

*Leave of Absence*

*Wednesday, September 25, 1991*

**SENATE**

*Wednesday, September 25, 1991*

The Senate met at 1.30 p.m.

**PRAYERS**

[MR. PRESIDENT *in the Chair* ]

**LEAVE OF ABSENCE**

**Mr. President:** Hon. Senators, I have granted leave of absence to the following Senators: Prof. John Spence, Hochoy Charles, Dr. Ramesh Deosaran and Mootilal Moonan from today's sitting.

**SENATOR'S APPOINTMENT**

Hon. Senators, I have been advised that His Excellency the President has appointed Sen. Abdul Wahab to be a temporary Senator during the absence from the Senate of Sen. the Hon. Surujrattan Rambachan with effect from September, 18, 1991.

**AFFIRMATION OF ALLEGIANCE**

*Sen. Abdul Wahab took and subscribed the Affirmation of Allegiance as required by law.*

**SECONDARY SCHOOLS SANSKRITIK SANGAM (INC'N) BILL**

A bill for the incorporation of the Secondary Schools Sanskritik Sangam and for matters incidental thereto; brought from the House of Representatives [*Sen. Fyard Hosein*]; read the first time.

**PAPERS LAID**

1. Caribbean Industrial Research Institute (CARIRI) Annual Report 1990. [*Sen. Alloy Lequay*]
2. Annual Report of the Tobago House of Assembly for the year ended December 31, 1990. [*Sen. A. Lequay*]

**OMBUDSMAN'S OFFICE  
(LEGISLATION REVIEW)**

**Presentation**

**Sen. Fyard Hosein:** Mr. President, I wish to present a report of the Joint Select Committee of Parliament appointed to review legislation establishing the Office of the Ombudsman in order to strengthen that office so that it may provide more effective resolution of the citizens' grievances and curb bureaucratic abuses.

**PRIVILEGE COMMITTEE REPORT****Presentation**

**Minister in the Office of the Prime Minister (Sen. The Hon. George Weekes):** Mr. President, I have the honour to present the report of the Committee of Privileges of the Senate (1990/1991 Session).

**CHILDREN (AMDT.) BILL**

[THIRD DAY]

*Order read for resuming adjourned debate on question* [September 10, 1991]:

That the bill be now read a second time.

*Question again proposed.*

**The Minister of Social Development and Family Services (Dr. the Hon. Emanuel Hosein):** Mr. President, the bill before us attempts to achieve certain objectives which, if my memory serves me correctly, almost all hon. Senators opposite support. When I say opposite in this instance, I include the non-Government benches. It would seem that my presence in this Upper House, as much as I enjoy being here, seem to invite a level of contribution in both quantity and quality that always impresses me and it is one of the reasons I usually enjoy being here.

I want to begin by thanking all hon. Senators for contributing, and during the course of my response I would wish to single out certain contributions for specific response. At the outset, I wish to make a distinction between the contributions and that is, while almost all the contributions were extremely positive, helpful and raised very relevant matters, I must draw a distinction between these contributions and some of those coming from the benches of the official Opposition which I will have to characterize in different terms and deal with very specifically.

Permit me to get to some of these specific responses. I want to start off by complimenting Senators Baksh, Amar, and Khan and to spare me listing all the names, the contributions from the Independent benches. Very quickly, I will make a few points in response to Sen. Baksh who, by and large, indeed her entire contribution was most positive and indicated her support for the bill. I will take up one or two points very quickly before I come to those contributions that I think require major response.

**1.40 p.m.**

First of all, she indicated—and I am quoting what I wrote at the time—that abuse in homes appears to be more prevalent in those homes of limited financial

circumstances. I want to say that is not necessarily borne out by the facts and statistics and the social workers will tell you that abuse—physical, sexual and mental—occurs in all homes. When I say all, crossing the entire socio-economic spectrum. In fact, I understand that but a few nights ago, on the CNN Larry King Live show, I believe it was La Toya Jackson who reported that she and her older sister were sexually abused by their father and that Michael Jackson was receiving awards by day and getting physically abused by night. I do not know if any Members saw that, but that surely is not a home of limited financial resources. It is equally true here in Trinidad and Tobago, and the social workers will tell you, that it happens in all types of homes.

What appears to be the public's perception however, is really based on the fact that some of these things come to public attention and in many instances they do not. So I wish to correct that impression because so many contributions were prefaced on the assumption that the socio-economic status of a person and the family ought to be a major consideration when you come to legislate against abuse of children or, indeed, provide administrative or other mechanisms to take care of the consequences of abuse. So I needed to correct that impression from the outset.

By and large, I agree with some of the comments which she and many hon. Members made with regard to the support services. Yes, there is an insufficiency of support services, and the Government has put in place a number of mechanisms. Some of them, I have repeated in this Senate on another occasion when we debated the Domestic Violence Bill. I do not want to take up my time, this afternoon, repeating some of them except to say that we continue to work very much, through the agency of the non-governmental organizations; and Government is attempting, within its financial constraints, to provide additional support to NGOs who provide the majority of support.

That point becomes even more relevant when I come to respond to Father Joseph's point about the status of some of the homes at the moment under the Anglican church; and what he perceives as the need for Government to—and I use the term loosely at this stage—take over some of these institutions, whether it be by the agency of repealing the Act that he mentioned or otherwise.

Sen. Baksh also raised the matter of financial aid to families in need. I wish to take this opportunity—although she is not here—at least to inform all hon. Members that the question of increased financial support to families who find themselves in need—especially on an emergency basis—including those families

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whose needs arise out of domestic violence or abuse, is also before Cabinet. Not only will the existing categories of assistance, which exist at the moment, be increased in terms of quantum but we are looking at additional categories of assistance to families who find themselves in difficulty; whether it be entirely economic or whether abuse is involved either of a domestic violence nature or child abuse, which is our particular concern today. So, I want to take the opportunity to alert this Senate, and the national community, that the matter is, in fact, before the Cabinet at the moment. In addition, the budget of 1991 contains the funds for that increase of support.

Sen. Deosaran raised a few points and the early part of his contribution focussed on the whole question of the intervention of law into family matters. Again, it is a theme mentioned by a number of hon. Members and I want to say that the need for legislation only arises because clearly, there are so many instances of the breakdown of the family. Surely, we are not here today—or indeed on other occasions where we have looked at legislation affecting the family—to pass laws that provide for state intervention where proper parenting takes place. It is when that whole milieu of family nurturing breaks down to the point of sexual abuse, physical abuse, domestic violence; that is what we are talking about, and basically, I think we are here because the society—that is Trinidad and Tobago—has said to us, the legislators, "it is time to do something about it".

I recall making the point during the debate on the Domestic Violence Bill, without revisiting that matter, that such a bill, if it had been brought 15 years ago, it either would not have been brought at all or Members would have had difficulty with it, but the society is sending a message to us—and I want to use that same theme when I come to respond to some of the points made by Sen. Alexander—the point is, now is the time. You only have to read the newspapers; hear the talk. This is an attempt to provide, to the officers of the court, a mechanism to deal more effectively with a problem that we know exists. I do not think anybody is fighting the existence of the problem. Nobody in this debate has indicated anything else but support for measures to permit early intervention to prevent some of these things. Prevention is better than cure.

Sen. Deosaran and others did raise the question of some of the homes. I think I could respond to some of these matters now, if not in detail. May I, at the outset indicate that until this bill is passed and assented to, the Minister of Education remains the responsible Minister for industrial homes and orphanages and I do not

wish to usurp the functions of the Minister, in responding to some of issues raised. It would be inappropriate for me to go into these matters.

What I will indicate to those hon. Senators who raised this matter, and all those who are concerned about it, is that the whole question of the industrial homes and orphanages has been a difficult one for many years, because of the conditions—and I am being very general in my statements—and many specific instances that cause grave concern. I want to indicate that the St. Michael's Home and the St. Mary's Home have been the subject of detailed investigation in very, very recent times. Only some weeks ago, Cabinet, in response to a report sent to the Cabinet—in this instance on the St. Mary's Home—has approved a plan of action.

I will say no more on the details, except to indicate that much of it was medically related and the genesis of the problems was of a medical nature, but clearly involved the issue of the management.

**1.50 p.m.**

Hon. Senators will note the cautious tone in which I speak. The matter is, to say the least, sensitive. However, what I do wish to indicate is that Government has investigated and has taken a decision on a plan of action which is being implemented and is receiving financial support, insofar as finances are necessary to carry out certain aspects of that report. I wish to assure those hon. Senators who raised the question of management. Sen. Deosaran did use the term. I have it here and I hope that I am not misquoting him. He did say that management has not been allowed to function as it should. I just want to indicate to Sen. Deosaran that one wonders whether management has been functioning the way it should. It is not a question of not having been allowed to so function.

With respect to the point raised by Sen. Fr. Joseph—he sought to have Government repeal the Act that in effect makes it an institution under the Anglican Church. I want to indicate that Government's policy has not been one of either taking over such institutions, or indeed venturing forth bravely into the establishment of such institutions as government-run institutions.

We share the view, which is one that has come about after many years of experience, that Government should be the last to venture into some of these socially oriented programmes. While Government has a certain responsibility—and the whole question of some of these institutions being under the Statutory

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Authorities Service Commission, which provide certain mechanisms in terms of appointments, *et cetera*—it is something which has been the subject of much legal debate. I will say no more at this stage except that, that very situation is at the moment up in the air. In fact, I have with me a legal opinion on the whole question. How that will be resolved is another matter.

The point I wish to make is that Government's relationship with these non-governmental institutions, including those that are now included under the Statutory Authorities Service Commission Act has really been one of support and I daresay not much supervision. So that exactly what is Government's legal role and powers for appointments, the question of management policy *et cetera*, is very much in an amorphous stage at the moment. What I will indicate to the Senate is that the Ministry of Social Development and Family Services is preparing very clear guidelines. This is the point which Sen. Horne made and I want to thank her for making it because she is most correct in that. The time has come for rules, regulations and guidelines for these institutions to ensure standards and when at a later stage in the parliamentary calendar, we bring the Child Care Services Bill, it will provide for a board, clear rules, regulations and standards to be adhered to and mechanisms for ensuring compliance.

With regard to homes and orphanages, the Ministry of Social Development and Family Services is preparing, at the moment, the kind of guidelines, which we will expect these institutions to adhere to because they are governed by the Child Care Services Bill to come. Having made that point, I hope I can put aside this whole question for the moment. I am saying that it is not a matter which can be put aside. A lot of attention will have to be paid to this whole matter in the very near future and that is the relationship between Government and some of these institutions. As I say, the purely non-governmental will be governed by the Child Care Services Bill and rules and regulations to govern the homes and orphanages.

There has been some talk, specifically responding to Sen. Horne, on the question of ongoing support of some kind to inmates of these institutions who have reached the age where they are required to leave. I want to assure her that yes, this is quite a correct position to take and to say that Government is looking at some of these matters within the Ministry, but it is really a very difficult matter.

I know that the public assistance system does not provide sufficient support and our attempts to look at the financial consequences of increasing that would run into millions of dollars. We did, in fact, look at it for the 1991 budget and from

preliminary estimates, one had to just back-off immediately. One just did not have the millions of dollars it would have taken, because once you increase the quantum for one, you naturally have to do it right across the board. All you have to do is to multiply by the number of known recipients, even if you ignore for the moment the potential new recipients, and you run into too many millions. I wish to assure her that we are not ignoring that matter at all.

If I may now turn to some of the more controversial contributions. We had a spectacle which I found a little difficult to take. All I could say was that we are now in the political campaign season. There is something about pending elections which makes Members, even of this Senate, who are seeking to fight a seat, say many silly things. To hear all the talk about criminal action by the Government and children starving in St. Patrick, if not in all of Trinidad and Tobago or worst. I have to say that I find the present official Opposition a most confused bunch.

One on hand you have a fuzzy-brained, muddled intellectual; a pseudo-communist trade union leader sitting next to the owner of the third largest conglomerate, while he is condemning conglomerates; to the other extreme of the benches, where I heard a most right-wing, fascist, Hitler-like, Nazi contribution from another one. I do not know where they stand.

I recall my days in the United Labour Front, where we had a clear ideological position. Today, if I myself as an individual look back at that ideology and say maybe it is not the best thing anymore, or I have revised my position, or I have become more mature *et cetera*, that is fine. I have recognized there is a difference between myself today and myself then, but at least I was part of a party that had some coherence, some kind of ideology that we all adhered to and understood very, very well. We were all very consistent. To hear some of the contributions I heard, I can only attribute it to the fact that the three hon. Senators to whom I am referring are seeking a seat to fight. Maybe they want to be reported in the newspapers, but really I am flabbergasted.

The hon. Sen. Sealey said and I want to quote him—something about being controversial:

"Legislation may need to be passed to set up voluntary abortion clinics, in as much as Family Planning Association methods of all contraception and the barrier method, *et cetera* are not working."

I want you to listen carefully, Mr. President, because it is the mentality I am afraid of, not the fact that it is just a silly suggestion. We have all been silly in our time.

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One can be forgiven for that. He is new; he can be forgiven. Sometimes when you speak in the Senate words fall out of your mouth and you try to catch them and push them back in, but his foot kept getting in the way of him doing that. It is the mentality that is revealed of which I am frightened to the core. Listen to this:

"It is not working amongst the poorer classes..."

I hope Sen. Mark is listening to this.

"leading to continued over-crowding which predisposes to higher instances of child abuse."

What is frightening about it is you combine that view with the words:

"But no one can deny the practicality of such a move in the present social conditions."

**2.00 p.m.**

Mr. President, in this country, and one would dare to say, throughout the world, people of conscience have been agonizing on the issue of abortion. People have taken extreme positions. Some say it is to destroy life and at the core it is a moral issue of respect for life. Some say that if you do not permit it, all sorts of negative consequences, suffering, etc. You have women who have been raped or have been the subject of incest, sexual abuse and so forth; there are women whose lives may be in danger if they allow a pregnancy to go full term. People agonize over these things and they look for some way to provide guidelines in order to permit abortion. I am sure that Fr. Joseph would be very much aware of some of these kinds of arguments, but the one argument I have not heard since the days of Hitler is to use abortion as a practical means of dealing with the poorer classes who may end up being abused as a result of their poverty.

I find that abhorrent, reprehensible and I am scared stiff because the last man who did that, when he was finished with that issue, he came to disabled people and I am a disabled person. I am scared stiff to hear a Member of this House talk in those terms. When will that kind of thinking end? Where will it lead to? It was the Jews, the Poles, black people in general, disabled people. When you begin to see abortion as a practical solution to certain social problems, I am terrified by that view. I want to know what Sen. Mark has to say about that. It is crazy.



They have a party with no ideology; anybody who is prepared to join with the Leader of the Opposition in taking revenge on the governing party and the Prime Minister is welcome to the club. What madness is that?

**Dr. Persad:** On a point of order, could the Minister substantiate his last statement? If not, he ought to withdraw it.

**Hon. Hosein:** I had to remind Sen. Persad recently that I know his present party leader longer than he has.

**Dr. Persad:** On a point of order. The Minister has made an allegation.

Mr. President, unless the Minister substantiates his statement. He is making an allegation to my party's leader and the party's position and he has not substantiated it and he ought to withdraw it.

**Mr. President:** The Member is saying that he has been associated with a party under the same leader and served in the House and that what he is saying he will stand by it. This is what I understand him to say by saying that he is associated with your leader longer than you have been.

**Dr. Hosein:** Thank you very much, Mr. President. What I was saying is obvious to you and clear. The poor fellow does not know better, really. The point I am making is that I find those views seriously dangerous. He went on to say a few other things as well.

I do want to say one other thing about abortion as an issue and the question of the Family Planning Association which he claims has failed. I just want to point out for the records, for what it is worth, that the subventions by the Government to the Family Planning Association in this country have increased from \$250,000 over the last few years to \$1 million for 1991. I want to emphasize that to all hon. Senators and to the national community that the Government has increased subventions to the Family Planning Association, whose objectives it supports, with an increase in its subventions of \$750,000, and to mention that the Family Planning Association has its overall programmes well documented. Here is a summary of the strategies and projects that it has, I do not know whether it is worth my Parliamentary time to go through some of these strategies. I just want to indicate that the Government supports the programme of the Family Planning Association, which does not include free abortion clinics, though, of course, one can have a vasectomy at time, I may tell Sen. Horne that.

Sen. Sealey also went on to make a point, which was part of the thinking of Sen. Mark and I daresay Sen. Persad, that somehow Government has allowed the health services in particular and other institutions that support the welfare of children to run down to the point where Government can be accused, as Sen. Persad accused the Government, of being criminal in its activity, or, as in the case of Sen. Sealey, to say that Government itself could be accused of wilful neglect.

With all the talk about the health services in this country being bad and all sorts of things, I am always amazed at some of the comments that I have heard on the standard of health care in this country. On the one hand you hear people saying that the hospitals are bad. You hear another set of people saying the primary health care system is bad—people who obviously do not have a clue of what is the difference between primary, secondary or tertiary health care. This country has one of the highest levels of immunization—I do not want to say in the world, but we rank certainly in the upper brackets in terms of immunization against communicable diseases. When we go seeking assistance at any international conference, people from other parts of the world come there and say: "For God's sake, what are you all doing here when we need the help? Please, your infant mortality, rate of infectious diseases, *et cetera*, are of such a nature that you do not require that help. That is where you are. "And that is a fact. This Government has continued to support the primary health care system and, in fact, has extended the immunization coverage in this country now, to include measles, mumps, rubella and so forth. I do not want to go into those details now, Mr. President.

I want to make a point to Sen. Sealey because he indicated, in response to a question I asked him, that he and his party supported certain actions on the part of persons protesting. I asked him: Why have these persons resisted going to Mt. Hope? He said because Mt. Hope cannot accommodate the Port of Spain Hospital. I just want to remind him of one or two things. At the moment there is a day surgery unit operating at Mt. Hope utilizing the human resources from Port of Spain and other institutions, that has been able to do over a thousand operations within the space of a few months without a single permanent bed.

### **2.10 p.m**

It is day care. You come in the morning and you leave by six in the evening; operation finished and done with. Same-day surgery! He does not understand or pretends not to understand that here you have a service because of the way it is organized and because of the fact that you have the facility that you can do

thousands of operations without the establishment of a single permanent bed, while the Port of Spain Hospital with all the beds he is talking about has not been able to do more than a few hundreds, if that many. He understands perfectly well what Mt. Hope can do and he understands the number of beds that are required at Mt. Hope to do an even better job but more than that he is aware that there are 240 paediatric beds at Mt. Hope, almost twice as many as exist at Port of Spain, but he comes to a debate concerned with the welfare of children and advocates not going to Mt. Hope where, if it is any hope that will benefit proportionately more, it would be the children because there is established, one of the most modern paediatric hospitals—and I say this without too much fear of contradiction—in the world and would remain so for some period of time until new equipment and new techniques are developed.

Sen. Sealey, in order to blame the Government, comes here and says yes, his party resists movement to Mt. Hope, when that institution will provide far better health care for the children of the nation. But you see they will say anything—poor fellow, he wants to fight a seat. The only admiration I will want to express for him is—you know sometimes I tell some people who want to dictate government policy, “For God’s sake come and fight me in Tunapuna” and at least I understand he is coming to fight me in Tunapuna and we will settle the argument there. So, Mr. President, as I said, the only concession I will make to the goodly doctor is that he is prepared to enter the political arena and put his views, such as they are, to this country. I do not think he is going to stand much of a chance whether in Tunapuna or anywhere else. The point is that there are people out there who want to dictate what the Government does because the very same protestors are withdrawing their services from Mt. Hope. They are saying things are bad in Port of Spain Hospital; there are rats and roaches, and we are not working there any more and if we work there we will be doing a disservice. In that case then, why do you withdraw your services from Mt. Hope where everything is working perfectly, with the latest equipment? You have done over a thousand operations within a few months but you have withdrawn your services from there as well. What you are trying to do is to bring down the system to dictate to this Government what you want the Government to do.

Mr. President, this Government has had a plan to deal with these problems. It requires millions of dollars and the Government has committed millions to it and I do not want to get into some of the comments made by the Minister of Health with regard to losses from the system, but Sen. Sealey knows more than anybody else

about those matters. So I do not want to go too much into that, Mr. President, on this occasion. I just want to say that these charges of criminal negligence that emanated from the contenders for power really is an attempt to deceive the Senate and to deceive the population.

The worst example of that really came from Sen. Wade Mark, who quoted from a report, and I want to tell the House that what I hold in my hand is a photocopy of the very report he has—it was reported that I was surprised at the report. The report, apparently has only recently come out and it would seem he had access to it. I have no problem with that, and I had to borrow the copy from him, but I hope he is not going to deny the statements which I am going to quote from the very report. Generally, he gave the impression, by quoting certain figures, that malnutrition was rampant and that anaemia was rampant and this was a reflection on the Government and its economic policies that children are starving all over the place.

**Sen. Mark:** Mr. Speaker, if the Minister is going to quote me I would like him to quote me correctly. I specifically in my statements said—and this is in *Hansard*—that there were pockets of malnutrition and anaemia in the counties of Victoria, St. Patrick and Caroni, and I even went on to indicate that when compared to Tobago and St. George East and St George West, it was much lower. So he should not engage in political propaganda.

**Dr. Hosein:** Mr. President, I have Sen. Mark's contribution here and I really think I would be wasting time to quote it at length. But I do not think it is a misrepresentation. I do not think we are going to ask for a vote from the Senate on the matter. Hon. Senators will agree with me that he deliberately set out to create the impression that as a result of actions of the Government or failure to act on the part of the Government, malnutrition and anaemia, resulting from the same malnutrition, was rampant at least in certain parts of the country. He attempted to use the report as the basis for those statements.

Mr. President, I want as well to quote from the report really, if only to prove the extent of the attempt at deception on the part of Sen. Mark. Maybe he was hoping that nobody on the Government side would be in a position to respond to these false impressions that he attempted to create. Selective quotation is really a dangerous thing. Mr President, they say there are lies, damn lies and statistics. The only thing worse than that is an Opposition politician trying to fight a seat.

Mr. President, I have to tell the hon. Senator that I have put myself before the public of this country on two occasions so far, and I have won and I will be doing so again and in direct opposition to his own member, so that I have no fear on that matter.

I just want to quote but I do not want to be accused of equally quoting selectively, but let me try and get on with this point, and it is from the summary of the report:

"Thus only about five per cent of the children were undernourished and very few were chronically undernourished and none were over-nourished."

And it goes on:

"This confirmed that very few of the school children suffered from socio-economic deprivation."

Mr. President, that is in the report. I have it. Let me quote another part. Just listen to this introductory to the report:

"The last country-wide nutrition survey of children of zero—four years was conducted in 1976. The result showed that on the basis of weight for age 49 per cent of the children were undernourished; while on the basis of weight for height 34.5 per cent were undernourished..."

That is in 1976. I believe the oil boom was on then. The Minister of Energy will support me. But you know, Mr. President, also in the report it says at page 10:

"Overall 2.4 per cent of the children are moderately stunted while less than one per cent are severely stunted;

and it goes on later on:

"while only 1.9 per cent of the children under five were also said to be stunted."

Because you are talking about the under five population here—

"...2.6 of those between five and six years and 8.5 of those between six and seven years were thus also characterized."

### **2.20 p.m.**

The impression that the hon. Senator attempted to make was, that since NAR has come to power it has been starvation all the way. So how is it that the children

under four, or under five—those born under the NAR—were far less malnourished than those who were born before? There are other things in the report that indicate that those born prior to the coming to power of this regime were underweight as a result of things that happened before the last five years. It is right here in the report.

Mr. President, you know what is odd about it, and maybe you found it odd and hon. Senators also found it odd? Here is a report stating certain clearly medically related things, and they never put the report in the hands of the goodly Dr. Sealey to come to this Senate to explain it. The reason is that he knows that his professional colleagues will laugh him out of town if he were to get here and say what Sen. Mark said. So they gave it to Sen. Mark to selectively quote, to give a certain impression because, as a professional, Sen. Sealey realized he could not do it because they would laugh him out of town.

All this talk about anaemia and quoting high figures on anaemia, I will tell you something, Mr. President—allow me to quote from a book called *Lecture Notes on Haematology*. I am sure Sen. Sealey would be very aware of it. It talks about anaemia and the causes of anaemia and for half the book you get into all the causes of anaemia. Sen. Mark virtually attempted to blame hookworm in the country on the Government. The causes for anaemia can fill books. But, in addition, in a country with a coloured population, with all the genetic causes of anaemia, including sickle cell anaemia, *et cetera*, which affects Indians and Africans in a population in which the vast majority of people are Indians and Africans, you are going to automatically—once you take the averages—get a lower level of haemoglobin, and therefore, apparent anaemia in a coloured population like ours.

That is point number one. I mention that only in passing. But just to show you some of the things, I just want to quote here that they say iron deficiency is a common disease—and this is an English study. A random sample of adults in Wales found that 22 per cent of women and 6 per cent of men were iron deficient, as opposed to anything else.

But the very report from which Sen. Mark quoted, makes a statement that the persons who did this study required a lot of further study because fortification with iron of flour supplies in this country has been the norm for many, many years. So it ran contrary. So that the report itself—I do not know if it is worth finding the exact place and quoting it.

**Sen. Mark:** Page 40.

**Dr. Hosein:** He admits it is there, that iron-deficiency anaemia is prevented in this country by fortifying certain supplies with iron, and that one had to search for a reason for the apparently high figures, which could vary from as much as a laboratory that did not do good work, to the existence of genetic causes and others. But he quoted all these figures and then turned around and said, it was due to nutritional factors, a matter about which he knows nothing. As I say, Sen. Sealey could not come here and say the same thing.

But let me quote two other things quickly from this text. One is that in a random survey done of 5,000 patients in a relatively prosperous area in London, they found that four per cent of patients who did not have symptoms of anaemia proved to be anaemic. It went on to say:

"This is undoubtedly an underestimate of the total incidents, since many patients with iron deficiency anaemia are symptomless and are probably overlooked."

That is in an affluent area of London.

**Sen. Mark:** What about children? It is children we are talking about.

**Sen. Rampersad:** It is anaemia we are talking about, not children.

**Dr. Hosein:** Because the figures you quoted were not only of children, there were gross figures listed here as well, in the report. I do not know if Sen. Mark saw it. But let me just quote something else. It goes onto another stage—

"Gills and Burton found that 66 per cent of pregnant women were anaemic."

But you see, Mr. President, persons like myself and Sen. Dr. Sampath and Sen. Dr. Sealey would understand the significance of that.

**Mr. President:** Sorry to interrupt the Minister, but his speaking time has expired.

*Motion made, That the hon. Minister's speaking time be extended by 15 minutes. [Sen. A. Lequay]*

*Question put and agreed to.*

**Mr. President:** Just before you continue to make maximum use of the 15 minutes, may I remind you that if you look at the name plates, you will not see any Members referred here by constituency. Also, you should try to concentrate on the bill beforehand and forget the pending event which certain remarks could be better suited to other platforms.

**Dr. Hosein:** Thank you, very much, Mr. President. You see, it is important to correct impressions given against the Government, to quote Sen. Persad, of "criminal activity" on the part of the Government, or "wilful neglect", in the case of Sen. Sealey. These are not charges to be taken lightly, to be made even against individuals, much less a whole Government, that has had to manage this country under most difficult circumstances. If that is politicking, I suppose I have to plead my guilt.

But I am saying one must understand why it was said in the first place, because I have been to this Senate and heard excellent contributions from all Senators, including Senators from the very same Opposition. But as I say, it must be the political silly season. I am trying to prove beyond any shadow of a doubt, because it is reported in all the newspapers—PAHO report says, "people in the country starving".

One of the points I want to make on the report before I finish with this matter is that it is well-recognized—and I hope Sen. Horne will support me in this—that all these weight-for-age and height-for-age, *et cetera*, is very difficult to apply, not only in Trinidad and Tobago, where these charts have been developed in developed countries, basically with Caucasian populations, but that we have in this country, many races, with their own natural, I dare say, size.

So when you look at weight-for-age in St. Patrick, dominated by Indians, and you do the same in Tobago, dominated by Africans, you are going to get a totally different set of reports, because an Indian child at age four is naturally going to be smaller than an African child of the same age. That has been the problem, and it is well-recognized in Trinidad and Tobago in the medical field about exactly what conclusion one draws when one sees people a few points below what is called the standard curve of weight-for-age. It has always been a problem.

But you see, Mr. President, when the report focuses so much of its conclusions on those charts, the doctors who have to look at this report and interpret it, and the summary of the very report, indicate the caution which the authors advise needs to be kept in mind when interpreting the results. But that is not what Sen. Mark read out, and what Sen. Sealey could not, in conscience, and as a professional come to this Senate and say. So I hope that this matter is dismissed.

The point I want to make in dismissing this matter is to say that the measures taken by this Government have prevented more deprivation and malnutrition by stabilizing the economy. We have prevented more. Of course, people are in



difficulty. They always were. There have been pockets of malnutrition in this country from time immemorial. During the boom days, the areas, if you were to draw a poverty map, you would see them shrinking and shrinking, and as hard times have come back, in the very same areas, you see the expansion, including St. Patrick and particularly in the county of Caroni. But the medical people know this and know how to interpret these things. But a deception was attempted in this Senate and a dangerous deception.

Mr. President, allow me to move away from matters that are controversial and, as you said, a little political, to get to some of the details of the bill, especially if I may now respond to the points made by Senators Furness-Smith and Alexander.

Mr. President, let me, first of all, express my deep gratitude to both hon. Senators who looked at some of the legalistic and other implications of what is before us. Sen. Furness-Smith has attempted, I dare say, I take it out of a feeling of support for the intent of the bill, to virtually produce his own draft. His approach of amending section 15, as a methodology of achieving the end in a certain way, has some merit, I am told. I should tell him this is something that was looked at by the Law Commission. In the end, the approach, that is what we see before us, has been the result of a careful examination of all the ways of trying to achieve a particular objective. He has made a number of very important points. I hope he will agree with me, that once he accepts the Government's approach in the bill, the amendments that I serve notice will be moved at the committee stage, will take care of some of the points that he has attempted to make.

But what Sen. Furness-Smith has really attempted to do is redraft the bill in his—I do not want to say his image and likeness—but he has taken a particular approach and virtually redrafted it. I am grateful—and I say this entirely in the interest of humour—and I was wondering whether he will send us a bill, because I am sure this legal drafting work that he has done here must be highly valuable. But I want to tell him that the Government has settled on a particular approach, and I hope he will appreciate that and accept that the amendments which I will move at the committee stage will take care of the deficiencies in the existing draft and incorporate the ideas that he has brought forward.

With regard to Sen. Alexander, however, I must begin by saying at the outset that if we are to accept Sen. Alexander's position, we might as well really forget the bill. Sen. Alexander has expressed the view that with the exception of the likelihood of future harm, the power to make a care order should be limited to

criminal proceedings under section 3 of the parent Act, either in the Magistrate's Court or the High Court. That is what I understood him to be saying.

I want to draw his attention to a proposed section 12A(1), which clearly states that a care order can be made in any proceedings; that is, any proceedings before the High Court or a Magistrate's Court, whether sitting as a juvenile court or not, and this includes criminal proceedings, matrimonial proceedings, *et cetera*. However, to limit the power to make a care order to a Magistrate's Court or High Court, considering a charge of wilful assault, ill treatment, *et cetera*, as Sen. Alexander suggests, would be to defeat the intention of the bill that is before us.

A child who is the subject of such abuse or is at the risk of such abuse, should be afforded protection, irrespective of whether criminal proceedings are instituted or not. That is really the heart of the matter. I was at pains to make this point in my original contribution.

**Sen. Alexander:** With respect, what I did say is that the care order, insofar as likelihood is concerned, should be the only amendment to the Act, and the magistrate in criminal proceedings should be given power to make care orders in those proceedings. That is what I was saying.

**Dr. Hosein:** I understood that; you said that, as well. I was going to deal with that point as well.

If this proposition is accepted, it will not only limit a care order to proceedings under section 3, except in a situation where there is a likelihood of harm, or where harm could be caused—which is what I understood him to be saying—but will exclude from the operation of the proposed legislation all those other offences under Part 1 of the parent Act as well as those offences listed in the schedule, such as incest, *et cetera*. An amendment to section 3, therefore, would not be appropriate.

Mr. President, what we are trying to achieve is really to permit for early intervention in a problem, whether criminal proceedings have been instituted or not. It is either as a society we say, yes—the legal people will say, fine. You have criminal proceedings, and you are going to make a care order arising out of those criminal proceedings, fine. But what society is telling us is, and I was at pains to point out in my original contribution, the vast majority of instances that come to the attention of social workers and others, either they never get to the police, or, if they get to them, proceedings are never instituted, or the matters take years to be heard in court.

If you have to wait, the history is—and again I was at pains to make this point in my original contribution—while all of that is happening or not happening, as the case may be, other siblings, or the same individual, continues to be abused. The objective of what is before us is really to permit mechanisms for intervention, even when there is the likelihood of such. Because the history is clear. The social workers will tell you all the time. I am sure Sen. Fr. Joseph will agree with me. I quoted some of the statistics that showed that once there is a history of abuse, first with children, it is only a matter of time—to quote a much-used phrase these days in politics.

The call has gone out for a mechanism to deal with that situation, because you know it is going to happen. I understand the people who see the whole question of intervention of the law in matters that are criminal; fine, we understand that. One ought not to do certain things, unless criminal things have happened and are proven to have happened. But that has not provided protection for children, really. It is for this reason, Mr. President, that the present bill is before us. It is an attempt for early intervention.

The parent Act provides many mechanisms, and I think Sen. Alexander made that point as well. In fact, one could draw his attention to even another section of the bill that provides mechanisms for intervention: the present section 44 of the original Act. But the other point—and here I want to take up Sen. Furness-Smith on his imagery—I do not want to appear to be battling with the Senator, but he created that image of some social worker mandated by the Minister to go and drag children screaming and kicking from the loving arms of their parents. One could easily counter that with the image of some child being abused sexually, verbally, mentally, physically, as is happening all over the country, and, I dare say, the rest of the world. That is the reality.

I cannot guarantee Sen. Furness-Smith that somewhere an error may not be made. But what I can assure him of, is that there are thousands—whether from good homes or bad—and I see Sen. Baksh is here, I did respond to that point that she had made, in her absence—and I use the word "bad" loosely: their family life may have broken down; or homes that are assumed to be good, because we have passed judgment on socio-economic factors in which children are being abused in the worst way. That is the reality.

**Sen. Furness-Smith:** Accepting that, as I do and I always have, is the hon. Minister saying that there should not be safeguards to protect the constitutional

rights of little children as well as all the rest of us? That is what I am asking him, and that is all I am asking him.

**Dr. Hosein:** Yes, Mr. President. I did understand that point, I just thought that he is not one to create that kind of imagery, and I thought it a little odd coming from him.

**Mr. President:** You have five minutes to wind up.

**Dr. Hosein:** Yes, five minutes should be enough.

There already exists in the Act, provision for certain personages, the police, and what is referred to, I believe, as "interested persons authorized by the court", to do just that. So that concept, itself, is not new. All that we are really doing is adding to the categories, or indeed adding one category. That is someone trained in social work, with the approval of the Minister in writing, and that was one of our amendments which Sen. Furness-Smith drew to our attention that could do just that.

So the existing Act already contains the concept of doing just that. It is already there.

**Sen. Furness-Smith:** Of course, but in the case of criminal activities. Now, you are going to spread it over everybody, whether they are criminals or not criminals. I mean, it is something quite different.

**Dr. Hosein:** I agree entirely with what Sen. Furness-Smith has just said. That is just the point. This is where we are extending the borders of our social thinking, that a time has come to intervene where we know what is going to happen, where it is likely. I agree. I am saying I understand the legal mind focussing on where criminal activity is involved.

But we know, because the history is there, there is no sociologist in any part of the world who will doubt what I am saying. Right here in Trinidad and Tobago, we have studies done on this matter, where we will be no different in the matter. What we have provided is a mechanism for the intervention where it is likely. This is all it is about. It is either we accept that a time has come to do this or we do not. This is why I say if we accept the point being made here, we might as well forget it, because it is only a tiny percentage where criminal activity has taken place—but, you see, this intervention we are talking about is in instances where criminal action has really taken place.

The only thing about it is, the normal procedure, if one is accused of a criminal act, is that you have to go to court, charges have to be laid, there is all the due processes of law, a conviction has got to be made. The problem for the children of the nation is what happens while all of that is going on? Or, in fact, no complaint is made to the police, but a child turns up, as Sen. Sealey himself was talking about, arms broken, cigarette burns on the child, mother is not complaining; you try to dig this story out of them and they will not even tell you. They tell you it was an accident, when they know who did it or they themselves did it. What do you do? That is the problem the society is facing, Mr. President.

I want to say, in concluding, that the time has come for us to provide the legal mechanisms for intervening. I think it was Sen. Deosaran—I could check my notes—who spoke about compulsory reporting—or was it Sen. Sealey—of some of these instances by medical persons.

Mr. President, I do not know if, really, the solution is to require compulsory reporting of such instances, suspected instances, on the part of medical personnel. One could look at that. But we have got to provide the judicial officers with the option of taking the kind of action that we are proposing in this bill and that is to make a care order in the circumstances as outlined.

I want to commend the bill to all hon. Members in the hope that it will have their total and complete support.

**Sen. Alexander:** Mr. President, can the hon. Minister say if he considered whether this bill offends the constitutional freedoms entrenched?

**Dr. Hosein:** The matter came up, yes. I am advised by the Law Commission that it would not require a constitutional majority. I am so guided. I do not know if there is a contrary view in the matter. All I will say is the matter was raised and I was so guided. I do not know whether Sen. Alexander wishes to argue to the contrary. The point I am making is that the concept of that kind of intervention is already there by certain personages.

So, Mr. President, I wish to conclude, and once more commend this bill to our hon. Senators. Thank you.

*Question put and agreed to.*

*Bill accordingly read a second time.*

*Bill committed to a committee of the whole Senate.*

**Sen. Lequay:** Mr. President, could I have a short intervention?

The amendment tabled by Sen. Furness-Smith on the constitutional position of the bill, we would want to look at it a little bit, because it was only tabled a few minutes ago. I want to ask whether you would permit a ten-minute recess, so that we could look at it before we get into committee stage. It has not been tabled previously, it was only tabled this afternoon, and it is a very important point.

We still have to come to committee stage, but we still want to look at this informally before.

**Mr. President:** Hon. Members, the Senate is suspended for 15 minutes.

**2.50 p.m.:** *Sitting suspended.*

**3.45 p.m.:** *Sitting resumed.*

*Senate in committee.*

**Sen. Alloy Lequay:** Mr. Chairman, before we start, allow me just to indicate the procedure that we intend to adopt so that hon. Senators will follow.

Behind the Chair, it has been agreed that the preamble to the bill offends the Constitution and should be passed by a three-fifths majority. Since it was already debated in the other place and passed without that preamble by a simple majority, we cannot merely include the preamble here and send it back to the other place. We will therefore deal with all the other amendments that have been tabled so that we tidy up the bill, and under Standing Order 61, at the appropriate time, we will withdraw the bill, knowing that we have debated and amended it. The bill will eventually come back to us under "Introduction of Bills", with the preamble, and at that stage, we will ask that the bill be taken through all its stages at a later stage of the proceedings. It will be the same bill, except that it will have the preamble added to it, and at that time we will take the three-fifths vote. That is the procedure which we intend to follow here. They will have a slightly different procedure in the other place, but that is for them to agree.

I do not know, Mr. Chairman, if I am clear or if there are any questions which Senators would like to ask to clarify this situation.

**Sen. Furness-Smith:** The committee stage will be proceeding on the basis that the hon. Minister will need his three-fifths majority.

**Sen. Lequay:** Yes.

**Sen. Mark:** When amendments have been adopted, in light of the constitutional issue that has been raised, if we have a division on some particular amendment, would we require a three-fifths majority?

**Dr. Hosein:** The final reading.

**Mr. Chairman:** No, the third reading.

*Clauses 1 and 2 ordered to stand part of the bill.*

*Clause 3.*

*Question proposed, That clause 3 stand part of the bill.*

**Sen. Furness-Smith:** The bill increases the age of young persons from 16 to 18. So that in the relevant part, a young person means somebody between the ages of 14 and 18, rather than 14 and 16. This bill and the Act it is amending are all interrelated in various ways. It seems to be quite inconsistent to create this special jurisdiction in respect of care orders for a child under 18 and not to have the same definition for all the other provisions for the benefit of children in the Act, so I brought this amendment.

It worries me though as to whether it might cause some administrative problems if you change the definition of "young person", whether the various orphanages—but if that is so, I still maintain my point: Why are we discriminating against some children and not others? Why are we having an inconsistent bill?

**Dr. Hosein:** Mr. Chairman, Sen. Furness-Smith is correct. The matter was examined, from that perspective, and it was recognized that it would create such a problem because we are creating something new to apply in certain circumstances. Yes, there is an inconsistency that would be created. The difficulty with being consistent at this point in the Act—if we amend at this point—I mean, every reference to "young person" means to the age of 18, including industrial homes and orphanages. In fact, Sen. Furness-Smith hit the nail on the head. The difficulties, so created, will be so tremendous that we will throw a burden on these institutions, which will be obligated to keep the children until 18. While sometimes they do, to so obligate them will create such a mess that it was felt that it would be better to live with the inconsistency—recognizing, of course, that what we are creating is relatively new—than have it apply there. This was the decision in the end. I agree there is an inconsistency but we felt it was something we have to live with.

**Sen. Furness-Smith:** So that, if the magistrate is asked to make an order, under the new section—however it eventually turns out—can he make an order committing the particular child, to the orphanage or these institutions, even though the child would have been over 16?

**Dr. Hosein:** Yes, but then it would have been an order of the court. To have them normally keep the children, in the absence of such an order, would really create problems.

**Sen. Furness-Smith:** I understand that there is no room in any of those institutions, so what are we worried about?

**Dr. Hosein:** Well, you know, it is one thing to say the court has ordered it and they "find" room, even when they do not. I think it is another matter to have a situation where the child will be entitled. Remember, with the care order the magistrate will now have the authority to place the children with other categories of persons, so that it would diminish the need for the magistrate to commit the child to an industrial home or orphanage. It provides a new mechanism that would allow the magistrate to take the burden off these institutions.

**Sen. Alexander:** May I ask a question, Mr. Chairman? What will be the position of a young person between 16 and 18, who does not wish to stay in the care to which he is committed?

**Dr. Hosein:** In the proposed section 12A (3), there is provision for the order to be varied.

**Sen. Horne:** Mr. Chairman, young people when they reach age 16, they must leave St. Mary's—I am talking about what I know—and in my contribution I talked about the problems involved. Now, you are talking about sending people there, through magistrate orders, who are age 18. What will happen in the house? What will people think? You are putting out people who are 16, saying that they must leave, and you are bringing in people who are 18. You have to get that sorted out.

**3.55 p.m.**

**Dr. Hosein:** I agree with Sen. Horne that there is a contradiction created, but with this mechanism of a "care order", the magistrate will have other options merely than to commit the child to an industrial home or an orphanage. In fact, one would hope that the instances in which a magistrate has no choice but to commit a child over 16 to one of these homes would be a rare instance.



**Sen. Furness-Smith:** It is becoming something of a shock to me that the magistrate must be given this authority for children who are not children anymore up to 18 years, and who has got the power to commit the child to an orphanage, institution, or relative and who has got to find out if the orphanage will take any more people.

**Dr. Hosein:** I am informed that they send children without even asking that question.

**Sen. Furness-Smith:** Indeed, it is so.

**Dr. Hosein:** If we were to go with your amendment it would be more difficult because all of the children would not be entitled before 18 years. You are talking about the lesser of the two.

**Sen. Horne:** Many 18-year olds do not go. They tell you they are adults, notwithstanding the problems they have.

**Sen. Furness-Smith:** For the reasons given by the hon. Minister, I withdraw this amendment. Clearly, it is not practical.

**Dr. Hosein:** Thank you, Sen. Furness-Smith.

*Amendment withdrawn.*

*Clause 3 ordered to stand part of the bill.*

*Clause 4.*

**Dr. Hosein:** Mr. Chairman, in paragraph (b) insert after the word "been" the words "second occurring".

Sen. Furness-Smith: Section 11(1) will then read:

"or any of the offences mentioned in the Schedule, has been, or there is reason to believe has been or is likely to be committed."

In clause 4 you are asking us to amend 11(i) to give the constable or one of the Minister's nominees to:

"...take to a place of safety any child or young person in respect of whom an offence under this Part or any of the offences mentioned in the Schedule, has been, or there is reason to believe has been..."

So that I can make an arrest for that offence. But you now wish to add "or is likely to be" which is completely wide open. So that at a moment's notice, any child can be grabbed by these well-meaning people and put in a place of safety and that could be the end of the matter. No other part of the section deals with what happens to such a child. What happens to such a child is that the magistrate has authority until the offence is dealt with. But there is no offence because you forestalled it. So the whole of section 11 is completely inept. Yet the person is being put in a place of safety because there is likely to be an offence.

Something must be done. I started to draft something but I really do not know if I have the answer. I know the Minister's advisor suggested that the proceedings under section 11 will enable the magistrate to make an order under 12A, but I do not think so, not if there is no offence. The proceedings contemplated will be proceedings for an offence. Proceedings will be contemplated under section 11 as it stands at the moment for an offence because an offence is being committed. If we leave it like that, there is nothing.

**Dr. Hosein:** The matter can be taken care of with a new subsection that creates linkage.

**Sen. Furness-Smith:** That was my suggestion.

**Dr. Hosein:** Yes, I know that is Sen. Alexander's view as well.

**Sen. Alexander:** Subsection (2) states:

"A child or young person so taken to a place of safety...may there be detained until he can be brought before a Magistrate, and such Magistrate may make such order...or may cause the child or young person to be dealt with as circumstances may admit and require, until the charge..."

So there has to be an offence and the likelihood is, there may not be an offence.

**Dr. Hosein:** Mr. President, we take the point. May I suggest that we leave this clause temporarily and we go on.

**Sen. Furness-Smith:** Mr. President, could I read out what I have got here? It is just a rough note. I was going to suggest by adding a new subsection (4) to section 11 which will read:

"...in default of criminal proceedings being commenced under subsection (3)...the Constable or other person referred to in subsection (1) shall commence proceedings under section 15."

But you may prefer section 12A in respect of the child or young person. So that will put an obligation on the person to commence proper proceedings.

**4.05 p.m.**

**Dr. Hosein:** Mr. Chairman, we accept the concept as advised and we will get the actual wording. So, may we proceed and then we will come back?

*Clause 4 deferred.*

*Clause 5.*

*Question proposed,* That clause 5 stand part of the bill.

**Dr. Hosein:** We have several amendments which have been circulated. If Sen. Furness-Smith, who has an amendment proposed, will accept the view that we proceed as outlined in my amendments, will he be prepared to support our amendments; because we can get into a lengthy discussion on this whole matter since it is an entirely different approach?

**Sen. Furness-Smith:** With respect, it is not really a different approach. It is achieving the same thing but by more appropriate means. Now, the hon. Minister's amendments, although he addresses some of the points which I have tried to address, does not deal with the most vital ones. It really is very important that he should fully understand the problems with which we are faced with his clause; and which, when I addressed it, looked to me so much better to use the existing provisions of section 15 of the Act which make statutory provision for what is essentially a care order, and expand it in that way.

Now, if you do that, and if you follow through what I have tried to do in my drafting, you will see that we have used the existing mechanism of our courts, which works, and we have introduced the Minister's concept into that section so that I think we would be in much less danger of having procedural difficulties. Now, if we leave it as it is, I start off with grave difficulties about the whole way subsection (1) is drafted, and which I would try to explain. It is going to be a very difficult and rugged session, I am afraid, because I find it very difficult to see how we can amend 12A in order to do justice to what the Minister wants and to the rights of the citizens.

**Sen. Horne:** Mr. Chairman, a point I just want to make, on what we are talking about, where we can just take the person if there is some understanding that harm can come. You cannot just take a person like that; all the effects, clothes and so forth, how do you do that?

**Dr. Hosein:** You are absolutely right, Sen. Horne. It will include the concept of harm. I think Sen. Furness-Smith will agree on that. We are talking about the point "is likely" and removal of the child by the categories of persons named; and she is talking about it including the concept of harm. I am saying, "Yes, she is right and it is so included". There must be a concept that harm may come to the child and the answer to your question, Sen Horne is, "Yes, the way it is drafted, it will include that concept."

What we are on now is a different matter, which is where Sen. Furness-Smith is, in effect, saying that a better mechanism for achieving the objective is to amend section 15, in the way he has outlined in his amendments. My understanding of the difficulty is that section 15 includes other concepts, as well as merely the question of an order and that it is wiser to keep the introduction of a care order out of section 15 and leave it more appropriately in section 12; because section 15 goes into things about procedures, *etc.*

**Sen. Alexander:** Yes, but with the greatest respect, section 15 makes provision for taking a child or young person out of the custody of its parents. Now, 12A seeks to do the same thing except that the matters for taking the child away, are added. That is all. I personally prefer Sen. Furness-Smith's amendment.

**Dr. Hosein:** Section 15 deals with the whole concept of seize and search, which is not something you want to mix with the concept of creating the entity of a care order; and it is limited to certain circumstances.

**Sen. Furness-Smith:** You mean to say that in the terrible circumstances which the Minister has explained to us, as being the cause of this bill, you would not need in some cases, to get a warrant and to seize and search?

**Dr. Hosein:** No, but section 15 will still be there. The choice we have to make is: Do we introduce the new entity of the care order as outlined in section 15 or section 12?

**Sen. Furness-Smith:** I know that but the argument is that section 15 is dealing with different circumstances. All section 15 is doing in the rather limited circumstances there indicated—which he wants to widen—is that it now deals with a warrant so that the magistrate can empower a constable to go in with a warrant. Now, it seems to me that you may well want that, and you have not got it at the moment, because section 15 is going to remain restricted to its present functions.

Under my draft, you would not only have the right to get your order; you could, if it was needed, use the mechanism of a warrant and that is valuable, and it may be very necessary.

**Sen. Alexander:** Section 15 is in aid of section 11. Section 11, you can detain the child if you see the child but if you know that the child is being ill-treated but you cannot get to the child, you need a warrant to go for the child.

**Dr. Hosein:** May I remind Sen. Furness-Smith that when you look at clause 6, we are deleting the last four lines or so, of section 15. So it is clear. When you look at the amendment to clause 6 on page 2 of the circulated amendments, by deleting all the words after the word "Magistrate" (sixth occurring), which would be the last four lines or so of section 15 of the parent Act—

**Sen. Alexander:** But why are you doing that?

**Sen. Furness-Smith:** It is totally misconceived.

**Dr. Hosein:** Because you have made the choice to go with section 12A.

**Sen. Alexander:** It is not only that. If you omit this, in the cases where crimes are committed, you are actually taking that power of the magistrate.

**Dr. Hosein:** He would have it under 12A. Once you take the approach of going for 15, well then Sen. Furness-Smith would be perfectly right. But once you go with 12A, then you do it this way. I am not suggesting that it is six of one and half a dozen of the other, it may well be.

**Sen. Furness-Smith:** Really, this argument is totally misconceived. Section 15, you are proposing, remains as it is except that you are taking out the last three lines because you say you are giving it in 12A but you are not correcting any of the rest of it. So that where you need a warrant, in the cases where there are all sorts of special harm, which you are widening, you will not be able to use it because section 15 does not apply to it. Quite frankly, it is madness, but what should one do?

**4.15 p.m.**

**Sen. Horne:** I want to think that the warrant is useful because you do not just move a person like that. You have to move the person with his effects and you would need some sort of mandate that we can really move with that.

**Sen. Furness-Smith:** Sen. Horne's point is good and none of us has thought about it as yet. If you are now dealing with children of a certain class, that is to say not very poor people's children, but anybody else's child, those children will have possessions. When they leave what gives them the power to take those possessions with them? Are they the child's clothes or the parents' clothes? Can the social worker take all the child's clothes as well? I do not know.

**Dr. Hosein:** Can I ask Sen. Furness-Smith a question? Is the concept of authority of the magistrate to give an order including the possessions, not within the powers of the magistrate now as the Act exists? If he has to give an order, is it included anywhere in the parent Act at all?

**Sen. Furness-Smith:** No.

**Dr. Hosein:** Then something must happen in practice in the courts now.

**Sen. Furness-Smith:** Those children, by definition, are very poor children.

**Dr. Hosein:** Not necessarily.

**Sen. Furness-Smith:** Under the existing Act.

**Dr. Hosein:** A child who is assaulted, a crime is committed against the child. It could be any child.

**Sen. Furness-Smith:** Theoretically.

**Dr. Hosein:** Surely, there must be some practice which has developed in the courts in terms of possession.

**Sen. Furness-Smith:** I do not know. I mean, if we are now going to legislate for everybody's child, not just the criminals' children, I think we ought to address our minds for one little moment to the practical problems in these things.

**Dr. Hosein:** I do not think we are attempting to address every defect in the entire Act.

**Sen. Furness-Smith:** But we should be.

**Dr. Hosein:** I do not think what we have attempted here is a comprehensive review of the Act; far from it. In fact, I made that point in my second reading.

**Sen. Furness-Smith:** I would not want to burden the hon. Minister's advisors too much. Let us just address what we are dealing with here. What we are saying is giving powers to persons to come into people's homes and take the child.

Sen. Horne raised a very good point. Can they take all the child's belongings, clothes and toys? I do not know. Normally, when these orders are made they are made in matrimonial proceedings at the moment by the High Court, and all those things are dealt with by a judge in the High Court. We are now saying that the state has to interfere in all these cases, even though the parties are not raising the problems at all. The state is coming and making an order through its magistrates or possibly its judges—but we will come to that just now—and we must make provision.

**Dr. Hosein:** With the greatest respect Senator, we now have an Act which provides a number of instances where the magistrate as a judicial person can give an order. All we are doing is adding to that list of orders. I am putting it a little simplistically. Surely now, magistrates give orders and power. You are saying we do not have that with this amendment. What are we going to do about the clothes and shoes? I am saying surely, but this Act has been in force for 80 years. I am asking what happens now. It is not a new Act.

**Sen. Furness-Smith:** With the greatest respect to the Minister, do not let us say that this is just the same Act. This is a totally different bill introducing a totally different jurisdiction of the widest terms. I have agreed with it, but do not let us fool ourselves to think that this is the same, just giving a little extension to an existing Act.

The existing Act deals with criminal circumstances. I agree in some instances the cases may be criminal, but in other cases they may not be criminal at all. We are extending it to every child in the country and it is a very serious matter.

**Dr. Hosein:** I do believe again, with respect to Sen. Furness-Smith, that section 44 is not confined to criminal matters only.

**Sen. Furness-Smith:** Section 44 is dealing with indigent children under the age of 14 who are found in the streets or who are found begging.

**Dr. Hosein:** It is not criminal.

**Sen. Furness-Smith:** Those are criminal circumstances, circumstances of extreme indigence, of poverty, where the situation cries out for somebody to intervene on behalf of those little children. If they are taken off the streets and put in an orphanage, my heart goes out to them.

**Dr. Hosein:** I believe 44 (1) (b) talks about parents who do not exercise proper guardianship. I take it that is not criminal; or someone who is under the care of a guardian who by reason of drunkard habits is unfit. I do not know if there is a criminal offence in those matters. I remain convinced that the Act is not confined to criminal action.

**Sen. Horne:** I am just trying to clear my mind of something. There was a case where a mother hurt her daughter. She threw boiling oil on her. The case went to hospital. The child was hospitalized for three months. After three months, she was out of hospital and back in the same house. That child is likely to get into problems again. Her mother is of such a view point, because the mother refused to believe that the stepfather wanted to assault her. If anybody came to take that child out, the mother was not letting anybody take the effects of that child. The child would have to go without those effects. That has happened. The child is now on the streets without anything at all. Everything she had is back home.

The point I am making is: How practical is the bill? Yes, somebody can come and take the child, but would the child get the effects? You cannot just take a child and carry it out like that. Many things must go with this child, unless you put the child in some place or somebody has a sum of money to spend on those things. This is the point I am trying to make, the practical aspects of the situation.

**Dr. Hosein:** Again, Sen. Horne is correct in pointing out the particular difficulty, but the presumption is that when the magistrate makes a care order to someone who is willing and able, and "able" clearly would include the ability to provide those effects if perchance, they cannot take the effects which the child may have had before; so that there is a presumption because it says someone who is willing and able. Surely, then the magistrate would consider the part about "able"; that they are able to provide these effects. In other words, the person in whose favour the care order is made has to consent and show ability to take care of the child. Naturally, that would include providing the effects if they cannot take actual possession of the child's effects from wherever the child was before.

**Sen. Horne:** That would not be happening often.

**Dr. Hosein:** You may be right. In fact, I am sure Sen. Horne is correct.

**Sen. Horne:** Even if you took the child to an institution or an organization that takes care of that; it would be difficult for the organization to provide that child with all that is necessary. In this circumstance I do not know if we are really doing anything too much.



**Dr. Hosein:** Sen. Horne, you were the one who had made the point in your contribution about a fostering system. In effect, to have these care orders, you can bring about a whole system of fostering in these circumstances. I am sure you will want to support it.

**Sen. Horne:** Now you are beginning to talk. If you tell me that you have the foster homes where these people can be taken, we will now understand; then the foster home would have the necessary financial backing to take care of such circumstances.

**Dr. Hosein:** That would be the effect of the care order, Senator.

**Sen. Furness-Smith:** There are no such homes available.

**Dr. Hosein:** I am not necessarily talking about homes now. I follow what Sen. Furness-Smith is saying, but I am just correcting him when he said that there are no such homes. There are.

In fact, many of them are being established at the moment. There are at least two before the Ministry of Social Development and Family Services, at the moment, that are being established. Some are seeking subvention from the Government and there are some which are established that are yet to apply for subvention.

**4.25 p.m.**

**Sen. Furness-Smith:** Is the Government financing them?

**Dr. Hosein:** We have agreed to provide subventions to two of the ones that have applied. We have agreed in the sense that it is already in the 1992 Budget but we are now doing the reports on these homes to be formally approved. There is at least one more very well run which is associated with Muslims; I think it is ASJA who is involved and they intend to apply. So at least three and there may be more coming and there are many existing now that have recently received subventions from Government to expand and improve their situation—the one in Sangre Chiquito being another one.

**Sen. Furness-Smith:** I am not sure there is anything we can do about Sen. Horne's point. I think it is a good point. It is certainly not an amendment.

To return to this section 15. I strongly recommend the Minister to have another look at the proposed amendment to section 15, he will find that it does

everything that he wants and a little more and it will avoid endless argument about section 12A.

To start off, the very first lines of section 12A(1) states:

"In any proceedings before the High Court or a Magistrate's Court whether sitting as Juvenile Court or not, where that court is satisfied..."

The first thing I ask is: What gives the magistrate jurisdiction? I am told subsection (1). Subsection (1) says: "in any proceedings a magistrate can make an order," so that, if I am suing Sen. Mark for libel and it gets into some personalities and evidence is given that my child or his child has been neglected, the judge can stop the case and say: "Mr. Mark, just excuse me for a moment, I want to make an order under section 12A of the Children Act to put your child in the Belmont Orphanage." If the judge told either of us that and we say: "My Lord, I had no notice that this was on the agenda. It was not in my pleadings. I am not here about my children. I am here about libel." But I am told that this is the intention, that in any proceedings, if evidence is given, showing these things, the magistrate or the judge can make an order. Well then I say, what is subsection (7) for? Subsection (7) states:

"Proceedings for an order under this section may be brought before a Magistrate on a complaint on oath..."

Is subsection (7) giving the jurisdiction, or is it subsection (1)? There is no answer to it. It is complete confusion.

**Mr. Chairman:** We would take a break. The committee will resume at 5.00 p.m.

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

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

**Dr. Hosein:** Mr. President, if Sen. Furness-Smith will follow me and we could agree with regard to the two separate approaches. The one that is before us and the one as suggested in the amendments of Sen. Furness-Smith which attempts to deal with section 15 in 16 subsections. We have agreed that we could look at 12A which is to take the approach of the Government in trying to achieve a certain objective and look at it very carefully to ensure that it achieves, in an appropriate way, what we are trying to do. We agreed in principle now to go with the approach of having a 12A but that we look at the details to ensure that they deal with some of the problems that Sen. Furness-Smith is saying arise in the way

it is drafted at the moment. We also agreed with him on the need for subsection (c) in (4) to take care of the problem that he has outlined and maybe that would allow us, if Sen. Furness-Smith will agree, to now move on from new clause 5 and start looking at (6) and (7), the amendments which we have proposed and to which I take it he has no objections.

**Sen. Alexander:** Before we move on I just want to point out to the Minister certain things in clause 5. The amendment laid in respect of clause 12A in which after the word "satisfied" after "giving the parent or legal guardian the opportunity to be heard where practicable", that is totally unsatisfactory. What does "where practicable" mean? Abandonment? This is an allegation of abandonment.

**Dr. Hosein:** A child is abandoned in the hospital. You do not even know who the parents are. You have no clue. The social worker handles the child in a hospital.

**Sen. Alexander:** Yes, I understand that the parent may not be available or cannot be found but that is quite different from saying "where practicable." I am just raising that.

**Dr. Hosein:** Okay. If Sen. Alexander will accept the point I am making about certain circumstances—what would he suggest is appropriate to deal with it?

**Sen. Alexander:** I have not formulated—I was going with Sen. Furness-Smith's amendments which make clear provision for service of the parent or guardian—

**Dr. Hosein:** Mr. President—

**Sen. Alexander:** If you have to serve someone if he cannot be found—

**Dr. Hosein:** But if we are agreeing now to take the approach of 12A we will have time, once we agree to take the approach between now and the drafting of what in effect will be a new bill to look at these matters.

**5.10 p.m.**

**Sen. Alexander:** Another thing that I think you would need to look at is the prescribed offence, as defined in section 3 of the Domestic Violence Act. When you look at the Domestic Violence Act, you will see that some of those sections are set out in the schedule to the Act. You are duplicating, so you will have to look at that as well.

**Dr. Hosein:** Does it matter, do you think?

**Sen. Alexander:** Of course it does. I mean, you cannot say an offence under section 22 of the Offences Against the Person Act and then have it again in the schedule. Do you understand what I mean?

**Dr. Hosein:** Yes. Thank you, Sen. Alexander, for the point.

**Sen. Alexander:** Those things will have to be looked at.

**Sen. Furness-Smith:** I do not know whether we could possibly consider for a moment subsection (6)(a)(iv): "impairment of physical or mental health or development;"

**Dr. Hosein:** I am sorry, you lost me.

**Sen. Furness-Smith:** I am sorry. I am at your 12A(6).

**Dr. Hosein:** Yes.

**Sen. Furness-Smith:** "(6) For the purposes of this section—

(a) 'harm' includes—

(i) neglect;

(ii) ill-treatment;

(iii) abandonment";

(iv) impairment of physical or mental health or development;

(v) physical, sexual or mental abuse."

Now, I can understand neglect in certain circumstances, ill treatment, abandonment, physical, sexual or mental abuse. But impairment to physical or mental health or development, that is so wide. It is putting a criterion for a jurisdiction on the basis of a child's state of health, which may be totally irrelevant to anybody having neglected him or ill-treated him.

**Sen. Alexander:** It may not be anybody's fault.

**Sen. Furness-Smith:** I mean, if the child has measles or chicken pox, that is a ground for—and you might well have serious concern.

**Sen. Alexander:** Once you have physical, sexual and mental abuse and you juxtapose it with impairment of physical or mental health or development, you are

creating a category outside of physical, sexual or mental abuse. So impairment of physical or mental health may arise in the absence of abuse.

**Dr. Hosein:** Yes.

**Sen. Alexander:** So a child who falls ill, who suffers physical impairment without any fault of the parent or anybody, is that child to be taken away?

**Dr. Hosein:** No, I think Sen. Alexander is viewing the picture from one side. The idea is to so define harm, because, remember, we are here thinking of circumstances where the child has been harmed. We are talking about judicial intervention. What we are doing is permitting the judicial personage, if he thinks that there has been an impairment of physical or mental development. In other words, it does not mean that every instance. By implication what you are saying is that you are compelling the magistrate, wherever someone's development is not at the hundred per cent level to intervene. That is not what we are doing here.

**Sen. Alexander:** That is what it says. It says, where that court is satisfied that a child or young person has suffered impairment of physical or mental health or development. When he has suffered that, then an order can be made.

**Dr. Hosein:** You see, it is governed by all of subsection (1), where you talk about having serious concern for the welfare of that child. In other words, if the court recognizes that the child has had meningitis at age five and that is why his mental development has been retarded, he is not going to issue a care order.

**Sen. Alexander:** But you are giving him power to do it.

**Dr. Hosein:** Yes, because there may be circumstances where it is appropriate so to do. You cannot deny the magistrate the power to do it in those circumstances where it is necessary so to intervene because there are circumstances where it would not be appropriate. Surely the magistrate exercises that judgment. If somebody comes and says, "Listen, this child's mental development has been retarded because of action or failure to act on the part of the parents", he acts.

**Sen. Alexander:** But that is neglect.

**Dr. Hosein:** Not necessarily.

**Sen. Alexander:** Yes. You see, if you have neglect and you have impairment of physical or mental health without neglect—

**Dr. Hosein:** Neglect may fall within it, but neglect is a narrower concept.

**Sen. Alexander:** It is not, it is wider, with the greatest respect.

**Dr. Hosein:** Well, I do not want to argue the legal definitions with eminent counsel, but in the common sense of the word "neglect"—

**Sen. Furness-Smith:** You have defined "neglect".

**Dr. Hosein:** It must be wider, because neglect is already there and you are going a little further by adding "impairment of physical or mental health or development".

**Sen. Furness-Smith:** You are not going a little further, you are going right overboard, as we are trying to explain to you. "Impairment" means that you have got a delicate child who suffered from tonsillitis maybe—as I did when I was a child—for two or three years. This child gets horrors with this tonsillitis and everybody has serious concern for my welfare, because I am a very delicate child, and I have impairment of my health. But I am not to be subject to a magistrate's orders.

We cannot make an Act like that. How can we think of making an Act like that? Who is advising you to do that?

**Sen. Alexander:** You have physical abuse, you have neglect, you have ill-treatment. You have all these things where you have positive acts by somebody. Then you have this one without any positive act. It is just the state of the child's health.

**Dr. Hosein:** I am looking at the UK Children Act, and "harm", it says, means, "ill-treatment or the impairment of health or development"; and "development", it says, means:

"physical, intellectual, emotional, social or behavioural development".

They go even further. There is some jurisprudence, I am told, on the matter on what the meaning of all of this is.

Now, I do not know if that provides any comfort for Sen. Furness-Smith.

**Sen. Furness-Smith:** Not at all. It makes me even more vexed, because what goes on in England, with child care, when I read it in the law reports which we read, it makes my mind boggle, of these little bumbles in all the local authorities looking around to take people's children—

**Sen. Alexander:** Four o'clock in the morning.

**Sen. Furness-Smith:**—at four o'clock in the morning. Then, when they get them into the public care—150 years ago Dickens was writing about it in his books—if the children do not behave too well, as many children do not, they are all put naked in a room and stay there for 24 hours until they learn to behave themselves. There is a big case—one case after another and we do not want that kind of thing here. For one thing, we do not have the facilities to take charge of everybody's children as apparently they are prepared to do in England. It is the most stupid thing I have ever heard of in my life.

**Sen. Horne:** It is well ventilated in the *Sunday Times* of London.

**Sen. Furness-Smith:** There are terrible cases going on. I am sure they do a lot of good, but they also do a terrible lot of harm.

Could we have the reference to that section of the English Act? That is the English Children Act.

**Dr. Hosein:** Is Sen. Furness-Smith suggesting that we, in effect, drop (6)(a)(iv)?

**Sen. Furness-Smith:** Yes. I left it out in my draft.

**Sen. Tiwary:** I wonder, Mr. Chairman, if I could just draw to Sen. Furness-Smith's and Sen. Alexander's attention that latest Children Act of England, 1989—I have got Clarkwell and Morrison on children here, and it is called "A Special Bulletin and Guide to the Children Act of 1989", which is really the newest statement in England on the law relating to children.

At page 207, section 31 deals with care and supervision orders, and then if we turn to the bottom of page 208, we have the definition of "harm", and "harm" means, "ill-treatment or the impairment of health or development"; and there is a definition of "development" which means, "physical, intellectual, emotional, social or behavioural development"; and "health" is defined as meaning, "physical or mental health"; and "ill-treatment" includes, "sexual abuse and forms of ill-treatment which are not physical".

So that, if you look at the four definitions of what is "harm", which means "ill-treatment or the impairment of health or development", then the definition of "development", which refers to "physical, intellectual, emotional, social or behavioural", "health" meaning, "physical or mental", and "ill-treatment", including

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"sexual abuse and forms of ill-treatment which are not physical", the experts here have advised that they would prefer to leave in, or include "impairment of health or development", bearing in mind the latest work arising out of this kind of law which is the Children Act, 1989.

**Sen. Alexander:** I would like to know if you can refer to the section, which gives the court the power to make the care order.

**Sen. Tiwary:** Well, it is under the very section 31. I will confess I do not know it in detail, but I do have it here. Section 31 also spells out the definition of the various terms to which I already referred, and it reads:

"On the application of any local authority or authorised person, the court may make an order,

- (a) placing the child with respect to whom the application is made in the care of a designated local authority, or putting him under the supervision of a designated local authority or of a probation officer".

Then subsection (2) says:

"The Court may only make a Care Order or Supervision Order if it is satisfied:

- (a) that the child concerned is suffering or likely to suffer significant harm; and
- (b) that the harm or likelihood of harm is attributable to the care given to the child or likely to be given to him."

**Sen. Furness-Smith:** Right. That is the answer.

**Sen. Alexander:** That is what we have to look at.

**Sen. Furness-Smith:** What I want to know is if the basis of this bill is the English Act, why is that provision left out of our bill?

**Sen. Alexander:** Lack of care.

**Sen. Tiwary:** That is one of the circumstances, not the only one.

**Sen. Furness-Smith:** Exactly. If that is the basis of our bill, that is to say that it is based on some English provision, why is that English provision's protection given to the children left out here?



**Sen. Tiwary:** What has been pointed out to me is that the bill before this House is not a comprehensive amendment to the legislation relating to children. It is really a small amendment to provide for care orders in certain circumstances.

So that, really, it cannot and it has not taken care of all the changes in the law in England, but it was only in relation to your objection to including in the definition of "harm", "impairment", *et cetera*, that it was drawn to my attention that this really is the latest learning in relation to circumstances in which care orders are made against children. While I accept that there are these other provisions, you must bear in mind that this bill in particular is an amendment to make provision for circumstances in which a court can make a care order, and really an amendment to the existing Children Act. It is really not a new code or an updated version of the Children Act.

**Sen. Furness-Smith:** We accept all that, but I really think Sen. Tiwary would do better not to espouse the cause of explaining this provision. We have just been told that the definition of "harm", was taken from the very latest learning of the English 1989 Act.

**Dr. Hosein:** As a concept.

**Sen. Furness-Smith:** Which, as it has been read out, includes the words "impairment of health".

**Sen. Tiwary:** "Impairment of health or development".

**Sen. Furness-Smith:** Which obviously is a very wide thing. But then we look at the powers of the magistrate, the same page of the learned work, and it makes it clear that he can only make an order where the impairment of health is caused by some maltreatment. It makes it so clear.

What I want to know is why this provision has been put in the Minister's bill following that English provision, without anybody bothering to read what the magistrate's powers are to impose that. I want to know.

**Sen. Tiwary:** Mr. Chairman, with the greatest respect, I believe what the Minister has said is that the definition of "harm" was taken from the latest learning in England, as a concept as to what amounts to harm. In circumstances where a child is likely to be harmed, a court is being empowered to make such an order.

**Sen. Furness-Smith:** To make what order? That is the point.

**Sen. Tiwary:** A care order.

**Sen. Furness-Smith:** A care order. So he puts in his bill, "is suffering harm so as to cause serious concern", and he defines "harm" in the English bill without bothering to look and see that the Magistrate in England makes a care order where the child is suffering harm only in the circumstances where the impairment is caused by maltreatment. Really, the hon. Minister himself, without any advice, could well appreciate that distinction, if it had been drawn to his attention.

Mr. Chairman, may I suggest that this discussion is not getting us too far. I suggest that we adopt the hon. Minister's suggestion, before I get more vexed.

**Dr. Hosein:** If I understand Sen. Furness-Smith to be saying that we can have due regard to the point he has just made in our review of the entire bill and, in particular, the approach for 12A, we can look at this point, and let us not attempt to settle the matter this afternoon. I think we can have due regard to the point and the concerns expressed by Sen. Furness-Smith, without conceding anything at this stage and we can look at it a little more closely. I think there are arguments on both sides, but maybe we ought not to pursue them now, once we agree in principle to look at 12A.

In that instance, Mr. Chairman, maybe we could, on the advice of the Leader of the Senate, seek to adjourn at this stage and then we would withdraw, if I am advised.

**Sen. Lequay:** We have to report progress so at the next sitting we come back and do exactly what we had intended to do this afternoon.

*Question put and agreed to.*

*Senate resumed.*

#### SITTING OF THE SENATE

**The Minister of Family Development and Social Services (Dr. The Hon. Emanuel Hosein):** Mr. President, I wish to report that the bill is being considered in committee and I wish to report that progress has been made.

**Mr. President:** Before the Leader of Government Business moves the adjournment, on the Order Paper, under "Private Business" there is a private bill for second reading. All that is necessary would be that it be read a second time and to appoint a Senate committee.

*Question put and agreed to.*

**HINDU WOMEN'S (INC'N) BILL**

*Question put and agreed to, That a bill to provide for the incorporation of the Hindu Women's Organization and for matters incidental thereto, be now read a second time.*

*Bill accordingly read a second time.*

*Bill referred to a special select committee of the Senate appointed by the President as follows: Sen. A. Lequay (Chairman), Sen. F. Hosein, Sen. L. Horne, and Sen. S. Baksh.*

**ADJOURNMENT**

**Sen. Alloy Lequay:** Mr. President, there are other bills under "Public Business", but since there is a motion on the adjournment and a matter to be raised by Sen. Prakash Persad, I wish to move that the House do now adjourn to Tuesday, October 1, at 1:30 p.m.

**Mr. President:** Members of the Senate, before putting the question for the adjournment, Sen. Dr. Prakash Persad has obtained leave to raise a matter on the motion for the adjournment under Standing Order 10, now renumbered Standing Order 11, since the amendment of the Standing Orders.

The matter deals with the complete collapse of the public health service of Trinidad and Tobago. The guideline on a debate like this is that the House of Commons is normally restricted to 15 minutes for each person. It is a sort of direct debate. The person raising the matter will speak and the Government Minister will reply. I understand that there is agreement to allow up to half an hour for each speaker, and we will proceed under those conditions.

I ask Senators to desist from interrupting the Members. If the Minister wants to interrupt the Member or the Member wants to interrupt the Minister in his reply, that is a different matter. But let us proceed. It is what you call a one-on-one debate.

**5.40 p.m.**

**HEALTH SERVICES  
(CRISIS)**

**Sen. Dr. Prakash Persad:** Mr. President, I must say, it is with profound regret that we find it necessary to raise this rather sad issue.

**Sen. Furness-Smith:** On a point of order, Mr. President. I thought under Standing Order 11(3):

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"(3) If the President is so satisfied and either—

- (a) leave of the Senate is given; or
- (b) if it is not given, at least seven Senators by rising indicate that they support the request."

**Mr. President:** Sen. Furness-Smith, Standing Order 10 in the blue book has been renumbered Standing Order 11, since the amendment of the Standing Orders about two years ago, so what you should be looking at is Standing Order 10 in the blue book. Everything is in order. Under Standing Order 10, which technically now is Standing Order 11, a Member may seek leave to raise a matter, for which the Cabinet is responsible, on the motion for the adjournment. The Senator sought such leave, has obtained it, gave the necessary notice, and he is raising the matter. He is not seeking leave under "Definite Matter of Urgent Public Importance".

**Sen. Furness-Smith:** Oh! I beg your pardon.

**Dr. Persad:** This issue deals with more than a mere industrial dispute as some would like us to believe. If I read from Part 1 of the Constitution, clause 4 (a) says:

"The right of the individual to life..."

What we are talking about here is people's constitutional right to life, which entails prompt and adequate medical attention.

Mr. President, I want to quote from the *Philosophy and Objectives of the Faculty of Medical Sciences*. It says:

"Health is a fundamental right and basic need for the well-being and social economic development of any population. The declaration of Health For All by the year 2000 at Alma Ata, using the Primary Health Care strategy seeks to make "health as a right", a reality."

That is the UN position to which this Government subscribes. That being the case, one is entitled to ask: Why the present crisis? Now, this crisis did not start this year.

I have a document addressed to Dr. Emanuel Hosein, Minister of Health, Welfare and the Status of Women, dated April 22, 1987. This document listed the problems faced at the country's hospitals. They started way back in 1987.

I have another letter addressed to Dr. R. Edwards in the Ministry of Health, dated July 18, 1990, from a medical doctor, regarding the problems at the Port of Spain General Hospital.

I have another letter dated August 23, 1991, to Mr. Errol Pilgrim, Permanent Secretary, Ministry of Health, in effect, listing the same problems.

The first point is that this problem is not a new one. It has been with us since, at least, April 22, 1987. It certainly is not a problem which has started this year. I am asking—and the Minister should reply, not only to this honourable Chamber but to the nation: If they believe that health is a right to every individual, why have they allowed this present crisis to deteriorate to this chaotic situation, this life-threatening situation?

Mr. President, the public health service of Trinidad and Tobago comprises of a primary health system, a secondary health system, and a tertiary health system. Let us look at the primary health system first. From the *Medium Term Macro Planning Framework* of this Government, they have accorded very high priority to the preventive health-care system of this country in accordance with the declaration of Alma Ata.

The mechanism for the realization of primary health care hinges on the health centres of this country. What is the situation in the health centres of this country? It would be instructive to look at them. In the county of St. George West, for a population of 179,947, there are eight health centres; or, on the average, 21,250 persons to be serviced by one health centre. I shall quote another example—the county of Victoria. The population of that county is approximately 220,000, and there are 14 health centres. In other words, the average population per health centre is 15,857. Right away you see that these health centres have a very large population to service, and what you will need, therefore, is a very efficient health delivery system based on these health centres. But that is not the case. What we have is a chronic shortage of medical officers and other staff.

For instance, the average Medical Officer I, per health centre in Trinidad and Tobago is 0.5; the average number of pharmacists per health centre is 0.4; the average number of District Health Visitors is 0.98; the average number of District Nurses per health centre is 0.77. There is a chronic shortage of personnel at these health centres. The various health centres have not been used to effect primary health care.

Mr. President, a review of the community health services from 1987 to 1988, revealed that five counties experienced extreme shortage of medical officers, of which, three were unable to provide the minimum standards of care. They included: Nariva/Mayaro, Victoria and St. Patrick. None of the counties had their

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complement of pharmacists, which meant that the services of the medical officers were compromised.

Furthermore, the counties of St. Andrew/St David, and in Tobago, did not have a full complement of District Health Nurses to cover the health centres. In Tobago, seven health centres were staffed by Nursing Assistants only—no professional nurses—on a permanent basis. There is an extreme shortage of clerical staff in five counties: St. George Central, St. Andrew/St. David, Caroni, St. Patrick and Tobago. So who is to manage the health records? Who is to do so?

**5.50 p.m.**

Despite the fact now that they want to bring about an effective primary health care, we have chronic shortages in these situations. The staff there have to do the work of other staff and this further aggravates the situation. So that one can ask clearly, if this Government believes in health for all and health as a right, why did they allow the situation to deteriorate to the present status? If you have problems in attracting enough doctors, certainly, a simple solution might be to assign a pool of private doctors in the area to treat patients at an appropriate rate. That certainly is not a difficult situation and has been implemented elsewhere. Why could they not do that?

This inadequacy of the primary health system results in increased referrals to the secondary health system of this country. But what is the situation in the secondary health system? This secondary health system includes district hospitals of Arima, Couva, *etc.* It is same story—collapse again. What makes it even worse is that there is a chronic shortage of things like diagnostic testing equipment. So we have that threat of epidemic becoming increasingly real. For instance, malaria—if someone has malaria in deep South, or East maybe, and we do not have adequate diagnostic testing facilities, it takes a long time to determine whether that person is suffering from malaria, yellow fever or whatever and, therefore, the risk of epidemics increase. This is a serious danger we have here. This is a serious position. That is one problem.

What is the other problem at the secondary health institutions? I quote from the *Express* of July, 8, 1990 and I use the Arima Hospital as an example:

"Nurses at the Arima Hospital say that the major problem at the Hospital is the lack of serious medical care available at that facility.

They tell of an institution which sees more than 200 patients a day, yet is not equipped to treat anything more than colds, fevers, sores, bellyaches and cuts. "

These cuts cannot be too deep otherwise they would be unable to treat them. Furthermore:

"Any patient who needs more than minor medical care must be transferred to the Port of Spain General Hospital. Arima cannot treat head injuries, heart attacks, fractures or serious cuts...

An average of ten patients are referred from Arima to Port of Spain every day."

So what happens now is that people go from the primary health system to secondary health system and they cannot be treated there. They have to be referred now to the tertiary health system. It would seem, as far as the public health service in this country is concerned, that all the roads led to the tertiary health system. But what is the situation there? Even if we had a primary health system that collapsed and a secondary health system that collapsed, and we had an efficient tertiary health system, there would still have been overcrowding in the tertiary health system. What we have is a tertiary health system that has totally collapsed also.

I quote this one letter which refers to the problems at the Port of Spain General Hospital. It is from the Secretary of the Junior Doctors' Association. It gives an idea of the problems which include: Inadequate staff; drug shortages; inadequate supply of essential equipment; lack of appropriate investigative tools; irregularities of laboratory services; water problems; elective surgery functioning at minimum levels; overcrowding of the emergency theatre; infestation of the hospital by roaches, ants, mosquitoes, cats and dogs; overcrowding of the wards, among other problems. There is a whole big file here with a litany of woes at the hospital which I do not intend to quote. We all know them. It would seem that the tertiary health system is in chaos. How can people go there and be treated?

The present ratio of nurses and nursing assistants per patient at nights is one nurse per 50 patients, and in the day-time, one nurse per 30 patients. The ideal ratio is 1:5. Even if it were 1:10, one could understand the difficult situation, but 1:50 at night? To make the situation even worse, these nurses work eight-hour shifts at 24 hours a day. How can they be expected to perform, bearing in mind that with the situation of intensive care, the ratio should be one nurse

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per patient? The situation again is further aggravated by the shortages of nursing assistants.

I would list a few woes at selected hospitals. At St. Ann's among the other shortages, there is no furniture. I was told they do not have chairs. One doctor was actually told, "Come on, why do you not sit on the ground? You are a Hindu, you are accustomed sitting on the ground. That is what was told to a doctor at St. Ann's.

At the dispensary, something needs to be done with the tendering system. Right now, we keep on buying brand-name drugs which are more expensive. Why are not drugs sourced elsewhere instead of the traditional sources? I understand that cheaper sources have been identified and nothing was done about it.

Mr. President, in terms of radiographers, there is a shortage.

**Mr. Richardson:** On a point of information. I do not want to disturb Sen. Dr. Prakash Persad at all, but I just want to be clear. Did he say cheaper sources of drugs have been identified?

**Dr. Persad:** I was led to believe and informed that a report was done by the hospital management committee on the sourcing of drugs from cheaper sources. I am sure a previous Minister of Health could supply more information to you on that.

Mr. President, I was speaking of radiographers and there is a serious shortage. At the Port of Spain General Hospital, for the year 1991, there are seven left; in San Fernando, four. That is coupled with the material shortage for X-rays and the chemicals required to perform X-ray services. There is a whole litany of woes. The maids cannot get simple cleaning equipment and tools. The situation is extremely frightening. For instance, in Caura, the staff in Ward 7 who deal with the AIDS and tuberculosis patients, that same staff are also employed in the children's ward. Is that proper care?

There is a chronic vehicle shortage. Of the approximately 300 vehicles in the Ministry of Health, some 225 to 250 are defective. How can you effect health care?

Another problem is with doctors. What we have now is that this Ministry of Health is hiring foreign doctors who are predominantly Nigerians. I stated clearly that I am not against Nigerians, but the situation prevails that the majority of



foreign doctors are Nigerians. I understand—and the Minister can correct me if I am wrong—that they normally have three-year stints at the main hospitals, while local doctors are sent to the periphery. Now, there are several disadvantages in this. Firstly, to specialize in medicine you have to be in one of the main hospitals. So in the first instance we are denying national doctors a chance for post-graduate and specialized training. Because of the influx of foreign doctors, local doctors assigned to hospitals have housing problems, and what we find is that local doctors are leaving. For instance in the class of 1986 at the University of the West Indies, out of 36 local doctors who graduated, 33 left.

**6.00 p.m.**

So we are getting ourselves into is a vicious cycle that when these foreign doctors leave, we would have no trained local doctors who are specialists, because they are being denied a chance for specialized training. The Government and this Minister must indicate to us what is their policy on the training of nationals. They must do so.

As I indicated, this crisis started since 1987—a long time ago—and they knew fully well about it. If they were serious about health care, they would have assigned the appropriate sums to improve the health care system. I would quote Dr. Smith, a consultant at the San Fernando General Hospital:

"For the three-year period extending from 1st January, 1988, to 31st December, 1990, a total of two hundred and sixty-seven million TT Dollars (TT \$267 million) was allocated to the Eric Williams Medical Science Complex Authority, toward 'Capital Development' expenditure. For the identical period, the amount the present government actually spent in its "Capital Development Programme", for the entire remaining health services in this country—one hundred and two (102) Health Offices, eight (8) District Hospitals, and two (2) (until now) general hospitals, and an over-crowded St. Ann's Mental Hospital—all of TT \$2.1 million."

Less than the Ministers have spent on travelling abroad, they have spent on the entire health-care system of Trinidad and Tobago, except Mt. Hope; and the Minister wants to come now and tell us that—I hope he does not say so—he cares about health, because he needs to explain, if so, why this sum?

This Government, as reported in the *Trinidad Guardian* of November 3, 1990, received US \$5.2 million in technical co-operation from the Inter-American

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Development Bank, to undertake studies designed to rationalize and strengthen the operation of the public health sector. What became of this money and that exercise?

What is even more damning; let us look at the national draft estimates of this and the previous Government. In 1985, the expenditure on the health sector was approximately \$772,735,210, or approximately \$722.7 million; in 1986 approximately \$782 million; in 1987, \$761 million; in 1988, \$482 million. So they became aware of the problem in 1987, and what did they do in 1988? They reduced the expenditure in the health sector by almost \$300 million. That is what they did. How could they say that they are committed to health?

It is indeed sad that this Government, it would seem—from the figures and evidence—pay lip-service only. Whatever excuses they give for Mt. Hope, cannot validate the neglect of the other sections of the health sector. I wish to quote from page 11 of the *Sunday Guardian* of December 24, 1989, which states "Year of only promises" by George Harvey, "the non-achiever of 1989"—Dr. Emanuel Hosein, the Minister of Health then:

"He was one of the severest and most unrelenting critics of the then shattered PNM and gave the ex-ruling outfit constant 'thunder'. He lamented that only one hospital (Mt. Hope Complex), was built by the PNM Governments during the 30-year rule. He listed out areas of corruption and other ailments at institutions and his own prescription for restoring the health services."

He has come and left and the health service is in a worse situation.

In conclusion, I wish to quote this final article from the *Express* of February 1, 1991, and it refers to the present Minister of Health, the hon. Selwyn Richardson. He states:

"I am disappointed by what I have seen here. I have seen an unacceptable level of health care."

So he admits that what we have is "an unacceptable level of health care".

This Government knew from the time it came into office, that the health care system was in crisis, but it actually reduced the subventions to the health care system. This Government has run it down and today, the population's right to life is being threatened. It would seem to me on the evidence that is clear, clear for

everybody to see, that this Government has done nothing more than pay lip-service to health and that the entire Government, including the Minister of Health, must be held collectively responsible for this, the concept of collective responsibility on which they have laid so much emphasis.

Therefore, if the Minister and this Government cannot give appropriate reasons why this health care situation has deteriorated to this crisis proportion, they must collectively resign. Thank you.

**The Minister of Health (Hon. Selwyn Richardson):** Mr. President, it is always a great pleasure to return to my alma mater. Sometimes I wonder, when I hear the contributions, if it is the same place I had deserted in 1981. That does not go forward anyhow, I do not ask, “pass the tar brush”.

The main thrust of Sen. Persad's contribution was that the deterioration in health services in Trinidad and Tobago started—and I would be very careful to try and quote him properly—way back in 1987. To say the least, that is misleading. I almost got up on a point of order to say that he was trying to mislead the Senate; because every man, woman and child in Trinidad and Tobago, knows that the deterioration of the health services started decades before 1987. Indeed, as far as I am concerned, it started, probably, from the day we gained independence. As we country people would say, “I do not put water in my mouth to say that”. From the day we gained independence in 1962, possibly, the deterioration of the health services started.

**Sen. Horne:** Before that.

**Mr. Richardson:** Possibly before that, as Sen. Horne is saying.

To go straight to the point. I do not know where Sen. Persad got his facts. I am a grassroots man and I am very proud of it; and I like to deal with facts. If dealing with politics is not dealing with facts, then I am not a politician. Look at this magazine *Caribbean Medical Journal*; Dr. Prakash Persad belongs to that profession, I am not a doctor—

**Dr. Hosein:** He is not a medical doctor. He is a physicist.

**6.10 p.m.**

**Mr. Richardson:** Well as a physicist, at least, he should be careful with facts, should he not? I belong to a profession where we are very meticulous about facts, and I am very proud of that profession. There are exceptions to every rule but we

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are very meticulous about facts. This is the *Caribbean Medical Journal*, Volume 35, sub-volume (1) and (2) dated 1974. This is what it says at page 29, paragraph (a):

"Between 1961 and 1966 there was an average shortage of 52 per cent of registrars and 32 per cent of house officers on the establishment."

That is 1961 and Sen. Persad repeatedly states here that this started way back in 1987. People should be careful before they make statements, especially in what you call the foremost court in the land, as this place should be. I get very annoyed, I lose my cool as the youngsters would say, when people try to mislead others, particularly in an august place such as this. This document goes on to say at page 30:

"The practical results of such staff shortage are to be seen in:

- (a) The casualty department being without any officers for periods of the day and at night."

We are talking about 1961. We are in office for five years and we have done and we are doing something about it. It is something which was in evidence from 1961, shortage in the casualty department without any officer for periods of the day and at night.

- “(b) Clinical services thrown back to a last line of defence dealing only with emergencies and acute conditions.”

The junior doctors are not talking about anything new when they talk about only emergencies being dealt with. This is in 1961 even before, as Sen. Horne quite rightly said, we got independence. I was not here at the time.

- “(c) Even this last line was breached momentarily when consultants left alone without a single assistant, served notice in writing on the Ministry that they did not intend to take the first emergency call at night.

- (d) Some district services left without a resident DMO for weeks.”

I can vouch for the fact now that in Nariva/Mayaro at least, we have a very good district medical officer. This is my ninth month in this Health Ministry, and I am proud to say that I have visited every health institution: seven or more hospitals, 103 health centres from Port of Spain to Toco, to Cedros to Mayaro. I repeatedly return to those places. We have very good DMOs in

Nariva/Mayaro. If Dr. Persad visits there he would see for himself. I can boast of Dr. Samuel who is a young and excellent doctor.

Do not just talk out of your turn, or out of the hat and try to decry what we are doing now, when we are trying to remedy a state of deficiencies, in a service, that were in existence since 1961. By chance, Dr. Samuel is a bred and born citizen of Trinidad and Tobago.

“(e) The unprecedented situation of a specialist officer due to go on pre-retirement leave, being requested to forego such leave until a relief officer could be obtained.”

This is 1961. On the same page, 30, he talks about foreign doctors, pointing his fingers at the Nigerians. The Nigerians are not the only set of foreign doctors here. Everybody knows we have doctors from all over the world. Why did he not speak about doctors from India and the Philippines? Why point your fingers at foreigners who are here to help us? Again, when people try to hide under guises to bring in racism, I get very, very annoyed.

**Dr. Persad:** On a point of order. The hon. Minister is indicating that I am racist and unless he substantiates that, he must withdraw it.

**Mr. Richardson:** I indicated no such thing.

**Mr. President:** On a point of order. If the Member is not quoting accurately, he will have to withdraw it.

**Mr. Richardson:** If I would be allowed to continue, I did not disturb Sen. Persad.

**Dr. Persad:** I stated clearly and I spoke of all foreign doctors. I indicated that in the present situation, they are predominantly Nigerian. I did say so and the Minister is misleading and misquoting.

**Mr. Richardson:** If I would be allowed to continue, let me quote and answer him from page 30 of this document of 1974 which is talking about the 1961—1966 period. I quote:

"It was in such an extremity of staff difficulty that a decision was taken by Government..."

the Government of Trinidad and Tobago;

"in 1966..."

four years after we got Independence.

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"to recruit doctors from the Philippines, on contract and later from India as well."

Why talk about Nigerians now? We get doctors from all about. Once they are properly qualified we take them and are proud of them. They are doing a good job assisting our doctors until our university produces the right type and the right number of doctors to replace them. As Dr. Hosein tells me, they are here on a month to month basis and we are happy to have them. They are in the main doing a good job. We go to India also. We have negotiations now with the Indian High Commission. Once we are satisfied that these doctors are properly qualified and they want to come, we give them month to month contracts to fill our shortages.

We do not discriminate at all. This administration does not. Look at this magazine dated 1981. Happily, I was in private practice then. *[Interruption]* My record stands clear. It is there for all to see. My public record is there. I fought PNM inside the PNM; I left and I still fight them today. My record is clear. I am sure you do not have such a record. I am proud of what I have done. This magazine of 1981 showing doctors and nurses.

**Mr. President:** Let us have some order. As I said before, this is a debate between the person who raised the matter and the Minister who is replying. Continue.

**Mr. Richardson:** "Doctors and nurses protesting outside the Ministry of National Security" just on the north of here. What street is this? Knox Street. Look at the cover of the front page, 1981, not as far back as 1987, to quote the Senator. As far back as 1981, this was happening. We are taking steps to correct that now.

He talks about pharmacists. For the first time in years, this administration with all the financial difficulties took steps to train pharmacists. There has been a shortage of pharmacists for decades in Trinidad and Tobago, as indeed all over the Commonwealth. We have taken steps and pharmacists are now in training. In the next two to three years these people, I think by the end of the year or early next year, some of them would start graduating and we hope to solve the shortage of pharmacists.

I agree with him on one small matter. He did refer to the inadequacy of health centres which leads to pressures on the secondary centres, the hospitals. As you know, I met with the junior doctors and PSA on Thursday from 2.00—7.00 p.m. I left here on Friday morning to address 300—400 nurses on Friday night—Trinidad

and Tobago registered nurses in New York—begging them. As I told them, I agree with them. If I did not take my life in my hands and migrated overseas, I may not have been a Member of this distinguished House, or I may not have had a profession today. I told them I have nothing against them for going to other pastures to broaden their experience, to further their ambitions and their professional quest. I told them I hoped they all have eaten the cascadura because we look forward to their returning home as soon as they have gained the requisite experience.

I met some of them who have their Masters in Nursing; some of them are doing their Bachelors Degree in Nursing. I had the pleasure and privilege of addressing 300 of them on Friday night.

**6.20 p.m.**

On Saturday, I proceeded to Washington and on Sunday morning at 9.00 o'clock we had a Caribbean Ministers of Health CARICOM meeting—from 9.00 a.m. to 5.15 p.m. This is exactly what we were addressing. The whole Caribbean is in trouble. In fact, not the Caribbean alone, the whole of North America and Europe are in trouble with their health services and this, in fact, was the most critical issue we were addressing: How do we address the question of what is happening in health services in all our countries, particularly in our small Caribbean countries? This is why we had that all-day caucus on Sunday and this is why I was determined, with the support of my colleagues, to attend this caucus to see what was happening; to get assistance. We are just a small island, a teacup, if anything, and we need professional experience, particularly experience from larger communities and this is what we are getting.

At the end of the day, the Director General of Pan American Health Organization agreed to help us with further training for the very nurses we are talking about. He is making available, opportunities for scholarships for nurses from Trinidad and Tobago, specifically. In fact, although he only had spaces for two nurses for 1991, because of my pleas, they agreed to make available spaces for further training for five nurses starting this month, September. *[Interruption]* I believe in small beginnings, Mr. President. I have no problem with that.

For the first time in 1991, we have made available, further training for doctors as has not been done at least for the past 10 years. In fact, in the last few weeks I signed approvals for doctors in Trinidad and Tobago to attend universities in London, Liverpool, Canada and the United States for further training despite—

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*[Interupption]* I cannot give the figures offhand, but I know that it was more than for the past 10 years.

Let me come back to the point made by Sen. Persad about the inadequacy of health centres, because this is part of what we dealt with both on Sunday and yesterday. In fact, as you know, I just landed at Piarco this afternoon. I had to cut short my involvement in that conference and leave one of the Principal Medical Officers to continue, important as it was. Up to yesterday, at midday, during the lunch-break, Ministers of Health— Prime Minister Greene, who is Minister of Health in Guyana, Minister Bradford Taitt of Barbados—all the Ministers of Health of the Caribbean countries—instead of going for lunch, we forsook our luncheon period to come back to deal with the crisis in health in our small countries because, as we said, we have to find answers to revolutionize our health systems in these small countries.

One of the things this that I am determined to do, with the support of my colleagues, is to revolutionize the health system. It may mean—and I am sure it will mean—taking the health services out of the public service and I have no qualms about that. *[Interruption]* Whatever you call it. I am not afraid of privatization at all, Mr. President. I am from the private sector and, of course, if I did not do my business properly, I would not have been here today; many of us would not have been here today if we were not from the private sector. I have no complaints about the public service but the public service cannot do everything. As I said during the midday break yesterday at the conference: “Could you imagine the public service running Hilton Hotel with about one thousand beds?” This is what we are doing at Port of Spain General Hospital. They have the problems of Hilton 10 times over, because at least Hilton only has to provide the room and possibly breakfast and dinner.

As Prime Minister Greene and Health Minister Douglas of Jamaica said: “When you go to a hospital, you have to provide bed, three meals per day minimum—breakfast, lunch and dinner; you have to provide all the refreshments and the drinks *et cetera*; you also have to provide all the medical care. So it is running Hilton 10 times over. This is what you want your public service to do. The public service cannot do it. Public servants are not trained to do it. This is what we are after, and I am getting expert help and advice from Pan American Health Organization and from the Inter-American Development Bank.



I do not have the time to go into all the issues. Dr. Persad talked about the US \$5.2 million which we are getting from the Inter-American Development Bank. That is part of why I went up. We have not received it as yet. It is a grant; it is not a loan. At first they were talking about a loan. They have agreed now to give us a grant to revolutionize our health services. We are getting something like TT \$25 million from the Inter-American Development Bank to pursue this reform of our health sector because we have to do something about it. It cannot continue like this from 1961 to now. The public is spending hundreds of millions of dollars on health services. He talked about this Government running down health services. This year we are spending more than ever before on health services. This year, off the top of my hat, we are spending something like \$619 million on the health services. Health services are taking more than possibly any other ministry in Trinidad and Tobago. With all the financial difficulties we have found room to spend \$619 million.

But, of course, he wants to play politics in here and this is what gets me. On a motion like this you deal with facts, you do not come here and play politics, especially at a time like this. This is why, if I had to go again, tonight or tomorrow, I would go again, because I am not sitting here and playing politics and trying to appease people. I have a job to do, and as has been proven, I get on with my job. The job entailed going to Washington to get expert help and I went to Washington. That is why I am getting the help—\$25 million, further training for doctors and nurses. They are sending down experts here. In fact, they already have an expert, Dr. Nicholls, Co-ordinator. He started work on August 12, I believe. By the end of this year they will send five other experts. Only last week, I got Cabinet to approve of rental of more space in the Roundabout Plaza so that we can accommodate these experts—marry them with our local technocrats and make sure that we pursue this goal of revolutionizing our health sector.

One of my aims, Mr. President, is to take the health sector out of the public service. Let the communities run their hospitals. San Fernando hospital, for example, instead of the Ministry of Health, this great massive bureaucracy, trying to run San Fernando, Port of Spain, St. Ann's, St. James, Couva, Sangre Grande, Rio Claro hospitals, you choose a board of directors of say, seven people from San Fernando and let them run their hospital. It will be more efficient, instead of trying to let the public servants to run it from Port of Spain. Everything you want you run to the ministry in Port of Spain. If you let people like Sen. Lequay, *et cetera*, based in the South, run their business, I am sure they will run it more efficiently. It

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is not for want of money that this is being done. This Government is not afraid to take the right steps. As we have shown, whether it is financial, whether it is in the economy, whatever sector, we have taken the proper steps and we do not pander to public opinion, to say that we get quick returns by pandering to public opinion. This is why I have been to Washington. This is why this morning at 4.00 o'clock I had to be up to come back here for this debate and I expected 15 minutes of something with much more in-depth research than what I heard from Sen. Persad.

**6.30 p.m.**

Mr. President, the health centres in the last few years started by my friend and colleague, Dr. Emanuel Hosein, temporarily continued by former Sen. Clive Pantin, and now continued by me: We have been revolutionizing the primary health care centers. For example, in May, I visited a health center in Las Cuevas. I do have the picture with me, Mr. President, but that health centre started in the 1970s in a little clino-mobile like this, (picture shown). A health centre delivering health service in something that should have been condemned and removed by public health inspectors years ago. Started in 1976—it was immobile—they call it a clino-mobile-immobile. If you saw it, Mr. President, you would not go near there for a tablet, and this is what I met in May.

Using innovative methods together with the St. George East County Council, together with the public health inspector for the area. I met the people from the area and begged them—carpenters, plumbers, masons—to please come out and help us. We identified a building straightaway.

I think it was last month, August, that I had the honour of returning to Las Cuevas and for the first time opening a proper health center for the people of Las Cuevas. All Government had to spend on it was \$100,000. The rest was given voluntarily by the people of Las Cuevas. They have a proper, first-class health centre there. The point is, we are doing that all over Trinidad and Tobago. This is what I brought up at the conference in Washington. Particularly, for the Caribbean Ministers when we met on Sunday and Tuesday. This is part of my *modus operandi*. Make sure that the people in the remote villages like Mayaro, where I come from; Las Cuevas, Cedros, Toco; make sure that you put proper infrastructure. Not just spend millions that you spent before. Make sure that you give them what they need so that when they fall ill they have confidence. Let me compliment the nurses. The district health nurses are doing a magnificent job in those areas. Make sure that you give them the infrastructure and the tools and

when people fall ill in those areas like I saw in Blanchisseuse in a place called Paria, Brasso Seco, they can go to those health centres, go to those nurses and once they get the proper medical attention the result would be that the Port of Spain and the San Fernando General Hospitals overcrowding problems will be a thing of the past.

We will be spending, I believe, something like up to \$20 million on health centres in the very near future. We are constructing a new health centre at San Rafael; we are also hoping to construct a new health centre at Mayaro. All over Trinidad and Tobago we are doing that to make sure that we fight this battle on all front. So that the Senator is on the right track with that but we do not need him to advise us on that. We have proceeded with that sometime ago; this started under my predecessor Dr. Emanuel Hosein.

Cheaper sources of drugs: I realize I do not really have the time to go into some of the inaccuracies mentioned by Dr. Persad but I will try to précis it. He said, "cheaper sources of drugs have been identified". Mr. President, yesterday, whilst in the conference with the Caribbean Health Ministers, that is what we looked at. Yesterday's paper certainly had it, the Washington Post that drugs is part of the problem all over the world; Washington Post, today Wednesday, September 25, 1991, section (B) headline : "Drugs cost under Fire"

**Dr. Persad:** Are we importing drugs from the US?

**Mr. Richardson:** Of course we import drugs from the USA. Mr. President, what they state is that a prescription that cost \$20 in 1980 will cost more than \$120 by the end of the decade. This is what it says and it goes to give details. "Lanoxine, 100 tablets (for heart failure) cost \$1.25 in 1980 wholesale; in July 1991, the cost was US \$9.40; the increase was 652 per cent. Yet, Sen. Persad stands up in this Senate and tells us cheaper sources of drugs have been identified. As I said, I get very angry when I hear people trying to mislead the Parliament, particularly, this august Senate.

I am sure Dr. Hosein, a real doctor will be very appreciative of this. "Valium, Tranquilizers \$12.05 in 1980; \$48.49 in July 1991". The increase is 302 per cent Can taxpayers in this country continue to afford this cost, Mr. President? "Tylenol, 100 tablets—1980, \$9.20; July 1991, US \$23.26," an increase of 153 per cent and, in fact, this is the sort of thing going on in the United States today, you know. This is the heated debate on the increase of cost of drugs; that the taxpayers in the

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United States cannot afford this. Yet, the taxpayers in Trinidad and Tobago must bear the burden.

Mr. President, we are spending millions of dollars per month on drugs. In March, my third year in office, one of the pharmacists at the Port of Spain General Hospital came to me and told me that somebody in a nurse's uniform had come to her and presented her with a prescription. She did not like the looks of the signature and she said, "Nurse, could you tell me who is that doctor?" The person in white—I have to be very careful (my legal training)—said: "I will come back in a minute, let me check it." Of course, the person never came back. As a result, I told her that I wanted all the prescriptions for that day checked.

Mr. President, she checked all the prescriptions for that day with help. By the end of the day I think she got 30 prescriptions. When we checked with the doctors they were all forged prescriptions. When she valued those prescriptions for that day, I think it was March 1991, the value of those forged prescriptions—in most cases the medicines were delivered—\$10,000. As a result, I told her to check the prescriptions of the day before. About 20 prescriptions from the day before worth \$10,000, all had forged doctors' signatures, and I know some of the doctors at the hospital. They showed me their genuine signatures, and you do not have to be a detective to have seen that they were all forged. The day before \$10,000. We checked three days in succession and averaged \$10,000 of those forged prescriptions. We called in the police. The fraud squad is still investigating. It is about the same for San Fernando. In fact, just recently, a chap got six months' imprisonment with hard labour for taking a prescription allegedly from Port of Spain to San Fernando. When they checked it, the prescription was also forged. He was caught and taken to court straightaway. The next day he was sentenced to six months. This is what is going on.

Tens of thousands of dollars per day in linen: bed sheets, bedspreads, pillows, everything. For example, I visited St. Ann's Hospital on 25 occasions between my assumption of duties on January 1, and now, yet when you go you find new beds without linen, no sheets, no pillows, no pillow-cases.

Mr. President, we have a problem and we are determined to address it and I am determined to address it in keeping with my background. I do not run away

from a fight. There is a fight and I will fight on behalf of this administration. We will solve the problem. It might mean revolutionary action but, we will do it.

Mr. President, Sen. Dr. Persad mentioned moneys from Mt. Hope. Again, very misleading and again I get more annoyed when people try to mislead this senior court of this land.

All money for Mt. Hope, Mr. President—I will not repeat what he said—but he talked about the moneys for Mt. Hope. The moneys for Mt. Hope were borrowed by the people of Trinidad and Tobago, by the former administration. The loan was from the EXIM Bank on condition that it was spent on the Mt. Hope Hospital alone. So we cannot take the moneys from the EXIM Bank and spend them on any other institution, Mr. President.

**Mr. President:** You have five minutes left.

**Mr. Richardson:** Thank you, Mr. President.

We have a shortage of staff. We are now training for the first time in six years. All training of nurses, as you will remember, had ceased in 1986. Despite the economic environment, this administration re-started training of nurses. Right now, 420 nurses are being trained and we are continuing that. So that we are addressing the nursing problem, the nursing shortage. Of course, we are trying to get our nurses back from overseas. As I told you, I addressed 300 of them in New York on Friday night on my way to this meeting of Ministers in Washington.

We are also training 220 nursing assistants. They started training last month, again for the first time in five or six years. So we are addressing training. As I said, apart from that, PAHO is helping me, they are going to help this Government, this country. They are so proud of this country because of what we have done; PAHO, the World Bank, IADB, *et cetera*. They are helping with further training of doctors and nurses from this country at UWI; Mona, Jamaica; and other places.

On September 5, Cabinet agreed to the creation of a nursing pool. So all nurses who are off-duty, whether on holidays, on leave—once you are not on sick-leave—retired nurses or nurses working in the private sector, private hospitals, *et cetera*, once they are properly trained, they can join the nursing pool and volunteer to work at any nursing institution, more or less of their choice, and be paid by the hour. *[Interruption]* We consult everybody; we are not afraid of consultation. This Government consults everybody.

*Health Services (Crisis)*  
[HON. S. RICHARDSON]

*Wednesday, September 25, 1991*

Mr. President, in fact, I just received a document from the administrator of the Port of Spain hospital this afternoon, September 25. He received two ECG recording machines valued at US \$10,687.50 each. He also received two vital-sign monitors for the Port of Spain hospital, each one cost US \$7,244.70; four diagnostic sets, each costing US \$800; two embryo bags, resuscitator kits, each costing US \$770. This is part of the millions we are spending on refurbishing all of our health sectors.

I commissioned last week, Mr. President, extension and refurbishing of the El Socorro Health Centre, \$235,175; Maraval, work is going on there now. Is that not good news? The press was there; they will not publish that. They will publish a few nursing assistants, not so many nurses. I go all over the country and I can tell you nurses are putting in a hard day's work, in the main. Most of the doctors, they are putting in a hard day's work. But the press would prefer to highlight the few that are not working. In fact, a patient who was just discharged from hospital, when he heard that some of these junior doctors said that they were going on work-to-rule, they are going to work eight to four, he said, "Well, at last we will get eight hours of work from them now". That was his retort—a patient.

But let me come back, Mr. President. Most of them are working hard, but they will not highlight that. They were with me in El Socorro last week, when, for the first time we were going to reform, refurbish and extend the El Socorro Health Centre at a cost of \$235,000. Maraval, week before last Friday, I commissioned work there, \$255,000; Debe, 31,000; Morvant to be recommissioned, \$197,000. I can go on, Mr. President.

We are spending about \$20 million on refurbishing of the Port of Spain General Hospital. When Mt. Hope comes fully on stream, hopefully later this year or earlier next year, and services are moved from Port of Spain, more work will proceed in Port of Spain.

I have met with the PSA; as I said, I did so earlier last month. I met with them September 19, last week Thursday, and we have dealt with every point raised. We are dealing with every point raised, contrary to what is stated in the *Guardian* or the *Express*. I have dealt with every point raised and I am dealing with it. The Port of Spain General Hospital would entail a lot of work. We found moneys.

I am glad, Mr. President, having fought Tesoro/O'Halloran for 14 years—  
[*Interruption*] Sen. Persad talked about PNM, I was in PNM and I fought—and I

am happy to announce that part of the moneys received from the O'Halloran judgment is being spent on these hospitals and health centres.

Mr. President, \$40 million has been allocated for the San Fernando General Hospital and everything is ready for its extension. Arima is getting a new hospital, Couva is getting a new hospital. There is a big contract on at St. Ann's now. They are happening now. Go to St. Ann's now and you will see a contractor—I think Girdharry is his name—doing major work at St. Ann's: roof, plumbing, everything. St. James, next to the Mucurapo RC Church, you will see where, after three months, a private contractor was able to refurbish a whole wing with all modern facilities, new beds, new lockers.

Mr. President, I am happy to announce that this Government has done more than its fair share in its five years, more than what has been done as this magazine would show you, for the past 30 years. I will be part of it and, undaunted, I continue. Failure is not in my vocabulary. The same *Express* that is talking now, they spoke like that when I was Chairman of the Airports Authority. They willed me on to failure. At the end of it, they gave me a plaque, saying that they were proud of what I had done for Piarco and Crown Point. I will do the same thing in the health sector. I beg to move, Mr. President.

*Question put and agreed to.*

*House adjourned accordingly.*

*Adjourned at 6.50 p.m.*