SENATE

Tuesday, March 29, 1994

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 to Sen. John Rahael to be absent from today's sitting of the Senate as he is out of the country. I have granted leave to Sen. Martin Daly to be absent from the sitting of the Senate on April 5, 1994.

LATE ARRIVAL

Mr. President: Sen. Ainsley Mark has indicated that he would be a little late for today's sitting.

SENATOR'S APPOINTMENT

Mr. President: I also wish to advise that his Excellency the President has appointed Mrs. Norma Lewis-Phillip to be a temporary Senator with effect from March 29, 1994 and continuing during the absence of Sen. John Rahael.

Mrs. Norma Lewis-Phillip is required to take the Oath of Allegiance, but I am afraid she is not here at this time. If the Senate has no objection, and Mrs. Lewis-Phillip turns up, would the Senate agree to allow her, at a convenient stage, to take the Oath of Allegiance later in the proceedings?

Assent indicated.

FINANCE (VARIATION OF APPROPRIATION) BILL

Bill to vary the appropriation of the sum the issue of which was authorized by the Appropriation Act, 1993, brought from the House of Representatives. *[The Minister of Planning and Development];* read the first time.

Motion made, That the next stage be taken at the next sitting of the Senate. *[Sen. Dr. The Hon. L. Saith]*

Question put and agreed to.

PAPER LAID

Annual Report of the Integrity Commission for the year 1993. *[The Minister of Planning and Development (Sen. Dr. The Hon. L. Saith)]*

ORAL ANSWERS TO QUESTIONS

WASA

(Privatization of)

The following question stood on the Order Paper in the name of Sen. Wade Mark:

27. Sen. Wade Mark asked the Minister of Public Utilities:

(a) Could the hon. Minister indicate whether the Government has exhausted all channels aimed at finding a solution to the problems at WASA without the intervention of foreign managerial personnel?

(b) Could the Minister state whether he is in support of the privatization of the utility and whether his Government intends to democratically involve the nation in whatever decision it may finally arrive at?

(c) Could the Minister further state what form this "involvement of the people" will take?

The Minister of Energy and Energy Industries and Minister of Public Utilities (Sen. The Hon. Barry Barnes): Mr. President, I have spoken with Sen. Wade Mark and he is not averse to a week's deferral of that question.

Question, by leave, deferred.

NGC Chairman

(Assignment)

28. Sen. Wade Mark asked the Prime Minister:

(a) Could the hon. Prime Minister indicate to this Senate the basis for assigning the Chairman of the National Gas Company in his capacity as Chairman of the Energy Task Force, the responsibility for analyzing proposals submitted in respect of the Trinidad and Tobago Electricity Commission's future and at the same time assigning him responsibility for locating a partner or buyer for the generating aspect of some of T&TEC's operations?

(b) Could the Prime Minister state whether this assignation gives rise to a conflict of interest, and if so, what does the Prime Minister intend to do about it?

The Minister in the Office of the Prime Minister responsible for Public Administration and Public Information (Sen. The Hon. Gordon Draper): Mr. President, the Minister of Public Utilities had submitted for the consideration of Cabinet, proposals from T&TEC designed to meet the country's incremental

requirements for energy up to the year 2010. T&TEC's proposals would have required Government's approval for loan financing for their expansion project support by a Government guarantee. Cabinet forwarded T&TEC's submission for review by the Standing Committee on Energy since a major component of the anticipated energy demand was projected as resulting from additional plants and industries which were anticipated to be coming on stream in the energy sector.

The Standing Committee on Energy, after consideration of the matter, recommended to Cabinet that a task force be established comprising representatives of the Standing Committee on Energy, the Ministry of Public Utilities, the Ministry of Finance and T&TEC.

The terms of reference of the task force were *inter alia*—

(a) Review the least cost expansion study prepared by T&TEC and the conclusions resulting from that study.

(b) Determine the effects of improved availability of the existing plant on the conclusions of the original study.

(c) Identify the constraints that inhibit the improvement of the availability of the existing plant.

(d) Evaluate all possible options with regard to the above.

(e) Recommend an overall strategy to meet the projected electrical power generation needs of the country over the next 10 years and an action plan to implement any approved strategy.

Subsequently, a proposal on the matter was received from the OWTU and the terms of reference of the task force were amended to include an evaluation of that proposal. Cabinet also accepted the recommendation of the Standing Committee on Energy that Dr. Ken Julien, the Chairman of the NGC, be appointed Chairman of the task force in light of:

(1) His being a serving member and representative of the Standing Committee on Energy;

(2) His internationally acknowledged expertise in the field of power generation;

(3) His position as Head of Electrical Engineering at UWI, St. Augustine;

(4) His intimate knowledge of T&TEC's generating operations gleaned from his stint as Chairman of T&TEC up to 1986;

(5) His familiarity with development plans for additional plants and facilities in the energy sector.

The task force having reviewed T&TEC's proposals, recommended that it would be in the country's best interests for T&TEC to seek additional proposals from potential private sector investors to determine the optimal arrangements for securing the required expansion in generating capacity.

Cabinet accepted the recommendations of the task force and instructed T&TEC to proceed to determine the interest of private sector partners in the generation expansion plan and to invite proposals for participation. In light of this, T&TEC retained the services of the International Finance Corporation (IFC) to assist in securing proposals from bona fide investors and in the appraisal and evaluation of such proposals. The task force—and by extension Dr. Julien—was not involved in this exercise which remains the responsibility of T&TEC, with the IFC as its consultant.

1.40 p.m.

In the light of the foregoing, part (b) of this question does not arise.

Sen. W. Mark: Could the hon. Minister indicate whether the report of the task force on proposals for the "sell-out" of T&TEC could be made available to this Senate in the light of the seriousness of this transaction?

Secondly, could the hon. Minister tell this Parliament whether he is aware of the fact that the same Chairman of the National Energy Task Force, Dr. Ken Julien, up to the point of 1986 when he was Chairman, has a very dubious and questionable relationship with Southern Electric of Atlanta, Georgia, the same company that has now been given the green light to take control of 49 per cent of the generating capacity of T&TEC?

Sen. The Hon. G. Draper: The Minister of Public Utilities has, in another place, given a statement relating to the divestment of the generating capacity of T&TEC.

Given the nature of the phraseology of some of Sen. Wade Mark's other questions, I am not in a position to respond.

Sen. W. Mark: Mr. President, could the hon. Minister indicate whether the report of the task force could be made available to the Parliament of the country in light of the seriousness of the transaction involving the "sell-out"?

Mr. President: Sen. Mark, do not make a speech.

Sen. W. Mark: It is not a speech, Sir.

Mr. President: You have asked the question. One question at a time.

Sen. W. Mark: I would like him to answer that question directly, Sir.

Sen. The Hon. G. Draper: In the other place, the Minister of Public Utilities has give the assurance that on completion of all the negotiations all relevant documents will be made available to the Senate.

Sen. W. Mark: Will the hon. Minister indicate to this Senate who were the other members of this so-called Energy Task Force that he mentioned earlier?

Sen. The Hon. G. Draper: I am not at this point in possession of the names of all the members of that task force. I would be willing to provide them at another time.

Sen. Daly: The Minister indicated that the IFC was given the task of getting persons to make proposals. Would he indicate how many persons made proposals?

Sen. Barnes: Perhaps I can help hon. Senators on this matter. Just to rehearse the process. On the advice of the IFC, there was first of all a solicitation inviting prequalification. The solicitation went out to 52 firms, 15 of which responded. Those 15 met the prequalification criteria. In that period an information memorandum had been prepared. The prequalified tenderers visited and went through the installations before they put in a bid. In the final analysis six bids were received. Two other responses, from British Gas and Electricidad de Caracas (CICA CICA), were received saying that after looking at the plant, they regretted that they could not submit a bid. There were, in fact, six companies that bid after the evaluation stage. I think that clears the matter, Mr. President.

Sen. Prof. Spence: Would the hon. Minister state whether there was an economist on the Energy Task Force? Would he not agree that it would be rather late, from the point of view of the country assessing the process, to lay the report after all the negotiations have been completed?

Sen. Barnes: T&TEC invited international bids. The bids were evaluated. There were two aspects: one is, of course, the financial criteria. The other aspect is, if you are at all going into a partnership in something like electricity generation, that T&TEC needed to satisfy itself on finding someone who would be a useful operational partner over a long period. So that after the assessment of the bids, there were two firms which were short listed on the basis of the financial

criteria. The management team of T&TEC went on their own due diligence, accompanied by three IFC representatives. They came back and made an evaluation and recommendations. So that, at this point there is a bid, a proposal and a preferred investor.

To go from there to find a partner, a number of agreements have to be put in place. This is now being negotiated face to face by T&TEC and IFC and with representatives of the divestment secretariat. Obviously, we are in a period of a little sensitivity in terms of bringing out the total documents. So we say, having declared the procedure very openly, at the end of the exercise having gone through international bids, having gone through a transparent process, when we have the agreement in place, there will be the disclosure.

Another point that I have made is that in the very nature of the transaction, all the Senators are fully aware that the proposed setting up of a joint venture company on electricity generation cannot happen without the appropriate amendments to the existing T&TEC Act. So that, over the next few weeks we will be coming here to present the amendments before this Senate and in the other place, giving everyone the opportunity to express his views.

Sen. W. Mark: As the new Minister of Public Utilities, could he indicate to us what time frame has been established by his Government to conclude negotiations for the sale of T&TEC's operations? Secondly, can he tell us what attempts, if any, were made, prior to "sell-out" of T&TEC to ensure greater efficiency through the elimination of waste, mismanagement and corruption at T&TEC's operations?

Sen. Barnes: Let me again say that the specific arrangement, not just the statement in the other place, but the published statement, relates to the setting up of a Trinidad Generating Company that will own and operate the three power stations in Trinidad. The company will be jointly owned, 51 per cent by T&TEC and 49 per cent the preferred investor. T&TEC remains responsible for the transmission system, the national grid, the lamp-posts, the transformers, the connections to houses, the undersea cable to Tobago. The total distribution transmission system remains. There is no "sell-out" of T&TEC. It is a 49 per cent participation in generation.

1.50 p.m.

We have in fact a history. We know the age of the equipment. Mr. President, I really do not want to go into the total history. But what I am saying is, the best minds at T&TEC, the professionals, OWTU who themselves have people there and

who put up a technical solution. They know. They did not address the cost of their proposal. We got that costed, US $71 million. Trinidad and Tobago Electricity Commission's own solution, the original one, $800 million. We went back and said let us have a least capital cost solution; still, we are talking in the order of $400 million. That is what we are facing.

You are talking about T&TEC that cannot fund it. You are talking about a Government that cannot fund it. You are talking about going out to borrow that kind of money. What are the bankers going to tell you? How are you going to repay the money? Therefore you get the terms of repaying it—the requirement for an increase in tariff rates to be allowed. So that in fact, having said that, the Government would wish to see the negotiations completed in about three months. It takes two to tango. It is going to be serious negotiations on a number of aspects.

Mr. President, I almost find myself making another statement in this Senate.

Sen. Prof. Spence: The hon. Minister has not answered any of my questions. I asked first of all whether there was an economist on the task force; and, the second, question pertained not to all the documents to do with the negotiations, only to the original report of the Task Force. I could not see why that one is so sensitive that it cannot be released now.

Sen. Barnes: I am not too sure, Mr. President, whether we are talking about the same thing. The task force report took the form of a recommendation after a review of the proposal. It said, this is technically sound, but we should take the opportunity of looking at the option of private sector participation as one of the things we would have to do.

I do not think that that is what Sen. Spence has in mind. I think he probably has in mind the evaluation in arriving at who the preferred *[Interruption]* In other words, what basically went to the task force was the T&TEC generation plans, and then their least-cost generating plan. All that is going to come as part and parcel of the eventual recommendation.

Sen. Prof. Spence: Why has that got to wait for the eventual outcome? Why cannot that be released now?

Sen. Barnes: Merely because in terms of how we have set the thing up, we have said that we will hold that close until the completion of the negotiations. It is a long-term generation plan.

Mr. President: I do not know if Sen. Daly has anything more. I have allowed a certain number of supplementary questions because of the importance of the

matter, but a question cannot be used as a pretext for a debate, and I see a full debate seems to be ensuing in this situation.

Please ask questions seeking information for which the Minister is responsible. Sen. Spence may proceed followed by Sen. Daly and if there are any others.

Sen. Prof. Spence: I had enquired whether there was an economist on the Task Force.

Sen. B. Barnes: I will take my cue from Sen. Draper. I am quite prepared to give a list of all the members who are on the task force. I am sorry. I cannot call them all now. *[Interruption]* I do not know, when I look at it I will see. We have people from the Ministry of Finance, Ministry of Public Utilities. We know the people but we do not really ask about their qualifications, at least I would not normally do that.

Sen. Daly: Mr. President, this question is about the role of the Chairman of the Energy Task Force. What I would like to know is whether this Minister could give the Senate the assurance that there was no relationship between the Chairman of the Energy Task Force and Southern Electric of Atlanta, prior to the solicitation.

Sen. Barnes: Mr. President, I do not really—

Mr. President: Do you need notice of that question?

Sen. Barnes: I more than need notice of that question, Sir. *[Interruption]*. But let me just respond.

The Southern Company is a major US company. I read in the newspapers that they have in fact done things in Trinidad and Tobago. Trinidad and Tobago Electricity Commission has been in existence much longer than I have been here. What you are asking me to say, for instance, is that there has not been any—whatever—between Southern and T&TEC. I really do not know, nor do I know that it is relevant. What I do know is that we went out to 52 companies and 15 companies tendered.

Sen. Capildeo: Mr. President, the hon. Minister mentioned that there was need to amend legislation with respect to T&TEC. I should like to know from him whether the Government of Trinidad and Tobago gave the assurance that these amendments would form part and parcel of the bargaining, and that based on that assurance the contract was concluded.

Sen. Barnes: There was no such commitment. What the people were asked to tender on was even looser than that—to come up with a form of arrangement in respect of the generation of T&TEC. We are saying that *[Interruption]*, because we think they can offer us better control.

If T&TEC is the supplier of the gas on the one hand and T&TEC is the purchaser of all the power *[Interruption]*, then the joint venture is confined to a generating activity. The amendments are merely to give—as I understand it—T&TEC the power to hold shares in such a company.

2.00 p.m.

Mora Oilfield
(Disposal of)

The following question stood on the Order Paper in the name of Sen. Wade Mark:

30. (a) Is the hon. Minister aware that Amoco Trinidad Limited has disposed of its Mora field with its one million barrels of proven oil reserves and thirty four million barrels probable oil reserves to a small select group of nationals?

(b) If the Minister is so aware, could he state:

(i) on what basis has this group been selected?

(ii) under what authority or legal basis has this disposal taken place?

The Minister of Energy and Energy Industries and Minister of Public Utilities (Sen. The Hon. Barry Barnes): Again, Mr. President—I seem to be on my feet all afternoon—but I did discuss this matter of a one-weak deferral of this question with Sen. Wade Mark, and he has no objection. I so move, Sir.

Question, by leave, deferred.

Ombudsman's Special Report
(Mr. Newlyn John)

41. Sen. Everard Dean asked the hon. Prime Minister:

Can the Minister state what action, if any, has been taken by the Tobago House of Assembly, or what action the Assembly intends to take, to address the predicament of Mr. Newlyn John, mentioned in the Special Report No. 1/94 of the Ombudsman, as a result of the lack of remedial

work to buttress the property damaged as a result of land slippage which developed along the Zion Hill Road since 1973, due to road works carried out by the Ministry of Works (Tobago)?

The Minister in the Office of the Prime Minister responsible for Public Administration and Public Information (Sen. The Hon. Gordon Draper): Mr. President, in 1992 the Tobago House of Assembly had programmed to construct a retaining wall to buttress the property line of Mr. Newlyn John's property at Zion Hill Road. The funding for undertaking this work was, however, diverted to repair flood damage along the Windward Road caused by stormy weather.

The Tobago House of Assembly has now programmed the work to be undertaken in 1994, as funding is now available. Actual work is scheduled to begin in the last quarter of 1994, with completion being expected in the second quarter of 1995.

PRIVILEGES AND IMMUNITIES ORDER

The Minister of National Security (Sen. The Hon. Russell Huggins): Mr. President, I beg to move the following Motion:

Whereas it is provided by section 9 of the Privileges and Immunities (Diplomatic, Consular and International Organizations) Act, Chap. 17:01 (hereinafter referred to as "the Act") that the President may by Order declare that any international or regional organization or agency named or described in such Order shall, to such extent as specified in the Order, be accorded the privileges and immunities set out in the Fifth Schedule therein:

And Whereas it is also provided by section 9 of the Act that every Order made under that section shall be subject to affirmative resolution of Parliament;

And Whereas it is expedient that the Order now be affirmed;

Be it Resolved that the Privileges and Immunities (Caribbean Financial Action Task Force) Order, 1994 be approved.

Mr. President, the Privileges and Immunities (Caribbean Financial Action Task Force) Order 1994 is intended to provide the legal basis for the operation of the secretariat and staff of the Caribbean Financial Action Task Force in Trinidad and Tobago. Before addressing the provisions of the Order, it is relevant that the Caribbean Financial Action Task Force be placed in its proper perspective.

The Financial Action Task Force was founded by the Group of Seven (G-7—Canada, Germany, France, Japan, Italy, the United Kingdom and the United

States of America) at the 1989 Paris Summit. Membership of the FATF comprises the 24 members of the Organization for Economic Co-operation and Development (OECD), Hong Kong, Singapore, the European Community Commission and the Gulf Co-operation Council Organizations; observer status includes, *inter alia*, Interpol and the United Nations International Drug Control Programme.

The primary objective of the FATF is to address the escalating international problem of money laundering. To this end, in 1990 the FATF proposed 40 recommendations to combat this pandemic. These recommendations constitute an action formula geared towards the improvement of national legal systems, enhancement of the role of financial systems and the strengthening of international co-operation against money laundering.

In an attempt to encourage non-member countries to adopt the recommendations, an outreach programme has been developed. This led to the establishment of the Caribbean Financial Action Task Force in Aruba in 1990.

The CFATF represents the Caribbean's initiative to the international exhortation to effect urgent and immediate action for denying the drug trafficker the means by which he can retain and enjoy the proceeds of drug trafficking. Its major objective is the implementation of and compliance with its recommendations by a programme of regular reporting, international self-evaluation of the laws and regulations by respective member states, and ultimately by a continuing system of mutual evaluation amongst themselves at the regional level. Participation in the CFATF includes some 26 separate states in the Caribbean and its periphery, including ten independent Commonwealth countries and six British dependent territories.

The first CFATF meeting was held in Aruba in 1990. This was followed by a Conference of Ministers and other representatives of Caribbean and Latin American Governments held in Kingston. The Kingston Declaration on Money Laundering was adopted at this Conference. In that Declaration, the participants recognized the need for a mechanism to monitor and encourage progress over three years to ensure full implementation of the Declaration. It was agreed that the Secretariat would report to and act under the direction of a steering group of representatives of CFATF members and donor countries.

According to the Kingston Declaration the FATF donor countries will support this country in ensuring that the proposal materializes. An offer from Trinidad and Tobago to provide the facilities for a small secretariat for the initial three-year period to assist participating countries with the implementation process was accepted.

Mr. President, the functions of the secretariat are as follows:

(a) Co-ordinate and make technical recommendations on the self-assessment process of CFATF members;

(b) Make arrangements for and participate in evaluations of CFATF members;

(c) Identify and act as a clearing house for facilitating the training and technical assistance needs of CFATF members, including dealing with requests for training and technical assistance from CFATF members, and advising on sources of assistance;

(d) Act as the liaison point between CFATF and Third World countries and international/regional organizations involved in countering money laundering and related matters.

(e) Draft annual CFATF reports.

The secretariat has temporarily sourced accommodation in Port of Spain with the Office for Strategic Services. It is expected that there will be mutual support between both agencies. Some degree of funding for the secretariat will be provided by the five sponsoring members of the parent organization FATF. The United Kingdom has agreed to fund the position of Executive Director and the United States, Canada, France and the Netherlands have agreed to provide an operational budget. An interim Executive Director has already commenced duties in Port of Spain.

2.10 p.m.

Mr. President, in order to facilitate the effective and efficient functioning of the secretariat, it is imperative that the Caribbean Financial Action Task Force be accorded a regional agency within the meaning of Part V of the Privileges and Immunities Act, Chap. 17:01. To that end, the privileges, immunities, facilities and exemptions which are customarily granted to such organizations, and which are set out in the Fifth Schedule to that Act, should be extended on a unilateral basis to the secretariat and its staff.

The Privileges and Immunities (Caribbean Financial Action Task Force) Order 1994 made under section 9 (2) of the Privileges and Immunities (Diplomatic, Consular and International Organizations) Act, Chap. 17:01 therefore, will serve to:

(a) Declare the Caribbean Financial Action Task Force and its Secretariat to be a regional agency to which the privileges and immunities set out in Part I of the Fifth Schedule of that Act are to be accorded;

(b) Confer on the Head of the Caribbean Financial Action Task Force secretariat in Trinidad and Tobago and the members of his family, as well as on persons employed on missions on behalf of the Caribbean Financial Action Task Force, the same continuing privileges and immunities as are granted to the heads of international organizations in Trinidad and Tobago, that is, the customary privileges and immunities set out in Part II and Part (IV) (2) of the Fifth Schedule of that Act;

(c) Confer on the other officers and servants of the Caribbean Financial Action Task Force Secretariat the privileges and immunities set out in Part III of the Fifth Schedule. Where such persons are nationals or residents of Trinidad and Tobago they shall be entitled only to the immunities provided for in paragraph 1 of Part III; and

(d) Confer on persons who are representatives of any organ of the Caribbean Financial Action Task Force, for example, its steering committee, or are members of any committee of the organization or of an organ thereof, the privileges and immunities referred to in Part II and in Part IV (1) of the Fifth Schedule of that Act.

The Government of Trinidad and Tobago recognizes the absolute need to participate in multilateral initiatives in the growing attendant problem of money laundering, and, that the 40 Financial Action Task Force and the 19 Caribbean Financial Action Task Force recommendations are key to the global and regional effort against money laundering. To this end, the Government of Trinidad and Tobago is committed to facilitating the establishment of the secretariat in Trinidad and Tobago for the purpose of overseeing the implementation of the recommendations in an effort to eliminate the money laundering scourge.

Mr. President, in these circumstances, I urge all members of this august Chamber to support the passage of this Order.

Question proposed.

Sen. Wade Mark: Mr. President, we on this side attempted to locate information on this particular Action Task Force without any success whatsoever. In those circumstances, and in light of the importance of the Order to provide immunities and privileges to this Caribbean Financial Action Task Force, and with the consent of the hon. Minister, we would like to advance the need to adjourn this matter so that we on this side, as well as other Senators, could study carefully the contribution of the Minister, and maybe at the next sitting of the

Senate we would be able to respond adequately. I have spoken to the Minister about this matter, Sir.

Question put and agreed to, That the debate on the Motion before the Senate be adjourned to a subsequent sitting.

Debate accordingly adjourned to a subsequent sitting.

REGIONAL HEALTH AUTHORITIES BILL

Order for second reading read.

The Minister of Health (Hon. John Eckstein): Mr. President, I beg to move,

> That a bill to provide for the establishment of Regional Health Authorities and for connected matters, be now read a second time.

Hon. Senators must be aware that all is not well with the state of the public health services. The public is not happy, and complaints of staff attitudes, long wait for attendance, poor facilities and lack of drugs abound**.**

The staff are not happy and complain of frustrations in their work, inadequate facilities and equipment, lack of maintenance, and interference and constraints exerted from central levels. Many health care workers have left the public sector frustrated with trying to practise good medicine in the tangled web of bureaucracy that constitutes the public health service. Many members of the public, though they can sometimes ill-afford to do so, have abandoned the public health sector.

Mr. President, the health services must change, and this change must result both in better services for the public and better conditions for staff, because the two are inextricably intertwined.

The Regional Health Authorities Bill which the Government now introduces is part of a comprehensive package of improvement and reforms, some already under way, some for the future, but all forming part of an essential package of measures to reform our health sector. The comprehensive package of reforms includes:

(a) Upgrading the physical infrastructure and equipment on a selective and phased basis;

(b) Decentralization of service delivery management via the creation of five operationally autonomous and corporate regional health authorities. These would assume the operation of primary, secondary and tertiary health care services. These authorities, operated in accordance with policy direction of

the Ministry of Health, would hire their own staff, be able to sub-contract both clinical and support services and would have priority focus on primary health care with emphasis on such areas as the screening and prevention of diabetes, hypertension and coronary heart diseases, which are among the main causes of mortality and morbidity;

(c) Re-organization and strengthening of the Ministry of Health to facilitate its policy-making, planning, surveillance and regulatory roles. This would imply a more sharply focused ministry, but more importantly, one devoted to effective sector leadership rather than as at present to the management of health facilities and delivery of services;

(d) Rationalization and upgrading of hospital and ambulatory care through, among other things, the concentration of specialized outpatient and diagnostic services, the expansion and creation of accident and emergency facilities, and the creation of a network of community based primary health care workers;

(e) The creation and phased introduction of a national health insurance system in sequence with the decentralization, rationalization and service upgrading components.

The National Health Insurance System would be national in scope and coverage. It would finance a basic package of preventive primary, secondary and tertiary services and would establish clear incentives and controls promoting preventive and primary health care through both public and private providers as well as the rational use of specialist and hospital services, diagnostic resources and pharmaceuticals.

Mr. President, just the briefest of words on the first element of the reform package. Refurbishing of the physical infrastructure. Every citizen of this country, by now, must be aware of the tremendous improvement taking place in the facilities, buildings, plant and equipment which make up the Ministry of Health. It has been two years of unrelenting effort that has seen improvement in all our hospitals and many of our health centres and some nurses' quarters situated in very remote areas of the country. This work continues in 1994.

Just two weeks ago I had the distinct privilege and pleasure of participating in a ceremony to mark the commissioning of refurbished facilities at the St. Ann's Hospital. I urge all Senators to make it a point of duty to visit that hospital to see

the remarkable transformation that has taken place at that institution, changing it from "a dungeon of despair" to "a haven of hope," to quote a speaker at the function.

2.20 p.m.

These physical improvements, Mr. President, will, however, all come to naught if at the same time we do not put in place the structure and systems that will make proper and effective use of the upgraded health centres and hospitals, and maintain them.

Achieving that happy state of affairs requires fundamental structural reform of our health services. Administrative decentralization is, the Ministry of Health believes, the basis of that reform. The ministry's new regional health authorities are the vehicles proposed for achieving decentralization and enabling our staff to improve the delivery of health care to the people of Trinidad and Tobago. Regions will have a great deal of autonomy, allowing them to solve their operational problems without interference from a central bureaucracy. Working within their defined levels of authority and defined budgets, managers at all levels must be free to solve problems as only those with the right technical and local knowledge can—not by referring to a Permanent Secretary or a Public Service Commission, or a CPO, an O&M Department, or Central Tenders Board, etc.

Let me give the essence and the main rationale for the Ministry of Health's decision to decentralize the administration of the health services. A major problem, if not *the* major problem with the health services as organized and administered at present, is the separation of authority and responsibility. One of the fundamental principles of management science is that authority and responsibility must be co-extensive. Simply put, if a manager is to be held responsible, then he must be afforded a level of authority commensurate with that degree of responsibility. Under present arrangements, our managers at operational levels have responsibility for what happens there but they have no authority to make it happen and, therefore, cannot truly be held accountable. On the other hand, the central agencies of Government, which are vested with all the authority, have no responsibility and are, therefore, not held accountable.

It is to address this protracted violation of the most basic of management principle and to correct the many deleterious consequences that have resulted therefrom, that the Ministry of Health proposes administrative decentralization of the health services.

When implemented, we in the ministry confidently expect that decentralization will allow services to be run by those on the spot, who can see the problems and the opportunities for solutions; that services will become more responsive to the consumer, as those running the services will be closer to those consuming them; that flexible responses by managers, including shifting resources from one area of activity to another within their overall budgets, will be more easily facilitated; that the managerial albatross of the bureaucratic public service—that burden to modern management, requiring approvals and procedures for trivial things, slowing down action and response, and demoralizing staff—will be a thing of the past; that decision–making will be put into the hands of managers at all levels, involving them in their work and, for the first time, enabling them to see that effort and initiative get results; and finally, that through the management of their own budgets, staff will come to realize the connection between costs, results, and value for money.

Mr. President, we cannot close our eyes to the fact that central planning and management have been discredited all over the world. Even the countries in Central and Eastern Europe have seen the ultimate folly and futility of central planning by distant, ill-informed, uninterested and often uncaring bureaucrats, who bear no responsibility for the decisions they make.

Sen. W. Mark: Is the free market debate on?

Hon. J. Eckstein: Mr. President, there are several models of decentralization. The Ministry of Health has chosen the regional model. You see, Sir, the response by the managers at any of the major hospitals to a sudden rise in the number of persons presenting, say, dengue fever, would be to request additional medical and nursing staff. They never think of attacking the problem at source by getting at the vector causing the problem, and this is because that is not their responsibility, not their focus.

A regional based administration on the other hand, would necessarily take a more holistic view of the problem, and would seek to marshal the public health resources in the region in order to deal with the problem. Regionalization, therefore, compels a mandatory integration and rationalization of all available resources in order to improve the conditions in which comprehensive health care is provided to communities. It provides more efficient ways to distribute personnel and equipment among facilities, to co-ordinate central and satellite activities, and to facilitate the referral of patients, the flow of medical records, and the consultation of specialists with general practitioners.

Regionalization ensures that health care workers are a part of the continuum of services rather than part of isolated units. It will, therefore, allow for an easy interchange of staff among the various units within the region, for example, specialists at hosptals becoming part of and providing services at health centres.

Mr. President, the following benefits are, therefore, expected to flow from regional decentralization:

(a) Both increased convenience for the population and its knowledge about health services;

(b) Improved accessibility to those services;

(c) High quality of care; and

(d) Increased efficiency at lower cost.

Mr. President, I want to assure this Senate that the Government has embarked on a well-conceived, well-thought–out scheme, one that has support, both within and without the ministry, both nationally and internationally. This Bill is informed by, and is the culmination of, recommendations of several commissions, the earliest dating back to 1957; also Ministry of Health workshops, seminars and retreats—all calling, in one form or another, for the ministry's decentralization.

The Julien Commission of l957 recommended a statutory board of governors with executive powers; also regional, medical and public health boards and hospital management committees—the object being to establish a regional command system involving hospitals and health centres. A National Advisory Council in 1978 recommended the establishment of a two-tiered system—a national hospital authority with overall responsibility for all health institutions, save the Mt. Hope Medical Sciences Complex, which would have its own authority. These recommendations were accepted by Cabinet but, unfortunately, never implemented.

The Toby Commission of l981 recommended a national health authority under the Companies Ordinance, Chap. 31:01 with powers enabling the corporation to deal with personnel, procurement of equipment, plant, maintenance, security, etc. In 1983 an inter-ministerial committee suggested a health service commission and the establishment of three separate boards for Port of Spain, San Fernando and St. Ann's—the management of the operations of the institutions to be by qualified hospital administrators reporting to boards of governors, and the Ministry of Health retaining the responsibility for policy formulation, monitoring and evaluation.

As recent as 1993, the Commission of Inquiry which investigated an unfortunate incident at St. Ann's Hospital had this to say, and I quote from its report:

> "The system of 'passing the buck' described in Paragraphs 98 to 102 is a devious administrative device practised at St. Ann's. The April crisis, however, has popped into sharp and sudden focus the following questions which need to be urgently addressed:
>
> (a) Has not this devious administrative device of 'passing the buck' been clearly exposed as a pernicious system of management?
>
> (b) If so, should it not now be speedily dismantled and substituted at the Hospital by a new and dynamic system of administration?
>
> (c) And if yes, should this system not be one which places fairly and squarely into the hands of those who manage, portfolios which clearly combine responsibility and accountability with authority and control at the workplace?
>
> The Commission is of the opinion that these questions should be urgently addressed and satisfactorily resolved by courageous decisions and resolute actions; and that, moreover, if they are not, messy tragedies like the April disaster are likely to be repeated with greater frequency and more fearful consequences. More deaths from a like disaster should not be allowed to take place before decisive action is taken to resolve the questions posed."

And I just want to repeat:

> "If yes, should this system not be one which places fairly and squarely into the hands of those who manage, portfolios which clearly combine responsibility and accountability with authority and control at the workplace."

Sen. W. Mark: You should have resigned as Minister.

Hon J. Eckstein: Mr. President, this Bill before us today presents—

Sen. W. Mark: On principle!

Hon. J. Eckstein: Mr. President—

Mr. President: Order, please.

Hon. J. Eckstein: Mr. President, this Bill before us today represents the resolute action and courageous decision taken by the Ministry of Health to deal

with problems in health. For, like the commissioners, we believe that if action is not taken, messy tragedies like the St. Ann's disaster are likely to be repeated with greater frequency and more fearful consequences.

2.30 p.m.

The above recommendations demonstrate that whenever the problems of the Ministry of Health are considered objectively and dispassionately by people competent to do so, the inescapable conclusion is that the Ministry of Health has to be decentralized.

What is the thinking the world over today about the manner in which public health systems ought to be organized? This is a pertinent question, and I believe the answer is quite instructive.

I now refer to a World Health Organization report on the implementation of the global strategy for health for all by the year 2000. It is the eighth and most recent report by the World Health Organization on the world health situation. It covers the period 1985 to 1990. Based on a review of the world health situation, the report identified certain ingredients which were assessed to be critical to achieving success in developing health care systems. Among the ingredients cited in the report were the following:

1. Government, political, social and financial commitment;
2. Strong management capabilities for implementation;
3. Well oriented, trained and committed health personnel; and
4. Decentralization to district and local levels.

These are the features that the World Health Report identified as necessary for any improvement in the health services. The report then went on to review the development taking place in decentralizing health systems the world over.

Africa—In a majority of African countries, emphasis has been laid on the decentralization of the managerial process which is gradually being introduced by all African member states.

Americas—In many countries of the Americas, reforms aimed at the decentralization of authority, have accompanied the democratization process. The comment in the World Health Report is very general, but fortunately other information has come to hand which gives a clearer picture of what is happening by way of decentralization of the health services in the Americas.

Venezuela—The Ministry of Health of the Government of Venezuela issued a report dated February 1, 1994 in which it summarized the major activities of that ministry for the period January 1, 1993 to January 1, 1994. The following are the activities highlighted in the report:

1. Decentralizing the health sector;
2. Restructuring and rationally organizing the ministry;
3. Developing management practices aimed at improving quality efficiency, productivity and fairness;
4. Active participation with the community; and
5. The development of primary health care as a strategy for solving the population's health problems.

The identical programme of work in which, as I identified earlier, my ministry is engaged.

Argentina—In Argentina, health sector reform measures will change the role of the federal Ministry of Health to provision of leadership in policy areas. Reform will allow for decentralization of most social welfare programmes including health programmes to the states for execution.

Chile—Health sector reform over the past 10 years has been characterized by greater competition through privately owned and operated health insurance funds and decentralization of Government health services for the purpose of improved efficiency, quality of care and consumer choice.

Costa Rica—The roles of the Costa Rican Social Security System and the Ministry of Health have been redefined, with the Ministry of Health assuming policy, monitoring and evaluation responsibilities and the CCSS taking on principal health care providing responsibilities. Decentralization to the regional level, alternative models of care and financing, and new regulations on quality control will all be big elements in the new health care, delivery and financing model.

Middle East—A number of countries in the Middle East have reviewed and tried to strengthen and reorient their health information system to solve management problems. Oman, for example, is on the way to having a regional health information system to support the regionalization of its health system.

The Far East and in the Pacific—A number of countries in the Far East and in the Pacific, American Samoa, Kiribati, Malaysia, Philippines, the Solomon Islands, Tonga, Vanuatu—

Sen. Capildeo: Tuvalu!

Sen. W. Mark: Talk about Tuvalu!

Hon. J. Eckstein: —are making efforts to improve the managerial process by strengthening the planning component. The common feature of these countries is that the responsibility and accountability for resource utilization have been delegated outside the central level.

Europe—In some European countries, for example, Sweden, there has been a widespread trend towards decentralization in health management from the central to regions, provinces and districts. The common feature in some of these countries is that responsibility and accountability for resource utilization have been delegated to the district level.

In concluding, the Report cautioned as follows:

> "Weak management at the district or operational level was not always improved by the creation of district management teams or similar action. Unless full authority is given to the programme managers at the delivery level, any improvement in this area may not have the desired effect."

Mr. President, to continue with the expression of views of the international community on administrative decentralization. As the representative of the Government of Trinidad and Tobago, I had the privilege of attending the 1993 World Health Assembly Meeting in Geneva. Let me provide the Senate with excerpts from the contributions made at that World Health Assembly Meeting by the Ministers of Health of Canada and the United Kingdom.

The Minister of Health of Canada spoke as follows:

> "Canada is committed to reforming its health system. Our provinces which have responsibility for the management and delivery of our health care system are increasing their efforts in decentralizing services down to the regional and local level. All these are efforts to ensure that services address the priority health needs of the population."

The Minister of Health of the UK:

> "A key element in our reform has been a greater delegation of authority to the local level. A leadership which demands control over every facet of

> the service can never be wholly effective. It is important to create a framework and an environment taken close to the point of delivery where they can more easily respond to local conditions and needs. It is up to the Ministry to give a clear steer and to support those who take day-to-day management decisions at the local level.

The emphasis of reform in the United Kingdom has been to devolve responsibility to make the service more responsive to the needs of the population."

The point, Mr. President—

Sen. Prof. Spence: I wonder if the hon. Minister would explain why the UK is doing away with the regional health authorities.

Hon. J. Eckstein: That is absolutely untrue—totally, completely. It is a complete fabrication.

The point, Mr. President, is that we are part of a sea change of reform in health service administration and delivery that is engulfing the world. Either we accept our place in world events or be swept aside by the tide of progress.

Let me give the Senate a feel as to the views expressed by several actors in the health sector when the initial round of consultation commenced on the subject of administrative decentralizing of the health services. The Permanent Secretary, Ministry of Health, in early 1992, sought the views of a number of organizations. What follow are excerpts taken from some of the responses received.

The Chest and Heart Association by letter dated February 12, 1992 said:

> "The Association fully agrees with and supports the concept of decentralization of the administrative functions of the Ministry. The Association also supports the proposal for the management of hospital services by incorporated authorities or boards with full executive powers but responsible to the Minister in respect of broad policy matters. Moreover, boards must clearly appreciate that all the activities carried out by them must be within the framework of stated Government policy."

The Trinidad and Tobago Registered Nurses Association, letter dated February 11, 1992:

> "The Association has agreed to the concept of administrative decentralization of the Ministry of Health and the establishment of incorporated authorities to achieve this goal. We support the view—"

that is the Registered Nurses Association—

> "that the vesting of the responsibility for the running of the individual hospitals in local boards and authorities will facilitate the management of these institutions and improve the quality of the service provided to the public."

The Trinidad and Tobago Medical Association by letter dated February 10, 1992:

> "The Association wishes to convey to you its agreement in principle to the concept of administrative decentralizing of the Ministry of Health.
>
> We would like to reiterate, however, that while the concept of decentralization is very dear to our hearts and is something that we have been advocating for two decades as the only remedy for the ills in the health services, we strongly recommend the setting up of Regional Health Authorities. These would encompass the feeder Health Offices and Centres and the Area Hospitals."

That is what the Medical Association said when we consulted with them.

The Society of Radiographers:

> "The Society agrees in principle to the concept of administrative decentralization and we look forward to collaborating with you in working out the details of the systems to be adopted."

The Tobago House of Assembly:

> "The Tobago House of Assembly welcomes this approach to the management of the health services throughout the country.
>
> Your intervention, then, is very timely and the concurrence and support of the Assembly is assured."

The Public Services Association—they sent in a response dated October 30, 1990. That response had been sent to a previous Minister of Health when he had raised the subject of decentralization with the union. The letter stated in part:

> "The PSA has no disagreement in principle with the introduction of Boards for health institutions."

However, they made the point that arrangements should continue under the aegis of the Public Service Commission. Clearly, this is not at all possible.

2.40 p.m.

The Diabetes Association of Trinidad and Tobago— letter dated March 5, 1992:

> "Our Association agrees in principle with the concept of Administrative Decentralization and the establishment of incorporated authorities for improvement to the management system in the Health Service."

Buoyed by these responses, the Ministry of Health set about preparing a policy document on Administrative Decentralization. This document was laid in Parliament in July l992 and copies were widely circulated and comments invited. I shall inform the Senate of some of the comments received:

From the then Vice Dean, now the Dean, Faculty of Medical Sciences, University of the West Indies, Professor G. N. Melville we have:

> "The Ministry has dealt with all aspects that are ingredients for a successful decentralization viz:
>
> (1) Community Involvement;
>
> (2) Political Goodwill;
>
> (3) Planning and Programming;
>
> (4) Inter-sectoral Coordination i.e. Environmental Management etc.
>
> (5) Science and Technology;
>
> (6) Resources Financial, Human, Material.
>
> Is is the route to go in the 21st century if efficiency, effectiveness and equity are to be achieved and barring slight refinements here and there, the Faculty should support."

From Professor Rolph Richards, Professor of Medicine, Faculty of Medical Sciences, the University of the West Indies

> "1. The Boards or Authorities must have the authority and ability to recruit and hire their own staff and to terminate contracts as they see fit.
>
> 2. The Authorities must and should be given their own budgets to utilize as dictated by the Authority or Finance committee thereof including the purchasing of Equipment, Chemicals and so forth.

From a committee of Medical Consultants attached to the Eric Williams Medical Sciences Complex Authority—and these are all doctors:

"The paper served as a useful introduction to the question of Administrative Reform and Decentralization in the Ministry of Health. The philosophies and concepts which are addressed are praiseworthy, but the document is full of generalities, lacks specificity in some areas and the exact modus operandi by which proposals will be implemented are not stated."

This was followed by some very useful comments and suggestions. Their paper concluded as follows:

"Thus, in summary, we do agree with the need for Administrative Reform and Decentralization of the Health Sector. However, the systems to be adopted to effect this have to be specifically spelt out. The comments given above are done in an effort to develop a functional policy so that a healthier future for our children and grandchildren can be envisaged."

The PSA again responded, more or less, reiterating their earlier position, namely, they agreed in principle but preferred to maintain the status quo.

The Trinidad and Tobago Medical Association was sent a letter dated July, 28, l992, that is, a copy of the ministry's policy document on decentralization. Let me place this letter in the record of the Senate. It reads as follows:

"The Secretary,

Trinidad and Tobago Medical Association.

Re. Agreement in principle to administrative decentralisation of the Ministry of Health."

this letter is from the Permanent Secretary, addressed to the Secretary of the Medical Association—

"I refer to previous correspondence on the above subject and I am pleased to inform you that the Ministry of Health has prepared a document entitled 'The Decentralization of the Ministry of Health' which embodies proposals for the decentralisation of the Ministry.

The Government has granted permission to the Minister of Health to make this document public and to invite comments from groups in the health sector so as to build a broad consensus on the decentralisation measures to be introduced by the Ministry.

In accordance with the undertaking given to you, the Minister of Health now invites you to study the appended document and to make appropriate recommendation for consideration.

The Minister would greatly appreciate if a written response could be given within thirty (30) days of the receipt of this letter."

Mr. President, the Ministry of Health had up to three weeks ago at a meeting I held with them, no record of the Trinidad and Tobago Medical Association ever responding to that correspondence. The Public Services Association, on the other hand, submitted a comprehensive response indicating essentially that its position remained unchanged. In addition, the union invited me to address their members on the subject of decentralization and to take questions. This invitation was accepted and I addressed a packed audience at the union's head office and took questions. The meeting lasted over two hours.

This analysis would not be complete without entering into the record, the thinking of the major political parties of the day on the subject of administrative decentralizion of the health services. The former administration left in the Cabinet records a note dated October 7, l991. That note, in paragraph 4, sets out what are discerned to be major deficiencies and problems in the health system. In paragraph 10 it proposes in order to remove these deficiencies:

> "that hospital health care services be delivered to the country's population through hospitals, managed and run by incorporated authorities which are answerable to the Minister of Health in respect of broad policy matters only."

This is the work of the previous administration. Continuing with the Cabinet Note, it says:

> "The Ministry of Health also proposes as part of the new framework that the responsibility for and control over staff and property be vested in the Authority, if not immediately on their incorporation, then on a phased basis over a period of transition."

Finally in paragraph 14(i), the recommendation in the note reads as follows:

> "that as a matter of policy, the Port of Spain General, San Fernando General and St. Ann's hospitals, be managed by autonomous incorporated authorities, responsible to the Minister of Health."

In the Explanatory Note to the Bill accompanying that Cabinet note, it sets out very clearly that Part V1 of the Bill "deals with staff of the Authority and related

matters." That section of the draft Bill sought "to empower the Authority to appoint or employ such staff as they consider necessary for the performance of their duties."

This Cabinet Note appears wholly consistent with earlier action taken by that government:

1 to establish the operationally autonomous Eric Williams Medical Sciences Complex Authority; and

2 to give the Tobago House of Assembly responsibility for the administration of health services in Tobago.

A letter carried in the *Trinidad Guardian* of February 3, l994, under the hand of Mr. Selwyn Richardson, a Minister of Health in the previous administration, had this to say on the subject of administrative decentralization:

> "Having been at the helm of this issue during the year l991, I was so convinced that decentralization was, and still is, the only answer to the cry of the man in the street for help on health, especially in these periods of massive unemployment and/or under-employment, that I was successful in persuading the IADB authorities to assist...
>
> To baulk at it on the ground that five regions would be too costly is a red herring..."

More like a red whale.

> "...nothing could be more costly than the present 'service' which costs taxpayers, apart from the millions, sometimes life and limb for little or no returns.
>
> Regional administrators would surely give the people of their areas a better deal than the chaos which has been passed off as a service for the last three decades or so.
>
> Are we to await another egg nog; another Commission of Enquiry; or other calls for the Minister's head before taking positive action? Full speed ahead, Mr. Minister of Health. I endorse decentralization wholeheartedly."

Mr. President, it is to Mr. Richardson's everlasting credit that he is prepared to set aside political differences—because, make no mistake about it, he and I are very much on opposite sides of the political fence—and take a principled position in support of the national good.

The UNC, in its l991 election manifesto, indicated the action it would take to address the problems in the country's health services if elected to office. Under the section of its manifesto headed "Health Services" there is the following statement of intent by the party:

"It is essential that we have a Health Service which provides an efficient and high standard of care for the ill and the ailing..."

Sen. W. Mark: Yes. What does that mean?

Hon. J. Eskstein: Mr. President, I have quite some way to go and I would really appreciate it if Senators would give me the chance. I repeat:

"It is essential that we have a Health Service which provides an efficient and high standard of care for the ill and the ailing...

And it goes on:

In order to advance these concerns, the UNC will implement:

4. Efficient district medical services managed by Regional Medical Boards including efficient emergency and outreach facilities."

At 9 it says:

Establishment of effective financial, administrative and management systems."

Mr. President, if the truth be told, it is that the proposals for reform of the health sector now before this Senate more closely resemble those put forward by the UNC in its manifesto, than the proposals put forward by the PNM in its manifesto. The PNM's original position is to be found in its 1991 election manifesto. This position was modified in a policy document laid in this Parliament and now operationalized in the Bill before the House.

2.50 p.m.

And finally Mr. President, for what it is worth, I mentioned that on a television channel which features on a daily basis a question which they called People Meter 90 per cent of the respondents to a question on decentralization expressed the view that the Ministry of Health should be decentralized. To the extent that this result can be taken as reflective of public opinion and I am not claiming that it is, then clearly there is an overwhelming proportion of the population supporting decentralization.

Why is there such overwhelming support for decentralization? I submit, firstly, that it has to do with a desire on the part of the general public and the majority of health-care workers to see an improvement in the quality of the service; together with a perception on their part that administrative decentralization represents a genuine attempt to achieve this aim.

As I indicated earlier, the public is not happy. The media are replete with reports of incidents which have taken place in our hospitals and which, if they are true as reported, should not happen in well-run organizations. I say, "if true" because, as regrettable as it is, some of these matters remain in the limbo world of uncertainty because of the way in which the health service is currently managed.

A case in point is the yet unresolved matter concerning an incident involving Mrs. Lenora James which is alleged to have occurred at the Mount Hope Maternity Hospital on November 12, 1993. It has been widely reported in the press that at the point of delivery the head of Mrs. James' infant came into contact with the floor of the hospital.

The chronology of what has transpired since goes like this: When the report was brought to the attention of the head nurse, she asked for and received a written report from the attending nurse. The head nurse then submitted a report to her nursing supervisor who in turn submitted a report to the nursing administrator of the hospital; who in turn submitted a report to the Principal Nursing Officer—institutions at the ministry—who in turn submitted a report to the Chief Nursing Officer; who in turn submitted a report to the Permanent Secretary in the ministry.

A similar sequence of events took place on the medical side with a report from the Medical Chief of Staff of the hospital going to the Principal Medical Officer, institutions, at the ministry, to the Chief Medical Officer, to the Permanent Secretary. The Permanent Secretary, in turn, appointed an investigating officer, and upon receipt of the investigating officer's report referred the matter to the Public Service Commission for attention; for it is that body which, under the Constitution, is charged with the responsibility of taking action of a disciplinary nature against public servants. All these steps were completed by December 13, 1993.

Sen. Daly: Mr. President, I know the Minister is pressed for time, but would he indicate how this Bill will change the situation where a matter was referred to the Public Service Commission?

Hon. J. Eckstein: Mr. President, I believe I have already addressed that point, where I said that authority to make decisions of this nature will vest in the institution and not according to the arrangements that we now have.

All these steps were completed by December 13, 1993; today is March 29, 1994, four and one half months later. And what has happened? The answer, I regret to say, is nothing; one big fat zero. In terms of purposeful management action, nothing.

The latest information which has been provided to me, and only as a matter of courtesy, is that the Service Commissions Department has asked the investigating officer to furnish it with a copy of her letter to the attending nurse informing the nurse that she, the investigating officer, has been authorized by the Permanent Secretary, Ministry of Health, to enquire into the allegation of misconduct against her.

The fact of the matter is that, notwithstanding the grand and high sounding titles of Supervisor, Administrator, Principal Nursing Officer, Chief, even Permanent Secretary and so forth, not one of these persons is in any position to take decisive, affirmative management action to bring a matter of alleged serious misconduct to a conclusion, and one in which a member of the public feels grievously offended. This cannot be good for anybody.

The alleged victim remains unhappy; cynicism among the general public deepens. The administrative staff of the ministry remains frustrated; even the attending nurse's position is not a satisfactory one. Assuming, and not admitting, that the particular nurse was unfit to hold the position which she does, in the absence of a conclusion in this matter she continues to perform the same function with the consequent potential for her to engage in a repeat of the alleged misconduct.

If on the other hand the nurse is not guilty as alleged, can you imagine the stress which she is currently undergoing having this cloud of uncertainty hanging over here head? This can only be dysfunctional in the context of her present performance and this could very well lead to a situation of misconduct such as the one I have just described. Human resource management in the public service is surely an ill wind that blows no one any good.

Mr. President, hon. Senators would no doubt recall the very unfortunate incident at the St. Ann's Hospital on April 30, 1992, to be precise—and to which I have already referred—when 13 inmates died under very tragic circumstances. As hon. Senators must be aware, a commission of inquiry was appointed by the President on June 26, 1992 in view of the legitimate public outcry over that incident. The commission stated in respect of certain officers that the probative evidence, if accepted, is sufficient to make out a *prima facie* case of negligence.

Today, two years later, this matter also has not been brought to a conclusion in spite of three separate requests from the Ministry of Health to the commission calling for action on the matter.

The information coming to me, as Minister—not officially because Senators must understand that nowhere under any law, rule or regulation is the Minister involved in matters related to human resource management in the public service—is that, firstly, notwithstanding the fact that the incident was thoroughly investigated by a commission of inquiry headed by a former Chief Justice, a member of the Judicial and Legal Services Commission, and a retired chief medical officer, a chief nursing officer, a former president of the Trinidad and Tobago Medical Association and supported by a phalanx of attorneys, the Public Service Commission is apparently requiring the Ministry of Health to act in accordance with the Service Commission Regulations and appoint an official of the Ministry of Health as an investigating officer, one higher in rank than the officer against whom misconduct is alleged, to investigate any acts of indiscipline allegedly, committed by the identified public officer.

The inquiry and findings of such an eminent jurist and the other commissioners are apparently not acceptable to the Public Service Commission and cannot form the basis for the preferment of charges and for the establishment of a tribunal to find the facts relevant to these charges. Further, because of the level of one of the persons against whom strictures were made in the report, and because the existing regulations did not anticipate such a high-level officer being the subject of an investigation, the commission, I have been made to understand, is considering an amendment to its rules to allow investigative proceedings to commence in relation to that officer.

I believe Senators must be informed of the performance of the Public Service Commission in relation to disciplinary matters. First, the procedure that the Commission's regulations set out, and which must be followed:

(i) The appointment of an investigative officer by the Permanent Secretary to investigate any allegation of misconduct;

(ii) The report of the investigative officer is then used by the Commission to determine whether or not grounds exist for preferring a disciplinary charge against an officer;

(iii) The preferment of charges and the appointment by the Commission of a tribunal to ascertain the facts in the matter.

(iv) A decision by the Commission based on the report of the tribunal.

Mr. President, the Ministry of Health has, with the Public Service Commission, 133 outstanding disciplinary matters. These matters have all been investigated and the relevant reports submitted to the Commission. They are at different stages in the process described above. A very careful study of these matters has revealed the following:

l. The Commission takes an average three to four years from the date of receipt of the investigating officer's report to appoint a disciplinary tribunal.

2. The tribunal takes, following its appointment by the Commission, on average three to four months to commence hearing of a matter.

3. The average period from commencement to conclusion of a tribunal hearing is nine to twelve months.

Note however, Mr. President, that at present there are three matters being heard for the past five to seven years for various reasons. Example, expiry of tenure of a commission; change of one or more of the commissioners, preferment of incorrect charges etc.

4. The average period between the conclusion of the tribunal's hearing and the decision of the Commission is approximately seven months.

It takes on average five to six years for a matter to be concluded. I wish I had the time to examine just one of these matters. It is so instructive but unfortunately I do not really have the time. Let me give another example of the way in which the ministry is constrained as it attempts to improve the delivery of health care in this country.

In the accounting and finance areas of the Ministry of Health the holders of the following posts occupy the most senior positions: the Permanent Secretary who is the accounting officer, the Director of Finance and the Accounting Executive 11. These three officers were unanimous in their view that an officer was not competent to act in a higher position in the accounting field and the Permanent Secretary as the Accounting Officer of the Ministry took a decision to terminate the acting appointment.

The Chairman of the Public Service Commission is on record as saying that his Commission does not manage the public service, and it is a Minister assisted by the Permanent Secretary who manages a ministry. This position

notwithstanding, the following is a quote taken from a letter sent by the Commission to the Permanent Secretary regarding the action that he had taken. Members must note the very threatening tone of the letter sent to the Permanent Secretary when he sought to exercise what, under normal circumstances, would be the prerogative of a manager. I will read the letter now:

> "The Commission has decided that you should be informed that you have no authority to terminate the officer's acting appointment. That function was one for the Public Service Commission. You should be well advised to avoid a recurrence of such action in the future."

Mr. President, you can easily understand how actions such as these undermine severely the position and status of the permanent secretary who is supposed to be the most senior manager in the ministry. It is held up for all and sundry to see, and the obvious adverse consequences for discipline and morale, the absolute powerlessness of the permanent secretary in dealing with matters for which he is supposed to be responsible, and how he can be threatened in the exercise of a quite normal managerial prerogative

One of the ways in which students and practitioners of management have been taught to understand management is to treat it as a process. This process has been described in terms of the acroynm POSCORB; the letters standing for Planning, Organizing, Staffing, Co-ordinating, Controlling, Reporting and Budgeting aspects of management. Management as a process is seen as an indivisible whole, not subject to fragmentation if it is to be undertaken properly.

Clearly in this issue of staffing and human resource management the ministry has no say at all. It is either that the Chairman of the Commission is wrong in his assertion that the Commission does not manage the public service or there is a more modern formulation of management which has not yet been brought to the attention of experts in the field of management.

Mr. President, what are we to make of a system where after incidents of such tragedy and alleged misconduct, and after such an inordinately long time, the matters are still not yet near finality? The Minister of Health, notwithstanding the fact that section 79 of the Constitution assigns to him the responsibility for any business of Government including the administration of any department of government, and, together with the rest of Cabinet, makes him responsible to Parliament, cannot really account to Parliament because in all truth and in fact,

the Minister has no *locus standi* whatever to influence the human resource function in the ministry.

The situation is no better with respect to other centralized agencies of Government, whether it is the CPO or the O&M. In one particular instance it took the Personnel Department, that is the CPO, nine months to agree on the terms and conditions in respect of a nurse whom the ministry wished to recruit on contract. It can take the O&M Division years to adjudicate on the kind of organizational structure which a department should have and the number of positions which are required. These almost punitive administrative procedures must have serious consequences, all adverse to the delivery of health care in the country.

Some may feel and have argued that the way to solve the problems of human resource management in the public service and with specific reference to the health sector will be to strengthen and improve the performance of the central personnel agencies. What are they really suggesting? That the Government should employ persons with MBA and MHA, that is, Masters of Hospital Administration degrees; that is post graduate degrees in health and Hospital Administration, and put them in the CPO and the DPA offices and not in the hospitals and in the community services? For I do not know how else one can strengthen these departments to deal with health matters.

But merely to suggest this is to demonstrate how trite the idea is. I will go even further and submit that to the extent—and I think this is one of the more important statements—that these agencies are strengthened, to that extent is the separation of authority and responsibility entrenched and the emasculation of the authority of the local managers intensified. The worst possible thing in my view is to strengthen the central personnel agencies and believe that we are going to help the Ministry of Health. We will in fact, in my view, be entrenching the separation of authority and responsibilities and intensifying the emasculation of the managers out there.

It has been alleged in certain quarters that there has not been consultation on this matter of health sector reform. This is somewhat surprising as I have already shown that efforts have been made over the past two years to consult fully with individuals and groups in the Ministry of Health. I have already indicated that a Ministry of Health policy document on decentralization was laid in Parliament in July of 1992, and all health sector organizations, including administrators and medical chiefs of staff of all hospitals received copies and were invited to submit their comments. It was on the basis of that policy document and the comments

received thereon that the legislation was drafted. Following the drafting of the legislation consultations have intensified.

I have met with both unions representing health workers; the dates of the meetings, I do not have with me. Arising out of these meetings with the PSA many amendments were made to the draft Bill, all seeking to address the concerns raised by that association. I met with the NUGFW, and during these meetings certain sections of the RHA Bill were discussed.

I personally met with the Trinidad and Tobago Medical Association. I met separately on two occasions with a group of doctors representing the Port of Spain General Hospital, and yet on another occasion with a group representing the San Fernando General Hospital doctors. Minister Draper, my colleague in the Cabinet, has also met with groups representing the doctors on this matter on three separate occasions. In addition to the meetings I have attended, consultations have been held between the ministry's technical staff and interest groups including in particular nurses and doctors, and support for the Bill is very strong as is evidenced by correspondence received in the ministry.

3.10 p.m.

Finally, numerous workshops and meetings were held in connection with the Health Sector Reform Programme. They were facilitated by Health and Life Sciences Partnership Consultants appointed under the IDB technical assistance programme. These workshops allowed participants to give their views and take part in the design phase of the Health Sector Reform Programme. A wide cross-section of professionals participated in these workshops including administrators, doctors, information specialists, nurses, allied health personnel and others. A total of 115 meetings were held between the period March 1993 and March 1994.

Let me read a typical letter I have received following my meeting with a representative group of doctors and my reply to them.

"Dear Honourable Minister,

> On behalf of the medical staff of San Fernando General Hospital, I would like to thank you for meeting with us in a very open discussion on Wednesday, March 2, 1994. The meeting was productive; many questions were answered and issues clarified.
>
> The matters discussed were presented and debated at a Heads of Departments meeting on Friday March 4, 1994. One point was still controversial. I would appreciate if you could clarify the issue of pension for

new employees of the Regional health Authority as the members present at the meeting had different interpretations of what transpired at our meeting..."

I really do not have the time to read the entire letter.

I replied to Dr. Marceau-Crooks, Medical Chief of Staff, San Fernando General Hospital as follows:

"Existing as opposed to new employees who have been seconded will remain public servants and the Government therefore remains fully responsible for meeting their pension obligations.

Existing employees who transfer will be treated in respect of pension and death benefits as if they had not so transferred.

Completely new employees will be covered under the Pension Extension Act which means that Government is fully responsible for meeting the pension obligations arising our of their employment."

Mr. President, do you see the very cordial nature of the correspondence being exchanged between the doctors and me on this Bill? This, you would agree, is quite different from the impression being conveyed in the media.

The senior administrators of the Ministry of Health, major acute health facilities in Trinidad and Tobago have expressed to me their complete agreement with and total support for the decentralization of the Ministry of Health. Each one of these people has either an MBA or Masters Degree in Hospital Administration. This is the letter our main administrators who run our hospitals have written.

In a letter dated March 21, 1994 they state:

"Dear Mr. Eckstein.

We the undersigned, the Senior Administrators of the major acute health facilities of the Ministry of Health wish to place on record, our complete agreement with and total support for the decentralization of the Ministry of Health and the legislation being debated in the Parliament.

We are firmly resolved in our professional opinions that this revolutionary move will positively and effectively change the delivery of health care in Trinidad and Tobago where client expectations such as quality service, high standards of care, accountability and cost containment would in fact be the real outcomes."

As I said, the letter was signed by 10 professionally trained hospital

administrators.

Another letter was received from the senior management team at the Eric Williams Medical Sciences Complex Authority. Their letter dated March 25, again, conveyed the full support of this group. The team included the Chief Executive Officer of the Complex, its Medical Chief of Staff, its Nursing Director and the heads of a number of clinical services. I read into the record of the Senate.

> "We, the senior management team of the Eric Williams Medical Sciences Complex Authority, wholeheartedly support the plans of the Ministry of Health for a decentralized system along the lines of regionalization.
>
> Our management team comprises of some members who have been privileged to straddle at times both the existing centralized health system and Mt. Hope as a decentralized unit.
>
> These experiences, among others, have served to confirm our opinion that decentralization is capable of informing in a very precise manner, an appropriate focus of the patient; better sense of purpose and ownership for staff; more management control of resources and more direct accountability.
>
> We recognize the Ministry of Health's approach to decentralization as a necessary solution to the already well articulated problems which plague our existing health system.
>
> As a team, we look forward to being part of a regional health authority and contribution to the resulting improved environment of quality customer services to the patients."

I also met with public health inspectors on January 5, 1994 and very detailed discussions took place on the Regional Health Authorities Bill.

The National Association of Pubic Health Inspectors has published a position paper on decentralization of the Ministry of Health dated March 1994 and in this position paper they have expressed their position on decentralization as follows:

> "The Inspectorate is prepared to accept the decentralization of the Ministry of Health in principle and to present a position which if implemented would address our constraints, and place us in the new decentralized administration where we would be able to perform our many functions efficiently and effectively to the benefit of Trinidad and Tobago."

I have a letter from the Pharmacy Board reiterating its support for the decentralization of the Ministry of Health. I have a fairly long letter of support

from the Trinidad and Tobago Registered Nurses' Association.

The letter from the National Union of Government and Federated Workers states:

> "The proposed Bill holds no terror for our membership and other aspects of this Bill should definitely benefit the vast majority of citizens, who, at some point in time will need such care."

The letter from the Community Health National Nurses Association gives total support.

The Nursing Council of Trinidad and Tobago is in general agreement with the principle and purpose of administrative decentralization of the health services where regional health authorities will be given the authority and responsibility, and be held accountable for the quality of care delivered to members of the society within their prescribed region. The letter is quite lengthy so I would not go through it.

Let me provide some more detail on the proposed regional health authorities. As I said, regions would have a great deal of autonomy allowing them to solve their operational problems without interference from a central bureaucracy. I hope that answers Sen. Daly. Four regions are proposed for Trinidad and one for Tobago. Their boundaries are to be coterminous with those of the municipal corporations.

Senators would demand accountability from these new regions. The Bill retains ministerial control through the direction of the regions. However, I emphasize that this is intended as a safeguard measure and not as a device for unnecessary interference with the regions' day to day affairs. What we have to achieve is freedom within rules. We have to give managers their freedom to manage, while remembering they are spending public money raised through taxation for which the Cabinet collectively, as well as the Minister of Health individually, is accountable to Parliament. That is why the boards are appointed by the President, and ultimately the Minister of Health must have the power to direct them.

Mr. President: Hon. Minister, my responsibility is to see that the rules of the Senate are observed. It came up in the Civil Service, but, Sir Alan Reece, the first Head of the Civil Service, preached to me that rules and regulations were never meant to be a deterrent to common sense.

The amended Standing Orders have limited such presentations to 60 minutes; formerly it was 75 minutes. Even that time limit on speeches went much beyond

that of previous years. In view of the importance of the Minister's presentation and the fact that he is trying to make it very comprehensive, if the Senate would allow, I suggest that the Minister be allowed to continue his presentation until his conclusion.

Sen. W. Mark: Then, I would have a very comprehensive response.

Mr. President: If you do not want the Minister to complete his presentation all you have to do is express it. Is it the wish of the Senate that the Minister be allowed to conclude his presentation?

Assent indicated.

3.20 p.m.

Hon. J. Eckstein: Mr. President, I am most grateful to you and hon. Senators.

The most fundamental change from existing arrangements is that the regions will be the main providers of health care services. The regions will own hospitals and health centres and employ health personnel. To avoid any misunderstanding of this issue, I emphasize that regions are statutory authorities accountable to Government. No state assets are being privatized.

The regions will be responsible for providing primary care for their populations. The role of the ministry will become one of setting the policy context: the health priorities; the specific performance targets and approving the budgets of regions. No longer having to operate services directly, this will enable the ministry to concentrate on using the policy and financial control mechanisms to steer regions towards quality and value for money.

The regions will be run by small boards. Non-executive members will be selected for their leadership qualities and practical experience in relevant fields—financial control, general management, law, health care. Executive management will be achieved with a small group of senior managers with responsibility for the whole of the region covering all levels of care.

Proper management includes the freedom to acquire goods and services—to buy spare parts like those for operating theatre lights, to rent a vehicle, to buy where necessary private sector repair services, to contract with a private sector doctor to provide services, or to work temporarily in a public health centre. It must be possible for our health centre managers to acquire such things without the rigmarole of seeking authorization or having to go through inordinately lengthy tendering procedures for quite small amounts. Proper management also includes the freedom to decide what is to be paid for such services. Such decisions are best

made at local levels, not determined by central agencies. The regions will know that everything they buy comes out of their financial allocation. It is their job and theirs alone to decide what and when they need to buy within that allocation in order to meet their service priorities.

From the care of patients to the purchase of laboratory reagents and stationery, the health centres and hospitals of a modern health service do not need Big Brother bureaucracy to make good decisions, to motivate their staff and to stock their supplies. Centralization has failed miserably to ensure that our services are resourced adequately. At the same time it has produced tremendous waste, leaving us with skilled staff doing unskilled jobs, patients in hospital beds who do not need to be there; duplication of functions, drivers with no vehicles, expensive capital cost, consequences of inadequate preventive maintenance. The list is long.

On the human resource side, the consequences are, if anything, even more disastrous. It has produced a system where hard work, enterprise and initiative count for nothing and where, at best, mediocrity rules. The present administrative arrangements under which the health services operate make a mockery of any attempt to introduce professionally trained managers.

A trained hospital administrator or business graduate or professional accountant for that matter, now has little scope for the exercise of initiative or innovation in the running of a health sector institution. He or she has to operate within the rigid confines of rules and regulations set by central agencies and applied equally to all branches of Government, be it the probation service, the Customs Department, the Ministry of Foreign Affairs or the Ministry of Works. Whatever the peculiarities of the ministry, the central Government mandates have to be followed slavishly—regardless of the relevance to the particular ministry. Innovation and initiative cannot be rewarded because if the outcome does not conform, it is useless and is regarded as a waste of time. The trained person in this environment has two choices: either leave the service or become an administrative eunuch.

As regions come into existence, staff in the hospitals and health centres and at the Eric Williams Complex Sciences Authority will transfer their employment to the new legal entities. There will be no loss of employment as a result of this transfer and staff will join regions on terms and conditions identical with those enjoyed at the Ministry or the Eric Williams Mt. Hope Medical Sciences Complex Authority. Pension rights will be preserved.

Over time, and as regions start to achieve the desired shifts towards priority health programmes, there will be opportunities for staff to receive appropriate training to take on new roles. New skill mixes will be required to support the emphasis on primary care. Nurses, for example, will be encouraged to take on new functions.

In terms of overall costs, regionalization itself will not require additional recurrent financing. The objective is that the regional authorities will squeeze the current inefficiencies out of the system to make more effective use of the money they spend now. This is the first priority. In due course it is intended that more funds will be channelled through the regional system by a national health insurance fund.

Of course, structures, systems and financing are not everything. They all exist to improve the health of citizens and to improve the health care they receive as patients. A vital part of the latter, concerns the attitude of staff towards patients. The ministry firmly believes that improving those attitudes starts with improving the structures within which the staff have to do their jobs. It is the structure which dictates the amount of time staff can spend with patients, the effectiveness with which they can bring their skills to bear on a patient's problems, and the tools they have on hand for diagnosis and treatment.

Health care is quite a labour-intensive industry. It relies heavily on team work. If we are to deliver a quality service we need to make sure that staff are working well. Managers who are to be held responsible for the work of their staff must be able to manage their staff. It is not just about hiring and firing, but about motivating. Regions will create opportunities for this, but managers still have to do it.

By being nearer to the action, regions will become more responsive to consumer needs and to the specific local opportunities. So whilst structural reform is not a sufficient condition for better health care, it is a necessary one. The regional health authorities and the principles of decentralized management that will be set up by this Bill are an essential step on the path to better services.

A question one needs to investigate is why the managerial structures driving the public health care system have persisted for so long, when the public is unanimous in its view that the health system they have produced does not operate in the national interest.

One is, of course, free to speculate and a number of possible reasons come to mind. One frequently mooted is a lack of political will, for certainly no prior

political directorate can plead ignorance of the reforms that have been considered necessary, these reforms having been identified in numerous studies and in as many commissions of inquiry reports over the years.

One other possible cause which I throw out for consideration is the fact that for the more fortunate in the society, for the vast majority of opinion makers and shapers in this country—and, very unfortunately, I think, this latter group includes members of the media, Members of Parliament, including Members of this Senate—reform of the health care system is purely academic. Members of these groups have, through health insurance cover and other means, insulated themselves from the adverse effects of a health care system widely perceived to be inefficient and ineffective.

Mr. President, I put it to this honourable Senate that if these privileged groups in the society had to experience the travail of less fortunate folk who when they require health care have to be up as early as 5.00 a.m., travel long distances to a public health care facility, wait for endless hours, yet not be assured of seeing a doctor, there would be such a hue and cry that the system could not have long endured.

The problems in the public health care system must be addressed, but what is being observed instead is a growing list of individuals and organizations, notwithstanding their public posturings about the need to preserve intact the public health care delivery system, seeking privately to make arrangements either for their own care or for the care of those whom they represent, outside the traditional public health care delivery system.

3.30 p.m

The Public Services Association, for example, whilst arguing stoutly for the maintenance of the status quo in the public health care system, has written to the Government—the letter is dated July, 1993—proposing the implementation of a group health insurance plan for public servants using the operationally autonomous Mount Hope Medical Sciences Complex as the provider.

Mr. President, what are we to make of this situation? The union representing the providers of health care in the public sector seeking to influence the Government to meet the health needs of their members through a health care system based on a decentralized model of operation, while at the same time publicly expressing opposition to the Bill before Parliament, a bill designed to

achieve for the public health sector a status similar to that of the Mount Hope Medical Sciences Complex.

The same would apply to the Senate Minority Leader, Sen. Wade Mark. He must be aware that many of the members of the union which he has the honour to represent already avail themselves of the facilities of the Mount Hope Medical Sciences Complex. Perhaps he could tell the Senate whether he uses the Complex or the traditional public health sector institutions to satisfy his own personal health care needs.

I am anxious to hear how the Senator will square his public posturing of reported opposition to the Bill with his acquiescing in private to those whom he represents eschewing the traditional public sector, and seeking paying care from a non-traditional decentralized public sector health care institution, the Mount Hope Medical Sciences Complex.

But as a Government and Members of Parliament, we cannot insulate ourselves from the legitimate cries of a dissatisfied public for a better service. We are the ultimate guardians of the public interest and there can be no better discharge of that guardianship function than action to ensure that the public receives full value for the $600 million of public funds, spent annually on public health care. This is what the Bill before the Senate is all about.

Everyone is free, as I have done, to speculate on the reasons for the failure of past governments to implement health care sector reform. What, however, we all can agree on, is that this public health care system operated today, though not perceived to be serving the national interest, must be serving—unintentionally, I am sure—the beneficial interest of some narrow section of the community, or it would not have continued for so long.

Spokepersons for the Clinton Administration claim to be well aware of the capability of sectional interests and their lobbyists to fashion a health care system that subordinates the national interest to the narrow commercial interest of a particular group. Accordingly, that administration has bluntly refused to allow participation by any sectional lobby in the formulation of the new health care system which it is fashioning for the United States of America.

The Ministry of Health of the Government of Trinidad and Tobago does not have the information or the intelligence gathering capability of the Clinton Administration to produce the information to justify making such dogmatic claims about the machinations of sectional interests, and in any case we would prefer to assume that the system we have in place is a relic of our colonial past, rather than

the result of any calculated perfidy on the part of any of our citizens. Accordingly, as we seek to reform the health care system, we have invited all groups to join in the exercise, confident that as a young nation we will put the nation's interest before all else.

After all is said and done, Mr. President, the question before us is this: Can a decentralized system of administration as proposed in the Bill before us work in the context of the delivery of health services in Trinidad and Tobago? The answer, Mr. President, is an unqualified, yes. This Senate—and indeed the country—need look no further than the former maligned and the now acclaimed achiever of the year, the Eric Williams Medical Sciences Complex Authority more commonly known as Mount Hope.

It was in this same place, Mr. President, some five years ago under your distinguished presidency, when the Bill to introduce the Mount Hope Medical Sciences Complex was being debated, that Sen. Krishna Bahadoorsingh told members that on a journey into the Northern Range he was able to gaze out over the plains and at the foothills, in the region of Mount Hope, he marvelled at the sight of not one white elephant, but a whole herd of white elephants. Referring no doubt and very disparagingly, of course, to the sprawling 70 odd buildings comprising the Complex.

Sen. Capildeo: Did not Dr. Eric Williams put him as chairman of a board?

Hon. J. Eckstein: That was in 1989, and this year in October marks the fifth anniversary of the commencement of operation of the Complex, and Mr. President, you are personally aware that that herd is today very much alive.

Unlike the mouse that roared, however, the Complex has been allowing others, mainly those to whom it provides care, to tell its story. Faced from the very beginning with tremendous hostility, having to overcome the powerful interests arraigned against it, and active campaigning against its use, successive boards and management have persevered to the point where five years later, some of the most modern medical procedures, undertaken formerly only in the more developed countries of the world, are now being performed in Trinidad and Tobago at the Complex at Mount Hope.

The dedication and hard work of the boards and management cannot be allowed to go unnoticed. Mr. President, I should like, therefore, on behalf of the Government and on behalf of the Ministry of Health and indeed on my own behalf in this their fifth anniversary year, to pay public tribute to the boards, the

management and all the staff of the Complex. Also included are those who have contributed in the past and who for whatever reason are no longer there, for their outstanding contribution to the work of the Complex over the past five years. Their contributions have been very much appreciated and it is our wish that the Complex continues to grow from strength to strength and takes its rightful place in the new health service which the Government is introducing.

The Mount Hope operation is a classic example of a decentralized system at work. The Complex is under the charge of a board of directors accountable to the Minister of Health in very much the same fashion and with similar powers as proposed in the Bill before this Senate.

It is run by a resident management with first-hand knowledge of the problems, opportunities and customer-needs of the institution and with delegated powers to deal with all issues, without, for the first part, reference to any external agency.

The Complex has been able to achieve substantial progress in pursuit of its goal of quality patient care, as evidenced by the increasing number of persons who access its facilities, and who, very importantly, are willing to pay for such services once they are affordable and they can be assured of its quality.

I find it interesting to note that the Complex can now boast of a very large corporate clientele from the private sector. This corporate client group includes some of the largest and most prestigious corporations in Trinidad and Tobago. Included in this group are corporations like Neal and Massy Holdings, Scotia Bank, Amoco Trinidad Oil Company, T&TEC, Royal Bank, First Citizens Bank, Republic Bank, Petrotrin, Caroni (1975) Trinidad Limited among others, and most of our commercial banks. In other words the Complex is clearly the health care provider of choice of the workers that Sen. Mark represents, not the traditional public sector providers. This is a very clear reversal of traditional practice where, as a rule, private sector organizations would avoid access to public sector health care providers.

There must be something that the Complex is doing to attract the private sector in such numbers. Clearly, affordability is one of the reasons. But Mr. President, it cannot be the only one, since what would be more affordable than the current "free at point of service" General Hospitals in Port of Spain and San Fernando.

The answer clearly lies elsewhere, and I submit that it lies in the quality of service—and I mean total quality—which the Complex manifestly attempts to

provide. And this begs the question, if the Complex can attempt and can do it with some success, why cannot the others? Why have they not done it over the past 50 or more years?

First of all, the Complex was responding to the perceived need of its customers that what they wanted was a total quality service, not just good professional care which is generally assured in the public hospitals. It set about to create a separate customer service function, recruited appropriate staff, had them trained and then provided them with the tools necessary to serve customers well. All of this appears to be common sense, very logical and expected of any customer-oriented organization. The point is that the Complex was able to do this without reference to any external approving agency. Since it was not a health policy issue, not even the Ministry of Health was consulted or involved.

On the other hand, a discerning hospital administrator, in the public sector who perceived that this was an issue at his hospital, would first have to approach and convince a Ministry of Health official, removed from the scene, that this was an issue worth tackling. The Ministry would then have to take a proposal to Cabinet to have the Department created with the necessary new positions. This process would have involved the Ministry of Finance, the O&M Division, and the Personnel Department, and would have been fraught with delays and even the possibility of non-acceptance. Even if approval was eventually granted, there would still be other hurdles to overcome. The recruitment process would be done by the Service Commissions Department.

If that initiative of the hospital administrator finally bears fruit, the issue which gave rise to it may have mutated requiring maybe a different solution to the one originally proposed, and requiring the process to start all over again.

Sen. Prof. Spence: Do the Mount Hope Hospital have to receive patients as the other hospitals do, without charge? Or do they charge for all their services?

3.40 p.m.

Hon. J. Eckstein: They charge for all their services.

One of the issues for resolution in the delivery of health care in the public sector is the question of private practice. That is an issue that needs some deliberation. I presented Members of the Lower House with a detailed historical analysis of the genesis and effects of the current system. And save for this one paragraph that is taken from a CPO circular dated April, 1982 to the Ministry of Health, and which is supposed to regulate private practice in the government

service, I do not propose to regale this Senate with those details. Mr. President, suffice it to say that because of these private practice arrangements concluded by persons in agencies very remote from the consequences of their decisions, the quality of care in the public sector is severely compromised and the public pays a heavy price. Let me read the paragraph; this is from the CPOs circular:

> "that the said category of doctors under consideration may, at their discretion and depending upon the demands of their official duties, engage in such private general practice during official hours of work and, moreover, that in the performance of their official duties such officers are not subject to strict surveillance of their hours of work."

Would we all not like to have such provisions in our terms and conditions of employment?

The Complex Authority, on the other hand, in fixing its terms and conditions of service, sought to deal with this matter in a novel and very direct way. It acknowledged the right of doctors to private practice; it allowed relative freedom in the exercise of such right. But insofar as the times chosen and allowed for private practice conflicted with hours of work at the Complex, the doctor's emoluments are adjusted to recognize his absence.

Further, private practice is allowed at the Complex but under prescribed rules, which, among other things, attempt to protect the patient from the vagaries of the private practice system.

The point I am making is that the system of private practice at Mt. Hope was developed and approved at the Complex, by Complex personnel, recognizing the legitimate interests of all concerned—the patient, the doctor, the employer and the Authority.

In other instances, when it became clear that the customers of the Complex were in need of services which they could access on a walk-in basis, the Complex was able to organize at short notice clinics which did not require doctors' referrals.

It would have been extremely difficult and time consuming for a hospital operating under the public service system to respond as quickly and as effectively as the Complex did. It is this organizational flexibility which has allowed the Complex, with almost consummate ease, to reorganize itself on many occasions in response to environmental pressures impacting on its ability to survive and grow.

During one of its continuing successful open-heart surgery sessions at the Complex, an issue about the efficiency of a particular model of infusion pump arose. The Complex Authority was able to make contact with a manufacturer in California, USA, and have a model flown in immediately. This would have been impossible under the present system by which hospitals operate. You know, they would have had to go to the Central Tenders Board and go through all other procedures.

Even in the limited decentralized arrangement of the Tobago House of Assembly, the results have been very impressive. The following quote is from a report done on Tobago by the Pan American Health Organization. It was commissioned by the Ministry of Health and done by a consultant:

> "Positive changes as a result of the introduction of the THA Act are mostly due to the level of autonomy and greater coordination between divisions of the THA. This has resulted in an organization which is in closer touch with the social reality and is therefore able to respond much quicker to existing needs. ....There is no longer the need to channel information to the Ministry of Health for all decision making.
>
> Due to the level of autonomy of the THA by way of the Act which establishes it, the initiative was taken to increase and upgrade staff and improve the overall infrastructure, especially at the hospital. The marked increase in professional and semi-professional staff, particularly in the case of doctors at the hospital is due to actions solely of the THA."

And they engage them through contracts bypassing the DPA's office, which they could not have done under the normal service.

In the final analysis, Mr. President, who benefits from any arrangement whereby a management is endowed with authority and flexibility in the health-care setting? The answer is clearly, the patient.

If health care is to be truly responsive to the needs of a population, then it must be realized that populations are not uniform. There must be freedom and the power to allow local programmes to be set up at local level, and to respond to local problems.

In our small way in the health services we are going through a revolution in the way we think about those in need and how we respond to them. We know we have to decentralize and we are learning that we must trust our skilled staff to do a good job, and we are confident that they will do a good job if we let them. But we

know that we have to clear away the dead hand of bureaucracy, the distant and arbitrary rule of the public service commissions, and the protection of the idle and incompetent.

Let Trinidad and Tobago create a health service to be proud of; if necessary, a unique health service. We must let our trained people show us how it can be done, but we must give them the tools to do it. We must let them manage, let them participate in decisions at all levels, because then they will take pride in what they do. Our regional health authorities are the vital vehicles for this revolution.

We are at the cross-roads. Will we perpetuate the cosy inertia of the old-style public service, where toeing the administrative line is more important than the health care of our patients; where the lazy and the incompetent rise to the top just as easily as the diligent *[Interruption]* and the talented, simply because of the date of a letter of appointment which they hold with the Public Service Commission;

I am going to repeat that and Senators opposite may draw whatever conclusions they wish:

> Will we perpetuate the cosy inertia of the old-style public service, where toeing the administrative line is more important that the health care of our patients; where the lazy and the incompetent rise to the top just as easily as the diligent and the talented, simply because of the date of a letter of appointment which they hold with the Public Service Commission;

where the only reward that initiative and effort bring is the withering scorn and contempt of one’s colleagues?

Will we continue with a system that has as its sole purpose the insulation of the public servant from the political directorate, but in truth and in fact, ends up insulating the public from any chance whatever of having a proper system of health care?

And if we will continue this system, then for whom? Certainly not for the public, not for the vast majority of health workers who have indicated to me in writing, as I have demonstrated, a desire to change the system—the administrators, the nurses, the doctors, public health inspectors, every single category of worker.

Or will we abandon this wretched system and create the conditions within which talent will rise and run our organizations and services; where the public's expectations for health care can be met, where effort is rewarded, justice is fair and swift, and where the visceral feel of achievement in the service of others

dwells in the breasts of all engaged in this effort?

Ninety-nine per cent of all health-care workers desperately want the change. Let us not frustrate them any further. Let history record that this Parliament rose to the challenge and struck a decisive blow for the improvement of health care for all the people of Trinidad and Tobago.

Mr. President, I am deeply concerned that I do not possess the God-given talent to have made a more compelling presentation, for I feel in my heart that this is a noble, just and worthy cause. But this notwithstanding, I trust Senators opposite will give the measure their unanimous support.

Mr. President, I beg to move.

3.50 p.m.

Sen. Daly: Mr. President, I did rise before the Minister took his seat. I wonder if I can return to the earlier matter I was trying to have clarified. Perhaps I can do it in relation to the Complex. Who hires/terminates the employment of the workers of the Complex and who exercises disciplinary control over them? I am not clear about this.

Hon. J. Eckstein: The Authority.

Sen. Daly: This is the source of my confusion. Why were this multiplicity of reports necessary in the case of Mrs. Leonora James? If the authority was in control, why the necessity for this multiplicity of reports?

Hon. J. Eckstein: This is a common misconception. There are two different institutions on that compound. One is the Mount Hope Women's Hospital—where the incident occurred—which is run by the Ministry of Health under the traditional public service arrangements. Then, there is the Eric Williams Medical Sciences Complex Authority run by the Board and its managers. The incident in question took place within a traditionally run government health institution, occupying the same physical compound as the Eric Williams Medical Complex. That institution was built about 20 years ago and has been run within the public service. As I said, October would be five years since the Complex started and it is run under a completely different arrangement.

Sen. Daly: Thank you.

Question proposed.

Sen. Salisha Baksh: Mr. President, had I not been here in mind, body and soul, I would not have believed this awakening of Rip Van Winkle.

The Bill being debated this evening is the Regional Health Authorities Bill 1993. According to the Explanatory Note, the purpose of this Bill is to effect the decentralization of the Ministry of Health based upon the establishment of regional health authorities. The Government seems to be of the opinion that decentralization of the health system is the panacea for the present problems experienced within the health service.

We must bear in mind that the Ministry of Health has been in trouble from time immemorial, and thus any new system which is sought to be implemented must be preceded by a comprehensive policy of reform, including revised legislation which addresses the current crisis within the ministry. In other words, there must be the necessary infrastructure firmly grounded within the ministry, so that when the decentralization process is effected the transition will be smooth, effective, efficient and, most importantly, capable of producing the desired result of improved health care.

In this Bill much emphasis is placed on the establishment of the regional health authorities, the boards that govern them, the authority of these boards, the property and financial dealings and the powers of the boards, and, of course, the hiring and transferring of staff and the rights thereto attached. No doubt, such provisions represent a major part of this type of legislation, but it is surprising indeed to note the many inconsistencies dealing with delegation of power and the blatant omission in the legislation of provisions dealing with equally important issues such as monitoring of the authorities and the standardization of the services which these authorities will perform.

Further, the Bill seems to be based on resorting to the system of decentralization as a final attempt to cure the ills of the Ministry of Health, and no cognizance whatsoever has been paid to the fact that effective decentralization presupposes the existence of a fairly acceptable standard of health care. The Ministry of Health cannot even boast of having attained this standard of health care.

With great interest I noted the beautiful picture painted by certain individuals portraying decentralization as the answer to our prayers with respect to improvement in health care. It, therefore, came as no surprise to hear the hon. Minister of Health indicate that on a daily television segment of the People Meter, 81 per cent of the participants in the survey dealing with decentralization indicated their support for the system. How reflective the survey is of the view of the population remains unknown. In any event, I am positive—that of the 81 per cent who said yes to decentralization, almost 100 per cent have little or no idea as

to its practical effect. The Ministry of Health is so deteriorated that the population are anxious to try any system which they are led to believe would improve the present unacceptable situation.

But as Abraham Lincoln said:

> "You can fool all the people some of the time, and some of the people all the time, but you cannot fool all the people all of the time."

The people of this country have been accepting the chaos in the Ministry of Health for over three decades, and to this date their complaints have fallen on deaf ears.

The hon. Minister and his colleagues may believe that decentralization is a magic wand which, when waved, would remove the inefficiencies of the present system. What he did not indicate to you as he quoted from his many documents published by the World Health Organization is that the very World Health Organization, the country case studies, indicate that it takes at least five to 10 years from the formulation of decentralization policies to the actual implementation procedures. So the Minister's fantasy will never materialize. The only effective cure, if this Minister and his Government are intent on decentralization, is to strengthen and revise the Bill, improve the existing health facilities and establish within the ministry, with immediate effect, an independent body that will be charged with the responsibility of monitoring the authorities to be established.

Our policy statement on decentralization is best described in the following form—not now, not like this, not without the necessary infrastructure. I invite the hon. Members of this Senate to do more then skim the surface but, instead, examine very closely the hazards which lie within the provisions of the Bill before us.

Mr. President, according to a World Health publication entitled *Health System Decentralization, Concepts, Issues and Country Experience*, on page 11:

> "Decentralization can be defined in general terms as the transfer of authority, or dispersal of power, in public planning, management and decision-making from the national level to sub-national levels, or more generally, from higher to lower levels of government."

4.00 p.m.

It goes on to say—

> "In practice, health system decentralization takes many different forms, depending not only on overall Government political and administrative structures and objectives, but also on the pattern of health system organization prevailing in the particular country."

Maybe I should repeat this section—

> ‘but also on the pattern of health system organization prevailing in the particular country.’
>
> Decentralization is, therefore, not only an important theme in health management, but also a confused one."

Mr. President, based on this extract, this publication, which provides useful information on the concept of decentralization, acknowledges that there are different forms of decentralization; and that each country has to be assessed on its particular circumstances. It is simply, Sir, a matter of fact—success in one country does not imply success in another; and we are all familiar with the phrase: "Gopaul luck ain't Seepaul luck."

The Westminster system which we have inherited from the United Kingdom appears to operate differently in Trinidad and Tobago. Perhaps, because—I do not know—during the journey across the sea the ethics, traditions and conventions of the system which make it work for the English, were lost somewhere in the waters on its way to our shores. The point is that inherent in decentralization are certain principles, assurances, and policies that must be undertaken by all involved so as to ensure that the system works for us. Here, again, the Bill falls short in this regard, for nowhere is provision made for disciplinary action to be taken against the Board, or the Authority as a whole when the specific functions designated are not executed.

Further, not because the international trend is decentralization it means that we must follow suit immediately. No doubt, the system has its merits, advantages and benefits, but if we implement the system without laying the foundation, it is like saying, "Crapaud smoke we pipe," and we will all witness the burial of even our already half-dead health-care services.

Our history is replete with examples where international policies have been implemented in several countries and, despite the success of the said policies, no effort was made by this state to adopt these strategies. In the recent past, within

these very honourable walls, we have been forced to admit that there are many international conventions to which we have assented, but not yet ratified. Further, Mr. President, we now suffer the consequences of turning a blind eye, or paying token attention to the formation of economic blocs many years ago.

Unfortunately, our track record in conforming to international standards and trends has been pathetic. So that when the hon. Minister encourages us to follow in the footsteps of these states which have decentralized, my suspicions are aroused. Suffice it to say that we are only encouraged to adopt foreign policy when it is convenient to do so. I reiterate the point that while decentralization has its advantages, Trinidad and Tobago is not yet ready to implement the system. This is definitely one international policy which, for the reasons I have stated thus far, should temporarily, until further substantive action by the Government, be put on hold.

On page 12 of the World Health Organization's publication, it is written:

> "...decentralization trends in developing countries point to two major phases of interest in decentralization. In the 1950s and early 1960s decentralization—in the form of a system of local government—was promoted by colonial adminsitrations as a necessary element in the structure of an independent democratic state, as a means of political education for the population, and as a way of establishing local responsibility for providing some local services....In the l970s and 80s, interest in decentralization has re-emerged, for diverse reasons. In some countries, particularly in Africa, governments now feel sufficiently secure to contemplate relinquishing part of their tight control on power and decision-making to local organizations. This also becomes more feasible as a corps of skilled administrators is built up."

The 1957 Julien Report which made observations about deplorable health conditions—which still exist today—and which made far-reaching and visionary recommendations, proposed the system of decentralization. No action was taken upon independence to build a foundation to implement decentralization. No action, Mr. President—no action was taken upon independence to build a foundation to implement decentralization. So although 37 years has passed, no work has been done; in fact the state of health has worsened and so we suffer from a further constraint: The need to upgrade the present health services and facilities.

Mr. President, then, and only then, must decentralization become an issue in

this country. Remember, decentralization is a political policy dealing with the transfer of power, and it should not be exercised if the social contract of the Government to provide a good health care system for the people will be breached. We concede that decentralization can result in a better response to local needs, improved management of supplies, and the implementation of a better health care system, but decentralization also has the potential to result in continued poor management, increased health costs and deterioration of the health service. The legislation before us, by its omission, seems to be laying the path for this disastrous prediction.

4.10 p.m.

Mr. President, if we are not mindful of the recommendations of the various bodies that commented on the Bill, then perhaps the only merit of the legislation will be that the Government in allowing the transfer of responsibilities to the health authorities, will in fact, be able to spread the blame for poor health care in this country.

Finally, on this particular point, I wish to remind the Senate of the words used in the particular paragraph I quoted earlier:

> "(decentralization) becomes more feasible as a corps of skilled administrators is built up."

Presently, Sir, we do not have the personnel nor do we have the required expertise that will be necessary to ensure efficient running of each authority.

Incentives must be given to the relevant officers in order to ensure that there is a resource of qualified persons in all districts, including rural areas. Without these incentives certain regions will lack the necessary manpower and the inevitable result will be inequality. Should this likely event occur, those who vote in favour of this legislation would be liable for the breach of the constitutional right entrenched in paragraph (d) of section 4 of our Constitution, which says:

> "*(d)* the right of the individual to equality of treatment from any public authority in the exercise of any functions."

To deal further with the point of potential inequality of treatment, according to clause 18 (a) of the Bill, an authority has the power to:

> "(a) charge fees for services provided by it";

with the approval of the Minister.

It is sincerely hoped that, like the Secretary of State in the United Kingdom, our local Minister will be operating with the specified control of maximum prices to be charged for the said medical supplies and services, because I would hate to think that health care could be priced out of the reach of patients, and that the delivery of health care would eventually be reduced to merchandizing.

This is an example of the monitoring of the authorities that will be necessary to ensure that medical treatment remains affordable.

International experience has shown that decentralization has often resulted in increased medical costs—

Mr. Eckstein: Where? Where?

Sen. S. Baksh: —and one of the greatest contributors to this occurrence has been the inadvertence of the relevant political officers to efficiently monitor the operational costs of the particular authorities.

The hon. Minister was asking where. If he read the document that he quoted from, he would have seen where, however, if he took— Anyway, let me continue.

Once again, I refer to the World Health Organization publication, at page 27:

> "The size of a country is likely to influence strongly both the type of decentralization chosen and the degree of discretion that peripheral agencies may exercise. The larger the country, the more difficult it is to ensure efficient management from the centre.
>
> In contrast, a very small country (such as a small island state) may need no sub-national levels or only one level."

This is the same document from which the Minister quoted:

> "For instance, in Gambia, until recently, health services were managed directly by the Ministry of Health, though the health sector is now being regionalized and management teams are being established to strengthen local management."

Trinidad and Tobago is a very small state and thus the question is raised: Are the five stated regions too many? Further, Sir, upon close examination, one observes that the present divisions in Schedule III provide for authorities that are principally urban and others that are principally rural. This will obviously result in great inequalities and, like some of the schools at the primary and secondary levels, certain authorities may be deemed prestige.

With respect to the number of authorities to be established, some commentators on the Bill have suggested that there should be only three regions, namely North, South and Tobago. But it is interesting to note that in the United Kingdom, a country which is many times larger than Trinidad and Tobago, 14 regional authorities had been introduced just about three years ago, and presently there is a move to reduce the number of authorities there to eight because of high administrative costs and inefficiencies.

I am still lost because when the Minister was on his feet and Sen. Spence rose to make the point about the United Kingdom, the Minister quickly replied that it was not true. But I have in my hand a copy of the British Medical Journal, page 1091, dated October, 1993. I am just going to read a few lines.

> "From next April the NHS in England will be managed and run from its officially designated headquarters in Leeds, supported by eight regional offices. A streamlining of the NHS high command, announced in Parliament last week, complements the reforms of 1991 and foreshadows the abolition of regional health authorities.
>
> "Its eight new regional offices ...will replace not only the six existing management outposts but also the 14 regions."

This is the key stage in the transition to the new structure.

> "By July, 1994—examination of all RHA and management executive activities and agreement on the non-statutory functions to be devolved or eliminated.
>
> November 1994—Bill to abolish RHAs…
>
> April 1996—abolition of RHAs..."

Sen. W. Mark: And we are now introducing what they are abolishing.

Sen. S. Baksh: British Medical Journal, page 1091. But it is nice to see he did not have the nerve to lift his face and look at me in my face as I said that.

Mr. President, in Trinidad and Tobago we are painfully aware of the rising costs and expenditures on health care, coupled with the fact that each authority will have to spend large sums of money on establishing, maintaining and increasing facilities, despite the relevant sections in Part V of the Bill. One can easily envisage the likelihood of authorities having to cope with the constant problem of dwindling or empty coffers, and although the authorities will be working on defined budgets and will be free to solve their problems, their financial sensitivity would adversely affect their duty to provide efficient and

effective health care, thus lowering the already unacceptable standard of health services in this country.

According to clause 4 (2) of the Bill:

"Each authority shall be managed by a board of directors."

The Second Schedule to the Bill deals with the "Constitution and Procedure of the Boards of the Regional Health Authorities" being the custodians of the powers of the authorities responsible for performing the functions as stated in clause 6 of the Bill. It is evident that the persons to be appointed on these boards must be competent qualified experts, and above all, honest persons; men and women of high calibre. Alas, it is sad to say, they seem to be very hard to find.

4.20 p.m.

So within the legislation there must be a procedure for appointment which will ensure that each board of every authority is comprised of persons committed to perform their designated role. I am not confident that such a system has been put in place. There may be little or no room for political appointees who pledge their first allegiance to party policy, even when such affiliation is in conflict with the interest of public policy and the common good.

Paragraph 1.(2) (a)(i) of the Second Schedule makes it mandatory for at least one member of each board to be a person who represents the public interest and welfare. But this mandatory requirement is vague. It is vague in its terms and offers no specific guidelines as to the qualifications of such a person. Further, the same paragraph states that the other board members shall be appointed from amongst persons who have special qualifications in and practical experience of matters relating to one or more of the following disciplines, and they went on to quote:

"(a) finance, accountancy or economics;

(b) business management;

(c) personnel management or industrial relations;

(d) law;

(e) health care; and

(f) any other area of expertise that is appropriate for fulfilling the powers and functions of the Authority."

Based on the wording of this paragraph, it appears to me that a board could fill the statutory requirement without the appointment of a doctor and such a situation would be preposterous, bearing in mind the basic function of each board, that is, to provide health care. This provision should, therefore, be amended to ensure that at least, one medical practitioner is a mandatory designate on each board.

Further, the same provision should be made for the legal person, because the exercise of the board's powers will involve various aspects of the law, including the law of contract, the law of tort, which includes negligence, family law, property law, criminal law etc. Included in its statutory functions, the role of each authority should be to challenge professional and technical judgments since many health decisions are socio-political decisions.

According to the World Health Organization publication, members should be fully accountable to the electorate and should not compromise their principles, standards or decisions in order to pledge their loyalty to the Minister.

Mr. President, the board should represent the interest of clinicians, local authority councillors, community health councils, trade unions and efficient managers, all committed to improving health care.

Although paragraph 1(a) states that the board members would be appointed by the President, will these appointments be made after consultation with, or on the advice of, the Prime Minister and the Leader of the Opposition? We do not know. What is it going to be? Is there going to be the likelihood of political patronage here? We do not know.

According to a document entitled "Administrative Reform, Ministry of Health"—I think the Minister of Health referred to that document—on page 10, under the rubric, "Support for Decentralization" it is stated that on Friday, March 20, l992, the Minister of Health announced in a statement to Parliament that the Cabinet had agreed to adopt as official Government policy, the following statement on administrative decentralization of the health services, appearing in its party's election manifesto. It reads:

> "Government is committed to improving the management of secondary health care institutions through a system of administrative decentralisation under the umbrella of a national management system."

Reference is made to the Bill before us today which states:

> "An Act to provide for the establishment of Regional Health Authorities and for connected matters."

Hon. J. Eckstein: It is not normally my practice to interrupt and I apoligize, but I just wanted to find out if the Senator recognizes the difference between the regional health authorities in Britain and the regional health authorities here. In fact, in England there is what is called, a District Health Authority. Can she explain the difference between the two? You see, it will help us to understand. She said that the number of regional health authorities was being reduced in Britain and she sought to equate that with our regional health authorities. I am asking her if she recognizes a distinction between the two.

Sen. S. Baksh: You know, at the beginning I said Rip Van Winkle awoke, but it does not seem so. He is not listening to me. He had the opportunity of having three hours; I do not.

Mr. President: Please allow the Senator to make her contribution.

Sen. S. Baksh: Thank you so much, Mr. President. He is guided accordingly.

While one may argue that the Government, through the establishment of these institutions will achieve the decentralization sought, nowhere in the Bill is anything mentioned—and if it is mentioned, it is certainly not adequately expressed—about the establishment of the umbrella of national management referred to by the hon. Minister in the said document.

Under this umbrella, the persons who will be relying on these authorities for health care will be subject to the drizzles, raindrops and torrential downpours of the inefficient management not subject to national monitoring or control. Perhaps we can be of some service to the hon. Minister by suggesting some of the provisions that must be made in order to ensure that his ministry remain charged with the responsibility of ensuring that each regional authority maintain an acceptable standard of health-care service.

Bearing in mind that we are being encouraged to follow international trends, I am confident that the hon. Minister would further encourage this honourable House to follow international steps taken by various countries, including the United Kingdom, to improve the system of decentralization.

Reference is, therefore, made to the National Health Service and Community Care Act, l990 of the United Kingdom which said Act provides for, *inter alia*, "the establishment of a Clinical Standards Advisory Group to provide advice on, to carry out investigations into, and report on the standards of clinical care for, and the access etc. and availability of services to national health service patients."

Again, in the same document, page 11, the hon. Minister said:

"The Government's decision to adopt decentralization as one of its major policies for the health sector derives from a belief that the present system of delivery of health care is fundamentally flawed.

4.30 p.m.

I pause at this juncture to make the point that the hon. Minister conceded that health care in Trinidad and Tobago is at an unacceptably low level; time should be spent examining the reasons for the inadequacy in the system to lay the blame, primarily, on—and I quote from the Explanatory Note of this Bill—"the several layers of bureaucracy that at present stifle the daily operations of hospitals and other health care facilities." This is to deliberately turn a blind eye to the past and present mischief that has constantly plagued this ministry.

Let me categorically state that decentralization will not cure the mischief. In fact, this process may become the breeding ground for the upsurge of future gremlins. What is the mischief I speak of? Mainly, it is poor management; it is lack of accountability accompanied by fraud and theft; it is insufficient personnel; lack of facilities; an inadequate supply of drugs; obsolete equipment; conflict; it is non-communication between administration and technically qualified staff, and I can go on and on.

These flaws in the system are not lies; they are not rumours; they are not irresponsible statements. They are the facts and findings of many a commission and the subject of voluminous reports. While the suggestions of the said commissions and reports have included the concept of decentralization, they have all recognized the need to first establish a dependable, reliable, functional and understandable infrastructure.

The Government may be willing, but this Bill is weak. It is incumbent upon the Government to strengthen its provisions, formulate its policies and then, ensure that the decentralization of power is given with a statutory method of control and monitoring. The Government has recognized, on its own admission, the need for the two systems to be addressed concurrently. If this is not done, then the system of checks and balances would be introduced at a later stage of the decentralization process when, unfortunately, the scales of health will be weighed heavily against the persons who depend on heath care in this country.

There is a way to minimize the problems that will be incurred when the decentralization system is effected. The first solution I refer to is noticeably absent from the Bill. My learned colleagues on the other side must have done their homework—at least I should like to think so—by studying the pattern of

decentralization in various countries and, of course, their respective legislation. Our legal system was inherited from the English, and much of our legislation has been adapted from corresponding English statute.

As a result, much can be learned from the English legislation that has been passed subsequent to the enactment of their National Health Service Act, 1977. The previous Acts which governed health service in that country were wrought with flaws to the extent that British health was in a state of crisis. Bear in mind that decentralization was in existence in the United Kingdom before the 1977 Act.

In order to resolve the impending doom of the English health service, legislation was passed in 1990 in an attempt to deal with the problems. These legislation I refer to is the National Health Service and Community Care Act 1990 and the National Health Service Act of 1977. These are now the principal Acts governing the National Health Service in the United Kingdom.

Mr. President, do you know it took the English over one decade to resolve the problem and pass the necessary legislation? This lapse in time we should not follow. We should learn from these countries that have paid the price for decentralizing without adequate infrastructure.

I now refer to section 7(b), (c) and (d) which should form an integral part of the Bill before us today. This is entitled "Complaints Procedure".

> "(1) The Secretary of State may, by order require local authorities to establish a procedure for considering any representations (including any complaints) which are made to them by a qualifying individual, or anyone acting on his behalf, in relation to the discharge of, or any failure to discharge, any of their social services functions in respect of that individual.
>
> (2) In relation to a particular local authority, an individual is a qualifying individual for the purposes of subsection (1) above if—
>
> (a) the authority has a power or a duty to provide, or to secure the provision of, a service for him; and
>
> (b) his need or possible need for such a service has (by whatever means) come to the attention of the authority.
>
> (3) A local authority shall comply with any directions given by the Secretary of State as to the procedure to be adopted in considering representations made as mentioned in subsection (1) above and as to the taking of such action as may be necessary in consequence of such representations.

(4) Local authorities shall give such publicity to any procedure established pursuant to this section as they consider appropriate.

7C Inquiries

(1) The Secretary of State may cause an inquiry to be held in any case where, whether on representations made to him or otherwise, he considers it advisable to do so in connection with the exercise by any local authority of any of their social services functions (except in so far as those functions relate to persons under the age of eighteen).

(2) Subsections (2) to (5) of section 250 of the Local Government Act 1972 (powers in relation to local inquiries) shall apply in relation to an inquiry under this section as they apply in relation to an inquiry under that section.

7D Default powers of Secretary of State as respects social services functions of local authorities.

(1) If the Secretary of State is satisfied that any local authority has failed, without reasonable excuse, to comply with any of their duties which are social services functions (other than a duty imposed by or under the Children Act 1989), he may make an order declaring that authority to be in default with respect to the duty in question.

(2) An order under subsection (1) may contain such directions for the purposes of ensuring that the duty is complied with within such period as may be specified in the order as appear to the Secretary of State to be necessary."

Finally,

"(3) Any such direction shall, on the application of the Secretary of State, be enforceable by mandamus."

Before I conclude, I wish to share with this honourable Senate some of the concerns of sectors in our society—

Mr. President: The speaking time of the hon. Senator has expired.

Motion made, That the hon. Senator's speaking time be extended by 15 minutes. *[Sen. S. Capildeo]*

Question put and agreed to.

Mr. President: I think it may be convenient to take the tea break at this stage. Sen. Baksh would continue when we resume.

Before I suspend the sitting, Sen. Martin Daly has asked to be excused for the rest of today's sitting.

The sitting of the Senate is suspended and will resume at 5.10 p.m.

4.40 p.m.: *Sitting suspended.*

5.10 p.m.: *Sitting resumed.*

Sen. S. Baksh Mr. President, before the tea break I was about to share with this honourable Senate some of the concerns of sectors of our society who, apparently, did not have the opportunity to participate in the *People Meter* survey that the hon. Minister was referring to earlier. It seems as though these sectors were left in the lurch, so we must now represent them. We ask for clarification on their behalf on the following points. I will not go into too many points; I will leave some for my able colleagues to deal with. Some I shall deal with briefly.

Property dealings: Clause 16. Property may be sold by the Authority if it is no longer needed by the Authority, first to the state for a fair price—no price. Then, if the state does not wish to purchase the property the Authority may dispose of it on the open market. This has ramifications of closure of facilities and sale of properties on an unprecedented scale.

The other point is that one of the methods of funding is appropriated funds by Parliament at clause 17(a). Previous hospital administrations have complained that the untimely disbursement of funds from the Treasury does not allow for proper running of institutions. The same problem is being perpetrated here. Clause 18 (f) gives the Authority power to grant loans to its employees. Will it be abused in the light of the First Citizens Bank affair? Will the Authority now vie with the other lending institutions in giving loans?

Clause 20 (2)—Central Tenders Board Ordinance. Previous administrations have said that the public service is inefficient and cumbersome, and had promptly introduced solutions like the National Hospital Management Committee, the Mount Hope Medical Complex and presently, NIPDEC. But at what cost? The Hospital Management Committee used to charge 15 per cent on all jobs and transactions. Therefore, health care costs automatically shot up by 15 per cent with no remedy to the basic problem. Are these the authorities' new solutions for the 1990s?

Then we have application of funds, clause 23(a). Each Authority shall have its own board, CEO, head office, clause 4 (2) and (3), and remuneration of each of these individuals, salaries of office staff and members of committees, multiplied

five times of course for the five regions Clearly, the administrative cost of delivering health care must go up. Also, the provision of loans to employees has certain ramifications.

The Government makes a big thing about the fact that 75 per cent of the annual budget of approximately TT $530 million is spent on salaries. This means that only $130 million is spent on maintenance, refurbishing, replacement of old equipment, drugs, etc. Are we really surprised that the health service cannot deliver because the money is not enough to do the job? What is the projected budget breakdown for these regional authorities? What is the cost, and can the nation afford it? These are questions asked on behalf of many people involved in this industry and they are extremely worried about it.

Major developed countries, like the United States of America, Canada and Great Britain, are all struggling with problems of control in health expenditure and major health care accessible to the broad population. These countries are concerned with the performance of the public health services and are embarking on significant reforms of services delivered and financed. Their major problems and concerns are equity in and quality of health care, cost effectiveness of services and rising expenditure. A similar situation exists here.

A review of the Canadian health care system indicates, on the minus side, administrative inefficiencies, conflicts with providers and relatively slow adoption of new technology. Some of the major challenges facing the United States are uneven access to care, high level of uncompensated care and inappropriate cost shifting not only from primary to secondary, but also from secondary to tertiary.

When money for regions is in short supply, health care will grind to a halt as is the experience in Canada and Great Britain. Canada’s provincial governments have imposed tighter controls on the number of doctors and on physicians’ fees and hospital budgets. These controls have directly resulted in supply shortages and there are queues for some types of care. Because of budget constraints that limit a hospital's ability to expand services, some patients now experience long delays for the services of physicians in surgical specialities that require hospitalization. Some of the experts say that a number of health legislative measures will need to be passed, and one that immediately comes to mind is the absence of legislation to establish an eye bank.

This legislation will definitely ease the delay in cornea transplants on patients. There is need for this legislation so that local doctors would not have to wait on cornea tissues from North America to do these transplants. I understand that there appears to be a tremendous number of patients in this country who need this type of transplant.

I can go on and on but, unfortunately, I do not have the time. In conclusion, Mr. President, let me say that the Opposition have read this Bill very carefully and although we are committed to improving the health care service in Trinidad and Tobago, we cannot open our hearts to this measure until the Government opens its mind to the real problems of our health sector and the effective solutions that must be administered immediately.

I ask just a simple question: What happens during the period from the formulation of decentralization policies to the actual implementation procedures? The Opposition are prepared to lend a willing hand, but not while the hands of the Government are tied to a policy of decentralization which is not accompanied by relevant surveys, effective strategies and a proper foundation.

Finally, by refusing to assent to this Bill in its present form—and I am sorry the hon. Minister is not here—we are showing the lonely and the poor that we are one in the spirit as we are one in the Lord.

I thank you, Sir.

5.20 p.m.

Sen. Prof. John Spence: Mr. President, I do not intend to spend a very long time commenting on this Bill because I am sure there are many others who have greater expertise than I, who would make detailed comments.

There is just one particular issue I would like to address. I have found in the hon. Minister's presentation that he did not make a distinction between removing the health system from the bureaucracy, and regionalizing its operations. It seems to me that one must address those two issues as separate issues because many of the arguments that he used for decentralization, to my mind, were arguments for taking the system out of the bureaucracy.

I think when we are going to address the issue as to whether we want the structure that has been proposed in this Bill or whether it needs to be modified in some way, we should try to address those two issues separately. It seems to me

that if one takes first the issue of whether one wants the system within the bureaucracy, or outside, then one would say that the Minister has made very powerful arguments for taking it out.

The only thing that has me a little concerned in that regard—and I did make the point earlier when he was answering the question at a previous meeting of the Senate—is his arguments that would equally apply to the agricultural services that we must provide for the population, or perhaps for any service the Government is providing.

Therefore, it would seem to me that the hon. Minister responsible for Public Administration, Sen. The Hon. Gordon Draper, is indeed wasting his time because we have concluded, if this is what we are saying, that we cannot really reform the public service to make that system work, and we must set up a whole system outside the bureaucracy. Quite frankly, I am concerned that if we accept the principles the hon. Minister is postulating, that we cannot make it work within the bureaucracy, then we must come to a logical conclusion.

I am tempted to be a little facetious and say perhaps we should abolish, as the gentleman in the newspaper, I think, today suggested, the Government and contract the Government of Singapore to run Trinidad and Tobago. He suggests we might do better. If one leaves the facetiousness aside, and accepts that there are sound arguments in the case of health, because it has special attributes—as I would argue for example in the case of research, there are special attributes which make it difficult to perform within a bureaucracy—there one would agree that there should be a separate health authority.

The next issue it seems to me that one should want to discuss is whether there should be one authority for Trinidad and Tobago or break it up, as has been done in this Bill, with five separate entities. I have a problem on the whole with the way we address our affairs in a small country such as Trinidad and Tobago. Constantly, we set up a number of separate entities each of which is not viable because it is below critical mass. These entities then compete with one another in a way that creates eventual inefficiency.

We set up these individual entities because in a large country, this is how it is done. I have argued this in the case of the organization of science and technology, where there are these little institutes. In Russia, the United Kingdom or the United States, there is an Institute of Marine Affairs; we must have a separate Institute of Marine Affairs. We cannot argue on the basis of what happens in other countries.

Many of the countries that the hon. Minister has referred to have large populations; the United States has a population of over 200 million; I think in the United Kingdom it is 60 million. When you talk about decentralization in a country of 60 million, it is not the same as if you are talking about decentralization in a country of 1.2 million. A country which any part of it, including Tobago, can be reached in one day, and back. In any case, our system of communication is improving, apart perhaps from the air bridge. I say so with some hesitancy since I see the hon. Minister of Works is present.

I do not think it is fair, indeed it was to my mind nonsense, for the hon. Attorney General—I have to keep reminding myself of the name of his country, Tuvalu, with a population of 9,000—to be comparing that with a population of 1.2 million; that is in the other direction. I do not think that it makes sense in a small country like this to break our health service system into five distinct entities. This is the point I have been trying to argue with the Minister, and ask him to consider whether in fact this is the right move that we are making.

To take a particular case in point: The area that is in the East, in the new plan would include only the hospitals in Arima and Sangre Grande. I think I am right. It would mean that the population that is serviced by that area—I must say to the Minister that I immediately looked to see where I was living, to see whether I fell into that region—would be served in quite a different way from the population to be serviced by Mount Hope.

Unless the Minister is able to explain to me very carefully—it certainly did not come through in his presentation—how a person in that region would be serviced in comparison with the person who is in the region that includes the Mount Hope Hospital or the region that includes the Port of Spain Hospital—the argument that may be used is that if you have the whole country you would then have too big a system.

Quite frankly, we are talking about numbers of people to be managed which are comparable to the number in one large hospital in a large country. So what is wrong with us that we cannot manage this number of people and we have to divide into smaller units? If we are doing that and we have to divide, can we not divide by way of delegation of authority or a central authority, rather than setting up these separate entities?

There may be some other things which do not show in the Bill which I am not privy to, but certainly, it seems to me to be stated in the Bill that these authorities would have the power to set their own conditions of service; set their own pension

schemes. If I am incorrect at any point, since I am not going to speak very long, I have no problem with spending some time listening to the Minister explaining points which I may be stating incorrectly. These separate entities may have quite different conditions of service. It seems to me then that it is not necessarily the case that the competition between them will be good for our health care as a whole. There may be one argument that it is good to have this competition. I am not so convinced that would indeed be the case.

From the point of view of individual practitioners, I spoke to a junior doctor who made this point to me, and I ask the Minister to respond to it. If one takes an appointment in the eastern district where there are no large hospitals, how does a young doctor who is at the Arima Hospital or the Sangre Grande Hospital get into a district which is doing paediatrics if that is the area in which he wants to specialize? It means then that if he is interested in paediatrics he cannot go to work in that district, because his opportunities for getting experience in that field—which is what he has to do if he is going to do post-graduate work—are more limited.

It would seem to me that unless we can get some detailed explanation of how these separate entities would network with one another—if that is what they would be going to do—there would be some problems there. I do not think just the eastern district offering more emoluments to the doctors would attract them there, if indeed their eventual aim is to specialize in some area of medicine that would make them consultants in their fields.

It seems to me that there are many arguments that would favour having one authority, independent of the bureaucracy which would solve the problem of having to deal with the Public Service Commission which deals with the whole public service, but would also not run us into other problems of having these separate independent entities in what is in fact a very small country.

These are the main issues that I think, with respect to the overall structure of the system, need addressing rather carefully. After that I suppose one is really talking about details of how the system would run; the conditions of service those who are transferring would have; whether it would be fair to abolish their posts when they are being transferred. Those are points of negotiation between Government and the trade union representing the doctors.

5.30 p.m.

I think one other point that is being made by some of the other doctors and it has some force of argument is: Should there not be a medical person on the board? While I do not think the board such as has been envisaged should be dominated by medical people, I also think that it would be just as bad not to have some input from them. Certainly, I would like to see, in the same way that the local authority has been named as having a representative on the Board, the Medical Association should be represented on the Board, so that at least that input is assured.

I would be inclined to support the Bill on the basis that, certainly, as the Minister has pointed out, our health services are not what they should be. I am a little tempted to remark that he was previously a Minister of Health, and I am glad to see the enthusiasm with which he has been born again and is now seeing the light, and is taking very active steps to change the situation. I do not think he can be faulted with that. I really do congratulate him, if this is now happening.

I spent some years on the National Advisory Committee and, indeed, sat on a sub-committee which looked at the Julien Report and all the other issues; so I did spend a part of my life devoted to making an input into the health system. As the Minister has pointed out, like many other reports, I regret to say, and many other committees on which I spent parts of my life, their recommendations were accepted, but not implemented by Cabinet. It pleases me to see that something has been implemented.

I really do think that those three points are important: One, it is not necessarily the case that if we remove health from the bureaucracy that we should separate it into individual small units. Secondly, I think we have to think about how these units, should we make more than one, relate to one another, especially in that regard looking at the career opportunities for young doctors. Thirdly, I think we need to have medical representation on the board or boards, should there be more than one.

Thank you, Mr. President.

Sen. Diana Mahabir-Wyatt: Mr. President, I join Sen. Spence in commenting on the Minister's presentation. I congratulate the Minister on bringing this Bill before the House and on the extent to which he brought up points to support his enthusiasm for what he is doing. It seems he is very much committed to this Bill and is very much concerned. I am glad about that because I know that a change like this has been proposed for the last 30 years. Reports

about decentralization date back more than 30 years; and we have been talking about that for more than 30 years as I recall.

I expected much opposition to this Bill; indeed I have been seeing in the past much opposition to this Bill in the press, so I was quite reassured to hear from the Minister the volume of support, the wide consultations that have taken place and the expressed support from the different bodies. I am really very pleased about that because I think that we cannot say, in the light of what the Minister has told us, that there was no consultation. Certainly, there has been much consultation, and it has gone on for many years. I am hoping that I would not hear any comments in this debate about this being a rushed job, because it is obviously not a rushed job; it is only 30 years of rush.

I know that a number of us have been approached by various members of the medical profession for one reason or another, who want to oppose the provisions of this Bill. I am not quite sure myself, although I listened to a number of those people argue a point, exactly what it is that they are afraid of. I know that we can always expect people who have personal interests to try to defend those interests, but since we are talking here about the public health sector and not the private health sector, I am not sure what the objection of the medical profession is to having this Bill passed.

We all like to talk about change in this country. We like to talk about change in this Chamber, but it seems very often that although we like to talk about change, we do not like to actually experience it, and it is like everybody wants to go to heaven, but nobody wants to die to get there. Change makes me as uncomfortable as the next person. I think that radically revolutionizing the health services also makes me uncomfortable, but anything that we can do to stop the deterioration of this nation's health services, I feel constrained to support.

The Minister has listed—and I am sure that everybody is going to mention—some of the scandals we have been hearing about in the medical services. I am not going to go over them because it is just too wearying and too depressing. It is not just the baby whose head hit the floor, but also the consultants who do not show up to carry out their duties; men, women and children dying because of lack of drugs or because medical health that should be available is not available; when they get into emergencies, the callousness of administrators, staff and so forth. We even recently heard reports of an attendant at St. Ann's allegedly beating an insane patient to death. This has been going on for so long. It is not supposition and it is not rumour. I think we have to accept this as fact.

I can remember, not quite 30 years ago, about 27 years ago, having to spend much time at the Port of Spain Hospital with a sick child—it was weeks. While I was there—the child was very small and I had to be there to care for her and to talk to staff to see how she was coming along. I spent much time talking to staff, patients and the regular news reporters who would hang around the hospital trying to pick up news, and chatting with whoever would chat with them. Twenty-seven years ago they talked about the pilfering that went on: the staff would pilfer the sheets, provisions and juice which were sent to the patients; some drugs and so on. We talked about bed money; we talked about absenteeism. They could not fire people even then; and from what the Minister has told us about the Public Service Commission being in charge of 132 disciplinary matters, and which are increasing, they cannot fire people now either.

I heard many horror stories in those days. One woman told me that she had been sharing a bed with another woman, and both of them gave birth at the same time without anybody attending. In those days that was a horror story. But late last year, about the time that this document was being circulated, I spent some time talking to people in the media who had been doing investigative reports into the various medical institutions, and not all of those reports ever got printed. They were stopped at one level or another. The reports that I saw—and again I spent some time talking to people in these institutions—were not exactly the same as what I heard 27 years ago. In some instances there was evidence of improvement—there had been some structural change; there were new coats of paint; there was some equipment, not a lot else, I must admit. In other areas there has been a steady deterioration which we all know has been going on. We have so many more people now than we had then and we have a staff that is shrinking.

I think that there are some very ethical and dedicated personnel in our medical services. I think this has to be emphasized because we hear so much about the negatives and we do not hear about those people—it may not be the majority percentage, but I have met some very admirable people in our medical services. They are overworked, under-compensated, and sneered at by those of their colleagues who openly exploit people.

I do not think that this is a system that anyone wants to maintain, and I cannot honestly believe that any intelligent person, any citizen in this country who has ever had to use the public health services or to help other people to use those services, wants to maintain the system that we have now. It is beyond even the cynicism that I can dredge up to believe that anybody would honestly want to maintain the system that we have now. Anyone who listened to the Minister's

presentation, in terms of what is happening to people whose performance demands disciplining, I do not think can honestly say that he or she objects to change.

5.40 p.m

I do not think this new plan is perfect. I know that it has been worked at assiduously by a team of local medical personnel. I know that it has been looked at by a team of consultants that the Minister has referred to. I have talked to people on both of these teams and I realize that they really do believe that this is the best that we can do, given the limitations of resources, both financial and human that we have. I am certainly not a medical expert and I have had the benefit of considerably limited consultation with people compared to what the hon. Minister mentioned earlier.

I have some management theories about this Bill. I think that some of the human resource systems that are being proposed are highly unrealistic at best and dubious at worst. When I was reading through it, I found myself muttering "Alice in Wonderland" under my breath. Particularly when I was reading *Towards a Healthy Nation*. Not all of the provisions in *Towards a Healthy Nation*, fortunately, have gotten into the Bill before us, because I do not think, particularly when it comes to human resource management, that the consultants entirely understood the local conditions. Although they certainly did try to talk to people, they were looking at it within the context of bringing their own mind-set, which is normal, one would expect this, but I do not think that they entirely understood what was going on.

The industrial relations problems that are going to be created by clauses 31 to 34 under Part VII may cause a level of confusion which may not have been experienced since the famous *Mays of Minors*. In many respects I think that the objective of this Bill to remove the several layers of bureaucracy that at present stem from the daily operations of hospitals and health care facilities, and the establishment of health authorities and bodies corporate to be managed by a board of directors, are contradicted by certain provisions of the Bill itself.

Take clause 35 for example, where the hon. Minister may make regulations for everything, from financial matters to staff and to the delivery of health care. Making regulations—I am thinking in terms of the Police Service Regulations which we were looking at last week—it depends on how detailed these regulations are going to be. But one cannot talk on the one hand of a board of management managing the day to day operations; and on the other hand talk

about the regulations which are going to be made to govern everything—from finance, to health care, to contracting for goods and services, to health promotion, to staff and related matters of security and so forth.

It would seem to me that the board of management is going to be circumscribed by these layers of bureaucracy which is what we are trying to avoid. Because for every regulation there has to be somebody in the Ministry of Health who is a regulatory officer or who is going to see how these regulatory functions are satisfied. Are they going to be the same people in the ministry who are so accustomed to looking for procedures instead of performance, who are tied—if you will forgive me, Mr. President—by a public service programming, which says that procedures at all costs must be obeyed, even at the expense of performance, or are we going to dispense with performance? Are these people going to change? Can they change? Can the Minister reassure us on this point? Because the Minister is going to make detailed regulations. This is not how things are managed in the private sector. We do not have somebody outside, except for the laws of the country, making regulations that govern every single way you want to wiggle your eyebrows.

It seems to me, from a management point of view—with the greatest respect to the hon. Minister, because I know he wants change—that those people in the ministry who were involved in the drafting of this Bill, who say that they want change and for all the right reasons keep saying change, are saying do not change anything that is going to affect *my* position, or *my* status or the things and systems that *I* am comfortable with.

The Minister mentioned Dr. Rolph Richards saying that he was worried about the lack of specificity in certain parts of this Bill. Well, I am either worried about the lack of specificity or I am worried about the over-specificity about this kind of provision. If you look at the industrial relations provision, Mr. President, clearly it says that: staff that are to be seconded or transferred permanently from the public services under the Ministry of Health and these could go to any one of the five authorities but the union agreements are going to remain intact and their terms and conditions of employment are going to remain intact. And this is in the context where the Authorities themselves are supposed to be able to determine the terms and conditions of employment of the employees.

I realize that this is not necessarily contradictory, but it can be. For one thing, it is a contradiction to say that the terms and conditions are going to be kept intact and then to say that they are going to be transferred or seconded, because this

obviously makes a difference. But I also wonder whether Sen. Wade Mark can tell us when he makes his presentation where the PSA is suddenly going to get the resources to be able to deal with five health authorities instead of one, and where the health authorities are going to get the expertise to deal with, and negotiate terms and conditions in an extremely tricky situation.

Although there are amendments which come to the Senate in this Bill, which have removed the successorship provisions from clause 33, there still is a successorship provision which exists in the Industrial Relations Act which affects this. Unless there is an amendment one way or the other, the provision in the Industrial Relations Act may be in contradiction to clause 33. I hope the Minister would address this point when he is winding up.

There is another industrial relations point on which I would like to be reassured, that is clause 34. It says that:

> "Employees may form an association which may be registered as a trade union or they may join a trade union."

Well, so can anybody. We are allowed freedom of association under our Constitution. People can join two or three unions and many people do, but only one union can represent employees for the purpose of collective bargaining.

Since under clause 33 of this Bill, that matter seems to be clearly taken care of, because under the Industrial Relations Act, once a union has been granted recognition in relation to a bargaining unit that recognition remains, unless the recognition has been taken over by another union. This is saying that automatically when the health authorities are formed the employees, though a hard bargaining unit, may—at least this is what I am reading into this—automatically be formed in each—

I am referring to page 20 of the Bill that came from the other House. Under clause 33 it says:

> "…subject to any written law a collective agreement or other agreement that immediately prior to the commencement of this Act affected employees..."

The Bill we originally got talked about successorship. Subclause (a) and (b) of clause 33 were changed in the other House. But the mere fact that we had taken

out the terms about ‘successor’ does not mean that the law does not exist in the Industrial Relations Act. The Industrial Relations Act says:

"Subject to any written law."

As a result, there will be a problem reconciling these two things from an industrial relations point of view. We have got to take a look at the Industrial Relations Act and see how this is going to work, otherwise we may get a situation—I do not think the Minister is contemplating on minority unions because we have never had minority unions in this country and we do not have any experience in handling them, not that we cannot, because other countries do have them.

I think that from an industrial relations point of view, this Bill does not promise to be anything like the best of all possible worlds, but I think that I would be unrealistic, and certainly a hypocrite if I expected that it would or even hoped that it would. I do not think anything is perfect and I do not think that we have the human or financial resources to attempt perfection.

5.50 p.m.

I do not think we have the level of disinterest in official quarters and in administrative quarters to attempt perfection, and I do not think we should expect that. All I want—after nearly 30 years of watching a steady deterioration in the public health system—is a genuine attempt at trying to stop the deterioration; a genuine attempt, at least, to take the first step, and a genuine attempt to take the second step. I just want to make sure that we make some real attempt to break away from the extremely ineffective centralization there is now, making good health care available to the people who have suffered increasingly without it for the last 30 years .

I would like to make a general philosophical point, if I can, about the provisions of this Bill, because I think the decentralization, particularly the splitting up into regions, is very consistent with the spirit—there is a strange spirit of democracy bubbling up all over the country and all over the West Indies, and the McIntyre Report, with which I am very impressed, is a good example of this. I think that this Bill, in concept and philosophy, is consistent with the provisions of the McIntyre Report. It is talking about the involvement of communities, and that people should be empowered to be involved in the decisions which are going to affect their own future and their own lives. That report was done by some of the best and most socially committed persons in this country, and has been endorsed by them. This is one attempt, I think, to put the provisions of that report into

practice, and that I heartily endorse.

I am actually surprised, in a way, that Government is trying to do this, because empowerment of people and communities is a very dangerous thing politically. First, you start giving them the power to handle their own affairs and then they are going to start making up their own minds; and then they are not going to be totally dependent on Government for handouts and they will start getting critical. I think it is a great thing. There is talk about empowerment as being important and some people actually mean it, but it is not often the same people.

This Bill before us is putting legislation behind the words that people often mouth about empowerment of communities. It is imperfect; it is hesitant; in some cases it is second guessing, but it is legislation all the same, and I say we should go for it. There will be mistakes, there will be problems, perhaps some people are going to die, there will be abuse and misuse; but some people are also going to be saved, and some people are going to get well, and communities are going to start demanding specific requirements from their health authorities, and if they do not get them, they will take their business to another health authority.

I would like to ask the Minister when he is winding up, if he could reassure us on this point, because amongst the doubts that I hear people express about this Bill is: "What is going to happen if I live in Sangre Grande and we just do not have facilities to deal with a certain medical problem that I have?" I would like to have an assurance that people who cannot get care in one region can go to another region to get it. Although one cannot expect, for example, the Sangre Grande Region to have all the facilities that Mount Hope has, that people from that region can be referred to Mount Hope; and if they do not like the way that their regional authority is being run they can sign up with another one.

In that way, it seems to me that those authorities that are the most effective will survive, if Darwin's law applies; those which are ineffective and those where management continues to be on the level that it is in the present health services, will just go under. But mind you, since Darwin's law is most likely to apply, then it is always probable that instead of going under they will be rescued by the Central Bank or somebody else, but at least it is a thought.

I do not think that things could get worse. After an initial uproar, I think things will start to operate. I do not think it is going to be a pie in the sky; it is worth a gamble. We can try it and if it does not work as well as we had hoped, we can take a second step and try again.

I would like to suggest to the Minister that he consider an amendment to

provide for the possibility of mergers in this Bill, in case one regional authority wants to merge with another regional authority. I am worried about things like the ordering of drugs in each of these authorities. Bulk ordering of drugs has to be cheaper than each authority ordering drugs, for example. There are a number of other issues like this that are worth mentioning, particularly the merger issue.

I wish to make one last point, Mr. President, if I may. If we are going to give the regional authorities the responsibility for health-care, and related services—I presume these mean mental and psychological as well as dental and medical. *[Interruption]* They do? Well, in that case, I would recommend that the regional authorities be given responsibility to deal with the broken, physical and mental health problems of those children who are currently referred to the country's Child Guidance Unit.

When we dealt with the Children's Act, Mr. President, you would remember it was noted that children who have suffered sexual, psychological or physical abuse of one sort or another—their very fragile, nervous systems, psychologically and physically are very much affected. Under the provisions of the new Child Care Act they can be taken into care and to a place of safety. The problem is that there is nowhere to put them; we do not have any one authority or department anywhere that is responsible for the supervision, progress and development of those children who are taken into care.

These children are taken by the police, social workers, the courts, the Family Services Unit, the Adoption Board, but no one agency is responsible for supervising their progress from one agency to another. The Child Guidance Unit, which is now at the Mount Hope Complex, is staffed by a grand total of two people to take care of the hundreds, indeed thousands of abused children—psychologically, sexually, mentally, physically abused children—in Trinidad and Tobago who are referred to it.

If we can get child care included under the mental and health-care facilities in each of these regional institutions, then the care of these children would become in a very real sense, the responsibility of the region or community itself. The sort of focused attention that the Minister was talking about in relation to other aspects of health care would also apply to the children.

I hope that the Minister would consider this. I think it is an important aspect of regionalizational care; it is an important aspect of the concept of empowerment of communities that this Bill reflects. It is a matter, which if I can, I will take up at the appropriate stage as well.

May I just make two final points, Mr. President. I agree with Sen. Prof. Spence about putting doctors on the health authority boards. I do not see why there cannot be a representative of the Nursing Council, as well as a representative of the Medical Association or the Medical Board, whichever is the appropriate body, on these boards.

The other point is about reassuring the population on the whole that if they cannot get the medical care that they need in the region in which they live, they can go to another region and get help there; that people are not going to be restricted to an area where they just cannot get the kind of care that they need.

6.00 p.m.

Could we also have a clear indication—I know we cannot talk numbers at this point, but under the new system, will the regional health authorities be responsible for the medical care of people such as abused children, battered women, the elderly and impoverished who have no resources whatsoever to pay for medical services? This is something which comes up over and over and I think it is a matter on which people would like to have some indication when the Minister is winding up.

Thank you, Mr. President.

Sen. Muntaz Hosein: Mr. President, I have been listening this evening to the Minister introduce this Bill and perhaps deliver the longest speech we have had in this Senate during the last few years. I was a bit disappointed, however, that the long speech was not comprehensive in that I thought that the Minister would have explained in greater detail the working of the regional health authorities. He seemed to spend most of his time making a case for decentralization.

Sen. W. Mark: Making a case for over-centralization.

Sen. M. Hosein: You know, Mr. President, if one reads the comments in the newspapers and elsewhere, one would see that there really is not any serious objection to decentralization. At one time I thought that the Minister had crossed the floor and was over on this side of the Senate.

Mr. Eckstein: True! I adopted your policies—no problem—I admit that.

Sen. M. Hosein: Although we have a very open policy on this side of the Senate, we do have a bit of screening before one gets in.

Mr. Eckstein: I was there already.

Sen. M. Hosein: Reference was made *en passent* by the Minister to the National Health Insurance Scheme. The National Health Insurance Scheme, obviously, must play a very important part in conjunction with this particular Bill. Nowhere in the Minister's marathon speech did I hear him explain how the regional health authorities will relate to those people who are out of work and unable to pay for services. It was quite disappointing in that respect; I expected him to deal with that.

We have a problem in this Senate where we are given Bills which, for us to fully appreciate, go with other Bills, and we get all sorts of discussions coming from the other side telling us that there are many more Bills to come and so forth, for example, the Constitution (Amdt.) Bill which we dealt with last week. However, we are not given the opportunity to examine these other pieces of legislation so that we can have a better appreciation of what is proposed, for example the National Health Insurance.

Mr. President, it sems to me that the Minister is saying to us that one has to pay for the services. I have no problem with his saying that but I do feel he has an obligation to the national community to tell us. A specific question regarding the Mount Hope Medical Sciences Complex was asked of the Minister, and his answer was that all of the services had to be paid for. I am certain that that is what I heard.

Mr. Eckstein: At the Complex.

Sen. M. Hosein: Yes, that is what I am talking about. The Eric Williams Medical Sciences Complex is the hallmark, the castle, of our health services in Trinidad and Tobago. Therefore, I must ask the question: why are the poor of this country excluded from these services? Will they be able to access these services? If so, how?

Mr. President, we talked much about the decentralization of health services throughout the world. We talked about England and I think Canada was also referred to. But when we look around we see that health services are deteriorating all over the world. The problem is there for all to see. As a matter of fact, the National Health Service in Canada is on the brink of collapse; one is not too sure whether it can go on for another five or six years. So that it would be very instructive for us here to be able to see whether the National Health Insurance Scheme, which I believe is part of this entire project which is being dealt with, is addressed. Are we going to be subjected to the same *carte blanche* type of national health insurance scheme from abroad that will, perhaps, suffer the same fate a few years down the road? These are questions which the Minister, in his

winding-up may address so that we could find out what would happen to our citizens. There are too many of us who cannot afford.

6.10 p.m.

The Minister made a big thing about the services at Mount Hope. Let me make it clear to him that I have had the opportunity of using the services at Mount Hope, and they are first class. There is no question about that. Make no mistake about that! They are doing a good job, and I congratulate them. But Sir, I am not concerned about me and what services I can get. I am concerned about those who cannot afford. Therefore, we must put in place services for those people who are unable to afford what we are offering at Mt. Hope. The Minister did not tell us. Perhaps they are going to upgrade—and to expect a Mt. Hope all over Trinidad is, perhaps, wishful thinking. But if we can get quality service throughout Trinidad and Tobago, how would that relate to those who cannot afford? I hope the Minister will, in his winding-up, be able to tell us something about that.

You see, Sir, when I look at what is happening overall with this and other Bills, I see the PNM is busy dismantling all the institutions which they overcrowded with their nepotism, favouritism and mismanagement for the last 37 years.

Sen. Dr. Saith: And you are glad!

Sen. M. Hosein: But they are unable and afraid to tell the nation that it was their policies which led us to the present state of affairs. So they now go from one extreme to the other, displacing people from institution after institution, with no opportunity for alternative employment; and as a result we will feel the wrath of the citizens—

Mr. Eckstein: Is the Senator talking about this Bill? We are not displacing anybody.

Sen. Barrack: Stop interrupting a good contribution!

Mr. Eckstein: Sorry.

Sen. M. Hosein: —their anger; their hunger; their pain; and only the balm and love and the food of the UNC will bring relief. Have patience, my fellow citizens, the time is near, for we shall deliver you from the hands of the tyrant.

You see, this is the overall picture of what is happening. I know the Minister is innocent—I know that! The Minister is innocent of what he has been set up to do. That overall policy of the Government is what we are concerned about.

Mr. President, the idea of decentralization is acceptable to us. We make no bones about that. We support decentralization. But we are not happy about the way in which this is being done. The previous speaker talked about not wanting to hear anybody say anything about haste, and so forth. There was talk about consultation for about 30 years, and things like that—

Sen. Barrack: Thirty-seven years.

Sen. M. Hosein: I really do not know that that is what happened. However, I do say that even if that was the case, assuming that I give the Government the benefit of the doubt that, yes, they consulted, and so forth, why are the doctors so upset with the Minister? Why is it that the Minister read a letter that he wrote to them and said he did not get a reply? Is the Minister not on speaking terms with the doctors? Why was there not a telephone call to say: "Listen nah man, perhaps you sent a reply in the mail, but I did not receive it, so I want to meet with you all." These are important people in the health care system. I would expect that the Minister would use his initiative to get together with these people and get their views on how this matter should work. Because there are concerns on their part; and we share some of those concerns, Mr. President.

Mr. Eckstein: During my presentation, did I leave the Senator with the impression that I had not spoken with the doctors?

Sen. M. Hosein: Mr. President, the Minister read a letter which he said he wrote to them and to which they did not reply. I am saying that if he did not get a reply, what is so difficult about his secretary, or somebody else, picking up the telephone and having a chat with them to say, "Look we have not got a reply." That is what I am saying.

Mr. Eckstein: But in the course of my presentation, I said I met with the Medical Association; I met with the doctors of the San Fernando Hospital; and I read a letter that came back from them following our discussions. I met with the Port of Spain doctors, the community doctors. My colleague met with the Medical Association, met with the Port of Spain doctors—we consulted with the doctors.

Sen. M. Hosein: Perhaps, Mr. President, the Minister is aware that the doctors were saying that they were given a one-day deadline to submit their proposal. This is what they are saying—I do not know.

Mr. Eckstein: All right, this is the last time. I apologize for interrupting, but let me correct something. There is a document circulated by the consultants. Does the Senator have the document? (*Document shown*) Yes, *Towards a Healthy*

Nation. That document has nothing to do with the Bill which is before the House. That is a document in respect of which they were required to make—the Bill which is before the House is an entirely different document.

Sen. M. Hosein: This is exactly what they are saying—that the Minister did not give them the benefit of the Bill to comment on. So you see, I have letters that I will read—

Sen. Huggins: You have the reply!

Sen. M. Hosein: I am saying that this is a very important step in the health services of Trinidad and Tobago. Therefore, we need to have the widest possible consultation and the doctors are 'not just anybody'. I do not mind that the Minister does not call us in; that is all right. But the doctors are important; they are the ones who are the stars in this whole matter.

Mr. Eckstein: One last time—

Sen. M. Hosein: I hope the President will give me extra time.

Mr. Eckstein: I want to correct that, because when the Senator said he does not mind if I do not call him, I hope he meant the UNC?

Sen. M. Hosein: Yes.

Mr. Eckstein: Well, let me explain that when the document on decentralizaton was laid in the Parliament, I went to Chepstow House to the office of the Leader of the Opposition. Mr. Panday, the Shadow Minister of Health; and I sat for two hours and discussed the proposals for decentralization of the health services. *[Applause]*

Sen. W. Mark: After the Bill. We are talking about before the Bill!

Sen. M. Hosein: Mr. President, I do not think I will allow any more interruptions.

Mr. Eckstein: That was before the Bill.

Sen. M. Hosein: Mr. President, I never said the Minister did not call us, you know. I said I did not mind if he did not call us. That is what I said, but he should not do that to the doctors. That is what I am saying.

The doctors have major concerns. *[Interruption]* Some of our concerns regarding this Bill are as follows: The lack of safeguards for the health workers' tenure of office. At this point the health workers—doctors, nurses and others—are

not certain what their position will be once this Regional Health Authorities Bill is passed. Perhaps it is that we need to make it clearer to them, because if we do not, we are courting difficulties. Regardless of whatever programme or system we put in place, it is not going to work unless people make it work, and the people themselves are the ones who will need to understand their position. I am saying that they are not certain; they are looking at this Bill as though it is going to put them out of work, and that needs to be cleared up. I am not sure that they understand differently.

Mr. President: Hon. Senators, please allow the Leader of Government Business to move a procedural motion.

6.20 p.m.

SITTING OF THE SENATE

The Minister of Planning and Development (Sen. Dr. The Hon. Lenny Saith): Mr. President, I beg to move,

That the sitting of the Senate continue for approximately one hour beyond the time prescribed in the Standing Orders.

Question put and agreed to.

REGIONAL HEALTH AUTHORITIES BILL

Mr. President: Continue Senator.

Sen. Huggins: We will give Sen. Hosein enough time to wind up.

Sen. M. Hosein: Thank you, Sir. It is good to see the new role of the Minister of National Security.

There are some other concerns. One is the political involvement of the Government in this whole scenario. The track record of the Government is one that suggests to us that there will be political involvement. Under normal circumstances, perhaps if there was another government which had a track record that showed it did not get involved in this sort of thing—because one will see quite clearly if one talks to public servants and some of the other people involved in health care, that these party hacks who were put into the system no longer belong to the ruling party, and that is now being interpreted as the Government's wanting to move them out to put in a new set of party hacks. This is what the interpretation is, and this all stems from the track record of the Government; therefore, we have a problem with regard to that.

Sen. Huggins: You have a problem with everything!

Sen. M. Hosein: I thought we would hear something about how the RHAs would be financed. Perhaps the Minister of Finance would tell us. We hear day by day in every ministry the cry that there is no money, and we cannot do this, that or the other. But here it is we are putting down a bureaucracy of five regional health authorities with each of them having its own bureaucracy. That costs money.

Did the Ministry of Health do a study as to what it is going to cost, and where the money is coming from to pay for this, over and above what is already allocated to the Ministry of Health in the 1994 Budget? No mention was made of that. Perhaps we will hear something about that, and that is very important.

It makes no sense talking about doing all these fancy things. We know that the Members on the opposite side are very good at that, telling us what they can do, but when the time comes they cannot do it. We want to be assured that the finance is there to do what they say they want to do. Not that we agree that creating five regions is the way we should go. We hold the view that three regions would be sufficient for Trinidad and Tobago—one in South, one in North and one in Tobago. We do not think we should go further than that.

Five regions for a small country like Trinidad and Tobago are definitely too many. If what we hear is accurate, that in the United Kingdom there are eight regions, and there are 60 million people, if one checks that, the ratio would be about 7.5 million people to one region. We have 1.3 million people and we are having five regions. Why all this bureaucracy?

I am all for giving to the people that which they should control and so forth. I am all for that. That is my philosophy. I do not believe in big bureaucratic governments. I believe in decentralizing, and I believe that this is the way we should go; but over centralization is not the way to go.

[Mr. Eckstein rose]

Sen. M. Hosein: The Minister could reply at the end.

Mr. Eckstein: I just want to ask the Senator a question.

Sen. M. Hosein: All right! All right!

Mr. Eckstein: How many district health boards are there in England?

Sen. M. Hosein: I thought the Minister would have been the better person to answer that question. You are the Minister of Health, not me. He has it mixed up.

I am not making comments about health boards; I am talking about regional health authorities.

Mr. Eckstein: You are comparing with a regional authority in England. Our authority is comparable with the district health boards in England. There are 120 of those.

Sen. M. Hosein: You will have an opportunity to reply and you can inform us about all that. And the Minister of National Security will have his chance, too. He could talk, too.

Mr. President: Senator, I think you had better stick to your contribution.

Sen. M. Hosein: Very well, Mr. President. I just want to mention that about 10 minutes has been taken up by the Minister. I expect to get back the time.

Mr. President: It was not so much time.

Sen. Huggins: You are not going to quarrel for 10 minutes. You would not do that.

Sen. M. Hosein: Mr. President, we have another concern which has to do with the executive of the regional health authorities being hired for a period of five years. Given the track record of this Government, one can see what will happen, because it has happened in other areas. It has happened in the Justice Crane affair; it has happened in many other areas. When it comes to reappointments, that is where the heavy hand of the politician gets involved. One either does their bidding or not get reappointed. That is the danger in this whole thing, because there will be no security of tenure here. People will have to go if they do not do the Minister's bidding.

And I am not saying necessarily this Minister—I want to make that clear—I do not mean this Minister; it may be another Minister. At the rate the Government is changing Ministers, we do not know who it is going to be. Maybe Sen. Barnes will be the next Minister of Health. I do not know. Nice Gentleman he is, and God forbid that it would probably be the Minister of Works and Transport; then it is all trouble taking place.

Sen. Merritt: No! No! I do not want him to be Minister of Health at all.

Sen. M. Hosein: There is a danger in that, Mr. President.

We cannot simply be comparing ourselves with other countries just like that. We are a very small society, and because of our smallness we tend to know everybody and everything that is going on. As a result of that—

Sen. Huggins: You are doing the comparison.

Sen. M. Hosein: —the political interference from the political directorate is real.

I also wanted to hear from the Minister—unfortunately I did not hear on this occasion, but maybe in his winding up, he would tell us how—I think one of the other Senators before me asked: Are we going to be assured of the efficiency of which he spoke? How are we going to be assured of an absence of the corruption which takes place now in the ministry? How are we going to be assured?

Word has spread that some special drug distributor—an agent—has already been given the okay to supply drugs to all the regional authorities. Whether this is true or false, we do not know. I am saying that this is the way this society works, and if it is found that we are skeptical about certain things, it is because of this. That has to be understood. *[Interruption]* Mr. President, it is important that the Minister of National Security should know that I am not for sale—at any price. The only price he could buy me for is the betterment of Trinidad and Tobago. When it comes to that, he has me bought. Nothing else.

6.30 p.m.

The Minister cites an incident regarding the baby that fell on the floor at birth as a reason for this Bill. Why can we not re-evaluate the regulations or procedures which are now in place? Perhaps we could change them. He spoke about the many bureaucratic steps regarding the incident with this baby, that I got a headache instantly. I can imagine how many headaches he gets. But if that is the problem, how is it going to be solved by putting in these five regional health authorities? Can it not be solved by simply changing the regulations? The Parliament could change them.

Sen. Huggins: Read your Constitution!

Sen. M. Hosein: Who wrote the Constitution? The Parliament. So the Parliament could change it. Therefore, if we need to change regulations, bring them and we will change them, but do not cite that as a reason for doing this. That is not the reason. You see, we have to be careful that we do not throw away the baby with the bath water.

Sen. Huggins: We heard that already.

Sen. M. Hosein: Well I know you cannot retain so I have to tell you over and over.

When I listened to the Minister's contribution, he made me understand, fully, what Nikita S. Khrushchev meant when he said:

> "Politicians are the same all over. They promise to build a bridge even when there is no river."

He has made me understand, fully, what Khrushchev was talking about.

I have a letter from the Trinidad and Tobago Medical Association and they have expressed their concerns, which I would like to share with you, Sir, because these are also some of our concerns. These are experts in the field, compared to me. What they are saying here is, where will all the expertise to run the five RHAs come from? They seem to have some doubt that we have the expertise here to do that. I quote from the letter:

> "Has the Ministry identified where all the administrative expertise to run 5 RHAs is going to be sourced? We are sure there is none available locally. "

Perhaps the Minister will tell me that there is. I do not know. But this is what they are saying. It continues:

> "Will efforts be made to recruit foreign experts to run our RHAs? This is a real concern to us as we feel that only locals with an intimate knowledge of the Trinidadian psyche can effectively run a large organization like this."

This is the concern of the Trinidad and Tobago Medical Association. Another of their concerns was:

> "Remuneration to Board members and cost of Board activities."

That is very important. There will be five boards, therefore, the overhead costs will be four times as much. You see, we must be very clear in our minds as to the activities of people who are appointed to boards by this Government, and their activities.

Let me quote from the *Mirror,* Friday, March 25, l994:

"Spending Spree at PLIPDECO".

> Peter Quentrell-Thomas, chairman of the Point Lisas Industrial Port Development Corporation (Plipdeco), probably does not realise that T&T is going through a tough grind, with mass unemployment and grinding poverty."

You see, what this article is alluding to is that $65,000 was paid for one single airline ticket. That is the kind of problem that we have when people talk about the cost of boards. This is what this board is doing, spending $65,000 for a single airline ticket. The doctors are afraid that the same thing is going to happen with these five RHAs. Because when you look at what is happening here, you see a very close connection to the bosom of the PNM, for Quentrell-Thomas is no stranger. I believe he is very close to the bosom of this political party. This article goes on:

> "A total of $78,597.90 was spent in airline tickets for six big pappies to go to Sao Paulo and Rio de Janeiro, Brazil last December."

I would not read the whole article; I just wanted to make the point to the Minister as to what happens with the cost of these boards. And the Medical Association shares our views, as well, with regard to this. You need administrative staff for five authorities.

I do not think I need to belabour that point because I think they understand the argument here, since I am not the only one putting it forward. The Minister alluded to previous reports that indicated three, rather than five. I am sure I heard him allude to that. So we are not alone in this, nor is the Trinidad and Tobago Medical Association, when it talks about three regions instead of five.

But you see, one wonders whether the running down of all of the services of Trinidad and Tobago is not a deliberate act of privatization. Because when I listened to Sen. Mahabir-Wyatt, I sensed that here was a person who is fed up with the health services in Trinidad and Tobago. So the more that service is rundown, the more fed up people will become and they are then willing to accept anything, willy-nilly. It may very well be. Because one can hear her say: I am willing to try it and if it does not work we could try something else. This is what has happened to the majority of people in Trinidad and Tobago. The same thing has happened with the police service. The people are fed up in the same way, not only with the police, but also with the Minister. This is a problem that we have. Most people are of the view that this is deliberately done so that the health services can be privatized. But in whose interest will this be? To those who can afford, perhaps, but those who cannot afford, "crapaud smoke their pipe."

We should all be concerned about that, because the people who do not have, cannot afford and they are going to turn on those who have. That is what will

happen, and I am afraid we are reaching very close to that stage, unless the Government does something concrete. Stop "mamaguying" people and do something that will help these people; otherwise the Government is not going to be able to enjoy its millions; they will be of no use.

6.40 p.m.

Another area that is of concern to the doctors is the terms and conditions of service. Hear what they say:

> "Will each Authority set its own terms and condition of service (subject to the Minister's approval) so that there will be differentials among the different Authorities prompting frequent transfers as Authorities vie with each other for top personnel?"

They compared this with the transfers in the soccer market and so forth.

It is a valid point that what is going to happen is that there will be competition for services. When that happens there will be fewer and fewer because this is the market forces the Government has been talking about.

Mr. President, I want to quote from *Towards a Healthy Nation* which is very instructive in part. This document states that there are too many doctors in Trinidad right now and even too many doctors worldwide. One wonders whether the doctors in Trinidad and Tobago are not being set up because of these conditions we have to cause some of them to migrate. I wonder whether that is what the Government has in mind?

Sen. Huggins: That is good!

Sen. M. Hosein: That is the point. Maybe, this is the intention, but I think if that happens it would be a dangerous thing; it would be a brain drain, and we are going to lose the best of the lot. My understanding is that quite a few doctors have left because of the uncertainty of the RHAs. *[Interruption]* No, that is my understanding.

Mr. Eckstein: Can you give us a name?

Sen. M. Hosein: I do not have a name now, but I can give you later. I can get some names for you afterwards; it is no problem; the names are not difficult to get.

Mr. President, the doctors are also concerned about some other areas which are cited here:

> "1. Deals with transfers and secondments. However with the repeal of the Act in Article 36, the Health Service ceases to exist. There is, therefore no option, either join the RHA or retire. What happens if the RHA decides not to employ you? You then have no job. Worse still, if you have less than ten years service you have no pension to speak of !!!"

This is an area which the Minister would want to address as it is of real concern to the doctors. They go on:

> "2. Nowhere in the Bill is it mandatory that RHAs employ Trinidadians. If the RHA decided to import cheap foreign labour and gets the approval of the Ministry of National Security then your employment is in jeopardy. Remember the Health Minister only has to approve salaries above 96,000."

This is another area the Minister might want to deal with.

> "3. Contracts are for five years only. This offers no security of tenure. No longer will one be appointed permanently until age of retirement is reached. Doctors will now be at the mercy of the whims and fancies of the Board and there is an obvious avenue here for patrimony and corruption to occur."

These are the concerns of the doctors that should have been dealt with.

> "In spite of the Minister's reassurances these are of real concern to us and indeed impacts on all sectors of the present Health Service. In fact, we feel that it encroaches so strongly on our constitutional rights guaranteeing job security that we are of the opinion that this Bill cannot be passed by a simple majority."

Mr. President, there is another concern of the doctors.

> "<u>Legal Consequences</u>
>
> 1. Will doctors now be liable to be sued as opposed to the AG as now obtains?"

Perhaps the Attorney General will clarify that, or the Minister of Health may know about it and he can clarify it.

"2. What is the status of MOs, DMOs and MOHs; and who will now perform their functions....Port health, Autopsies, removal and viewing of bodies etc., etc."

I do not know whether the Minister will be able to deal with this when he is winding up the debate.

"3. What is the fate of the CMO? Who replaces him..

4. Will the Essential Services Act apply?"

It goes on:

"1. The all pervading power of the Minister is making regionalization a sham. The Boards have no Autonomy. In fact, the Bill maintains the Minister's present powers, gives him some he did not have but shields him from repercussions if things go wrong."

These are real concerns of the Medical Association.

Sen. Huggins: What about doctors who work in their private practices whole day and get—

Sen. M. Hosein: It is strange that the Minister, unashamedly admits to the horrors of the health service, but he conveniently forgets that it is the PNM Government which was responsible for the past 37 years; he forgot that. *[Interruption]* Well, I am very glad to hear that the Minister admits that. *[Interruption]* It is very difficult for him to see the point.

Mr. President, in closing, let me state categorically—because I do not want it to be misunderstood—that, firstly, we are for decentralization. I want to make that very clear. We are not against that because we believe that decentralization is the way to go. Secondly, we do not believe that the way to go is with five regional authorities; we believe that three are sufficient. We would save money; be more efficient. I endorse what Sen. Diana Mahabir-Wyatt mentioned about being able to access the services from any part of Trinidad and Tobago. I think that is very important, and it is the way we should go.

I think we have to be very clear that all persons who now work within the health services should retain their position; the Government should hold its hands until these people are ready to retire. If it does not want to re-appoint after that, fine, but I know what its intentions are. It is not the right way to go; wait until these people are ready to retire. If they can take pre-retirement leave and so on, that is all right, but do not try to get them out.

Mr. Eckstein: Mr. President, on a point of clarification. Is the Senator saying that the Government should decentralize when all of the people who are now employed retire? I just want to understand.

Sen. M. Hosein: No. What I am saying is that people should not be dismissed until they are ready for retirement. That is all I am saying.

Mr. Eckstein: So we can decentralize?

Sen. M. Hosein: Yes, certainly. We accept the concept of decentralization, but we do not want decentralization to be an albatross around our necks.

6.50 p.m.

We want the Minister to come back before the end of this debate and give us the figures. Are we going to save money by decentralization? How are we going to save? How much money are we going to save? Where are we going to get the money to put this plan into place? What assurances can you give us that there will be no nepotism and political interference in the boards' work? We need to know these things. It is very important. I will give him a copy of a letter from the doctors in which concerns are stated, if he does not have one. I think it is important that he address the concerns of the doctors.

Mr. President, we want to go from one stage to another stage and, hopefully, we all expect that it will be for the good of the country. We do not want to start with a strike, and this, that and the other. We want them to be satisfied, and we expect the Minister to deal with those issues.

Mr. Eckstein: Mr. President, the Senator has asked me to deal with the concerns of the doctors and I accept that**.** Having met with the San Fernando Hospital doctors, I received a letter from them saying they had one outstanding concern. All of the concerns which the Senator has raised here have been addressed. Following our discussions they said they had one, which is the pension matter and I read it to you. They have one other concern which is the naming of a doctor on the RHA. Those matters have been addressed in consultation with doctors and they have written following a meeting with heads of all the clinical services saying they have one outstanding problem, the pension.

Sen. M. Hosein: The Minister just told me that he met with the San Fernando doctors. I am talking about the Trinidad and Tobago Medical Association. This is the body that represents all doctors in Trinidad and Tobago. It seems to me that he wants to get around what I am telling him by saying—that kind of technique

would not work in the Senate. He can get away with that downstairs but not here. He has got to come straight when he is coming with me. Do not try that!

This is the kind of problem we have with this Government. This is why they do not have any credibility. Nobody believes a word they say. When it is not boom, boom, it is something else, and nobody believes one single word. If it is not that, it is mass somewhere up in Laventille. They have to understand that if they are going to get this country moving, the economy and this RHA moving, the people must be behind them. They must get the consensus of the people. They cannot expect that their credibility is zero and that people are going to accept what they tell them. We need to make sure that the Government keep their word and that they go and get a consensus and come back to us. We would then be in a better position to say we really have a consensus.

In conclusion, politics is supposed to be the second oldest profession. But over the last two years observing this Government made me realize that President Ronald Reagan was right, that politics bears a very close resemblance to the first and oldest profession.

Thank you.

The Minister of Planning and Development (Sen. Dr. The Hon. Lenny Saith): Mr. President, I beg to move that debate on the second reading of the Regional Health Authority Bill be adjourned to the next sitting of the Senate.

Question put and agreed to.

MATTERS

(Disposal of)

Mr. President: Before the motion for the adjournment is moved, there are two non-controversial matters that agreement has already been reached upon, and which I would like to dispose of. One is the taking of the Oath of Allegiance by the temporary Senator, and the other is the last Motion on the Order Paper concerning the Special Report of the Joint Select Committee. I now invite Senator Norma Lewis-Phillip to take the oath of allegiance.

OATH OF ALLEGIANCE

Sen. Norma Lewis Phillip took and subscribed the Oath of Allegiance as required by law.

COMPANIES BILL

Select Committee Report

Adoption

Sen. Ainsley Mark: Mr. President, I beg to move the following Motion:

Whereas the Special Report of the Joint Select Committee appointed to consider and report on the Companies Bill 1993 was presented to the Senate at a sitting held on Tuesday, March, 8, 1994.

And whereas that report recommended that the Committee be permitted to discuss the general merits and principles of the Companies Bill, 1993.

Be it resolved that the provisions of Senate Standing Order No 52, as amended, be suspended to permit the Joint Select Committee appointed to consider and report on the Companies Bill, 1993 to discuss the general merits and principles of the Bill in addition to its details.

Seconded by Sen. S. Capildeo.

Question proposed.

Question put and agreed to.

Report adopted.

Motion made, That the Senate do now adjourn to Wednesday, March 30, 1994 at 1.30 p.m. *[Hon. L. Saith]*

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 7.02 p.m.