and there is no chance or little chance, or cremation then becomes as safe as burial. So if you want to bury, you can bury. If you want to cremate, you can cremate. The choices under this Constitution to practise your religion, as you see fit, still stand.

Mr. Indarsingh: Do not make a religious issue out of this.

Mr. T. Deyalsingh: Your colleague opened the door to make it a religious issue; not me my brother, not me.

Mr. Speaker, let us talk about the unpreparedness of the region, inclusive of Trinidad and Tobago, to deal with Ebola, especially when it comes to the handling, transportation and doing the serology testing on blood samples. It is my information—and the Member for Barataria/San Juan can tell me I am wrong, I will give way. I will sit and just give way to him, because it is my information that blood samples from persons exhibiting symptoms of ChikV are not being sent abroad for testing, so we do not really know the extent of the Chikv outbreak and who has Chikv and who does not have ChikV. It is my information that CARPHA is not sending samples abroad for testing. I will give way for the Minister to tell me I am wrong.

So if we are not doing it for ChikV, and we have had Chikv on our doorsteps now for over a year—ChikV was coming down the chain of islands. Trinidad and Tobago was forewarned. We asked questions here about Chikv, but Chikv caught us by surprise, but we were warned. It was coming down the islands; it was

island-hopping. You know these cruises that you take? You check in one port one day, you check in another—that was what Chikv was doing. We had nine months to a year lead time to deal with Chikv and we failed, and we failed miserably—we failed.

So no blood samples—the same simulation we were talking about with Ebola blood samples, that could have served as a platform as to how we deal with the blood samples from suspected Ebola cases. But sadly, because CARPHA has not been doing that, we do not have that experience.

Dr. Khan: How many Ebola patients do we have in this Caribbean? Answer me.

Mr. T. Deyalsingh: The question, hon. Member, is not how many Ebola patients we have. The question is: Are we prepared to deal with Ebola which is a fatal disease? [*Crosstalk*]

Dr. Browne: There was a time we had zero Chikungunya in this country.

Mr. Speaker: Member for St. Joseph. Member for Barataria/San Juan, please. You have spoken.

Dr. Khan: Could I speak after?

Mr. Speaker: No, you cannot speak again. If you want to speak to the Member for Diego Martin Central, you can go behind my Chair, but you cannot be interrupting the proceedings in that way. Allow the Member for St. Joseph to speak in silence, please. Continue, Member.

Mr. T. Deyalsingh: Thank you, Mr. Speaker.

The flippancy with which statements are made. The Member for Barataria/San Juan, who is the Minister of Health, is asking me across the aisle, how many cases of Ebola we have. May I remind him, and remind this House, and remind this country, there was a time when we had no Chikungunya, but because of the inept response of the Government, Chikungunya, according to the Minister's own words could now become endemic to Trinidad and Tobago like Dengue.

Dr. Browne: But we were ready.

Mr. T. Deyalsingh: At a time we had no Chikungunya, so yes we have no Ebola, so that statement gives me very little comfort.

Newsday, September 21, 2014, an article by Miranda La Rose:

> Even though Trinidad and Tobago remains low risk to contracting the Ebola virus disease, frontline medical personnel and first responders in disaster management are undergoing training to manage patients suspected of being infected with the deadly disease.

So if the Minister of crosstalk is right, that how many cases we have therefore we should not take it on, why are you training people? To see about who? "We wasting time?" "Wha yuh buying suits for?"

Dr. Khan: Are you giving way?

Mr. T. Deyalsingh: No.

> There is no need to panic he said. I think people are panicking unnecessarily because of the international furore and hype going on about Ebola and the reports about deaths.

Mr. Speaker, my investigation tells me, and leads me to tell this honourable House, that there is a big difference between sensitization and training. Yes, health care workers may be sensitized to an issue. You put up a PowerPoint presentation, which is what the Ministry of Health has been doing; you talk about Ebola, so you are sensitized, but are you being trained is the question. Where are the standard operating procedures?

If the Minister of Health tells me that World Health Organization changes its directives on Ebola treatment on a so and so basis, my question is: publish the provisional standard operating procedures, let us see what you had last month.

Dr. Browne: Bring it to the House.

Mr. T. Deyalsingh: Where are the standard operating procedures for our ports of entry? Where are the SOPs for our primary health facilities and our secondary health facilities?

It was noted in the *Guardian* of October 23, 2014, in an editorial—October 23 was just about a month ago:

"Protocols for handling Ebola risks urgently needed

> As well as the protocols for evaluating and handling possible Ebola risks, also needed urgently is an update on the internal preparations to backstop the efforts to prevent the virus making landfall."

So when the Minister asked me flippantly how many Ebola cases we have, the question is not how many we have, but: What are you doing to prevent the first case?

Dr. Khan: That is why we do not have; we prevented them from coming here.

Mr. T. Deyalsingh: Mr. Speaker, our public health capacity has been shown up by Chikv to be totally inadequate. Recently, a researcher from the University of the West Indies was on TV—I cannot remember his name—Dr. Chadee. [*Crosstalk*] Yes, he has a problem with that Ministry. But Dr. Chadee of the University of the West Indies is saying that if you have 'X' number of reported cases—he is using the "Iceberg Theory"—the 10 per cent you see, but what about the 90 per cent you do not see? But he is willing to lend his expertise to the Ministry of Health.

So the University of the West Indies' estimates directly contradict those of the Ministry of Health. So where is the confidence to deal with the issue? We have learnt no lessons from our weak, insipid, anaemic response to Chikv, none—absolutely none. [*Crosstalk*]

Dr. Khan: This is Ebola, not Chikv.

Mr. T. Deyalsingh: So if that is the case, persons travelling into this country up to yesterday are amazed that at the airport there is very little screening, sensitization, information about travel. The Immigration Department does not know what is going on at the airport. The public health people do not know and health control. We do not know.

4.00 p.m.

Mr. Speaker, I want to ask the Minister a direct question today. If he can, via a press release, tell us the qualifications of all the senior personnel charged with the responsibility of responding to Ebola in Trinidad? What are their qualifications in epidemiology? Tell us, please. And tell us if any if those persons if you are buying out their leave and why? And who are you stifling from rising to the top: because this is a management issue. This is a management issue. That is why I said at the very start, there is a lack of focused leadership. Publish the SOPs—publish them.

Mr. Speaker, it seems to me that when I mentioned the name of Dr. Chadee, the Member, the Minister of Health, got a little bit hot under the collar—hot under the collar. [*Crosstalk*]

Hon. Member: You have to agree with him. [*Crosstalk*]

Mr. T. Deyalsingh: Give way on what? [*Crosstalk*] To deal with what? [*Crosstalk*] Mr. Speaker, we are a small country, and we can all agree that where and when we have expertise, we should use expertise.

Mr. Speaker, there is an article that appeared in the *Mirror*; Khan and Duke square off over Ebola. [*Crosstalk*] There is a particular doctor, well qualified young doctor, who was given the responsibility to do some work. I want to quote this article by Marlene Augustine, because I mentioned the airport needs standard operating procedures.

> "'Concerning the screening process at the airport, we have trained our health control officers as well as others.'"

So far, so good.

> "'But it would appear that the doctors and the health control officers at the airport, after much training, don't seem to understand what to do.'"

Right. So, you know, this Minister likes to conduct his industrial relationship practices in the media. I would not do that, but that is his style. To talk about how you are dealing with your workers in the media. Mr. Speaker—[*Interruption*]

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

Mr. T. Deyalsingh: Sorry?

Mr. Speaker: I said your time has expired.

Mr. T. Deyalsingh: I will need my extension. Sorry, Sir.

Mr. Speaker: Hon. Members, the question is that the speaking time of the Member for St. Joseph be extended by 15 minutes.

Question put and agreed to.

Mr. Speaker: You may continue, hon. Member.

Mr. T. Deyalsingh: Thank you, Mr. Speaker. Yes. So, I was talking about the fact that the Minister likes to conduct his IR practices in the media. These are his words.

> "'So I am going to remove them and put new people in place who seem to want to serve the population and not just listen to rhetoric by Watson Duke.'"

He goes on:

> "'They would be deployed elsewhere to a place where they do not have such a problem. He said the doctor in charge is not taking up the effort and he too will be removed.'"

Mr. Speaker, we have a very good young doctor by the name of Dr. Brian Armour in Trinidad and Tobago, and I just hope that this is not about Dr. Brian Armour. I just hope so. I will leave it at that. I just hope that this doctor referred to here is not Dr. Brian Armour, [*Crosstalk*] because he has a problem with Dr. Chadee at the university—[*Interruption*]

Mr. Indarshingh: He has a PNM connection.

Mr. T. Deyalsingh: Oh, it is a PNM connection? Oh, so the Member for Couva South is now saying, it is a PNM connection—[*Crosstalk*] so move them. That is what the Member for Couva South is telling this Parliament. [*Crosstalk*] Because it might be a PNM connection—move them. We are treating with an issue called Ebola which is non-political. Ebola does not strike the UNC or the PNM only, you know. It will strike anybody, regardless of ethnicity, religion, race, culture or economic circumstance.

Mr. Speaker, I have a question: on October 08, Dr. Furlonge is quoted as saying that:

> "the facility"—at Caura—"is 70 percent ready…"—70 per cent ready.

But he goes on to say:

> "With concerns have been raised about a lack of personal protective equipment health for local health workers…"

So, how did PAHO say we are over-prepared, when Dr. Furlonge is saying and expressing concerns about lack of PPE.

> "…the Committee has assured that, in the event of Ebola cases, the requisite equipment can be flown in."

So, we are going to wait for Ebola, we are going to wait for it, then book Amerijet to bring in the stuff. Does that make sense? [*Crosstalk*] Does that make sense to anybody?

> "the Committee has assured that, in the event of any Ebola cases…"

So, Ebola appears on our doors, then we are going to fly in equipment. Imagine that. Imagine that. But then, I am not surprised because the Minister spoke so glowingly about the use of garbage bags in Africa.

Mr. Speaker, I want to ask the Minister to go on record when he is wrapping up, [*Crosstalk*] whether the PPE being imported into this country is recognized under the standards and protocols set out by the CDC. So, you are using duct tape.

It had to take PAHO to tell you duct tape cannot work, when any 2 x 2 or two-bit first year medical student could tell you, you cannot use it. [*Crosstalk*]

Hon. Member: They could use it.

Dr. Browne: That "doh" mean it good.

Mr. T. Deyalsingh: However, recommended personal protective equipment—and I am talking about this to safeguard our nurses, our ward attendants, our mortuary attendants and everybody who has to treat an Ebola patient. So, recommended personal protective equipment, PAPR or N95 respirator. What is PAPR? Powered Air Purifying Respirator. So, the person who puts it on has a supply of air, and all that. It is not disposal.

Mr. Speaker, I could go on and on about the PPE specifications. We "doh" have time for that today. But what I do want to talk about is this, for the benefit of all those health care workers and mortuary attendants, morgue attendants, funeral home attendants who have to treat with bodies, who have to treat with suspected Ebola cases.

Mr. Speaker, my information tells me, and this was born out of experience in the United States with a nurse who was treating an Ebola patient, contrary to what the Member for Barataria/San Juan said, that how this thing so difficult to catch. She got it by improper technique in taking off her PPE.

Dr. Khan: That is what I said.

Mr. T. Deyalsingh: Let me finish "nah". Her skin was not broken. It did not get into her mouth or eyes. [*Crosstalk*]

Mr. Speaker, the use of PPE, there are two stages—donning, where you put it on, and doffing, where you take it off. The literature will tell you that the most crucial stage is doffing—taking off. If we follow the protocols correctly, and we use the PPE equipment as prescribed by the CDC, not the garbage bags that you recommended, not the rubber boots that you recommended, and not the duct tape that you recommended, but CDC approved—and "doh tell me we eh ha money eh, because yuh spent $400 million on LifeSport and yuh gave one man $34 million. So "doh say we doh" have money. Money is not a problem with you all. Safeguard our health care workers. The most critical stage where health care workers can be contaminated is in doffing—taking off—where it is a 21 stage process. That is where that nurse was infected.

Mr. Speaker, I want to deal with a last item in the *Newsday*, to show how this Government and their spokespersons have trivialized this Ebola thing.

"Mission Ebola"—*Newsday* by Miranda La Rose, Tuesday, October 28, 2014. Now, bear in mind that the Minister of Health spoke about how in West Africa they do not have good facilities—right—no good system. Those were his exact words—using garbage bags.

> "Furlonge told *Newsday* yesterday he is volunteering to go to one of the afflicted West African nations to see 'first hand how things are unfolding on the ground…'"

This is the same ground that the Minister said, no good systems:

> "'…to see what is taking place, to understand it, and to fully comprehend.'"

Has he gone to Africa as yet? And why Africa? I will tell you why. This is the further trivialization.

> "Khan has also suggested" that "president of the Public Service Association Watson Duke, and…"—I do not want to give this man any advertisement—

Dr. Khan: Say it "nah". Say it.

Mr. T. Deyalsingh: So, I am not going to say it. No! I do not want to give that man any advertisement—and somebody with—

> "a cure…be part of the team."

Dr. Browne: His friend. [*Crosstalk*]

Mr. T. Deyalsingh: "Khan noted that while medical experts have claimed that they have found no cure for the disease, it would be practical for…"

—name withheld by my choice because I do not want to give that man publicity.

> "'Maybe…'"—and this is Minister Khan—that man, name withheld "'is the best person to send to West Africa', he said seriously."

This is a serious statement. We are treating Ebola. The place to send a team is not West Africa, is to the Emory University, because that is where the best Ebola treatment facility lies.

Dr. Khan: How you know that?

Mr. T. Deyalsingh: Even the Texas Presbyterian Hospital which had an Ebola case—[*Crosstalk*]

Dr. Browne: No. You cannot say that.

Mr. Speaker: Please. Member, withdraw that for me.

Dr. Khan: Mr. Speaker, I withdraw the "foolishness" about the Member for St. Joseph.

Mr. Speaker: Yes. Thank you. If you want some tea, I think you should really retire, but do not disturb the proceedings in that way, man. I think it is becoming a bit worrying now, man. I am worried about the health of this place. Continue, please. Continue, please.

Mr. T. Deyalsingh: The reason why he is getting hot is because the truth offends. [*Crosstalk*] The truth offends. That is why "he get yuh hot". The best place to send a team is to Emory University, because even Texas Presbyterian that had a case, that could not treat the case, sent their case to Emory. But you want to send a team—[*Interruption*]

Hon. Member: Emory or emerald?

Mr. T. Deyalsingh: Wherever—to West Africa—where you said, they "doh" have good systems. And you want to send—the man whose name I do not want to say—to there. What lunacy is that? [*Crosstalk*] What lunacy is that?

Take a team of epidemiologists from Trinidad and Tobago, public health, send them to the university there, let them see best practice, send them to the CDC, let them be trained in best practice, but do not send them to West Africa. There is nothing for us to learn there about the treatment of Ebola. We can learn about the transmission of Ebola there, but that is not our problem. Our problem is treatment, not transmission. So, Mr. Minister, get serious. Get serious!

Dr. Khan: You have it wrong.

Miss Mc Donald: Why is he continuing—

Hon. Member: He is being disrespectful to the Chair. [*Crosstalk*]

Mr. T. Deyalsingh: Mr. Speaker, I want to ask a last question because my time is—[*Crosstalk*] May I speak in silence, Mr. Speaker?

Mr. Speaker: Yes. Yes. He is supposed to talk to the Chair, and you are supposed to be silent.

Mr. T. Deyalsingh: I will speak to the Chair.

Mr. Speaker: So speak to me, and Member for Barataria/San Juan, be silent again, please. Continue, please.

Mr. T. Deyalsingh: Thank you. Mr. Speaker, this Government has a way of throwing about figures—$500 for parents. I wonder if we could still afford that with oil prices the way it is. Anyhow, that is not on the agenda.

Express, November 05, 2014.

"Health Minister Dr. Fuad Khan said yesterday that ten-point-plan to fight Ebola virus diseases (EVD) 'deals with any gaps in health security.' It focuses on strengthening of all ports of entry, creation of a Rapid Response Team (Carib React) and a T&T contribution of US $100,000…"

Member before, when the Member for Diego Martin Central said, he was quoted as saying it is US, he said it is TT. [*Crosstalk*]

Hon. Member: He said he misspoke.

Mr. T. Deyalsingh: I am quoting the *Express* that the Minister of Health made a promise to:

"…contribute US $100,000 towards a fund which has been set up by Caricom to fight Ebola in West African nations."

Question: Has that money been found, the US $100,000, and has it been paid as promised by Trinidad and Tobago?

Dr. Khan: File a question.

Mr. T. Deyalsingh: Final question—because the answer is, no. The answer is no. You make this lofty statement , "we are going to contribute US $100,000—the answer is no and the Minister says, "file a question". Flippancy.

4.15 p.m.

This whole Ebola response has been characterized by government flippancy. Among those present at the press conference where the 10-point plan was announced were Prime Minister Kamla Persad-Bissessar, Secretary General and so on and so on and so on.

So, Mr. Speaker, we on this side have little or no faith in the statements made about Ebola by Members of the Government opposite. We have demonstrated where their words have not translated into action. The PAHO report is on Caura, it is not about the health care system to deal with Ebola. We do not have the PPE to conform to CDC standards. This Minister has sidelined and brushed aside two eminent persons in Dr. Chadee and Dr. Armour. Why? Small country, limited human resource.

We have not paid up this $100,000. In other words, Mr. Speaker, we have absolutely no faith in the Government's preparedness to deal with Ebola. That is why I support wholeheartedly this Motion brought by the Member for Diego Martin Central, and I congratulate him wholeheartedly.

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

The Minister of Tobago Development (Hon. Dr. Delmon Baker): Thank you, Mr. Speaker, for giving me the opportunity to speak on this very important topic affecting not just the citizenry in Trinidad and Tobago, but of course, more importantly, those who are in West Africa.

Mr. Speaker, let me take you back about a month. A month ago we were in Geneva, Switzerland, representing the Republic in the IPU session in which this very topic came on the agenda as an emergency item. It may be important for the Republic to note that also—and being a Member of that delegation was the Member for St. Joseph—

Hon. Member: What?

Hon. Dr. D. Baker:—and together we huddled to put together a brief presentation to indicate to the international community Trinidad and Tobago's preparedness for the very Ebola disease, and to say how proud we were of this Government's effort in treating with this very matter. [*Desk thumping*] Now, I must also add very quickly that it is—

Mr. Deyalsingh: Can you quote anything I said?

Hon. Dr. D. Baker: Honour, Member for St. Joseph. Honour is required when you sit in this House.

Mr. Deyalsingh: "You cannot quote nothing".

Hon. Dr. D. Baker: Mr. Speaker, while I could forgive him, because he is not a medical doctor, [*Laughter*] and he is a member of a party whose strategy is to create fear, confusion and hysteria in the public place, not simply on this very serious matter but on every other topic.

Miss Mc Donald: Which party you belong to?

Hon. Dr. D. Baker: "Hold on to your seat, Isha coming for you." [*Interruption*] He is not a medical doctor so I may forgive him on this term, perhaps, when a subject matter that fits within his qualification comes up and he speaks, I can listen. [*Laughter*]

I had to be very careful in deciphering the messages that we are sending to the population, and I must ask the Member for Diego Martin Central to be a little bit more careful when treating with these very important subject matters, because part of epidemiology is understanding how a disease—particularly infectious diseases—would impact on how a population behaves when that disease, either comes into our community or is spoken about in a community. So, part of managing infectious diseases involves how you educate your population. [*Desk thumping*]

And while I have the opportunity, Mr. Speaker, let me congratulate the Minister of Health because he met a health care system in shambles. He met a health care system that was seriously underfunded and disaggregated—you see, he has come in at a time when the very economy was in crisis, and to date, through his Herculean efforts, he has kept Trinidad and Tobago in a relatively good and excellent state of health. [*Desk thumping*]

I must congratulate him, because it is not just a perspective of treating with this issue in isolation when you have brought on the Immigration Division, Customs and Excise, the ODPM, the police service, the defence force, the fire service. You have brought in PAHO, you have brought in the Civil Aviation Authority, the Tobago House of Assembly and union leaders into the management of a disease that has not even come to our shores as yet, then you have a Minister of Health who has taken a preemptive strike. A virus that is flirting the United States, and has just floated countries like Spain, but the threat is real. One must be practical, Ebola did not just appear on the scene in 2014. It was around for almost 37 years, when it first came to the fore in countries like Sudan and in the Democratic Republic of Congo in 1976, 37 years ago.

And you must not just consider Ebola in isolation, Mr. Speaker. We have been treating with infective viral diseases in Trinidad and Tobago for a number of years, which, of course, diseases like Chikungunya, HIV, dengue fall a part of the same kind of diseases, and the general treatment for infective diseases, the basic principles, and as a medical doctor and, of course, the Member for Diego Martin Central understands the basic principles of infectious diseases is the same.

Therefore, when we look at this specific one, and let me give the population a bit of information: Ebola has five identifiable types, the one that has the greatest infectivity morbidity associated with it is the Zaire subtype of the Ebola disease, and this natural viral contagion is one that has been around, as I said, for 37 years and may have an infectivity rate of about one to two as compared to diseases like HIV where the infectivity rate may be as high as 18.

The big concern with Ebola is that its morbidity rate, in this instance, is higher than most other viruses in the same class. The morbidity rate of Ebola may be somewhere between 25 per cent to about 90 per cent. But now what we are seeing in general is about a 50 per cent morbidity rate of this current outbreak of the disease called Ebola.

There has and there is no case of Ebola in the Caribbean. From the way you heard the Member for St. Joseph and the Member for Diego Martin Central speak, one would assume that there are Ebola cases walking around in Trinidad and

Tobago and are ready to turn up at the primary health care system. At this stage, the population of Trinidad and Tobago should be calmed to know that the first thing they need to do is to understand how Ebola is transmitted and to take the very same steps that you would take when you are managing a viral infection.

And if either MP had come to this House to educate their constituencies and the Republic as to how one manages a viral infection, then they in their first right would have done their duty to the Republic of Trinidad and Tobago. [*Desk thumping*] One must understand that while there are now no cases of Ebola in Trinidad and Tobago, on presentation, if one does come, there may be some significant impacts, and I must speak as a Member of Parliament for Tobago, because you did hear that the Ministry of Health has included the Tobago House of Assembly in managing—overall management of this Ebola disease.

In fact, Mr. Speaker, one case like this on the island of Tobago can cause a devastating impact on the island's tourism sector. But the same can be said for incidents like the death of the two tourists of the Bacolet beach which occurred last week. So, it is not necessarily the presentation of a disease or an action on the space, but it is what you have in place to mitigate these challenges when they appear on the scene. So, the issue is mitigation; the issue is management; the issue is preparedness, and I can say without a shadow of a doubt that the mitigation systems that have been put in place by the Ministry of Health in Trinidad and Tobago have and by PAHO defined are adequate.

Mr. Speaker, mitigation in epidemiology first starts with education, and Trinidad and Tobago has started educating not just the general public, but has focused on educating the first responders, the people at the Immigration Department, the people who are a part of the advanced air passenger information system, which tells those who are working in airlines as to the source destination of every single air passenger that is coming into one's country. And that is important in this disease, Mr. Speaker, because you cannot get Ebola unless you are in proximity with a patient who has symptoms and has, of course, the viral disease called Ebola.

So while they may tell you about the nurse who picked up the disease after inappropriately taking off her PPE in the United States, they failed to tell you that that same nurse would have gone home, met with her family, travelled using a public transportation system, and to date in the United States, that nurse even after making contact with all of these people was the only person along that chain of interpersonal connectivity that was found with the disease of Ebola.

So, the first point is that the disease itself is very difficult to spread for a person who is without a symptom, and that is why you have this advanced tracking system that the airlines have set in place to tell you as to where those passengers are coming from. And the important thing is that no one flies straight from West Africa into the Republic of Trinidad and Tobago.

The Ministry of Health, understanding that screening is occurring to where those primary passengers are landing, has put in place some travel restrictions on those passengers who are coming from countries with widespread infections. And, Minister of Health, if you would permit me, I am sure you would have mentioned those countries on which the restrictions are in place: New Guinea, Liberia, Sierra Leone.

4.30 p.m.

And of course, while there were cases in Nigeria, that country for a short while appeared on the travel restricted list, and that country, now that it is cleared, is no longer on that list, Mr. Speaker. So for Trinidad and Tobago there are no primary countries, no countries in which widespread infections are reported that fly direct flights to Trinidad and Tobago. That is one.

And two, Mr. Speaker, the period for which an infection becomes unveiled in a patient who contracts the disease is somewhere between two and 21 days. And that is the small window, the narrow window in which you have to detect a symptom, so that you must be in contact with a person who has the disease or you must have travelled from another country in which the disease is widespread and you must show a symptom within two or 21 days if you are to be picked up through the advance air passenger information system.

ARRANGEMENT OF BUSINESS

The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal): Thank you very much, Mr. Speaker. I beg to move that we suspend debate on this Private Members' Motion at this time and revert to the order item of Ministerial Statements before adjournment.

Mr. Speaker: All right, well, hon. Members I did indicate earlier that there are two Ministerial Statements to be presented to this honourable House by the Minister of Works and Infrastructure and the Minister of Finance and the Economy. So at this time—Leader of Government Business who would you like to go first? I will now invite and recognize the hon. Minister of Works and Infrastructure.

STATEMENTS BY MINISTERS

Collapse of the Manzanilla/Mayaro Road

The Minister of Works and Infrastructure (Hon. Dr. Surujrattan Rambachan): [*Desk thumping*] Thank you, Mr. Speaker. Mr. Speaker, the following statement seeks to update the situation regarding the collapse of the Manzanilla/Mayaro Road and I have been authorized to make this statement by Cabinet.

Mr. Speaker, as you recall, during the month of November there was intense rainfall over a period of nine days and during those nine days, 371 millimetres of rain fell in that particular area. Mr. Speaker, what is interesting is that in the same nine-day period using a 30-year long term average, the average rainfall for the month of November is 228 millimetres. So in other words, during those nine days, 63 per cent more rainfall fell in that area than a 30-year long term average.

As a result of the rainfall and other conditions which I will speak about, several points along the Manzanilla/Mayaro roadway were in fact destroyed. And when you look at it, the areas destroyed range from 100 metres to 300 metres as part of a continuous length of road, 2.2 kilometres that were severely affected. This 2.2 kilometres is only part of the approximately 6 kilometres that have to be repaired.

Mr. Speaker, I want to identify the main issues associated with the Manzanilla/Mayaro Road between Manzanilla Point and Point Radix, the constraints that have to be considered in conceptualizing solutions, the results of the damage survey and some information on the status of the design and other aspects of the project needed to be done to facilitate commencement of the works.

The main problems associated with the Manzanilla/Mayaro Road between Manzanilla Point and Point Radix are as follows:

1. The failed sections of the roadway rendering the route impassable.

Mr. Speaker, people are still trying to drive through that area not realising that if you are driving on this roadway and the roadway even seems to be stable, but underneath half and more of the roadway has been eroded. So it is very dangerous, and one has to ask persons, please, do not attempt to drive over those parts of the road, unless you hear the Ministry of Works and Infrastructure say it is okay to do so.

2. We recognized that there is a paucity of natural and anthropogenic drainage infrastructure; that is, drainage caused by human beings.

3. There is a relatively high topography of the beach dune in comparison to the existing elevation of the Manzanilla/Mayaro Road which creates a natural impediment to drainage out to the sea.

4. There is ongoing coastal erosion which had been recorded by the coastal division of the Ministry based on research, at between 2—4 metres per year.

Mr. Speaker, the ongoing coastal erosion is threatening the critical areas along the Manzanilla/Mayaro Road and it is to be noted in that context the high water mark is less than 25 metres from the existing roadway.

We also noted, that there are changes to the hydrologic characteristic of the Nariva River Watershed due to ongoing land use practices, in particular agriculture and the construction of channels which provides opportunity for faster conveyance of runoff, uncontrolled runoff of water that is used for flood irrigation; in other words, natural channels have been made.

Mr. Speaker, residential and resort properties have been constructed, as you know, along the Manzanilla/Mayaro Road and the shoreline. In many cases the structures are close to the roadway and this provides a challenge for us to widen and elevate the road and also the way there has been construction and the walls built. This is what also held water on the roadway.

Mr. Speaker, in spite of that, in every situation like this there are opportunities, and one of the opportunities has to do with the high topography of the beach dune. This high topography of the beach dune provides a defence against coastal inundation or run-up of the sea. In addition to that, several channels have been created during the flood event and those can now provide drainage from inland runoff and we will be looking to see how we can utilize those in the designs.

The destruction of the Manzanilla/Mayaro Road requires extensive works for providing a sustainable solution to permanently re-establish the route, which could mean possibly elevating the roadway during the reconstruction process.

Well, Mr. Speaker, there are constraints that have to be considered in the conceptualizing of the solutions that we wish to address and, one of course, is the availability of land for widening the road. This will impact upon the elevation of the road. It is highly likely that the lands between the Manzanilla/Mayaro Road and the shoreline are privately held.

In addition to that, we have to deal with the environmentalists and look after the environment, because the Nariva River Swamp is protected under the Ramsar Convention of Wetlands. A difficult aspect of hydrological and hydraulic assessment of the Nariva River Watershed is the ecology of the wetlands. Specifically, Mr. Speaker, we have to ask the question: can the flooding problem—Mr. Speaker, would the Member for Diego Martin Central give me a chance to say what I am saying without disrupting, please?

Mr. Speaker: Yes, would you do that. Continue, please.

Hon. Dr. S. Rambachan: Mr. Speaker, can the flooding be mitigated by taking remedial measures in the swamp? And if that is not feasible, what is the optimal water level in the swamp in the wet season? And we are trying to collect this information because it is required to determine the height of the proposed embankments parallel to the road, if any have to be developed.

Mr. Speaker, I want to say that we have used a multi-disciplinary approach to dealing with this problem, and only local companies and agencies have been involved. These include, PURE, from the Ministry of Works as well as the Highways Division of the Ministry of Works; the Coastal Protection Unit of the Ministry of Works; the Engineering Corps of the Trinidad and Tobago Defence Force; the University of the West Indies, department of Civil and Environmental Engineering, as well as the Geomatics Department of the Faculty of Engineering at the UWI, as well as other local personnel.

And what we have done, Mr. Speaker, is that we have done surveys on the ground, in terms of surface inspection, as well as aerial photography, for the road and coastal conditions. And we want to thank the Minister of National Security for the use of the helicopter for doing some low fly surveys for the watershed survey. Those who are interested can see this footage on the Ministry of Works and Infrastructure website.

There are five areas of breaches and extreme road collapse, varying between 100 metres and 300 metres in length—and these are really serious collapses—a spread of a total affected continuous road length of 2.2 kilometres. There is also a river breach in the Nariva wetlands leading to extensive ponding of water over large areas, thereby directing the water to the areas of breach and collapse.

Mr. Speaker, after seven days, water was still observed flowing out of the swamp with appreciable velocities in three of the damaged areas. We are still doing topographic surveys and these are due to be completed by today, and the survey drawings resulting should be available to us within one week's time.

We are also trying to measure the depth of the water of the Nariva wetlands and these are still to be done. They are ongoing, in a sense, and will be completed by December 5, 2014. Geotechnical surveys have been completed and the report is due for delivery today. Hydrological studies have commenced and should be completed by January 16, 2015. Mr. Speaker, tidal information and data have been gathered and collated and will be used to inform the conceptual design of the road restoration.

In terms of design status, the multi-disciplinary team in one of its meetings has agreed to the following philosophy:

- That we must adopt a sustainable approach;
- There must be no negative impact or interference with the Nariva wetlands;
- And in all that we do we must minimize the cost.

As such, only energy saving strategies for the restoration works will be considered and the use of recycling technologies for salvaged and recovered materials will be used in the design as far as is possible. Temporary or through traffic during the construction works will be allowed for only emergency cases due to safety concerns. Approximately 1 kilometre will have to be partially reconstructed and 1.2 kilometres will have to be fully reconstructed. Temporary reconstruction involves extensive double handling and repetition of works for the final restoration, and this was found to be too costly a proposition.

The conceptual design, in other words, Mr. Speaker, we do not want to just spend money doing temporary works when we could do the permanent work and save that money that will be lost in temporary work. It is better we do the permanent work, it will be more cost effective in this instance. That does not mean to say that we will not establish connectivity which light vehicles and medium vehicles can use in the meantime.

The conceptual design at this stage envisages, and I want to repeat, at this stage, envisages a structure built on a reinforced flexible stone foundation, overlaid with a recycled stabilized layer made from recovered and salvaged aggregate and asphaltic materials and surfaced with hot mix asphalt. The structure will be truncated for partial reconstruction. Construction layer thicknesses have already been determined. The geometry of the roadway will see a raising of the surface elevation to provide a dam-like resistance effect to extreme flows and

overflows in the abounding wetlands, and new culvert crossings will be done where necessary in this instance. A utility corridor will be established in the roadway cross section.

Mr. Speaker, the detailed designs are due to begin after the receipt of the topographic surveys. The multi-disciplinary team is working assiduously to create connectivity in the shortest possible time. But in doing so, however, we wish to engage in a process that will allow permanent work to be done.

I wish to express my profound appreciation and that of the Government to the commuters and residents who have been affected by this incident. As you are probably aware, the Minister of Transport, Minister Stephen Cadiz, has introduced buses to help alleviate the transportation challenges which have occurred, and Minister Peters in Mayaro has been doing yeoman service in terms of helping and assisting those to [*Desk thumping*] deal with this situation.

Mr. Speaker, I wish to say that we had works planned for the Plum Mitan Road and the Biche Road. This was on our programme, but we have now advanced these works and brought them forward, and already we are doing those works so that the vehicles can use those roads a little more easily than they did before.

This is the statement I would like to make, Mr. Speaker, and I thank you very much. [*Desk thumping*]

4.45 p.m.

Mr. Speaker: The Minister of Finance and the Economy. [*Desk thumping*]

Government's Fiscal Operations (Impact of Falling Oil Prices)

The Minister of Finance and the Economy (Sen. The Hon. Larry Howai): Thank you, Mr. Speaker. I appreciate the opportunity extended to me to address this honourable House on the issue of the impact of falling oil prices on our fiscal operations.

Mr. Speaker, over the past few months we have seen a decline in crude oil prices and specifically that of West Texas Intermediate 40 API Crude from a high of US $102.90 per barrel in July to US $74 per barrel on November 26, 2014.

The outcome of OPEC's meeting and the failure of that organization to arrive at an agreement to reduce production quotas has resulted in the predictable further decline in the price of crude to below US $70 per barrel as of yesterday and

continuing. The dynamics within the overall market which have led to this situation have been generated by four main factors.

The first is the introduction of new technology which has increased output of oil and gas in the United States. The second is the global economic slowdown which has reduced the demand for oil. This economic slowdown is likely to be aggravated further by the fact that several oil-producing countries, including Saudi Arabia and Russia, need prices in excess of $90 per barrel to balance their budgets. Thirdly, the changing geopolitical environment has resulted in the unexpected resumption of oil production in several countries, including Libya, South Sudan, Iraq, and to a lesser extent, Iran, which has resulted in increased supply. Finally, the price has also been affected by the actions of market traders which have exacerbated price fluctuations arising from overall demand and supply conditions.

Our overall evaluation of this situation is that oil prices will remain below the level which we had budgeted in the current fiscal year. The 2015 budget is based on a reference price of US $80 per barrel for crude and a gas netback reference price of US $2.75 per MMBTu. These assumptions produce a total revenue of $60.3 billion or 32.4 per cent of GDP of which the revenue derived from the energy sector is expected to amount to $28.4 billion with non-energy sector projected at $30.3 billion with the difference representing revenue generated on the capital account.

Of the total expected from the energy sector, taxes and royalties from oil and gas companies are expected to contribute $21.3 billion. On the basis of this estimated revenue, we had projected a budget deficit of $4.3 billion, representing 2.3 per cent of GDP. It should be noted that in 2014, the last fiscal year, Government had projected revenue of $55 billion with an anticipated deficit of $6.4 billion. Based on preliminary figures at the end of the last fiscal year—September 2014—the actual outturn was a deficit of $2.7 billion or approximately 1.5 per cent of GDP, some $3.5 billion better than the projected outcome at the start of the year. This was mainly as a result of the fact that revenue was higher than budgeted by $3.2 billion. Much of this increased revenue came from the higher level of gas prices which prevailed last year.

For 2015, the experience is expected to be different. We have worked several scenarios on oil and gas prices and, on the basis of these, have made certain decisions regarding how we should proceed. For simplicity, I shall refer to three of these scenarios.

At the present time we are averaging better-than-projected gas prices and these gas prices have mitigated the effect of the lower oil prices. Trinidad and Tobago is today more of a gas than an oil economy, as we said before, producing approximately 800,000 barrels of oil equivalent per day, of which only 10 per cent is petroleum.

One scenario, with prices recovering to an average of US $75 per barrel for the current year and assuming gas prices remain where they are, will result in better-than-projected revenue for this year. If we assume that the gas netback price falls to US $2.75 per Million British Thermal Units in this scenario—that is, with the price at $75 a barrel—then we have an overall revenue reduction of $849 million. This is made up of, among other things, an adjustment of $535 million in royalties and an adjustment of $269 million in taxes collected. The adjustment for the fuel subsidy will be $169 million. This will result in a net increase in the deficit by $680 million or 0.3 per cent of GDP.

We have further calculated the effect of an average price of $60 per barrel and a gas netback price of $2.75 per MMBTu. This will result in a reduction in total revenue of $2.4 billion on an annualized basis. This will be partially offset by savings on the fuel subsidy which will be reduced by $676 million, so that the overall fiscal balance for 2015 will move from 2.3 per cent of GDP to 3.2 per cent of GDP. This is the fiscal deficit.

Our own expectation is for the price to decline initially closer to $60 per barrel, but eventually averaging between $65 and $70 per barrel. We expect that the price of gas will come down in tandem with this decline in the price of oil, but we expect that it will remain above the $2.75 reference price used in the budget.

Using a scenario, therefore, of US $65 per barrel and $2.75 for gas, the reduction in total revenue will be $1,879.4 million on an annualized basis. This will be offset by savings on the fuel subsidy of $507 million. The overall deficit will increase by $1.3 billion or 0.7 per cent of GDP. In budgetary terms, this represents an increase in the overall total budgeted expenditure, or the overall reduction in budgeted revenue of 2.1 per cent.

While this does not pose an immediate risk to the 2015 budget, prudence would suggest that appropriate action should be taken to maintain a level of fiscal balance, given the medium-term trajectory of oil and gas prices. Ministries will therefore be required to review their budgets to determine areas where expenditure can be suppressed to make up the shortfall. We do not expect that the

expenditure reductions will be major reductions in the case of most Ministries.

I should also add that among the risks to energy sector performance in 2015 is that derived from the challenging circumstances confronting Petrotrin. This, of course, is accentuated further by the level of debt which a company carries. And just for the purposes of the record, Mr. Speaker, the debt in 2002 was $3.3 billion for Petrotrin. This increased to $12.4 billion by 2010, or by 300 per cent. The total debt of the company now stands at approximately $14 billion. To this end, the Ministry of Finance and the Economy and the Ministry of Energy and Energy Affairs have already engaged Petrotrin with a view to identifying immediate and medium-term responses to the impact of the fall in oil prices.

As has been stated before, the global economy is on the verge of a major structural change in the configuration of the international petroleum market. An indicative medium-term scenario for the period up to 2018, prepared by the Ministry of Finance and the Economy, has mapped a trajectory for remedial fiscal action in light of the direction of oil prices. The Ministry of Finance and the Economy understands the very natural concerns of the public engendered by the recent decline in oil prices, but remains confident that our financial buffers are strong enough to address the immediate concerns.

Regarding the energy sector and its future, it is important to note that the fiscal incentives implemented by this administration since coming into office have resulted in a complete turnaround in foreign direct investment in this country's energy sector. Since 2013, the Ministry of Energy and Energy Affairs has awarded 12 production-sharing contracts and six licences for exploration and development work. Investor confidence has rebounded with an increase in the number of rigs in operation, as well as in the flow of foreign direct investment, which is expected to exceed US $3 billion this year.

Despite falling oil prices, the sector continues to attract interest from the major global players, and the people of Trinidad and Tobago will continue to benefit from this interest. The country's financial buffers remain strong and foreign exchange reserves have increased to over $11 billion, from $8.9 billion in 2009. The country's overall fiscal position and revenue flows also remain healthy. We are confident, therefore, that even with these very conservative assumptions regarding the expected trajectory of oil and gas prices this year, that it will result in very marginal changes to the overall programmes of Government.

There is, however, no room for complacency, and the Ministry will continue to monitor what is happening in the global environment and to refine our remedial

fiscal measures to ensure that the country can respond appropriately to changes in the market for oil and gas.

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

Mr. Deyalsingh: Mr. Speaker, Standing Order 24(4). I would like to ask a question, please?

Mr. Speaker: Yes.

Mr. Deyalsingh: Thank you. Hon. Minister, could you say whether these soft oil prices may result in a revision of the 2015 budget proposals, especially social programmes like the baby grant?

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

Sen. The Hon. L. Howai: Mr. Speaker, as I said, any changes will be very marginal to the programme of Government. We expect that the changes that will be effected as a result of this will be relatively small. If, for example—and I use this just as an example—we were to spread the increase in the deficit over each Ministry, the net effect would be a reduction in expenditure in each Ministry, of about $45 million, which is relatively small in relation to the budgets of each Ministry. So we do not expect that there would be need for any significant changes such as those referred to by the hon. Member.

Hon. Member: Very good. Very good. [*Desk thumping*]

Mr. Speaker: The hon. Leader of the House.

ARRANGEMENT OF BUSINESS

The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal): Mr. Speaker, in accordance with Standing Order 50(3), I beg to move that the debate on this Motion on the Ebola virus be adjourned.

Question put and agreed to.

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 Friday, December 05, 2014, at 1.30 p.m. and to indicate on that day we will continue debate on Bill No. 1, a Bill to provide for public procurement and related matters. I beg to move.

Leave of Absence

Mr. Speaker: Hon. Members, before putting the question, I have received communication from the hon. Kamla Persad-Bissessar, Prime Minister and Member of Parliament for Siparia in which she has asked that she be excused from today's sitting of the House of Representatives. The leave which the Member seeks is granted.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 4.58 p.m.