

Leave of Absence

Tuesday, February 15, 2000

SENATE

Tuesday, February 15, 2000

The Senate met at 10.30 a.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Mr. President: Hon. Senators, leave of absence has been granted to Sen. Diana Mahabir-Wyatt for the period February 15—26, 2000.

SENATOR'S APPOINTMENT

Mr. President: Hon. Senators, I have received the following correspondence from His Excellency the President of the Republic of Trinidad and Tobago:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency ARTHUR N. R. ROBINSON, T.C.,
O.C.C., S.C., President and Commander-in-
Chief of the Republic of Trinidad and
Tobago.

\s\ Arthur N. R. Robinson
President.

TO: MR. KENNETH AYOUNG-CHEE

WHEREAS Senator Diana Mahabir-Wyatt is incapable of performing her functions as a Senator by reason of illness:

NOW, THEREFORE, I, ARTHUR N. R. ROBINSON, President as aforesaid, in exercise of the power vested in me by section 40(2)(c) and section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, KENNETH AYOUNG-CHEE, to be temporarily a member of the Senate, with effect from 15th February, 2000 and continuing during the period of illness of the said Senator Diana Mahabir-Wyatt.

Given under my Hand and the Seal of the
President of the Republic of Trinidad and
Tobago at the Office of the President, St.
Ann's, this 14th day of February, 2000.”

SPECIAL SELECT COMMITTEE**(Appointment of Senator)**

Mr. President: Hon. Senators, I have appointed Sen. Jearlean John to replace former Sen. Agnes Williams to serve on the special select committee appointed to consider and report on a Bill entitled: “an Act for the incorporation of the Trinidad and Tobago Association of Professional Psychologists and for related matters.”

HIS EXCELLENCY’S MESSAGE

Mr. President: His Excellency, President Arthur N. R. Robinson has sent a message to Members of this honourable Chamber. The message is as follows:

“THE PRESIDENT
REPUBLIC OF TRINIDAD AND TOBAGO

MESSAGE FROM HIS EXCELLENCY ARTHUR N. R. ROBINSON, TC., OCC., SC.,
TO MEMBERS OF THE SENATE

At the sitting of the Senate on 25th January, 2000, the Honourable Attorney General read into the record a letter to me from the Honourable Prime Minister which contained certain imputations on my character.

In order to follow the principle of ‘Audi alteram partem’ and let natural justice prevail, I wish to place on record my response to the letter dated 25th January, 2000 from the Honourable Prime Minister to me, as follows:

‘January 27, 2000
The Honourable Basdeo Panday, M.P.,
Prime Minister,
Office of the Prime Minister,
‘Whitehall’
Maraval Road,
Port of Spain

My dear Prime Minister

I am deeply grateful to you for responding in writing as I requested, to my letter of January 19, 2000. One can, I humbly submit, immediately see the immense value of the procedure of making our responses in writing.

I must say quite frankly, Prime Minister, that I was shocked by your ascribing to me a request that the frequency of our weekly meetings be

reduced as the stress was having a deleterious effect on my failing health. Such a statement, if it had been made by me, would have been to say that I could not perform my functions as President because of failing health. It would have been extraordinary that you, as Prime Minister, would have just let that pass by without any comment, question, or action. In fact, this allegation by you is absolutely untrue and is defamatory. The allegation was repeated by the Attorney General in the Senate of the country and received widespread publicity throughout the nation and possibly abroad.

During the course of 1999, I attended international conferences in Tobago, Trinidad, Barbados, Atlanta, Georgia, United States of America and at the United Nations in New York where I inaugurated an international symposium to commence a campaign of poverty eradication world wide. On all these occasions I was received with acclamation. This was apart from my normal domestic duties from day to day, which included the Independence celebrations and the Republic Day celebrations of the Inter Religious Organization in September. My last international engagement was in October and I have been invited to inaugurate another international conference in Jamaica in March. It is incredible that I could say that I could not sit with you to receive information from you concerning the general conduct of the Government of Trinidad and Tobago. Information can always be obtained from my doctors who have only recently informed me that they are very happy over the state of my health.

You went on to say that we have kept in touch by telephone, but it is I who have consulted you on the business of appointments to Service Commissions.

You have mentioned that you have kept me fully informed concerning the general conduct of the government by the transmission of Cabinet Minutes on a timely basis. But as you well know, Prime Minister, these Cabinet Minutes are sent to me more than a week after the Cabinet Meeting to which they relate and after decisions have already been made.

You mentioned that the Constitution does not require weekly or other attendance on the President by the Prime Minister. This is so, but it has been a convention, certainly in the last virtually two decades, including the five years that I had the honour to occupy the high office of Prime Minister. Without visiting the President for four months and not complying with Section 81 of the Constitution, you boldly allege that this was at my request. This assertion by a Prime Minister in respect of the President, I must say, Prime Minister, is outrageous.

His Excellency's Message
[MR. PRESIDENT]

Tuesday, February 15, 2000

On Friday 21st January, you requested and were granted an audience with me. This was unusual. The conventional practice which had been observed until suspension by you in September, was that you would come to meet with the President on a fixed day which was previously a Wednesday, but at your request, changed to Thursday because of the change in the day of your Cabinet meetings.

I received you at the door with my staff in attendance and invited you into the room where I had waited on several occasions for your conventional visits without hearing a word from you. You began by questioning me in an angry mood as to what I wanted. Somewhat taken aback by your manner, I referred you to my letter and a brief discussion ensued which you terminated and left. It was clear to me that your visit was merely for the purpose of making public that you had visited and certainly not to discuss.

Prime Minister, I do not wish to continue at this level with you. I would like to discuss serious matters relating to compliance with the constitutional provisions and the action you advised me to take in respect of the Senators from the small sister island of Tobago.

Prime Minister, it grieves me to refer to the pattern of falsehood and misrepresentation by you and your Ministers, even in the Parliament, which has attended this proceeding. Meaningful discussion can only take place on the basis of truth, good faith and trust.

I await, Prime Minister, from you and the Attorney General sincere apologies and a retraction of the statements made with their scandalous imputation on my character and on my capacity to discharge my functions as President.

Yours sincerely.

(Sgd.) Arthur N.R. Robinson T.C., OCC., SC.'

Arthur N. R. Robinson TC., OCC., SC.

February 14, 2000''

OATH OF ALLEGIANCE

Sen. Kenneth Ayong-Chee took and subscribed the Oath of Allegiance as required by law.

10.40 a.m.

**TRINIDAD AND TOBAGO EMERGENCY
MUTUAL AID SCHEME (INC'N) BILL**

(Presentation)

Sen. Nizam Baksh: Mr. President, I have the honour to present the report of the Special Select Committee appointed to consider and report on a Bill entitled, "An Act for the incorporation of the Trinidad and Tobago Emergency Mutual Aid Scheme and for matters incidental thereto".

**UNITED ISLAMIC ORGANISATIONS OF
TRINIDAD AND TOBAGO (INC'N) BILL**

(Presentation)

Sen. Vimala Tota-Maharaj: Mr. President, I have the honour to present the report of the special select committee appointed to consider and report on the Bill entitled, "an Act for the incorporation of the United Islamic Organizations of Trinidad and Tobago and for matters incidental thereto".

ORAL ANSWERS TO QUESTIONS

The following question stood on the Order Paper in the name of Sen. Muhammad Shabazz:

**Millennium Concert
(Expenditure Incurred)**

- 9. A.** Could the hon. Minister of Tobago Affairs state:
- (i) What was the exact cost to the Trinidad and Tobago Government through the Tobago House of Assembly to stage the Millennium Concert in Tobago on December 31, 1999;
 - (ii) How were the moneys disbursed to companies and individuals;
 - (iii) The amount of money the Trinidad and Tobago Government through the Tobago House of Assembly paid to the Copyright Organisation of Trinidad and Tobago.
- B.** Could the Minister state whether Josanne Lennard was ever employed with or was on contract with the Tobago House of Assembly? If the answer is in the affirmative could the Minister state the terms and conditions of employment?

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, I would like to seek leave of the Senate to defer the answer to question No. 9 to two weeks from today.

Question, by leave, deferred.

The following question stood on the Order Paper in the name of Sen. Cynthia Alfred:

**NIPDEC Cold Storage Facilities
(Tobago)**

- 10.** A. Is the hon. Minister of Agriculture, Land and Marine Resources aware that the NIPDEC cold storage facilities in Tobago have closed down due to a lack of approximately two million dollars (\$2m) needed for the refurbishment of the facilities?
- B. Is the hon. Minister also aware that due to the closure, the flying fish industry in Tobago is virtually at a standstill leaving hundreds of Tobago fishermen, fish processors, other workers and their dependants severely disadvantaged?

If the answers to A and B are in the affirmative, will the hon. Minister inform this House:

- (a) if any measures are proposed by his Ministry to effect the necessary refurbishment to the NIPDEC cold storage facilities to alleviate the unemployment problem created in the fishing industry;
- (b) how soon remedial action will be taken?

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, with your leave and the leave of the Senate we would like this question to be deferred to a later stage of the proceedings.

Mr. President: Do I have Senators' consent to defer Question No. 10 to a later stage of the proceedings?

Assent indicated.

**Central Bank Statements
(Bad Debt Provisions)**

11. Sen. Martin Daly asked the Minister of Finance, Planning and Development:

- (i) Is the Minister aware that in the Financial Statements of the Central Bank for the nine months ended September 30, 1998 there is a bad debt provision of \$176.8 million;
- (ii) Is the Minister aware that in the Financial Statements of the Central Bank for the six years 1993 to 1998 (both inclusive) there have been bad debt provisions totalling \$894.7 million;
- (iii) Would the Minister identify the circumstances which would require the Central Bank to make provisions for bad debts?

The Minister of Finance, Planning and Development (Sen. The Hon. Brian Kuei Tung): Mr. President, I would wish to reply to question No. 11, parts (i) and (ii) together and then I will reply to part (iii) separately.

With respect to parts (i) and (ii), the reply to the first part of the question is yes. The audited financial statements of the Central Bank are, in accordance with the Central Bank Act, section 53, required to be submitted to the Minister within three months of the end of the bank's financial year. The Act also makes provision for the Minister to cause a copy of the statement of the report to be laid before Parliament as soon as possible after receipt and to cause accounts to be published in the Gazette. These obligations have been consistently met by the Central Bank and by me as Minister of Finance.

With respect to part (iii) of the question, the Central Bank, in discharging its financial obligations annually, reviews its assets valuation and makes provision for losses thereon based on prudent evaluation of market conditions. This evaluation is undertaken after consideration of established obligation for debt forgiveness under agreements such as the Paris Club, counter-parties involved, their loan repayment history as well as securities market conditions. In other words, hon. Senator, the value of securities goes up and down. As you know, the reserves are kept overseas in securities and they are valued conservatively at the end of each year.

Section 29 of the Central Bank (Amdt.) Act, 1994 allows the bank to make provisions in the accounts for bad and doubtful debts, potential losses and loan contingencies. As in the case of prudential accounting for commercial enterprises, provisions for doubtful debts are made in circumstances where there are protracted delays in settlement in accordance with stipulated repayment terms and advances, loans and investments. Non-collection in due course, however, would give rise to a bad debt and hence the write-off.

Oral Answers to Questions
[HON. B. KUEI THUNG]

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Provisions for doubtful debts in the past have arisen, particularly in the case of loans to Guyana, loans to financial institutions which have failed and financial support provided in the merger and restructuring of the three indigenous banks. Mr. President, it should be noted that the creation of a provision for bad and doubtful debts does not mean that the debt is written off or that collection is no longer pursued. Organizations are required to recognize the possibility of and take into account any potential risk, losses or uncertainties that are likely to affect the business and to quantify same as a provision in the accounts. Provision in the accounts may be reversed and/or reduced based on full or partial recovery of sums outstanding or on the basis of technical recommendations in an accounting standard. When this happens the amounts recovered are included in income in the year of receipt.

Sen. Dr. St. Cyr: Supplemental, please. Would the hon. Minister be in a position to tell us today whether any provisions for bad debts over this period under consideration have been recovered and brought back to income?

Sen. The Hon. B. Kuei Tung: No, but I could get that information for you. You are speaking of the period 1993—'98?

Sen. Dr. St. Cyr: Yes.

Sen. The Hon. B. Kuei Tung: I could find that out. I did not walk with that information.

Sen. Dr. St. Cyr: Further supplemental, please. Would the hon. Minister also inform us as to the proportion of these bad debts which were foreign as compared to that which was local?

Sen. The Hon. B. Kuei Tung: Yes. Mr. President, I would be happy to provide that information.

Sen. Prof. Spence: Would the hon. Minister be prepared to go a bit further and give us a breakdown of the bad debts and the recoveries for the period? Thank you.

Sen. The Hon. B. Kuei Tung: Yes, Mr. President, I would be happy to do that. I presume you would want that in writing rather than my having to answer another question?

Sen. Prof. Spence: Yes, Sir.

Sen. The Hon. B. Kuei Tung: I will provide it in writing.

ARRANGEMENT OF BUSINESS

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, I seek leave of the Senate to deal with Motions Nos. 4 and 5 under “Private Business” followed by “Bills Second Reading” under “Government Business”.

Agreed to.

**ALDWYN ROBERTS—LORD KITCHENER
(CONDOLENCES)**

Mr. President: Hon. Members, I have just been reminded by the Clerk that I omitted, under “Announcements by the President”, a very important matter and that is a tribute to the late Aldwyn Roberts, Lord Kitchener. I believe members of the Senate would like to pay tribute.

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, not many people can claim to be household names in this country, and indeed the Caribbean, like the late Aldwyn Roberts known in the calypso world as Lord Kitchener and more popularly known as the “Grand Master”.

Mr. President, what can I say about a man who has spanned some seven decades and who has been a legend several times over? I believe that I would be doing the late Grand Master an injustice if I attempted to summarize his legendary achievements in the few minutes for which I would, in fact, speak. Notwithstanding, I think it is fitting for this honourable Senate to pay special tribute to a man who has touched the lives of every Trinidadian and Tobagonian in so profound a way as to leave an indelible mark on us as a society.

He has used his music for lovemaking, for adulation of the national musical instrument, for even admonishing the politician and for celebrating the mas’ When he penned the “Bees Melody”, he produced a classic piece of music that epitomizes the art form of calypso with a perfect blend between the melodic and lyrical structure. Every pan man wanted to play it. Every calypso lover wanted to hear it. “Bees Melody” demonstrates the genius that was Lord Kitchener and stands as a living testimony of the tremendous love he had for the pan and for the citizens of this country.

Kitchener’s life, Mr. President, was dedicated to producing a quality of music that must be used as an inspiration to musical geniuses of the future. Kitchener has created a legacy of music that can teach us and which provides us with a source of reference that spans five decades of the evolution of calypso music in

Aldwyn Roberts—Lord Kitchener
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the Republic of Trinidad and Tobago. In the words of the well-known Prof. Gordon Rohlehr, “He sang it all.”

Mr. President, on behalf of the Government of Trinidad and Tobago and the Senate here, our side, we would like to record our profound condolences to the bereaved family of the late Aldwyn Roberts, the Lord Kitchener, and we on this side pray to Almighty God that in his passing into this new realm of existence he would have eternal peace in his new place of rest. Thank you very much.

Sen. Nafeesa Mohammed: Mr. President, I was about to say that my colleague, the hon. Leader of Government Business, may have said it all, but we on this side certainly would like to join with our colleagues in extending our deepest condolences to the family of the late Aldwyn Roberts.

Yesterday our country witnessed a people’s funeral for a people’s man, a true son of our soil, the late Aldwyn Roberts whom the world knew as Lord Kitchener and the Grand Master.

10.55 a.m.

The Grand Master was indeed a very humble man who came from a humble background to become one of our country’s greatest heroes. His contribution to culture, to calypso and steelband is indeed well known to all of us in this country and though Lord Kitchener, or the Grand Master, has gone to the great beyond, we are all confident that his legend will live on for many, many years. It was indeed encouraging to see so many of our calypsonians paying tribute to the Grand Master, because it tells us that though “Kitch” has gone, there are many, many successors whom he has taught and inspired and who for sure, will carry on with his legend. In particular, his son Kernel Roberts already seems to be filling the shoes of the Grand Master.

Mr. President, we on this side of the Chamber, of the People's National Movement, will certainly miss the Grand Master because of the very special relationship that we know existed and we would like to extend our deepest condolences to his family. May his soul rest in peace and, as it is often said, it is from God we came and to God is our eventual return. Thank you.

Sen. Prof. John Spence: Mr. President, on behalf of the Independent Senators may I express our sympathy and condolences to the family of the late Aldwyn Roberts. I suppose the outstanding thing is the pleasure and enjoyment he gave to so many people. That is the thing about entertainers who can do this in a way that lives on.

It is said that his music will live on after him and this is certainly the case. As a teenager, I remember one of his songs—which I had forgotten he had composed, in fact—that is “Chinese never had a VJ Day”; not historically accurate but very entertaining nonetheless. So, we would like to join with the others in giving sympathy to the family.

Mr. President: Hon. Members, I wish to associate myself with the comments of the three previous speakers and pray that his soul may rest in peace.

**TRINIDAD AND TOBAGO EMERGENCY
MUTUAL AID SCHEME (INC’N) BILL**

Adoption

Sen. Nizam Baksh: Mr. President, I beg to move the following Motion standing in my name:

Be It Resolved that the Senate adopt the Report of the Special Select Committee of the Senate appointed to consider and report on a Bill entitled, “An Act for the Incorporation of the Trinidad and Tobago Emergency Mutual Aid Scheme and for matters incidental thereto”.

Mr. President, the committee met with the promoters, went through their records and were enlightened on the activities of this organization. In our one meeting we were able to determine that it was quite suitable and acceptable for the organization to be recommended under this Mutual Aid Scheme.

In this regard, I beg to move that they be accepted.

Mr. President: A Member of the Committee is required to second.

Sen. Rev. Gray-Burke: Mr. President, I beg to second.

Question proposed.

Question put and agreed to.

Report adopted.

Question put and agreed to, That the Bill be now read the third time.

Bill accordingly read the third time and passed.

**UNITED ISLAMIC ORGANISATIONS OF
TRINIDAD AND TOBAGO (INC’N) BILL**

Adoption

The Minister in the Ministry of Health (Sen. The Hon. Vimala Tota-Maharaj): Mr. President, I beg to move the following Motion standing in my name:

United Islamic Organizations
[SEN. V. TOTA-MAHARAJ]

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Be It Resolved that the Senate adopt the Report of the Special Select Committee of the Senate appointed to consider and report on a Bill entitled, “An Act for the Incorporation of the United Islamic Organisations of Trinidad and Tobago and for matters incidental thereto”.

Mr. President, this matter was first brought before the Senate when at a sitting held on Tuesday, June 16, 1998, Sen. Nizam Baksh presented a petition on behalf of the promoters, seeking leave of the Senate for the United Islamic Organisations to proceed with the introduction of a Private Bill for the incorporation of their organisation.

Leave was granted and the promoters provided the documents required under Standing Order 76(5)(a) (b) and (c). Notices were published in the *Trinidad and Tobago Gazette* and the *Trinidad Guardian* newspaper and objections were received from three Islamic organisations.

The matter was referred to a Special Select Committee of the Senate in accordance with Standing Order 76(8) with the following terms of reference:

“to consider and report on a Private Bill, entitled 'An Act for the incorporation of the United Islamic Organisations of Trinidad and Tobago and for matters incidental thereto'.”

After three meetings with the promoters and the objectors during the 1997—1998 Session, your committee reported that it was unable to complete its deliberations and recommended that a new committee be appointed in the next session to continue consideration of this matter.

Your committee was re-appointed on December 01, 1998 with the same terms of reference. Your committee again held three meetings and working with the original Bill before your committee and a redrafted Bill submitted by the promoters, your committee prepared a list of amendments and a schedule to the original Bill. Your committee, however, felt it necessary to obtain legal advice on the proposed amendments and schedule before submitting its report to the Senate.

At a sitting of the Senate held on Saturday, September 04, 1999, your committee found it necessary to report that it was unable to complete its deliberations because of the imminent prorogation of Parliament. Your committee did not receive the legal advice requested and your committee again recommended that a new committee be appointed in the 1999—2000 Session to continue consideration of this matter and that this new committee be allowed to adopt all the work and records of the previous committee.

At a sitting of the Senate held on Tuesday, December 07, 1999, a new committee comprising the undermentioned Members was appointed to consider and report on the Bill:

Mrs. Vimala Tota-Maharaj

Mr. Nathaniel Moore

Mr. Mahadeo Jagmohan

Dr. Eric St. Cyr

Your committee's terms of reference remained the same as in the previous session:

“to consider and report on a Private Bill entitled 'An Act for the Incorporation of the United Islamic Organisations of Trinidad and Tobago and for matters incidental thereto'.”

Mr. Neil Jaggassar, Parliamentary Clerk II, provided secretarial assistance for your committee.

Your committee held one meeting on Tuesday, January 18, 2000 and during the course of that meeting, considered the original Bill introduced in the Senate against a redrafted Bill forwarded by a draftsman from the Chief Parliamentary Counsel's Office and caused a list of amendments to be prepared.

REPORT AND RECOMMENDATION

Your committee was always of the view that the name “The United Islamic Organisations” could be misleading and could give the impression that all Islamic bodies in the country belonged to this one big parent organisation. In order to dispel any doubts, a list of amendments and a schedule naming the member bodies of the organisation have been prepared. This was in keeping with the legal advice received.

Your committee made a further examination of the clauses and preamble of the Bill and, having regard to all the evidence, your committee is satisfied that the facts and allegations printed in the Bill are true and correct.

Your committee wishes to report that it has completed its deliberations and has found sufficient proof in support for this organisation to be incorporated by Act of Parliament. Your committee therefore recommends that this Bill be accepted by the Senate, subject to the amendments listed in the Appendix.

Mr. President I beg to move.

Mr. President: The Motion needs to be seconded by a Member of the Committee.

Sen. Mahadeo Jagmohan: Mr. President, Members of this honourable Senate, I rise to second the Motion ably moved by the last speaker, Sen. Vimala Tota-Maharaj.

Question proposed.

Sen. Dr. Eastlyn Mc Kenzie: Mr. President, having read the report and listened to the Chairman of the Committee, I would like to ask her, in the first instance, the committee having come to the conclusion it came after redrafting and getting the advice of the legal people, whether the objectors were informed of the changes and whether they agreed to the changes, so whether you satisfied them?

Mr. President: I wait to see if there are any other contributions. Sen. Tota-Maharaj.

The Minister in the Ministry of Health (Sen. The Hon. Vimala Tota-Maharaj): Mr. President, yes, the objectors have received copies of the report and they are in total agreement with the amendments.

Mr. President, I beg to move.

Question put and agreed to.

Report adopted.

Question put and agreed to, That the Bill be now read the third time.

Bill accordingly read the third time and passed.

11.10 a.m.

REGIONAL HEALTH AUTHORITIES (AMDT.) BILL

Order for second reading read.

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. President, I beg to move,

That a Bill to amend the Regional Health Authorities Act, 1994 be now read a second time.

The purpose of this Bill is to effect an automatic transfer of daily-rated employees at the health institutions from the government service to the respective regional health authorities. This is being done while preserving the existing collective agreements between the Chief Personnel Officer and the workers' representatives, and also preserving the right of the existing bargaining unit to continue to represent employees on their transfer to the regional health

authorities. It also preserves and gives credit to the previous services with the former employer, in this case, the Government. In other words, this Bill seeks to make each regional health authority the successor employer of Government's daily-rated employees currently working in its health institutions and within its authority.

Mr. President, as Senators of this honourable Senate are aware, Government has embarked upon a comprehensive Health Sector Reform Programme in pursuit of the general goal of improved health status to the population of Trinidad and Tobago. To this end, the responsibility of health care delivery has been devolved to five corporate bodies created by the Regional Health Authorities Act, No. 5 1994, and the Ministry of Health has retained responsibility for policy making, monitoring and regulating the health sector.

Prior to commencement of this Act in December 1994, all public health care facilities were owned by the Government and staffed by public service officers and daily-rated workers. By virtue of section 14(1) of the Act, however, these health care facilities are now vested in the regional health authorities. The Government is keenly aware that it has a role to play in providing proper health care to the population, but if we wish to fulfil that responsibility in the most cost-effective manner, we must not confuse that with the responsibility of owning and operating the health care facilities. This subtle but important distinction, between being responsible for the health of the population and managing the service delivery, is at the heart of the Health Sector Reform Programme.

By decentralizing service delivery to regional health authorities, while retaining policy making, financing and regulating at the Ministry of Health, the reform programme seeks to enhance efficiency and improve accountability. Decentralization brings decision making closer to the people, in an effort to make the services more responsive to local needs. Mr. President, decentralization by itself cannot work. We must ensure that there is accountability, and to do so we must also ensure that there is commensurate authority that goes with the responsibility that the regional health authorities are mandated to discharge.

We are aware that the health sector is a labour intensive sector where there are many different categories of staff. The Government is faced with some vital issues that need to be addressed in the area of human resources in the health sector, most notably, the dual-track employment system. The fact that the regional health authorities do not have the management control of nearly 75 per cent of the staff working in the facilities, violates one of the basic tenets of modern

management, and this fact is one of the most serious challenges faced in the Health Sector Reform Programme.

Cabinet has appointed an inter-ministerial committee to make recommendations to effect the transfer of monthly-paid staff to the RHAs. In the interim, while we await the resolution of this issue with regard to the public servants, we are addressing the issue of the daily-rated workers with this piece of legislation before us today.

Pursuant to section 29(1) of the Regional Health Authorities Act, it states:

“An officer in the public service, who on the commencement of the Act is employed at a health care facility, may—

- (a) with the approval of the appropriate Service Commission and the Regional Health Authority in which the health care facility is vested consent to be appointed on transfer to the service of the Authority upon such terms and conditions as are acceptable to him or his trade union and the Authority;
- (b) with the approval of the appropriate Service Commission consent to be seconded to the Service of an Authority;
- (c) remain in the public service.”

Further, section 31 provides:

“...employees of an Authority who have transferred from the Public Service shall, for the purpose of collective bargaining, continue to be represented by the relevant representative association that formerly represented them.”

Section 32 also provides:

“Any agreement applicable to former officers in the public service or a statutory authority...shall be valid and binding on the relevant representative association and the Authority and shall be deemed to be registered under the Industrial Relations Act.”

Moreover, section 33 provides for the continuation of a “collective agreement or other agreement that immediately prior to the...Act affected employees...in the public service or a statutory authority...”

As can be seen, therefore, Act No. 5 of 1994, treats with public officers in a comprehensive manner. However, it has failed to address issues related to daily-

rated workers employed by Government and working in the health care facilities. Accordingly, pursuant to the Industrial Relations Act, the Ministry of Health and the regional health authorities continue to recognize the Chief Personnel Officer as the employer of the daily-rated workers and the National Union of Government and Federated Workers (NUGFW) as the recognized majority union.

In an effort to address this anomaly, the Ministry of Health, the Chief Personnel Officer and their representative union have, through dialogue, agreed that it is in everyone's interest to make the regional health authorities the employers of the daily-rated employees working within their authorities.

Accordingly, clause (3) of the Bill seeks to, *inter alia*, recognize every "collective agreement and registered memorandum of agreement within the meaning assigned to such agreements and memoranda under the Industrial Relations Act, in existence prior to January 01, 2000, to which the Chief Personnel Officer was a party in relation to daily-rated workers..."

Further clause (3) provides that "for the purposes of such agreements...and for all other purposes related to the Industrial Relations Act, each Authority is deemed to be the successor to the Chief Personnel Officer effective January 01, 2000."

The principles governing successorship in industrial relations are: Firstly, the new employer must carry on substantially the same operation as the previous employer.

Secondly, the operation or business must be carried out in substantially the same way.

Thirdly, the employees must be substantially the same.

When these three conditions are met or obtained in the succeeding business the new employer would be the successor employer. In the case of the Shipping Association of Trinidad and Tobago against the Seamen and Waterfront Workers Trade Union Trade Dispute No. 20 of 1969, the court had this to say and I quote:

"Under the Industrial Relations Principle of Successorship, a new employer who carries on substantially the same business in substantially the same way, with substantially the same employees must grant these employees terms and conditions of employment no less favourable than those previously enjoyed, with credit for previous service with the former employer so that the assessment of any benefits dependent upon length of service would take into account the previous service."

Regional Health Authorities (Amdt.) Bill
[HON. DR. H. RAFEEQ]

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Accordingly, the workers would in no way be disadvantaged or in a less favourable position. Further, the regional health authorities would be in a far better position to implement their mandate since they would now have control of the benefit of the expertise and experience acquired by the workers' previous service, as well as the advantage of established arrangement and relationship of a settled working environment. At present, there are about 1200 daily-rated employees including mechanics, painters, labourers, carpenters and so forth, working in the health institutions operated by the regional health authorities.

This Bill when it is passed and becomes law, will in effect transfer these employees to the respective regional health authorities. However, as I mentioned, I must point out that all past services of the employees would be recognized for the purposes of gratuity and any other benefits that may accrue to the employee. In fact, at present, the collective agreement which exists would be honoured as the bargaining body that represents them, in this case, the National Union of Government and Federated Workers (NUGFW) would be recognized by the regional health authorities.

11.20 a.m.

The point is—and I would like to reiterate this—workers would in no way be disadvantaged by transfer to the employ of the regional health authorities. This is one small but significant step in resolving the undesirable situation of dual-track employment in the public health sector. I want to thank the union for their mature approach on this issue which, as I stated, could only redound to the benefit of all concerned. [*Interruption*]

Sen. Yuille-Williams: Mr. President, I was trying to make a comment before the hon. Minister was finished.

Mr. President: You may go ahead.

Sen. Yuille-Williams: Did you say that the Bill would automatically transfer the daily-rated to the RHA? Was it that you really wanted to imply that this amendment would automatically transfer the daily rated to the RHA?

Dr. The Hon. H. Rafeeq: Yes, when it becomes law. When it is finally passed and assented to.

Mr. President, I beg to move.

Question proposed.

Sen. Joan Yuille-Williams: Thank you. Mr. President, as one who was part of an administration which introduced the concept of the regional health authorities, I have been trying to follow it very closely, recognizing, as we went along, the little bumps that would be there in the road and the necessity at times to make changes to the parent Act. Although, at this time, I think somewhere along the line we might have needed a more comprehensive look at the parent Act again, to bring it in line with what is happening, to look at some of the difficulties that we have been experiencing.

Before I go into this particular amendment, I noted that the hon. Minister in his presentation made a few comments on the operation of the health care systems or the RHAs. I am not trying to stray too far from what was in it. I went back to the original proposals—and I am glad that the hon. Minister himself noted the original proposals—which gave the Ministry of Health its role in this whole decentralization process. He was quite right when he said that the role concerned the setting of policy and I can add, goals and targets for the region based on the assessment of real health care needs.

I am looking at the proposal that was presented, *Towards a Healthy Nation, Proposals for the Future Health-Related Services of Trinidad and Tobago*. This document was prepared for the Ministry of Health by Health & Life Sciences Partnership, London & Port of Spain. Among the new roles for the Ministry, and I could just read them:

“annual service contracts with each region specifying the type and volume of services regions must provide;

budgetary allocations tying each region’s finances to those contracts;

review of performance as the basis for subsequent contract negotiation with regions....

Nevertheless, the Minister of Health retains the power to direct a region in the national interests.”

I was particularly interested in that and I listened to the hon. Minister this morning. I am wondering to what extent the Ministry of Health has been able to carry out that function in terms of whether or not the policy, goals and targets set by these individual regional health authorities are in line with what the Ministry of Health would like, because this is a national issue.

I would just like to caution. I listened to some of those who spoke for the regional health authorities and at one time I heard someone say that the RHA was

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in the business of health care. From the time I heard about “the business of health care” I asked a little about it. Sometimes in trying to be in the business of something we might, at least, veer a bit from the original intention. I ask, what about the caring aspects of it, because we could look at the economics a whole lot and we could miss the whole business of caring for the clients; I think that is important.

I still want the hon. Minister and his Ministry to closely guard what is happening in each of these RHAs. As he is well aware, because of the autonomy that each of these RHAs has, there are certain problems which are arising. Some of them might have felt that they needed to go that way for several reasons, financial or otherwise, or whatever could be motivating them, but these are individual institutions and the hon. Minister needs to look very closely at this.

In fact, when we heard the boast of “health care for all” we asked ourselves about the quality of health care. It is not just health care; we are asking ourselves about the quality of the health care that needs to be provided. I feel that sometimes we need to look at what is happening and probably they need to put in some kind of law to guard us, because there are certain questionable practices that are now occurring within the regional health authorities which I think we need to address.

For one, we need to look at the whole business of some of the contracts which are being signed in some of those regional health authorities, the extremes in salaries which we have been noticing. Probably some of them could be brought to the table today, but that is not the important point, looking at any particular authority. We have to look at the extremes in some of the salaries being brought. In some cases we feel that some people are underpaid and in some cases, I do not want to say overpaid because people must be paid for the services, but there are two extremes and we need to look at it.

We need to look at some of the contracts being signed, because we are talking about associations being recognized. In some of those contracts there is a clause in which either party can terminate the employment almost immediately and there is this insecurity of tenure within some of those clauses. I have been told by some people that there have been very frivolous reasons why some of these contracts had been terminated. It is needless to talk about some of the questionable hiring practices. I wonder to what extent the Ministry is able to look—I am not saying even to control. I am saying again that you have given people autonomy, but then we are saying that you do things in the national interest. I think it is important that

the Minister should look at it, for some of those workers who have signed these contracts.

People need to be secure. They need to look at career opportunities and if you have this ability to terminate, for whatever reason, you can understand what is going to happen with the health care system. You are going to be changing employees all the time and there is not going to be any stabilisation. I think it is only the nurses who can now get out of the clause, because of the fact that you really need them, but there are several other categories of employees that you need to look at very well.

In fact, we also have to look at some of the working conditions there, because it was brought to my attention that there are some persons who have transferred from the Ministry of Health—the Minister should know better than I do—who have moved over to the regional health authorities and at the end of their contract I understand that they reverted from the secondment back to the Ministry of Health. The Minister can clarify that. One of the things that had been said is that the conditions of service were not what they expected and so they moved. We are looking at it in terms of the poor working conditions.

The employees who moved across to the RHAs were supposed to enjoy working conditions no less favourable than what they had obtained before, when they were with the Ministry of Health. We have to see to what extent that could be negated. Probably the salary might be the same but there are other conditions. I am told that some of the public sector workers who moved on, for example—and I was given this from them—were enjoying 35 days leave and extended sick leave, but now with the regional health authorities some are getting 20 and 21 days. I am only using that as an example of conditions less favourable than one previously enjoyed.

There is not only the fact of the salary, I am also looking at the other working conditions. I was also told that some people had gone on extended sick leave and the regional health authorities had deducted remuneration from them. I am wondering to what extent the Ministry of Health looks at something like this. I am going to come back to that, because one of the problems we are going to be seeing, and I noticed that the Minister alluded to it, is the representation of some of these people who are now workers with the regional health authorities.

Mr. President, let me give you another area in which I think this whole business of the national interest could be hampered. I am using the area of the community nurses. With the Ministry of Health I understand that these

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community nurses were entitled to tax-free loans for motor vehicles. They cannot do a good job unless they are supplied with the tools and as far as they are concerned a motor vehicle is an essential tool for the community nurses. They need to go. I understand that the regional health authorities said that they could not afford it because they have no money to allow for the tax-free loans for them to buy cars. Therefore, if you have community nurses with the RHAs I cannot see how you can expect that service to be administered or how you expect the country to benefit when they do not have the money for the tax-free loan facility. How do you expect the nurses to move?

If you are saying that they are community nurses, probably we could say that on paper and you can boast about the health care system and the community health care nurses, but if they do not have the tools to supply their trade, I am saying that the country will not benefit and the quality health care that we are now trying to boast about is exposed. You cannot deliver something if you do not have what is required. I am only using that for some of the things that are happening there. Probably this is a financial problem, but that does not bother me with this particular purpose. If you say that you have these nurses and you say that they are supposed to move around the community, then you have to do what is necessary to give them the finances to get these cars, or whatever it is, so they can actually do what they are supposed to do.

These are just examples of what I am telling you about, because there are a number of problems which are there and these are individual RHAs, each of them with their own problems, trying to fulfill a mandate. Where is the Ministry of Health? What are you doing as a Ministry and as a government to ensure that some of these problems do not keep resurfacing all the time?

I also want to look at another area. You may tell me that it is financial, but as I said before I am not very much concerned with that as an excuse. There are workers, and I was told particularly at the Eric Williams Medical Sciences Complex, we have looked through some of those, where we understand that some of the international conventions and standards could be broken. For example, there are some contract workers—I am only going to use one of them—the telephone operators. Telephone operators are supposed, by international standards which I think are set by the International Labour Organization Convention, to work five hours a day.

I remember when I was at the Ministry we had to have this rotation system where we had more than one telephone operator who worked for a couple of

hours. People used to ask why a telephone operator should work for such a short number of hours and the rest of us sit and work for eight hours, but that is the standard of the convention; that is how it is done. But I understand over there they are working for eight hours, and that is one RHA, when they are supposed to work for five hours.

Some people are saying that they do not have enough money to pay these people, but you cannot tell us that you do not have the money so that is why people are working outside what is even the international standards. These people have all sorts of problems and there must have been reasons why this was put in and accepted internationally. We have signed to all these conventions. We are saying to ourselves that we want the best and we look at our human resources. When people call these places and the operators are frustrated so they shout out, people complain that the workers are not kind, but probably they have just been there too long, and they just could not take another call.

Yet we are talking about human resource development and in this day when we say that we are attaching importance to human resource development, we have to look at this. You ask yourself why some of these health care workers are not performing as they should and no amount of laws will make them perform as they should and no amount of associations. Some of the basic things are necessary.

I am not saying that anybody at anytime should be so frustrated that they cannot be courteous, but we cannot demand so much from some of these people. We have them there going, they are tired and their backs are hurting them, there are ear problems, but they have to continue, they wanted the job and this is the regulation. You can terminate their employment so very quickly, so it is either you accept it, you stay there, or you leave. That is a clause, employment can be easily terminated by either party. Those are some of my examples. I am using them to show what could exist if the Ministry does not fulfill its role. It is not a free-for-all, but you have a responsibility to the nation.

We have, for example, a nursing shortage, and I want to tell you that if you think it is short, come September again and you would see how many nurses would leave these shores. You are going to ask yourself why; there is going to be a crisis and you have to do something to stem the tide of migration. You are going to lose the nurses and you need to find out why.

We have some of the best trained nurses in the world, I would want to believe. You meet them any part of the world and they are doing extremely well and they can perform very well.

11.35 a.m.

Mr. President, I was a patient at Mount Hope for a long time and I could tell you that I got some of the best care that you could get anywhere else. I have seen the Lord Kitchener over the last few days and I could tell you that our standards here are up to par. The nurses are giving of their all to these patients. I am saying that we are not remunerating these people at all and, as such, they are leaving.

One nurse spoke to me an evening while I was there visiting. As I walked into the Intensive Care Unit, the other nurses who were there looked at me and said, “So happy to see you, we have not seen you for a long time.” They asked all kinds of questions and as I turned away—this is a new nurse who came from England—one of the nurses asked her, who was that and they probably told her and gave her a little medical history. The nurse then came to me and she said, “You know, I came down here and heard so much about where I was, and I was thinking about going back and all that kind of thing.” We had a long chat and she said, “I think I better stay because the kinds of things that you are saying about where I was, and the standards which I have obtained.”

Mr. President, I am saying that we have the best and we have to learn how to keep them, but I do not think that we appreciate what we have at all [*Desk thumping*] and we are allowing the nurses to leave us and we have to do something to help these nurses. All they are crying for is that people care about them; they need adequate remuneration; and other working conditions must be brought up to standard.

Mr. President, what is a fall out of this whole matter, now that we are losing all these nurses, what we will see is a fall out outside there. There are some health care—with due respect to the people who are doing their work and trying—personnel at the regional health authorities who are now being put in place, so that there are people who are dressed very nicely and looking like health care personnel, but they cannot deliver health care. Some of them have done some very short crash courses, but they are there in the wards. There is a new breed there and I really feel sad. I do not want these people to feel that I am speaking against them but I am only telling you. What I am looking at is, people need to be properly trained.

There is a group called: “Patient Care Assistant (PCA)”. That is a new category out there—Patient Care Assistant. These people are all over the wards. That is what the regional health authorities have to do now to assist. There is one regular nurse in charge of these Patient Care Assistants, who have been given a short term

crash course to get on the ward, because there was need to have more health care personnel there. I am telling the Government that will not do for quality health care if it wants to boast. There are many of them running, all over the wards. No salaries, short training, they look very nice, and they are trying their best with the tools that they have, but that is not good enough for our system. The regional health authorities are doing that because they are trying to fill a void, while at the same time the best we have are leaving. The Government is not looking at that and, probably, it is a way of getting more of our own people involved and getting little jobs, at the same time, the clients are suffering.

Mr. President, what is important there is that at the end of the day, the one registered nurse is the one who has to write the report, face the music, and who must account for what has happened—the responsibilities to that registered person—and, therefore, it is unfair even to the registered nurse or so who is in that category to take that responsibility for any omission or so for these people who are trying to assist. Now I am not crying down the people, but I am saying the length of training and the kind of training is not good enough for a country that says, it wants to deliver quality health care and that is only one.

Mr. President, we also had cases where—and I have seen this one—the nursing assistants have now been coming into the ward. They are a little better trained but they are not only just nursing assistants. They have almost taken over the job of some of the nurses and they have to because they do not have the personnel out there and the numbers that should be working out there. They are trying to keep our institutions going and, therefore, the Government needs to take a serious look at what is happening. These are some of the cosmetic things that I see the Government is doing. It is trying to cover up in certain ways—and it is not only by bringing untrained personnel that the Government is covering up people who should be trained properly, the Government has been doing it in other ways. I call that cosmetic, just bringing in these people. That is cosmetic to me.

Mr. President, going to the San Fernando General Hospital, I made so many notes and complained about it. I went down there and saw some cosmetic. I saw some paint going up and it was a little more pleasing to the eye. I saw the cosmetic thing as I walked through because I am always inside there. I always have somebody there and want to help somebody. I am seeing some paint going up there, but that is what it is. I still had a guest and had to carry the sheets and so forth to the hospital. I still had to move the plastic and there was still the overcrowding. Again it was cosmetic. There are some things that must be fundamentally done. I still saw the nursing assistants running and actually trying.
[Desk thumping]

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Mr. President, let me tell you, the personnel at the hospital—I am not complaining and saying that they were not trying. They have tried to be as civil and as courteous as possible, but how far could they go with nothing? They almost reach a stage of embarrassment. I took somebody there over Christmas—the person was a guest—and there were a lot of interns there. They were trying and helping, the registrar was also tied up and they came and said, “You could go home and when you come back bring some sheets and thing.” I saw a lady put a plastic across the bed and she was lying there. She was not the only one. There are many of them who could not even afford. I could have gone home and got some stuff and brought it back for her. In fact, she sent those to me at sometime, so I was able to take it back. At the same time, there are many others who just could not do better and they just have to stay there.

Mr. President, although I like the little paint—even the little cracks and the rotten wood were being painted and all that—some cosmetic things—which did make it a little more pleasant, at the same time, we have to look at this health care in a different way. There are fundamental problems and we have to come to grips with it. How do we at this time make this thing to deliver quality health care, no running and short-term thing?

Mr. President, every time we come to the Parliament we make a little amendment or we say that we are going to do a little thing. I heard somebody out there say that we are going to do something and then we read where there is a need for so and so workers. No! No! We need to do it and we need to help these regional health authorities in some way. That is why I blame the Ministry of Health because part of the proposal was they had a role. It is Government funds; it is Government funding and, therefore, the Government has a role to play in ensuring that it delivers what it says. The Government could be on its platform telling us all about delivering quality health care; it could tell us all about what it dreamt of for the last five years; or what it intends to dream of for the next five years, but it is not happening. Why is it not happening is what I think we should be looking at. Whereas we are trying to put in short-term—you would want to say—measures to help, what is the long-term vision? How are we doing things to make these fundamental changes in the health system?

Mr. President, I heard Canon Knolly Clarke crying out about that yesterday and I said, do not cry anymore. He made some comments on that—and I think he was talking about the cost of health care in Trinidad and Tobago. When I thought about it, he was talking about the cost of health care. I know what he was actually trying to refer to. There are so many things in health that we need to talk about.

When he talked about that, I talked about the health insurance that we need to put in place. *[Desk thumping]* It is a costly thing and all over the world they have this insurance, and I am wondering where are we on this health insurance. *[Desk thumping]* Have we made any movements towards it, because people are going to be crying out again for that sort of thing? People are going to be staying months and years before they can get surgery done—as we would say free of charge if you want to call it that—in Trinidad and Tobago. That is why the private nursing homes can afford to make a killing because what are you going to do? The people need some kind of—they will mortgage their houses. Some people do not have jobs, they have to go to the bank and borrow money. You could be put off for as long as two or three years for something which you call an emergency.

Mr. President, I know a patient who is suffering. She is hemorrhaging and she told me that it is some fibroid and she was put to 2003. I could well imagine the list was long. She was getting blackouts and having this hemorrhaging all the time. We made all approaches and tried to help. One doctor told her it would cost \$7000. She could not even think about \$7000 because she is not employed. I am still saying that we need to come to terms with this. The Government needs to understand that these things are happening and we need to say how are we going to save our people. *[Desk thumping]* I am not standing here this morning just being very critical about it. All I am saying is that we need to wake up. We are talking about quality health care and we must understand that we have a nation out there, and a whole lot of people who cannot access it.

Mr. President, even though the Government is looking at its primary health care and is trying to do work with the health offices—people who would need surgery and so forth—a number of them I am sure have gone to their grave because they just could not have afforded it and that is the reality. We ask ourselves: where are we going? How are we trying to improve what we have there? That came to my mind because I was talking about the cosmetic things that we were having in terms of the health personnel that we are now putting in some of these regional health authorities.

11.45 a.m.

Look at St. Ann's. You know how mentally ill patients are. You know how they behave. My research tells me that you could have one psychiatric nurse for 40 patients. Do you know what you are talking about, one to 40 mentally ill people? We have to think about it. Then some of those same nurses, you will see how many of those you have lost and how many you are going to lose again because outside of Trinidad and Tobago the conditions are better, the payment is

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better and people care about them. I am saddened about what is happening and I think that you need to look at it because somebody would be held responsible. I say that those registered nurses are very concerned about their credibility.

Incidentally, when I was talking to someone I talked about the Ministry of Health and she said, “We have changed that name to the Ministry of Hell now”, and I said, “No”. I know what she meant and I felt for her. I have also talked about the human resource because that is where you are looking and that is where it is going. Therefore, in all that you are doing we need to look at it. Thank God we seem to be a fortunate country. We would not like to have any kind of national disaster happen here because I do not know where we will get the personnel to go out there. We just do not have the people. We pray and we will hope nothing happens until such time as things improve.

Just recently we heard so many calls for blood donations for the Blood Bank and I smiled because I know the Blood Bank. I have been there before to give blood. I gave blood for myself, which was stored—and even before that—and when I was ready for it I was able to get it and I know what it takes up there. Right now, as well-intentioned as some of us are, we could go to that Blood Bank and we will see a number of people waiting to give blood, but there is a shortage of the specialists, the personnel, to even draw the blood in the Bank. I am not saying that is why some people do not give blood. Some people do not give blood because they feel if they do they might die and that kind of thing. Some people are not well educated, but I am telling you, there is a shortage of personnel and you will have people lining up there and there are patients there. People come there but they do not have personnel. At all levels there is a problem for personnel and you need to have people trained to do these things.

What is the answer? Where is the problem? My problem is, it is going to be worse because after you have trained these people and after they have worked they will be leaving and moving on. Mr. President, it is against this background that, when I hear about RHAs and I hear about health in this country, I become very worried because we are concerned about the nation and the children. We have said in this Parliament already, some of the services which we used to offer even years ago to our schools and what not, I have repeated, are not offered any more. The authorities are saying that they cannot do it and I see the hon. Minister of Finance in the back.

I remember when I was talking to some nurses they said, “Do you know how long we are trying to talk directly to the Minister of Finance”. I hope he could

hear me. I am just putting a little plug there for him and I wish he could have had a direct talk with them. Against this background, Mr. President, today we have an amendment to the Regional Health Authorities Act and, as I said before, the amendments are coming piecemeal. That could be a deliberate strategy because some of us cannot keep up. Today I got the parent Act and I cannot tell myself how many amendments went through since then, you know, during the time.

I saw this one last night and I looked through it. This one is the amendment which seeks to ensure Government's existing policy on the payment of reserved superannuation benefits be maintained so that the pension plan would be operated by the regional health authority to provide a level of pension which, when taken together with the preserved government benefit, would realize a total pension based on pensionable public service before and service after transfer to the regional health authority on a final salary earning in the regional health authority at retirement.

I remember when we did this because I remember you said that people were not transferring because they felt that their pensions would not be intact because the regional health authority did not have the money, I think. I think this was to ensure that. I do not know if there was another amendment since then. If there was no amendment since—and I am looking at the hon. Minister now telling me no, there was not one—then I have a real concern today and I will tell you why.

Today we are looking at daily-rated workers being transferred and that is why I have a concern. This concern I have is that, at the end of it all, this Bill makes the Regional Health Authority (RHA) the successor to the Chief Personnel Officer (CPO). When I looked at the parent Act, I did not see anything about the CPO there at all. That is all right. You may say at this time that daily-rated might have been left out from the parent Act and if you say so I will give in to you. I am no lawyer. I am just reading it there. So you might have said so because it said "Public Service", so I do not know why. What this gives is automatic representation for NUGFW, which is the recognized association, to negotiate with the regional health authorities. The amendment is very specific in that case.

I want to ask certain questions and you will have to remind me of it. What does it mean in terms of this recognition board? Does this nullify whatever the seeking board states? To me, from now on this law is almost entrenching the NUGFW as the recognized association there. What does it do in terms of the Recognition and Certification Board which tells you if you have a 51 per cent majority? I know that the NUGFW sometime last year, I think it was July, looked

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at how this could be put into it because it felt that there was nothing in the parent Act which would give them that automatic bargaining status.

While I am not quarrelling about that yet today, I ask, in terms of your labour agreements, what happens if it contradicts with that Board? Is Parliament now going to nullify something or is that union going to continue as the recognized body throughout? Can the intentions of that certification board still operate now that these people are over there with the regional health authority? I am simply asking questions at this time because I want to know. Clearly what this tells us is, from now on NUGFW is the union with which the regional health authorities must bargain. We are putting it into law. I do not know if it is for all times or if at some other time another union gets 51 per cent or anything at all. All I am doing, Mr. President, is asking questions and there are some of us in here who know quite a lot about what is happening. [*Interruption*]

Mr. President, I am so happy I am free to ask questions because this is a country in which we have all classes of workers and I need to know. When we sit here and we say yes to something we need to know that our consciences are clear [*Desk thumping*] and that we understand why we vote and the manner in which we vote. As you very well know, Mr. President, whenever we stand here, we stand on the basis that we have gone out, done our research and decided to ask the relevant questions. Thank goodness the hon. Minister of Health is one of those persons who, up to now, has usually tried to answer the questions we ask. I do not know if he can answer this labour question. I know it might not be up his alley.

I know that NUGFW has asked for this proposal to be taken care of and, therefore, I am very concerned about what would happen as a result. We are in Parliament passing a law making NUGFW the recognized union and, as such, prior to January 1, 2000 giving them the authority to bargain there. Now, this is for daily-rated workers. I have looked at the law and as I said before I did not see the CPO involved at all. However, there is another category of workers, the monthly-rated workers.

I think I heard the Minister refer to the monthly-paid persons at some point in time in his introductory presentation. I wonder what is now happening with the monthly-rated workers. I am informed that the PSA says they meet with the regional health authorities as a matter of courtesy but it is not mandatory for the RHA to meet and treat with them because what is specific in this to the daily-rated worker is not specific to the PSA monthly-rated worker. I ask, is there a difference? If there is a difference, then I would say it is a little discriminatory

because I do not see any place where the conditions, which the daily-rated workers have got today, give them that automatic representation by NUGFW with the regional health authorities.

It is not as specific and I am saying it is not as specific because they have said they have had some problems negotiating with the regional health authority because there is nothing which gives them this automatic representation to do it. I am wondering, now that this is being done for the daily-rated, would it not have been better to clarify that and remove the grey area from the Act which would cover not only daily-rated but monthly-paid persons as well? It will then not have any type of confusion; not that we are making an amendment. I wonder, should we not have made that amendment if we are making the amendment in that case?

I will ask the same question, if it happens, what happens to the Recognition and Certification Board? I will still ask the same questions for both unions. It is not that I am looking at any one side in particular, but at this point if you come to the Parliament and talk about transferring workers and we have both daily-rated and monthly-rated, it is not as clear. This one is quite specific. When we read this amendment we know exactly what is implied and we know exactly how to treat with it. I say that it does not cover the monthly paid and it is not as specific and I ask, why did this amendment not cover both categories?

In fact, I heard the hon. Minister say something just now, about which I was not quite clear, when he referred to the monthly-paid workers, but again, I suppose that you will say it. However, I say that there is this difficulty of getting people to accept the authority as the recognized bargaining unit and until such time as that is made clear, as specifically as you have made it here today in this amendment, you are going to have that difficulty. I am sure you do not want any one person to say that you are discriminating against the other one, therefore it is absolutely necessary that we now step back a bit and look at what has happened and see if it is not clear.

Now, one of the things that I saw when I looked at the law this morning was in clause 31 where it says:

“Subject to any written law employees of an Authority who have transferred from the Public Service shall, for the purpose of collective bargaining, continue to be represented by the relevant representative association that formerly represented them.”

I say it is not specific because at no time was the CPO or the regional health authority there. In this case, seeing that you have done what you have done to

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clarify the position for the daily-rated workers who, you might tell me, were outside of this, you need to clarify it for the others so that they will also have that same bargaining power and they will be accepted as the recognized union with the regional health authorities. If you do not want to do that, then do not put it in for any other. If it is mandatory for one group it should be mandatory for all because there are people who need to be represented and we want to have people treating with them. I do not know if you mean that now they must go back and treat with the CPO when they are working with the regional health authorities. I am still a little confused on that.

Those are particularly my comments regarding this amendment this morning. You might have said it is a very simple amendment but when we talk about equity we want to ensure that we cover all our workers because some of the frustration we suffer is because some people feel they are not adequately covered. Therefore, since you have found a way of covering this group of daily-rated workers—hard-working people I would admit—subject to your answer to me on how the Recognition Board stands—and I feel if even you want to tell me that the monthly-paid workers are taken up in Part 7 of the Act—I tell you that is grey, it is not specific and, therefore, we need to amend it.

12.00 noon

So those are some of the concerns I have this morning, Mr. President. I raise them in good faith, as someone who cares about the health system of this country; as someone who would like to see the whole business of the regional health authorities succeed; as someone who recognizes that it is not an easy thing to do but also recognizing that there is need for some kind of comprehensive look, again, at the whole system; as someone who feels that the Ministry of Health should not abdicate its responsibility to look at the health of the nation as it has now given autonomy to certain authorities, which is done with decentralization, of which we were a part. If they want to get on a pulpit to declare a policy and tell us that certain things are happening, they need to be sure that those things are happening and they also need to give the support to the authorities that probably want to make those things happen, but because of a number of problems, financial and otherwise, they are not able to do what they are supposed to do. Therefore, in order to keep these things running, they find short-cuts to doing them which, probably, we will say we turn a blind eye to, but where the health of the nation is concerned, we cannot turn a blind eye, we have to be concerned.

Therefore, Mr. President, my comments this morning take into the whole context of the health care system, the fact that we want everyone in this country to be able to access health care, and when we say health care, we are talking about quality health care. It is all well and good to say, health care for all, as we say water for all and everything else for all, but in terms of health care, we are talking about quality health care, and so many things seem to be working against us. I ask here, Minister: Where is the Ministry of Health in all this? Have you been able to go with the mandate that came from the proposal that the Minister was ultimately responsible to the public for the health care of the nation?

Thank you, Mr. President.

Sen. Rev. Daniel Teelucksingh: Mr. President, maybe now it is my turn to extend most gracious congratulations and words of welcome to the Senators from Tobago. I wish them well. Maybe I need to add that I think now is the time for us to revisit, again, the constitutional and administrative arrangements between Trinidad and Tobago, not for them, but for all of us. The Tobago initiative must be given prominence.

I rise to support the Bill before us, the Regional Health Authorities (Amdt.) Bill, 2000, giving more autonomy to the regional health authorities with regard to their daily-rated workers and their collective agreements. I am very happy and pleased that the hon. Minister of Health has made comments like these—Government has embarked on a general programme of health care reform within the nation; Government has a role to play in providing adequate health care for the population; and, furthermore, he added, Government intends to make more health services more responsive to local needs.

I do not want to be facetious but, Mr. President, I would like to ask about these daily-rated employees who belong to the lower stratum of the working class of this nation, a group of workers so often neglected. I would like to ask, as we consider them within the Ministry of Health: What kind of health care will daily-paid workers right there in the Ministry of Health be assured of? Are there health care assurances even for labourers within the Ministry? Very important concerns.

I most respectfully add to the comments made by the Minister, that we really need—and I agree with him and the Government—a radical transformation of our health care services in this country and the nation awaits that kind of health care that befits a people who have gone way ahead of so many other Third World countries in various areas of development.

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I continue what Sen. Yuille-Williams referred to. At yesterday's funeral of one of the nation's most celebrated musical geniuses, the Grand Master, Lord Kitchener, when Canon Knolly Clarke, in his sermon, asked the question: Why is health care in Trinidad and Tobago so expensive? He added and I agree with him and fully identify with his concerns: When will we ever have quality health care for the poor?

Mercifully, the calypsonian's medical bill remained in the vicinity of \$40,000, we are told, and kind-hearted corporate citizens and others contributed. We all look down at the entire happenings related to the funeral. I add that my own impression is that I cannot remember, within recent times, any other event in Trinidad and Tobago that made me feel a part of a community as what happened there. I need to add, too, that as a nation we need to honour our heroes, our national heroes, not at their death certainly. I do not believe that there is any honour in the grave, whether it be the giving of blood or national honours, I think it is too late when they die.

Back to the issue before us, the whole question of quality care, and I need to add how important the intensive care unit is at Mount Hope or anywhere, for example, in the national hospitals. We need to ask, especially of the unit there at Mount Hope: Is it only for the rich, for the lucky, or for the famous? This can be asked about health care facilities in the private institutions, not only the public institutions. We need intensive care units in this country for the poor and the marginalized, not only for the rich, the lucky and the famous. We need quality health care for all citizens. I agree with the hon. Minister that we need to do this now and not wait for this to decorate, possibly, election manifestos coming up in the next few months. For medical personnel, nurses, pharmaceuticals at district hospitals and clinics, the poorer classes must never be disadvantaged.

Mr. President, I need to add that it is with gratitude to God that we received good news about our abundant natural gas resources. It is reported that this nation may benefit to the tune of \$1.5 billion annually because of those two new trains in the Atlantic LNG project, even for 20 years.

I hope that some of that revenue would be ploughed into the health services for the people of this nation, with special attention to preventative medicine and in providing facilities which bring the best health care within the reach of the poorest of the poor.

Mr. President, I do not know how to explain this. I am not too sure of all the ramifications of trade unionism, but some of those daily-rated workers referred to

in the legislation before us, as I said, certainly may be among the disadvantaged when it comes to quality health care. It is an issue, I believe, for trade unions which have some representatives who are very experienced in the business of trade unionism, but this is an issue that the trade unions need to consider and not only focus on collective wage agreements, but also on the health of their workers.

Mr. President, I thank you very much.

Sen. Selwyn John: Mr. President, I begin by declaring an interest in the debate, being the leader, the President-General of the National Union of Government and Federated Workers, the certified bargaining body of daily-paid workers in the health services.

I join my colleagues, too, in extending a welcome to our two “Johns”. It is a clan now in the Senate. I hope I would be the leader of that clan. I welcome these two Senators. They definitely should enhance the quality of debates in the Senate, notwithstanding the fact that we have had two very outstanding Senators in the persons they have replaced. I join with the Senate in paying tribute to Senators Agnes Williams and Nathaniel Moore. I think they have contributed very well to the progress of the Senate and the quality of debates we have had.

Mr. President, I support the amendment to this Bill. I definitely want to indicate that the amendment has come because of representations, over the years, from the time the Act was passed and we became aware of the provisions of the Act that did not take care of that sector of workers in the health services, the most important to me of the workers, the manual, labouring-type workers who are, to me, the most abused of all the workers in the health services, the lowest paid amongst all of them.

The fact that despite our representations to the then Minister, we felt that having had the experience of a bill that sought, prior to this, to decentralize part of the public sector, the Municipal Corporations Act, that was passed prior to this that more or less dealt with a situation similar to this in which daily-paid workers, amongst others, were provided for in that Municipal Corporations Act. We felt that in the case of the health services, the Government was now dealing with decentralizing the health services and attention should also be paid to the daily-paid work-force and the daily-paid bargaining unit. Even though assurances were given to the union in 1993 and 1994 that this was being dealt with, the Act went through without the provision being made.

The difficulty that came about because of this omission, one would want to know where and when that could be corrected, if it could ever be, because what

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the Act provided was that the regional health authorities were now able to hire their own, or recruit workers. What they sought to do, was not only to recruit workers, but to fix terms and conditions that were far different to those for workers who, eventually, would be in the process of decentralization. As in the case now, the collective bargaining contract which would be now absorbed by the regional health authorities would vary considerably from the rates of pay and conditions that they fixed for the people they recruited outside of this. As a union leader, I see no difficulty because equity is a word that we all know and that we are not less a people than anybody else.

12.15 p.m.

Mr. President, I am more or less happy about a statement I saw over the weekend made by our Attorney General to the Legal Council. Here it is, that we provide funds for development and operation of institutions, and what comes out of it is that we spend these moneys in a way that in the case of the Legal Council some 60 or 70 per cent of the budget was spent in the form of perks to the members of the council and little or none reached down for the development and provision. Maybe, I am wrong but this is how I interpreted the statement made by the Attorney General—I am not a lawyer—a mere 30 per cent or thereabout is spent on the development of the students. *[Interruption]* Mr. President, I am not bothered too much with Sen. Daly when he shows the Standing Orders. If the hon. Senator feels that I am not following the debate, let him go ahead and raise his Standing Orders, I will sit and allow the President to rule. Every time I get up to speak he would raise the book. Mr. President, you know we do not raise any challenge to the hon. Senator when he is discussing or debating.

Mr. President: Hon. Senator, proceed with the debate, please.

Sen. S. John: Mr. President, I am side-tracked, I need your protection and guidance. *[Crosstalk]*

Mr. President: Hon. Senators, the hon. Senator asked for protection, please let him make his contribution.

Sen. S. John: Mr. President, I am a mere trade unionist representing daily-paid workers who happen to have a matter today before the Senate, to correct a wrong. *[Interruption]*

Sen. Daly: Mr. President, that is why the hon. Senator should not be speaking.

Sen. S. John: Mr. President, I know I should not be speaking but if I depend on Sen. Daly to speak for these workers they would have to pay a big fee.

Sen. Daly: Mr. President, I do not have a Volvo. That is for sure.

Mr. President: Sen. John, please, please, please, let us proceed with the Bill and do not engage in any quarrels across the table.

Sen. S. John: Thank you, Mr. President, I am guided by your ruling. The point I was making is that one of the matters that came forcefully to our attention is the type of terms and conditions, salaries that were fixed by these RHAs for the people they recruited, particularly, those at the high administrative positions. We, as a labour movement, have come in a bit late in getting involved with the administration of these regional health authorities. Members would know by now that the labour movement was included in the administration by offers made to it for representation on the boards of these several regional health authorities. The National Trade Union Centre (NATUC), being the umbrella body, has been selected and is representing the labour movement on this.

Maybe, on another occasion, when we deal with matters in the health services I would speak again on this. What we have witnessed, with respect to the functions and administration of some of these regional health authorities, is alarming. As a matter of fact, I was a Member of the Public Accounts Committee of Parliament just two weeks ago, where I met the Chief Executive Officer of one of the regional health authorities. Since then, I have read that he has been dismissed. When I investigated, my statement that I have just made seemed to be relevant as to what goes on. Governments, over the years, have provided very adequately in their budgets for the operation of the health services. Yet, one would read and hear of the inadequacies and the shortfall in items needed for the good and welfare of our health centres, hospitals and so forth.

My daily-paid workers are included in the administration—because they work there—but we continue to hear in the debate here that Senators would get up and talk about the inadequacies, the question of no sheets, no pillows and no drugs, but the budgets of all these institutions continue to increase year after year, where is the money being spent? We need that money! Mind you, the labour movement would be one of the vehicles that would dig and try to extract information as to how these things operate. Why we cannot have sheets for the beds at the hospitals? Why people must bring food from home? These things are very relevant and it is something that we, as lawmakers, ought to have information on.

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The Bill before us is prejudicial to any one of the bargaining units, if this amendment is accepted it equates what has been provided for the other type of workers that are employed. In the public service if you are employed in the monthly-paid bargaining unit you are covered under the auspices of the Public Service Commission. Where, in the service, the decentralization process took place and the Act became law in 1994, the options that were available to the monthly-paid bargaining unit are far different from those which could be—and even with this amendment—provided for the daily-paid bargaining unit. Any monthly-paid officer could be deployed in the health service or if they opt not to be transferred to the regional health authorities the Public Service Commission is free and they are able to transfer them to any other part of the public service.

With the daily-paid workers, if they opt not to transfer to the regional health authority they could end up being redundant and out of employment because they are not, and would not be eligible for a transfer to other parts of the public service because no provision is available for them to so do.

12.25 p.m.

When the Act came into force, their representative body, the National Union of Government and Federated Workers (NUGFW), took a very straight line: We are not opposed to the decentralization process, but we would want the assurance that the workers' years of service must be protected for the purpose of their retirement and their benefits and terms and conditions must be preserved. The reason we would accept the conditions laid out in this amendment is that it seeks to provide that protection even to the extent of the seniority of the workers involved.

What you had in the meantime was that the Ministry of Health continued to be the employer of the daily-paid bargaining unit, but re-deployed their administration under the regional health authorities. So the employer of these workers continued to be the Ministry of Health, but they are supervised by and are under the auspices of the regional health authorities. They get their pay and everything continues as usual. The money is provided by the Ministry of Health and they are paid by the regional health authorities, but they found themselves having a parallel daily-paid labour force that has terms and conditions different from theirs. So if that was the idea for the decentralization of the health services then definitely you have some discrimination where the daily-paid workers were concerned and that had to be corrected.

Mind you, Mr. President, the RHAs could not deal with terms and conditions of employment, including the payment of wages with their recognized union,

because there is no recognition of the union because of this situation that developed. The other workers yes, in the monthly-paid bargaining unit there was provision where the union—well, I would not like, Mr. President, to deal with the reasons why it was not implemented, but let me make a statement in the Senate. We think it was poor judgment of a union when the Act provides for something and their members who are working with the regional health authorities say that they are not accepting that changeover and they never got involved in it.

As a daily-paid union I cannot say so. If my members work there and they are transferred and supervised by the officers of the regional health authority, even though they do not want to talk to me the Ministry of Health has to talk to me. The Ministry of Health has to meet with me so that wherever disciplinary or other action or wherever conditions impact on the daily paid workers, their union has to represent them, so we never had a problem. [*Interruption*]

Sen. Yuille-Williams: Mr. President, as you were just moving there something struck me just now, hon. Senator. You are speaking as a Government Senator. I just want to ask, if you recognized in your role as a Government Senator that this existed, and I am quite sure that the daily-rated union was not recognized by the RHAs, which I agree with, and you also recognized that another group was not recognized, what was your role, therefore, as you went through this? I want to know whether or not you were only looking at one group—I am asking an open question—and not the other.

I am getting a little perturbed in terms of how you see it. In fact, you almost said that the other union might not have been as vigilant as you were, and probably they were not, but as a Government Senator, what was your role?

Sen. S. John: This Government Senator did not really get involved in the administration and functioning to the extent that we go there as administrators. I am a union representative. I am also in this country the General Secretary of the National Trade Union Centre to which all the unions are affiliated, including the bargaining body for these monthly-paid people.

Mr. President, the situation went to the extent that when the decision was taken to include the labour movement as representatives on the board of certain institutions, the leader of one of the unions that represented workers that we are talking about, bargained that he would prefer to be on the board of the Water and Sewerage Authority (WASA) and would give way to the Northwest Regional Council for NUGFW to have the representative there. That is the extent to which it went, because they did not want to get involved or have any connections or, as

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they said, perpetuate this decentralization by identifying themselves with it. That is wrong. I want to say that it was a wrong decision.

You could not leave your members, knowing that they would be working in these institutions, knowing what would go on, without that type of representation; but as I said, I am dealing with the daily-paid bargaining unit and my duty is to give them the best representation. Also as a Government Senator, whatever I could do to influence decisions to benefit them, I would do it too. That is what I am doing; I am not denying it; I have declared my interest. I have an interest in them. Our concerns would now be taken care of by the amendment that is proposed and I feel if it is accepted then we are rightly in place.

Let me just say also, Mr. President, that we are now in the process of finalizing a pension plan for the bargaining unit of daily-paid workers in the government services, which the daily-paid workers—*[Interruption]*

Mr. President: Sen. John, please speak to the Bill, you have gone off course.

Sen. S. John: Thank you for your guidance, Mr. President. The pension arrangements for these workers are now being finalized in negotiations with the Chief Personnel Officer of whom they are employees at the present time. They would be now placed within the regional health authorities if this Bill is passed. Neither the regional health authorities nor, for the time being, the central Government has finalized any pension arrangements and, hopefully—I am glad Sen. Mark is here—we can expedite this pension plan so that with the assent to the amendment it would apply and they would benefit directly.

I would also want to raise a very ticklish point. Under the present arrangement, the Chief Personnel Officer is the employer of these workers. With decentralization, each of the five regional health authorities becomes their employer. Under the law of the Industrial Relations Act, each one of them would now have to bargain separately for terms and conditions and wages for workers who would be in the regional health authorities. Then you could have confusion. You could have a situation where they could have different rates of pay and different working conditions and that could be a prescription for confusion. What we hope that we could have is probably a joint negotiating arrangement that terms and conditions and wages would be generally provided equally to each of these councils.

I have heard arguments in the past that one has to take into account the economic atmosphere in the area of an entity. So if you are telling me that the

Southwest Region in Mayaro should be different, because it is a poor community from the Northwest Region which is in the city, then we say no. There should be no difference in the wages and terms and conditions of workers that have now been decentralized in the various regional councils. I do not see a problem. The law cannot provide for it, but good reasoning on the part of people would indicate that you cannot discriminate between one worker and another.

Mr. President, with these few words I want to thank you for the opportunity to speak and to indicate my support for the amendment proposed by the Minister.

Mr. President: Hon. Senators, we would suspend for lunch at this stage and resume at 1.45 p.m.

12.35 p.m.: *Sitting suspended.*

1.45 p.m.: *Sitting resumed.*

Sen. Danny Montano: Mr. President, I rise and I cannot say that I am opposed to the Bill, but I do have one or two difficulties. On balance, I would have to say that I support the intention of the Bill. What is disappointing is that we are debating a Bill that is trying to amend the Regional Health Authorities Act of 1994, and it has been presented by the Minister of Health, and yet nothing in this Bill is going to have any impact on the provision of health care to the citizens of Trinidad and Tobago. Nothing is going to do that. It is dealing with a labour problem and, therefore, I would have thought that, in fact, because it is really dealing with a problem of labour, it ought to have been presented by either the Minister of Labour or the Minister of Public Administration but, in fact, we had the Minister of Health talking about a labour issue. We have not heard from the Minister of Public Administration yet, but I understand that we will be graced with a response from him.

Mr. President, it is no secret that the standard of health care in the country has fallen to a dismal level. It is a tragic situation that we face. You know, a short time ago, just before Christmas time, I was in St. Joseph and a very unfortunate incident occurred. You will recall that a woman and her husband were going home one evening, around half past six or seven o' clock in St. Joseph, they were going up the Main Road. As I understand it, the driver of the car was the husband and he got a bad drive from somebody else and he swerved off the road and the car he was driving fell into a ditch, swerved and crashed into a concrete lamp post. The left arm of his wife was severed.

Mr. President, I happened to be in the neighborhood at the time and when I heard of the accident on the news on my car radio, I went to the Medical Centre in

St. Joseph and the woman, with her family, was there. I spoke to the woman, her husband and her family and this is what they said. Immediately after the accident, some person stopped to help them and they immediately went to Mount Hope. Upon arriving at Mount Hope they were told—Mr. President, you have to understand the nature of the accident. I used a nice word and I said that the woman's left arm was severed. Using that word you would think of a nice clean incision, the arm is removed. Not so. What actually happened was that the woman's left arm was literally torn off. You cannot imagine how awful it would be and the extent of the trauma in literally having your left arm ripped off you. There was no neat incision. They go down to Mount Hope where they are told: unless you have \$30,000 immediately, we will not deal with you, and that is exactly what happened. I understand that the family does have a little money and might have been able to come up with the \$30,000, but not on the spot. Not at seven o' clock on a Thursday night!

Mr. President, they were taken from there and they went up to the Health Care Centre in St. Joseph where they were dealt with under different circumstances. Mount Hope is a state-owned hospital, Mr. President. It is perfectly understandable, and it is perfectly reasonable for there to be such a policy, such that if you are going to have elective surgery that you pay for it; that you make your booking at Mount Hope; and that you agree to pay in advance for the surgery. For instance, I have had kidney stones unfortunately, and if I elected to go and have it done at Mount Hope—it is not something that I have to do immediately. It is not immediately life threatening. This woman was in a life-threatening situation and she was turned away from Mount Hope because the funds were not immediately provided!

Mr. President, as a citizen of Trinidad and Tobago, as a son of the People's National Movement, I have great difficulty with that. I have the greatest difficulty with that because that is certainly not in keeping with the policy of the People's National Movement. [*Desk thumping*] It is the policy of an uncaring, unsympathetic administration.

What is needed in the health care system is something that has become very clear to me that this administration is unwilling to provide. I have spoken with a lot of people who have been involved in the administration of health care in Trinidad and Tobago for some years.

Mr. President, my colleague referred to a situation earlier where she had to take sheets, pillows and towels down to a friend who was in the hospital and so forth and, at least, there is a hospital bed, but the conditions are less than

acceptable. That is not acceptable. What is important is that the hospitals be given the wherewithal to do what the people mandate them to do—the people—and it is this. I am well advised; I have been reliably informed that the central problem of all the hospitals in the health care centres—in fact, the central problem here in the administration of health care is a lack of management.

Mr. President, the senior managers at Neal and Massy, Mc Eneaney Alstons, the Trinidad Hilton Hotel or whatever it is—those large organizations—are persons who are well experienced, well educated and well paid. They are specifically trained for the job that they are required to do. They are expected to meet certain results and, as a result of the profits and the performance of the business that they are managing, they are paid on that basis.

Mr. President, our hospitals, our health care system uses a budget in excess of \$1 billion a year and the managers we have are, clearly, not up to the task. I am advised, not the least of which, by some of the consultants who have come down here from abroad, and not just the present set, but prior set and it is very simple. I was surprised to learn [*Interruption*] we have some competition here.

Mr. President: Where is that noise coming from? I hope it is not the press area. If it is there, please ensure that there is no recurrence.

Sen. D. Montano: Mr. President, I was surprised to learn that in North America, as in Europe, as in England, as in Canada, Australia and so on, health care management is a subject that you can study at university. It is a profession in itself, and there are specialists in that business. Now, I am not an advocate to bring down a whole bunch of foreigners here to tell us what we should do and how we should be doing it. But I understand that we have at least 12 qualified health care management people living and working outside of Trinidad and Tobago, who are unwilling to come back here to manage the health care system because of the salaries that are being offered—plain and simple.

1.55 p.m.

What is required is—Mr. President, these fellows are senior people. They are at the top of their profession in the United States. They are not juniors, they are bright Trinidadians and Tobagonians. These men and women earn in excess of US \$150,000 per year, which is about TT \$1 million. Now, if you increase your national budget by \$12 million in a budget of \$1 billion, I do not have to tell you how small a percentage that is, but the impact would immediately be that you put your health care system parallel with the private sector. You will get performance because these people are experienced, well educated and properly trained in what they are doing.

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Now, Mr. President, in this Bill there is a situation where, to some extent, we are putting the cart before the horse. We are transferring daily-paid workers from the Government service directly to the regional health authorities but the regional health authorities have no direct revenue-generating mechanism of their own, at least not yet. So, the question is, why are we doing this at this time? Why are we transferring these workers at this time without the RHAs having their own budget and their own income that they can allocate in their own way?

What it means is that—not that I disagree with the idea—before they can do anything at all they have to go back to the Ministry of Finance or the Minister of Public Administration and get a budget from them and say, “What can we do?” The Ministries will then say, “This is what you can or cannot agree to”. They then have to enter into the negotiations again. In other words, Mr. President, what you are doing is setting up another layer of bureaucracy. Now, why are you doing that at this time? Why not simply wait until your national health insurance scheme is in place? They will then have their own revenues and therefore can negotiate for themselves. That is what seems to make more sense.

Mr. President, the other situation is if you look at the Bill, clause 3 is going to put in the new section 34A(1), (2) and (3). Subclauses (1) and (2) deal with the transferring of workers from the Government service into the RHAs. That I really do not have a problem with except that it seems to be coming before it should be, as I just explained. However, in subclause (3), it says that the majority trade union which, immediately prior to January 1, 2000, represented the workers within the public service, would now be the recognized union *vis-a-vis* the RHAs. I do not understand why this is being legislated.

I have heard the Minister speak. I sat at lunch and I heard the Minister of Public Administration speak. I heard Sen. Selwyn John speak and I still do not see the rationale for this because I see it in exactly the same way that Sen. Yuille-Williams sees it, and that is, that it serves only to entrench the existing union within the RHAs. Now, it was the Minister of Health who said that in 1969 there was a case involving the Seamen and Waterfront Workers Trade Union and the principle of succession was settled in the common law at that point. In other words, when you had a succession, in the form that we are now dealing with it, it was as a matter of common law that the union that represented the workers before would continue to represent them afterwards.

If that is the case, why are we legislating it? Once we legislate this there does not seem to be any time limit as to when this representation expires. It seems to

me that we are creating a nightmare where these workers will be represented by the NUGFW in perpetuity and never again will they have the opportunity to select any other union. That is how I read the law. Perhaps I am wrong, but the question is begged: Why are we legislating that? If there is the principle in the common law of succession, why are we legislating that? I have no difficulty with the concepts of subclauses (1) and (2). I think it is a bit premature but I do not have a problem with it. I do not see why subclause (3) is there.

You see, Mr. President, the whole business of representation by a union is a very serious issue. I am not a trade-unionist and I have had very little experience. I have had limited experience in dealing with unions, I confess that, but I am very sympathetic to the plight of workers who need the protection of a union. I understand how it came about historically and I understand the need for trade unions, not only now but in the future. However, in our country there is a situation where the trade union leaders themselves draw very comfortable salaries, they live at a very comfortable level, they enjoy very, very nice perks and benefits, they drive expensive cars, they take many trips to conferences and so forth. *[Interruption]*

Sen. Mark: May I just ask for clarification? I was a trade-unionist for 15 years and I never drew a comfortable salary.

Sen. D. Montano: Mr. President, the Minister is speaking for himself but there are others whose packages and so forth are well known. I would rather be discrete and not call any names, Mr. President, but the reality is that, while that happens, there is no strike fund. None of the unions have a strike fund, you know, a war chest, where, if they want to take on an employer, they can do so and sit back and at least draw a portion of their salary for a limited period; not in this country, Sir, not here. That does not happen. The workers have to take it on their backs, from day one. *[Desk thumping]*

Mr. President, that is the problem I have and therefore it is imperative that at all times every worker must have the free choice and every opportunity to change his union if that is what he wants, within the term of the bargaining agreement. *[Desk thumping]* Therefore, that is why I have difficulty with subclause (3). Why are we legislating that? Those workers should be free at any time to say, "Thank you very much, we have enjoyed your services and so on but we would like to go somewhere else". If they want to stay with the same union, fine. I have no difficulty with that, Mr. President, none whatever. I think that the NUGFW is a reputable union and has ably represented its workers for many, many years. *[Desk*

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thumping] I have no difficulty with them whatever, but I do believe that the workers must be given every possible opportunity.

Sen. John, in his contribution, made a statement that he said was a ticklish issue. He suggested that all five of the RHAs come as a group, one bargaining unit, to deal with the union, so that there would be no differences between the packages that were being negotiated between the different RHAs. Mr. President, when I sat and listened to him, my immediate reaction to that—and he called it good reasoning, those were his words, this was his logic for the justification of this measure—was that the NUGFW gets inside all the RHAs in one fell swoop and we are legislating that. I have difficulty with that. The whole concept of this separation is that every unit can be dealt with on its own.

Now, I understand very well that, until such time as they have their own revenues, they must accept the guidelines that will be set down, whether it is by the Minister of Labour and Co-operatives or the Minister of Public Administration. I fully accept that. I just do not think it would make any sense at all. I think that the Minister has already indicated, that is what is likely to take place. However, I say that is a cumbersome way of going about things, but it is desirable that each unit be independent. I think that is the benefit of having the regional health authorities in different areas.

Each area of the country is not identical economically with every other area. It is not the same and, as it is already, Mr. President, the RHAs are contracting doctors and other specialists and by no means at all are the contracts uniform. Each regional health authority is negotiating to its best ability for the best services that it can find in the area. So I do not see why it is necessarily beneficial that everybody be paid the same thing. I do not necessarily agree with that because the cost of living in Port of Spain is very different from the cost of living in Mayaro. The cost of housing here is much higher. So, Mr. President, it does not necessarily mean that a worker here should be paid in the same way as a worker in Mayaro. There are, in fact, regional differences. So I do not accept Sen. John's argument and I would shudder to think that is a justification for subclause (3).

Sen. S. John: Do I take it, then, you are suggesting that workers in Mayaro should get less pay than workers in Port of Spain?

Sen. D. Montano: I am not suggesting anything of the kind. I am merely suggesting, Mr. President, that the conditions and the cost of living in the different areas be taken into account. I do not know how the packages are arrived at, whether they get housing or travelling allowance or whatever. The fact of the

matter is, the conditions of living are different, therefore those factors should be taken into account on an individual, specific basis and not necessarily on a *carte blanche* basis. That is what I am saying; display a bit of simple common sense, Mr. President.

In closing, as I indicated before, I am not necessarily an advocate that managers should be paid \$1 million a year and somehow, magically, the health care system will be fixed, but I do believe that the right individuals must be put in the right places. Round pegs must be put in round holes. We must find individuals with the right calibre, education and experience. That extends to include doctors and nurses, especially the nursing care, Mr. President. At this point there is a notorious situation where nurses are underpaid and are leaving us in droves and what we are being left with are those nurses who are underexperienced.

2.10 p.m.

I have heard the statements of the Minister, the attempts to try to rectify that situation, but he is sliding downhill trying to go uphill, so he is not really moving forward. There is no sign of any real improvement there at all.

Mr. President, on a final note, there is a larger island close to us—and I speak specifically of Cuba—where the health care system in the Caribbean is second to none. The leader of our own party has had very successful surgery in that island and that model must be scrutinized by our experts here. I am not saying the political model, Mr. President—the health care model must be scrutinized and looked at, and the achievements they have reached is what we should be aspiring to and nothing less than that.

Mr. President, I thank you very much.

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, I thought it would be very useful to intervene to bring some clarity to the process since, as many of the speakers admitted, they do not have, for instance, sufficient experience in the background of this particular matter with which we are dealing today and hence some of the difficulty we have coming out.

Mr. President, we have a major human resource problem that is affecting the nation's health care system. I think the Minister of Health made it very clear when he referred to it as a dual-track employment system where, at the moment, even though with the Act being introduced in 1994—I was across on the other side where Nafeesa Mohammed sits at this time and I remember dealing with this matter in a very comprehensive way. The fact is, that with the introduction of the

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regional health authorities, we had to entice, encourage, persuade and convince workers who were monthly-rated as well as daily-rated, to move over from the Ministry of Health jurisdiction at the central government level to get into the regional health authorities which were now decentralized, autonomous bodies responsible for certain geographical areas of Trinidad and Tobago. From 1994 to 2000, that has been a tremendous struggle and it is not yet over.

What this Government is attempting to do, is trying to ensure that the regional health authorities have not only the hospitals, the equipment and tools at their disposal but, most importantly, the human resources at their disposal. So that the management question to which Sen. Danny Montano referred could, in fact, take centre stage in the human resource management function at these health care institutions. We have parallel employers at the institutions and because of those developments, as I said, we are trying to see how we can address this matter.

Some points were raised, both by Sen. Yuille-Williams and by Sen. Montano, and I think we need to get to some of those points very early. Under the Constitution of our Republic, the workers of this country and the people of this country have freedom of association. That is also reflected in the Industrial Relations Act in terms of persons who are desirous of being members of a particular union, whether it is "A" or "B", they have the right under law, both in terms of the supreme law of the land, and subsidiary legislation like the Industrial Relations Act.

Even under the present parent Act, the Regional Health Authorities Act, there is provision under section 34 of this Act, so I do not understand the argument raised by both Sen. Yuille-Williams and Sen. Montano. If, for instance, by legislating in this Parliament, to ensure that the union and the workers have representation, properly speaking, we look at the Bill before us, and clause 3 deals with the issue of: subject to the Industrial Relations Act. Everything is subject to the Industrial Relations Act, so it is not to say that if "X" union is the recognized majority union today, that workers do not have the right tomorrow, if they wish to join a union of their choice, to go straight ahead.

In the Regional Health Authorities Act, section 34 says:

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

—as the case may be. So they have the right.

Sen. Dr. Mc Kenzie: Thank you very much, Sen. Mark, for giving way. I am listening. What difference does it make if you leave it out? If you are saying that it is already provided for, does it make a difference if you did not put it in as clause 3? I am green at this thing.

Sen. The Hon. W. Mark: Mr. President, there is something called “successorship” in terms of the industrial relations arena involving companies and trade unions. In another incarnation, when I was the Education and Research Officer of the Bank and General Workers Union, our union represented workers at the National Commercial Bank, workers at the Trinidad Co-operative Bank and workers at the Workers Bank of Trinidad and Tobago. Those three banks got into some financial difficulties, as you would recall, back in the late 1980s/early 1990s and what happened was the government at that time took a decision to amalgamate. Now, our union represented the bargaining units of the three institutions concerned, so automatically, the successorship clause triggered, so when they amalgamated those three institutions into the First Citizens Bank, the Bank and General Workers Union became automatically the recognized majority union.

In the case of central government, what you have is the Public Service Association, for example, which has a certificate for all monthly-rated workers within the civil service of Trinidad and Tobago, and there are many sections of the civil service. The National Union of Government and Federated Workers has a certificate for all government daily-rated workers. If, for instance, the NUGFW, based on this particular Act, now has to move or transfer its workers from the central government, that local section, and it is part of their bargaining unit—as the Minister said, they have about 1,500 workers, but they represent over 35,000 daily-rated workers in the government sector—that is one bargaining unit that is represented, so if they are now going to represent a part of the bargaining unit, the successorship clause would not trigger because it is part they are representing.

Now, if, like our union, they were representing all the bargaining units, then the successorship clause would trigger and that is why we have to bring legislation to Parliament to allow these workers and their union to make that transition so that the union would not lose its recognition status and certification. That is why I am saying when both Sen. Danny Montano and my good friend, Sen. Yuille-Williams, spoke, because of their deficiency in the industrial relations area, they would not understand it.

Sen. Dr. Mc Kenzie: Mine, too.

Sen. The Hon. W. Mark: Well, that is what I am trying to clarify. Basically, that is the issue here, Dr. Eastlyn Mc Kenzie—

Sen. Dr. Mc Kenzie: Thank you.

Sen. The Hon. W. Mark:—it is part of a bargaining unit, therefore, we have to legislate for it. What we are really doing is levelling the playing field because in this legislation, you would see that sections 31 and 32 deal with the issue of the association, and the association being referred to in this Act is the Public Services Association. So, if the PSA tomorrow morning decided to take all its workers from the central Ministry of Health, because most of the workers, 99 per cent of them, are still under the Ministry of Health; if the PSA decided tomorrow, with the Minister and the Chief Personnel Officer, on whatever outstanding matters they have and they wanted to iron out those problems and difficulties and they wanted to remove their workers—shift them, as we are doing for the NUGFW—they, too, have a right under this Act to do so.

There might be some little areas which we will have to work out with them in terms of speeding up the matter, change of name at the Registration, Recognition and Certification Board level, but it is already enshrined in this legislation for them to have that kind of recognition. What we are doing in this piece of legislation is really levelling the playing field to allow the NUGFW and the daily-rated workers to shift across with their certificate in hand. They cannot get it otherwise and that is the principle that I think we have to appreciate and understand in this particular matter.

Sen. Yuille-Williams: Mr. President, in spite of what the hon. Minister is saying there about our knowledge or lack of knowledge of the law, we are looking at reality and what exists, and I am just asking—I asked this morning and I will ask the hon. Minister again: Would he say that the regional health authorities will be treating illegally, or dealing illegally, therefore, with the Public Services Association, if they do not grant them recognition? Because I have told him that there is this grey area; I have told him about the difficulty of them meeting and treating with them as the recognized unit because of how this legislation is made. I have asked him: Why can he not spell out for the monthly paid as he is spelling out for the daily-paid? Now that he is saying that this will suffice and it is almost automatic that the monthly-paid persons would be recognized by the regional health authorities, I am saying it is not so. Is he saying that the regional health authorities are doing something illegal? Just let me know.

Sen. The Hon. W. Mark: No. I never said they were doing anything illegal. The regional health authorities, I think they meet, as Dr. Tim Gopeesingh would tell you, with the PSA. The point about it is, what we are trying to do here, there are some grey areas as you have pointed out. The superannuation question was a matter which came before this Parliament because the monthly-rated workers were saying that they were not prepared to go across to the regional health authorities without their pensions. Okay. That came here as an amendment. Okay.

Sen. Yuille-Williams: Just my last question. I will be specific. I would not ask any other question again. At the end of this amendment, it is mandatory that the regional health authorities would now meet with the NUGFW. You have put that into law. I am asking the simple question: To put it blankly, is it mandatory that the regional health authorities must meet with the PSA?

Dr. Rafeeq: I will answer that.

Sen. The Hon. W. Mark: I will leave it to Dr. Rafeeq because he said he would answer it for the Senator. The main issue here in the Senate with this piece of legislation is to facilitate smooth transition so that the human resource element in the health sector could come under the jurisdiction of one management in the case of the regional health authorities and there are five sets of management, as you know, under this Act, which are located in five geographical areas of Trinidad and Tobago.

The daily-rated workers in this matter—you see, this was a matter that was left unattended and we are now trying to rectify it. The PNM was then in office in 1994 when this Act was brought before Parliament and even though they were advised of these things—and Sen. Joan Yuille-Williams was across here—they went ahead. I think the union even met with them to clarify this matter because they wanted it to work and they wanted to make sure that this system worked in real terms, but for some strange reason, apparently, it never went through and it took this Government to bring this amendment to Parliament to address this matter that was supposed to be addressed some time ago.

2.25 p.m.

Mr. President, I do not think this is surprising. The PNM back then always had utter contempt for daily-rated workers and monthly-rated workers, as well. I recall that upon taking office, within two years, this Government was able to settle every single outstanding agreement that the PNM left from 1990 to December 31, 1998. [*Desk thumping*] In two years we did that. They were in power for four years and they left the monthly-rated workers, not to mention the

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public service and the civil servants in particular, stranded. They were trying to force a particular agreement down the public officers' throat and they did not want that. As such, they were so vindictive and wicked as an administration they never implemented the tribunal award that other workers enjoyed such as the police officers, the fire officers and the prison officers. They left the civil servants to wonder. Mr. President, it is our Government that came into power in 1995 and within one year we were able to sign the agreement and the public officers were able to get their moneys. *[Desk thumping]*

Mr. President, in terms of performance, within two years we paid out almost \$1.6 billion in outstanding arrears, current salaries and so forth to almost 100,000 workers and we are now into a new round of negotiations with the union from 1999—2001. So we have to settle two agreements for the PNM; 1990—1992 and 1993—1995, and they were in power from December 1991 until they demitted office early. They said that we must come fast, and we came. *[Interruption]* In November 1995, we came very fast and we are here for a little while.

As I said, we have inherited this piece of legislation and we are trying to bring certain amendments in order to make it work. With regard to safety and health, I am not surprised when Sen. Joan Yuille-Williams spoke about caring for people as opposed to the business approach and so forth. So much care they had that they scared people. I recall back in the 1992/1995 period when they retrenched, savagely, thousands of daily-rated workers. That same PNM. Sen. Joan Yuille-Williams was on this side of the Senate at that time, and she was part of a package of measures to savage the daily-rated workers in this country. *[Interruption]*

Sen. Mohammed: Sen. the hon. Brian Kuei Tung too. *[Desk thumping]*

Sen. The Hon. W. Mark: He had left by then. Mr. President, the hon. Senator was there. As she speaks about caring—all of a sudden the PNM has found a heart for poor people and for workers in this country. When we brought the Occupational Safety and Health Bill in the other place they voted against it. They said that they prefer dogs than workers because if this Government had brought this Bill for the Dangerous Dogs Act, with a special majority to ban pitbulls, they would vote for that Bill, but not for the Occupational Safety and Health Bill which required a special majority to deal with the health and safety of ordinary workers in this country and so forth, they voted against it. I am not surprised that the PNM—they said that leopards do not ever change their spots, and no matter what garment you wear you will always be what you are. A very deceptive and wicked regime that never cared and will never care about ordinary working people in Trinidad and Tobago. *[Interruption]* I am clear about that.

Mr. President, we will have for the first time—and I am sure that by the end of the next two or three months, as Sen. Selwyn John said—since 1966, a pension plan for the daily-rated workers, after some 30 to 35 years of waiting the daily-rated workers are going to have their pension plan. *[Desk thumping]* For the first time we are also organizing a group health plan for the daily-rated sector. That is something we are working on and we are also going to ensure that it comes to pass. We are also working with the rest of the public sector unions and the monthly-rated unions to have that addressed in terms of a group health plan.

Mr. President, when Sen. Joan Yuille-Williams was speaking she was referring to a statement made by Canon Knolly Clarke about the cost of health care in Trinidad and Tobago, how we must treat people and how things happen. Sen. Montano talked about an accident victim. Mr. President, it makes you wonder. The PNM was in power for 35 years, and they had \$70 billion, we are in here four years and a few months and we have made changes to the health sector—even though it might not be up to the level that we would all like—but they were there for 34 years. Seventy billion dollars! And they left the system to run down; elevators in that hospital cannot work after spending \$70 billion. We are going to put in place six new elevators in that hospital by the end of June. In other words, we are doing things. Right now at the hospital we have four operating theatres functioning for the first time in 16 years in this country. There is a fifth one that is about to be completed very shortly, together there will be five operating theatres. What did the PNM do? And they come here like hypocrites—as the news said yesterday—they are hijacking everything. *[Interruption]*

Sen. Jagmohan: Mr. President, notwithstanding the provisions of the Standing Orders, the Minister is away from the Bill and he is using words like vindictive, wicked, deceptive, hypocrite and so forth, I do not think those words were meant for Parliament, if they were then I have a good chance this evening. *[Desk thumping]*

Mr. President: Hon. Senator, I think the hon. Senator was responding to statements made by other Senators in terms of the health care of the nation and he is entitled to respond. I would, however, caution him about the tone of his language. Hon. Senator, please, tone it down.

Sen. The Hon. W. Mark: Yes, Sir. Mr. President, I went to a function some time ago at the Chaguaramas Convention Centre which was organized by the North West Regional Health Authority and for the first time in 37 years workers in that health institution were recognized by their employer. Long service awards for 675 workers after 37 years, where was the PNM? They talked about caring for

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workers and people, where were they? How we did not see the care during that period.

Sen. Joan Yuille-Williams talked about cosmetics—patient care assistants, nursing assistants and we are losing the quality of care, but they were there. Mr. President, do you know they were training nurses at taxpayers' expense and not entering into a contract with these people? We corrected that just about two years ago. When people go on training courses at the state's expense they must enter into a contractual arrangement that they would serve Trinidad and Tobago for three or, maybe, two years. We were training people over and over and then they were leaving the country, and the hon. Senator is now saying to pay them better. We are trying to pay them better. The Minister of Health said that he would do his best and so forth, to upgrade the nurses' salaries. What we had to do and what we must do—pay is not the only answer to building morale in an organization. It is one of the ingredients but it is not the be-all and the end-all. It is sufficient but not absolutely necessary.

Mr. President, do you know when you feel a sense of pride and you gain recognition for what you do—people love that. Do you know the kind of productivity, the kind of love that workers can go out there and demonstrate for the first time? The workers were recognized by their employer. To my mind these are initiatives and so forth that also help to improve people's outlook in terms of organization. We talk about the needs of people, the rights of workers, the benefits, the working conditions and so forth that people enjoy. Mr. President, the hon. Senator talked about the quality of health which is not at a level that is acceptable. The Inter American Development Bank (IADB) signed an agreement with that regime when they were in power and they agreed with the (IADB) to close down the Woodbrook Health Centre. They also agreed to close down the Point Fortin Hospital.

2.35 p.m.

It is this Government of the United National Congress of national unity that re-opened the Woodbrook Health Centre and had made a commitment not to allow the Point Fortin Hospital to be closed down. [*Desk thumping*] Those are PNM areas, but they do not even care about their own kind. Even Canon Knolly Clarke had to remark yesterday—[*Interruption*]

Hon. Senators: When you say “kind” what do you mean?

Sen. The Hon. W. Mark: When I say “kind” I mean your supporters.

Sen. Shabazz: Well say that!

Sen. The Hon. W. Mark: Mr. President, Canon Knolly Clarke also said something yesterday. He said that he was aghast to know that the late Aldwyn Roberts had asked for blood; maybe if he had gotten a few pints of blood it might have extended his life: I do not know. He made the point as well that there were too many hypocrites around here. [*Interruption*]

Sen. Shabazz: That is why you went to the funeral.

Sen. The Hon. W. Mark: I went to pay my respects. The point about it is that the Government is trying. In four years and three months we have done a lot.

I went to a function this morning at the Trinidad Hilton at which the Northwest Regional Health Authority presented a kind of assessment/analysis of what it had been doing at the Port of Spain General Hospital. I will make copies available to the Opposition Benches, to see the kind of work that the regional health authority is doing to improve the quality of life and health care for people at the Port of Spain General Hospital.

I am not saying that all is honky dory or that all is fine, I am saying that efforts are being made to upgrade the quality of health care in our country. The whole focus on primary and preventive health care is the key. We are saying that too much money is going into the secondary institutions, we need to educate our people from a tender age on what to eat and what not to eat. So the whole question about primary health care is what the Government is seeking to focus on. That is why we cannot complete the task in five years, we need another ten years.

Sen. Shabazz: Well, you will not get it!

Sen. The Hon. W. Mark: The point is, the Government is ensuring that with its limited resources we are doing our best to help the people and our nation.

Mr. President, I just want to give you an example, because Sen. Yuille-Williams as well as Sen. Montano lamented the fact that our health care system is in chaos and crisis. For instance, at the Port of Spain General Hospital alone, the Northwest Regional Health Authority, in two years, has completed 170 infrastructural projects at a cost of about \$15 million. We have a new X-ray department with state-of-the-art X-ray equipment. Sen. Shabazz you can go and see that for yourself; that is a fact. For the first time in 10 years there is a new X-ray facility which produces film within five minutes, if there is an accident or an emergency.

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Mr. President, I have a whole host of things here. The elderly in our country waiting for a cataract operation—200 patients—they were waiting for six years. We are going to ensure that by the end of this year, in fact, long before that, these matters are addressed. In other words, we are getting rid of these backlogs, eye clinic, dental, they are trying. The People's National Movement was there for 35 years, elevators not working. Do you remember the time people were talking about gazette paper? They were wrapping newborn babies with brown paper bags at the Port of Spain General Hospital, with \$70 billion in the PNM's hand, and the PNM was in power. And they want to tell the country and the people to give them another chance!

After 35 years of mismanagement, misrule and squandermania you want another five years? This country must be going backwards if they ever think about voting for the PNM! The PNM is a backward and historically archaic organization; it should never see the seat of power ever in this country!

This matter is about workers, about trying to level the playing field. In a matter like this, where the Government is seeking to ensure that there is a transition, in the context of proper human resource management in the health sector, so that we can deliver better quality health services to our country so that the nation's citizens can have a better chance of living decently and with dignity, this amendment is here. I feel that this amendment is going to help in this transition and it would also assist in getting us to the point that we would like to get to, where the regional authorities would have the power to deal with these matters and to deal with the various unions that are involved.

So I have a problem when I get these kinds of expressions coming from the Opposition: nurses leaving our shores, proper remuneration. They were there; they never even settled agreements with the public servants. She talked about ILO standards. *[Interruption]* Sorry, Sen. Yuille-Williams spoke about the International Labour Organization standards. The worst violators of ILO standards in this country were the PNM, but they are talking about ILO standards. Do they know anything about the International Labour Organization?

Under the International Labour Organization constitution I moved a motion when I was in Opposition, on the ILO. The PNM never brought reports here, as outlined in the constitution of the ILO, to tell us, for instance, what conventions or recommendations were passed by the ILO. Under the constitution that we are signatory to, they are supposed to be compelled to bring to the competent authority's attention all those conventions and recommendations that were passed at the ILO level and that we have to implement or accept them.

The first government to have brought that was the National Alliance for Reconstruction and the second was the United National Congress, and they are talking about ILO standards. Total contempt for international organizations, workers' organizations and institutions! So what hypocrisy the PNM is displaying here that they care about people! They care about themselves!

Sen. Mohammed: Look who is talking!

Sen. The Hon. W. Mark: The on-the-job training programme was a major programme that they had introduced. She talked about—sorry about that, Ma'am, Sen. Yuille –Williams—[*Interruption*]

Sen. Mohammed: Total contempt!

Sen. The Hon. W. Mark: I apologize humbly, not she, Senator. Mr. President, I recall that on the question of the on-the-job-training programme, they talked about ILO standards, we are talking about the rights of people, and telephone workers must have the right to enjoy, for instance, if they are working for five hours, prorated benefits. All right, fine, I have no problem with that; they had workers working under the on-the-job-training programme for \$40 a day. We found that it was exploitative but it is something that we would have to revisit and maybe use the minimum as a level to have it back on stream, if it is possible. We will talk about that.

When they talk about these things and they mention ILO standards in their contributions, they are the greatest violators of the same ILO standards, because they have employed qualified young people to work in institutions, to work below the levels of wages, salaries and so on that were unacceptable.

So as far as we are concerned, this Bill is a very important matter for the workers. I have already indicated, and Sen. Montano made reference to it, that if we have five employers in the case of the regional health authorities, and as Sen. John was saying right now they deal with the Chief Personnel Officer, no government in a country like ours would want to have industrial instability by having different RHAs pay different terms and conditions.

They might have it in some areas, but as far as possible those are matters that we can always deal with at another level, because as Sen. Montano rightly pointed out, the regional health authorities do not have, at this time, the kind of revenue stream to operate as fully autonomous bodies, they still depend on the state. If they are going to engage in negotiations on behalf of the state, the state must have input in terms of broad guidelines, policies and renegotiations. I do not see that as a problem in the short or medium term; maybe in the long run when the National

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Health Insurance System would have been introduced, they would be getting a stream of revenue and maybe gradually get into a situation where the organization would be on its own feet and be able to organize its own operations.

Mr. President, I thought it was necessary to intervene here, because there was this question of confusion in the minds of some of our colleagues here and I just wanted to clear the air on these matters and to put the record very straight and clear on this question of the UNC Government of national unity seeking to ensure that under its stewardship of four years and a few months we have done an enormous amount of work, not only in the health sector but in many other sectors of our economy.

The reason we have in this country an unprecedented level of industrial peace is because of the policy that we have executed over the last four years. We have been able to settle every agreement that the People's National Movement left with us. We are into another round and we are hoping that with the support of the Minister of Finance, my friend, we would be able to, at least—[*Interruption*]

Sen. Shabazz: What about the war your Prime Minister is talking about?

Sen. The Hon. W. Mark: What war! [*Interruption*]

Sen. Prof. Spence: Mr. President, since the hon. Minister has paused a bit, I just wondered if he could give the assurance, as he has done in the case of Point Fortin and Woodbrook, that there would be no cutting back in the facilities available at the Mount Hope Hospital.

Sen. The Hon. W. Mark: I would leave that to the hon. Minister of Health. [*Interruption*] No, I was just making reference to the InterAmerican Development Bank agreement that was signed in 1994; I am not dealing with the current situation. The Minister of Health will do that.

Mr. President, I give my uncompromising support to this measure. I think it is a very progressive and positive measure which would bring about the kind of stability necessary to encourage the workers to shift from one central level at the local government level of the Ministry of Health in terms of daily-rated workers and to get themselves organized under the regional health authorities. We have to work very closely with the Public Services Association. They indicated to me that they have some areas that they would like to clarify and my doors are always open for us to clarify those points.

The important thing is that we want those workers to go under one management structure in the context of the five regional health authorities so that

the population of this country can really and truly get the kind of health care that they deserve. We spend about \$1.2 billion a month on health in this country and we need to really show the value for our money in the context of the health care delivery that our citizens receive.

Thank you.

Sen. Mahadeo Jagmohan: Mr. President, Members of this honourable Senate, I am glad for the opportunity to share in discussions on this Bill. Before I actually proceed on the Bill before us, Sir, I crave your indulgence and the indulgence of the Senate, to also congratulate Sen. Winston John and Sen. Jearlean John on their appointments as part of this honourable Senate. On behalf of my political leader, the honourable Mr. Patrick Manning and all of us on this side of the Senate, we hope that they would enjoy their stay in the Parliament and that their tenure will be successful.

2.50 p.m.

Mr. President, with your permission again, I wish to congratulate Sen. Joan Yuille-Williams for a thoroughly researched and masterly presentation of her contribution this morning. [*Desk thumping*] I also wish to congratulate Sen. Danny Montano for his very choiced words on the amendment before this Senate. [*Desk thumping*]

Sir, I am sorry, that is not like me, but I am totally devastated, in a way of speaking, by the contribution of the hon. Minister of Public Administration. I did not think the Parliament was a place for speechmakers to run wild. I did not think so. The Minister is a lucky man and I will never have his privilege. What I do wish to state, Sir, with your kind permission, is that the Minister has used this afternoon's debate as a training ground for the political hustings. At one time, the Minister got on as though he was on the political platform where there were no constraints. I have known the Minister to be different from that. I do not know whether it is a question of insecurity that made him run wild like that. [*Desk thumping*]

Mr. President, this morning, the public gallery was overflowing with people who have an interest in the present Bill before the Senate. They came from all corners of Trinidad and Tobago and some of them are still here. I am glad that this Bill is being discussed here this afternoon. A great deal of what I intended to say has been said and I will not repeat. The hon. Minister of Public Administration, other Members of the Government as well as Members of the Senate should know that the predecessor in office to the Minister of Public

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Administration had put a number of measures in place. I have no doubt that these amendments were picked up from the drawing board or planning room that was left by the last administration. A very distinguished son of the soil was working very closely with the National Union of Government and Federated Workers, I refer to the hon. Dr. Gordon Draper, an expert in management in this kind of work.

However, I wish to state that the hon. Minister of Public Administration alluded to several aspects of the Industrial Relations Act. I want to refer him to page 186 section 4(a) and to ask whether this Bill should not have been drafted in that manner, making the Chief Personnel Officer the person to negotiate on behalf of the regional health authorities. We have seen that the regional health authorities—all five of them—have people with absolutely no training and background in industrial relations and personnel management heading them. There are people from other professions. Okay, we must respect their professions.

Mr. President, we are of the view that in order to have peace in this country—and Sen. Selwyn John also made a very slight reference to it, that negotiations will take place with each regional health authority. I am suggesting that it is not too late that the Bill be taken back to make the Chief Personnel Officer, an officer of the state with very high rank that is comparable to that of a Permanent Secretary, be made the person in charge of negotiations and industrial relations and so forth, on behalf of all the regional health authorities who would fall under one Minister, the Minister of Health. It is not too late to do that.

The question to be asked is: Why am I thinking like that? I am thinking like that in order that this country would have industrial peace, because political “lackeys”—I hope that word is permitted—and nothing is wrong with having political connections—or people with strong political connections who have no control over themselves could be heading the regional health authorities. What will emerge thereafter? There could be confusion and I will soon tell you, Sir, what confusion I refer to. Before I go there, I want to compliment the hon. Minister for presenting the Bill and speaking on it, so we have an idea what is being thought about. The Minister said that the health care reform or somebody is seeking to ensure responsibility and efficiency in the health sector or in each regional corporation. That sounds good and everyone should support that.

Mr. President, over the last few years—if we take a period of about three years—we have observed that all the regional health authorities have flouted the existing industrial agreement. What do I mean by that? They needed to employ

personnel and they did not consult the recognized majority union in many aspects of hiring. Whenever the regional health authorities had to fill some vacancies in the permanent cadre that exists for the daily-paid workers in the regional health authorities, they have consulted the recognized majority union and worked in a number of cases closely with the recognized majority union. I can tell you, Sir, they have proceeded to hire many people in the different regional health authorities without consultation. They were hired directly by members of the board, or the members of the board gave instructions to whoever they gave to hire, and that is flouting the existing collective agreement and its provisions.

Mr. President, for example, in each regional health authority, apart from the permanent staff, there are regular workers. Regular workers, meaning they would have worked for 200 days within the meaning of the collective agreement in a calendar year. There is a big argument in the regional health authorities of what is a calendar year. Is it from February this year to February next year, or January this year to December this year? That is an argument that is raging in the regional health authorities. We are hoping that would be cleared and settled. To my mind, the NUGFW has the competence to settle that but will it be settled at all?

Mr. President, two years ago, the Minister of Finance, Planning and Development gave us a date when the daily-paid workers' pension would be implemented. Two years have passed and it has not been implemented. We heard some good words today, in three months' time it will be implemented. We are hoping that this will come to pass. I am advised that maybe it will not.

Mr. President, the most important thing—I did not hear anybody talk about it so far—the Industrial Relations Act, I do have a copy in my hand but I am not prepared to burden the Parliament with reading through certain sections of the Act and so forth. Every Member of the Parliament will have a copy and is acquainted with it and members of the press are also familiar with the provisions of the Industrial Relations Act.

There is a very important aspect of the Bill. Clause 3 seems to say that there would be security of tenure in employment for the permanent workers. It seems to be saying that, but does it really mean that permanent workers will remain permanent workers, and until they retire at age 60, or leave voluntarily, would they be able to operate within that scenario? I did not hear the Minister of Public Administration—the Minister said he worked for 15 years as a Research Officer, I want to respect that. Research people dabble in a lot of books and all of that, but maybe he dabbled in the wrong books because he did not say anything about that.

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[*Laughter*] I have just about 45 years' experience in trade unionism and I have always been a part of it. I can address a few matters here.

3.00 p.m.

Mr. President, somebody asked me, "Which section of this amendment says that the accumulation of terminal benefits or *ex gratia* benefits would be secured when the workers are totally under the purview of the regional health authorities?" Which section of the parent Act says that? Maybe when the hon. Minister is replying he might say. This is no joke, the Minister of Public Administration was not properly briefed or he does not have his figures right and I do not wish to correct him as though I am his teacher, I am not, but I do wish to say he alluded to the fact that 35,000 workers in local government are members of the NUGFW. I am really happy to hear that.

Sir, I tell this honourable Senate that this Bill should be taken back and a clause be added saying that all the accumulated benefits will go with the worker to the regional health authorities and they would be secured for him and, upon retirement, voluntary or mandatory, he will receive all his benefits. [*Interruption*] I am getting advice from across the floor. I am glad for that but I have my doubts. I have my doubts in the sense that we have so many competent attorneys in this country, they could take this thing to court and say, "The Bill is flawed because it did not have total security in this regard or that regard for a substantial amount of workers". So that is one area that I hope would be looked at a second time.

Mr. President, sometime earlier when the Minister was presenting the Bill he made reference to a situation about successorship between the Seamen and Waterfront Workers Trade Union and the Shipping Association. I want to state, that situation is somewhat different to the present situation. Right now, Mr. President, the people who are senior and regular workers under the regional health authorities, unknown to the recognized majority union, are not being considered to take up permanent vacancies on the permanent establishment with the regional health authorities. How do I know that? I know that because I have a nexus.

Secondly, Sir, there is a policy that is about 50 years old in Trinidad. When there exists a permanent list of workers and a permanent worker should be promoted or he resigns or he retires or he dies, the seniority list is used where the most senior person in the classification from which that worker comes will take his place automatically. That is not happening and I doubt that the recognized majority union is apprised of the situation totally. Then, who takes the place of the regular workers? There is a galaxy of casual workers who have service, and their

service is counted in a particular way, who would take the place of the regular workers. The regional health authorities are not going that route.

Hon. Minister, through you, Mr. President, will care be taken to protect the workers in those two areas I have spoken about? A very senior official of the Chief Personnel Officer's department has been in the Chamber all day today and I am sure he will take notice of what I am saying. He is my friend. I have known him for over 30 years. These areas that I refer to, do not concern, say, 31 members of the Parliament. The multiplier effect could be referring—*[Interruption]*

Sen. S. John: Mr. President, just to clarify, what the amendment seeks to do is to allow the recognized union at the present time to have successorship so that recognition continues with the workers being transferred to the regional health authorities. The reference you are making to the recognized union, would you say, in fact, whether it is the intention that when the amendment to the Act is in place, that would be the time the recognized union has the authority or the possibility of clearing and clarifying the unjust situation you are talking about?

Sen. M. Jagmohan: Mr. President, I am glad the hon. Senator has raised the question and he is Chief Executive Officer of the recognized majority union. However, I know enough, Sir, to be satisfied in my mind that where, in any piece of law or any industrial agreement, written or oral, certain things are not clarified at the time of the promulgation of laws or agreements, the points that are not clarified, it is to the benefit of the employer not to have them form part of the consideration for implementation. Those thoughts, those ideas, those principles, those common law, unwritten rules and regulations, go through the window.

I feel good to know that the hon. Sen. Selwyn John has raised the question but I wish to state, Sir, very clearly, that I speak for the poorest of the poor in this country at all times and those casual workers and most of the regular workers are the poorest of the poor. They have nowhere else to turn and if new pieces of legislation are being written up and considered, something must be done to assure those people that someone is thinking about them. Sir, if one listens to all the call-in programmes in this country you would hear people calling in with “plenty big talk”. They talk about everything on the call-in programme, from chutney come right up to calypso, the Government and everybody else. No one alludes to the plight of the very poor or the Government daily-paid workers. Check out all the call-in programmes.

The people who write the “*Voice of the People*” article in the daily newspaper do not allude to any point raised in this amendment or the very poor workers.

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They talk about things even beyond them. I wish to state, Mr. President, that during the contribution of my colleague, Sen. Danny Montano, he alluded to his knowledge of at least 12 fairly educated or competent people who can manage health care and who work outside of Trinidad and Tobago but the remuneration package would be inadequate for them to come here and work. Sir, I want to associate with that statement and I also wish to point out the number of specialist doctors who are out of this country but serving other countries.

Those people do not care for the money alone. Maybe they could work for the same money they are receiving abroad or the same money that is being paid here but the conditions here or the recognition for them would not be there, is not there and may never come for the specialist service and the human service. I am urging the hon. Minister to put a team together—oh, the hon. Minister is not in the Chamber at this time. Oh, he is listening there—to research this question and lure our specialists back into the country.

Now, the hon. Minister of Public Administration, Sir, without any consideration for graciousness and decency, accused the PNM across the board of everything that he could have possibly thought of. He did not answer Sen. Montano or anybody else. How long ago so many of the specialist nurses have walked off their jobs in the medical institutions and are elsewhere? There must be some kind of research to be done or some kind of statement to be made. Why have these people gone? Is it money alone they have gone for? Many, many people in Trinidad and Tobago are looking for peace and comfort in their employment. [*Desk thumping*] They are not looking for monetary gains alone and many of those people are now afraid that somebody might refer to them as enemies of the Government. [*Desk thumping*]

I urge the hon. Minister—he has a cool temperament and he can put the machinery in place but then he feels pressured by the others, like the hon. Minister of Public Administration, then in his capacity he will hardly be able to do anything and I hope that words like “vindictive”, “wicked”, “deceptive” and “hypocrite” will never enter his vocabulary. I hope they will stay where they belong. So, Mr. President, there are many health care people abroad who would like to come here but they want to be respected. They want to know that their services are appreciated. Monetary gains are not their only consideration. That is an area at which we need to look.

Since I am being told, and I respect the views of everyone in the Parliament when they are good views and constitute good advice, that the *ex gratia* benefits

or the terminal benefits of the daily-paid workers, including casual and regular workers, would be secured on the basis of the provisions of this amendment Bill before us, then I am happy for it, Sir and so are thousands and thousands of workers out there. The hon. Minister of Public Administration did not give a figure but the hon. Minister of Health said that there are about 1,200 workers in the Ministry of Health. He did not say how many were permanent, how many were regular and how many were casual. Maybe the hon. Minister did not have to say all of that, but maybe I will put a question to the Minister so that he can get the research and answer that in the Parliament in the near future. To me the figure is higher than that.

Perhaps people who have to research and advise the Minister, being quite smart, realize that if they give the real figures they may have to answer where the authority came from to hire and so on. We are glad. As many people as possible in the country must work. There is no problem with that. We are in favour of full employment for the entire nation. All those who need a job and are in search of work should find a job or should be given a job, Mr. President.

3.15 p.m.

Now, Mr. President, I merely wish to state once more, that it is my own feeling that the Chief Personnel Officer should be made the person heading industrial relations and personnel management for the regional health authorities. There is going to be absolutely no peace whatever. I have experienced, personally, as an industrial relations person for the National Union of Government and Federated Workers, the arrogance of some members of boards of the regional health authorities. I would not identify which one or which member of which board, but the total arrogance of some of the members and, apart from arrogance, the inadequacy of the knowledge of some of them to deal with what they have been chosen or placed to deal with.

With these words, Sir, I thank you very much. [*Desk thumping*]

[*Sen. Winston John rises*]

Mr. President: Before calling on Sen. Winston John, I just want to make a brief comment about a comment by Sen. Jagmohan when he started his contribution, in that he can never have the same privileges as the Minister of Public Administration. That, indeed, is a very unfortunate statement in the context of the debate and the manner in which it came over. It suggested that the Chair treats the Minister in a way different from the Senator, to the detriment of the Senator. Let me hasten to add that in this House, each Member is treated equally.

Sen. Winston John: Mr. President, I choose this moment to express my heartfelt gratitude to you, Sir, for your welcome, and also for the welcome given to me by the Members of this Senate, the workers on the compound—all the clerical officers. Much respect also to the media, for they have been very kind to me.

You have all contributed to making my first day a very special day in my life and also in the life of the people of Tobago, Trinidad and Tobago. Special thanks to my sister Senators from Tobago. They have treated me very well; taken me on tours and that sort of thing; they are Sen. Cynthia Alfred and Sen. Dr. Eastlyn Mc Kenzie. I expressed the sentiments to my family at home and to the people, of how kindly they treated me. Also, special thanks to Miss Cox, the Clerk of the Senate, Sen. Wade Mark and all my other colleagues including Sister John; many people have been asking me if she is my wife. My brother, Sen. Shabazz, when I came in here and saw you, I felt rather comfortable to the fact that I am not the first person who has, I would say, ventured to the moon. You have been here before me; much respect, brother.

We would have all recognized that the past weeks have been “a trying time” in our country, Trinidad and Tobago. Our Constitution has been tested to the limits and, somehow, we found that it has withstood the barrage of attack. I must say, however, that Trinidad belongs to me in the same way that Tobago belongs to you. [*Desk thumping*]

In supporting the Bill as produced by my Government, I must expose the fact that we in Tobago survive in time of sickness only by the grace of God. Trinidad abounds with opportunities while back home, opportunities are somewhat much more limited. We must work to correct those situations as far as possible for Tobago, and likewise for Trinidad and Tobago in general.

In many cases of illness, it is very necessary for people to travel to Trinidad for prescribed treatment and that impacts negatively on my people. At this time, Mr. President, I would not choose to stay too long on my feet, for I know that in debating and supporting this Bill, my senior country Senators, Sen. Alfred and Sen. Dr. Mc Kenzie, will explain in more worthy terms, our concerns for health care in Tobago, in the first case, and for Trinidad and Tobago in general.

Thank you.

Sen. Prof. Kenneth Ramchand: Mr. President, I hope the hon. Minister will forgive the intervention of a novice in an industrial relations matter but, in

addition to his and your kind indulgence, I think I might have a scientific or pseudo-scientific excuse. In the book, *The Selfish Gene* (1976) by Richard Dawkins, we read about an entity called the “meme”—M-E-M-E—and the “meme” is a cultural item transmitted in a manner analogous to the transmission of genes. I hope, therefore, the honourable Senate will accept my intervention because of my genetic connection with the late President of the Industrial Court.

What I understand from this Bill is, firstly, that the existing agreements between unions and the health authorities are to be retained. Secondly, however, each authority, that is, each of the five regional authorities, is deemed to be the successor to the Chief Personnel Officer. Now, my understanding is that the Chief Personnel Officer is the person with whom you negotiate. So, if each authority is now representing the Chief Personnel Officer, then each regional health authority is a separate negotiator and I do not see anything in the legislation setting down ground rules for how these negotiations are to take place. A number of possibilities are opened up.

Room has been left, as I said first, for each regional health authority to negotiate separately with the workers, so that the workers in region “A” can negotiate with the regional health authority in region “A” and achieve a certain set of terms and conditions of service. That seems, to me, to be implicit in the legislation.

This means that you can end up with workers in the different regions having different wages and conditions of service. It also means that there can be competition between the different regional health authorities for staff, because if each regional health authority is a negotiating body, and that argues a certain degree of autonomy, then the regional health authority, by giving certain kinds of conditions, can lure workers from one region to the other. This may be good; it may be bad; I do not know.

The legislation that is before us also leaves room for there to be different unions in each regional health authority so that the existing agreements may be honoured, but when new agreements start to come up, it could well be that a new union body within a certain region can say, “We represent the workers in this region, and the master union which seems to be controlling all the workers has no support in this region. Therefore, you have to recognize us as the union within the regional health authority.”

So, Mr. President, this piece of legislation has all kinds of implications about the negotiating process, about trade union representation and, indeed, about the nature of the regional health authority.

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If the answer to the questions I am asking implicitly is, “No, the separate regions cannot have different terms and conditions; there must be uniform terms and conditions”, I want to know what is the mechanism by which the uniform conditions would be negotiated. If the answer is, “You cannot have a separate union in each regional health authority”, I want to know why, because this legislation seems to open the way for that. So, I am very worried that in trying to devise administrative arrangements to deal with the succession, the Government may have introduced legislation which impacts, perhaps in a confusing way, on trade union representation and on the nature of the regional health authorities I raise these matters because I understand the concept behind the regional health authorities to be that each regional health authority is going to be responsive to the needs of that particular region so that that regional health authority really ought to have the right to agree to, or determine and recommend the kinds of wages that are to be paid in that particular region.

Dr. Rafeeq: I thank the hon. Senator for giving way. I think you have inherited much more from your brother than you said, but that interpretation is correct.

Sen. Prof. K. Ramchand: Thank you very much, Minister. Then, if that interpretation is correct, I do not believe that the piece of legislation before us covers it. It leaves it open for somebody to move along the lines I have suggested and then to be told, “No. You cannot do that.”

Mr. President, I am very glad for the Minister's clarification and his confirmation that my fears about the long term are correct and, therefore, in sum, my contribution is that I think arrangements do have to be made for the succession, but I feel that the present Bill raises very serious questions about the nature of union representation in each region and about the nature of the regional health authorities. I feel that maybe the Minister can make a statement about that in his winding up, although I really feel that the legislation itself should be added to, to cover the long-term possibilities.

Thank you, Mr. President.

Sen. Prof. John Spence: Mr. President, before commenting on the matter at hand, may I welcome the two new Senators from Tobago, Sen. Winston John and Sen. Jearlean John. I would also like to express my appreciation to the two Senators whom they replaced, Sen. Moore and Sen. Williams, and to say that I wish them the best. The last two weeks must have been a bit uncomfortable for them and I certainly regret that was the case. I regret, particularly, the incident in

which their name plates were removed and I hope that such an instance does not occur again in the Senate.

I note that Sen. Winston John has stated that he would like to speak up for Tobago, but I must warn him that that could mean that he would have a short stay with us. [*Desk thumping*] [*Laughter*]

3.30 p.m.

It seems to me that the Bill is relatively straightforward. In some ways one wonders why we spend such a long time over it. I think the issues raised by Sen. Prof. Ramchand were really issues that occurred when the original Act was enacted. It is quite clear that there are separate entities and that is what they were intended to be, whether one agrees with it or not. Certainly, on that score, I would just like to make a comment about the Eric Williams Medical Sciences Complex, as I think it is called. I would like to express a personal interest in the sense that I live in the East and Mount Hope is the closest hospital that can take care of certain health problems like cardiac problems from which I suffer occasionally.

I would like to ask the hon. Minister, in his summing up, to please give us some indication of what the future of Mount Hope would be. From my recent stay there, I got the impression that there was a certain amount of contraction occurring. In fact, one of the two operative wards had been closed down the week before I went in, so that the afternoon in which I arrived there I was told that I could not be admitted because there was no room. Apparently, the ward had been closed down due to, one, shortage of staff and, two, shortage of funds to buy materials for the operation of this ward.

Certainly, one got an impression from the staff that there was a certain amount of uncertainty. I gathered that some specialist doctors are, in fact, leaving because they do not really know, with any certainty, whether there is a future for the hospital. That is why I ask the question to the hon. Minister, Sen. The Hon. Wade Mark, about the contraction of that facility. I think this would be a tragedy if this facility were to either continue to be reduced the way it has been in the last few weeks, or to be closed completely. There are many procedures which are done there which are not available, generally, throughout Trinidad and Tobago. With respect to cardiac problems the St. Clair Clinic is, perhaps, the only other one that has that sort of facility, and of course heart attacks are probably the major cause of deaths in Trinidad and Tobago. So it is certainly something that is needed very much indeed.

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On the question of staff and their appointments—since this is the Bill in which we are discussing people working for different authorities—there is an interesting situation at Mount Hope which I, myself, found it very difficult to understand, in that both the bypass surgery and the cauterization are not done by Mount Hope itself but by separate private companies. My understanding is that there may be joint companies in Mount Hope since there is no written information about these companies. It is very difficult to ascertain precisely how they operate. The strange thing was that the staff, I must say, are very competent and efficient, and I certainly had absolute confidence in the treatment I received for angioplasty at that institution by the staff and the doctors. But the situation was that the staff work for Mount Hope but the procedure was done by this private company. The equipment belonged to the private company but the room in which the equipment was fixed belonged to Mount Hope. It is a very unusual arrangement and, quite frankly, I believe that there should be more written documentation about the arrangements than there is. Certainly, I would hope that we could hear something about Mount Hope.

When we originally discussed this Regional Health Authorities (Amdt.) Bill, I argued as forcefully as I could that Mount Hope not be included in one of the regional health authorities. I think that was a terrible mistake made at that time. Clearly, it is different from the other hospitals. First of all, they charge a fee and the others do not. It seems to me that we should rethink that issue and think of Mount Hope as not just a Trinidad and Tobago facility but make it into a regional facility outside of Trinidad and Tobago. Some of the procedures that are undertaken at Mount Hope probably cost two or three times as much in the United States. So surely we could attract the clientele from that country and others around us and so make the facility pay.

The way that the facility is treated, too, I think, needs to be looked at. For example, I am given to understand that the Paediatric Unit has been moved to Mount Hope but no funds have been provided to run it, so that the hospital has to carry that additional burden without the resources to do so. Certainly, I think it is important that we look at that. The equipment needs to be renewed. The hon. Minister Wade Mark was speaking about the elevators having been fixed—I think he was referring to the Port of Spain General Hospital.

Sen. Mark: Mr. President, just on a point of clarification, I did indicate that by the end of June 2000, I was referring to the Port of Spain General Hospital where six elevators are to be contracted.

Sen. Prof. J. Spence: Mr. President, I was just expressing the hope that the ones at Mount Hope would also be fixed because there is a similar problem there, in that even with cardiac problems one sometimes has to use the stairs.

I hope, Mr. President, the hon. Minister would address that in his winding up. I think it is an important facility. It seems to me tragic that we should have spent—whether we should have done it originally or not, is a different question, but nevertheless we have done it and we have an excellent facility which we seem, on the surface, to be allowing to run down. Certainly, having been there two years ago, and again this year, I could notice a marked difference which is clearly due to the input that is being made to this facility.

With respect to the Bill itself there may be legal implications which are not apparent to me, so I look forward to hear Sen. Daly's contribution, but certainly I have no difficulty with the provisions that are being made in keeping with the intention of the original Act and therefore it seems to me that we should pass them, unless something unforeseen with respect to legal aspects arises.

Thank you, Sir.

Sen. Martin Daly: Mr. President, I have absolutely no doubt, coming as I do from a semi-trade union background, and to a somewhat “unvolvoresque” environment that the daily-paid workers, whose union previously negotiated with the Chief Personnel Officer, should not be left out of the collective bargaining process because we now have regional health authorities. In other words, I support the intention of the Bill which, as I understand it, is to take care of the fact that with respect to the daily-rated workers, the collective bargaining rights of their union were not preserved. I understand that to be the difficulty we are addressing.

I do have some difficulties with the concepts in the three subsections of section 34. They are not only drafting problems, and I try, as neutrally as possible, to explain what I understand the difficulties in this legislation to be and why I have ultimately come to the conclusion that there is a much simpler solution than the one that has been presented to us. I emphasize that this is something I enjoy, that is to say, attempting to deal with the technical aspects of legislation in as neutral a way as possible. It always strikes me that our efforts to assist in the technical business of legislation go unnoticed, which does not bother me particularly, but more than that do not seem to be put in the balancing scale of sensible men when wild statements are made attacking the integrity of the Independent Senators. I make so bold as to say not in relation to myself, but in

relation to those lawyers who have preceded me in the Senate, and in relation to those of my colleagues who sit here now, and without their assistance in tidying up legislation, and without their contribution in Committee, the end product of this Parliament would not be as good as it is, ultimately.

3.40 p.m.

I say this, Mr. President, because as I have emphasized, I am trying to make a neutral and technical contribution on a subject that, as far as I could see, has absolutely no political content. When it is necessary not to support the Government, we do so. When it is necessary in the individual opinion of each of us to support the Government, we also do so. I made the remark for the semi-public record, that it seems that the work of the Independent Senators is only valued when they support the Government.

It is quite laughable; a little over a year ago I had a run of remarkable success in my professional capacity acting for the Government. I refer to the death penalty cases; and it amused me at the time to see how many commentators were saying that people who act for the Government professionally cannot possibly make an independent contribution because they are in receipt of fees from the Government. How amusing and how droll politics is, that little over a year later we hear that the Independent Senators are totally opposed to the Government and not independent at all.

I think that it is very important that when we make a contribution like the one we are doing today which is devoid of political contempt, to remind people that many, many, many mediocre minds have tried to categorize the work of the Independent Senators, not only this group but all the groups that preceded us, and they have not succeeded. To categorize us is probably as elusive as getting successorship in industrial relations correct. They are probably equally elusive, that is why they need to be compared. So let us get to the problem.

Really, Mr. President, it is also ironic when colleagues of this Senate, when challenged in the politest manner, feel it necessary to make the Chair rise to protect one from abuse. It is also interesting because it is a stereotyping, and I refer to my semi-trade union background, because as I have had cause to remark in this Senate before, I come from a single parent family and in the 1950s my mother was a clandestine organizer for the UCIW in the distributive trade. At that time, Mr. Vas Stanford and Mr. Innocente Gonzalez were the organizers, and I knew them as a child because of the clandestine activities of my mother. But it is so when people cannot address an issue. It is so when people cannot recognize a

conflict of interest and when people think that they must degenerate into personal abuse, either within or without the House.

Let us examine this issue. The issue here is not about preserving the rights of any specific union; that is not the issue. Insofar as anybody has been urged to preserve the rights of a specific union, they are misleading the Government and giving the Government subjective advice. The issue here is to ensure that a group of workers whose employer has been changed by statute, namely these daily-rated workers who work in the health sector of the state are not, by some accident, excluded by the collective bargaining process.

It matters not one jot who bargains for them. In order to bargain for someone there is work you have to do, and there are formalities that you have to comply with under the Industrial Relations Act. So this is not about preserving the rights of any particular union; this is about an issue: preserving collective bargaining rights for a group of people whom we seem to have overlooked when we passed the Act in 1994. That is the issue.

If anyone is uncomfortable—I unfortunately had to miss part of the debate, but I understand that discomfort has been expressed about the fact that—I believe the word “entrenched” was used—that this legislation might suggest that you are entrenching a particular union. Whether it does so or not, Mr. President, that is an unfortunate signal because the issue here is not to preserve the rights of any sitting union, as they are commonly called. The issue here is to ensure that these workers have the protection of a competent, well-organized trade union, whoever they may be.

I think that instinctively those who preceded me and worried about the apparent entrenchment, perhaps, for good reason, having regard to how this Bill has been debated so far, were right. Let us look at what is the issue: how to correct a mistake that we as a Parliament undoubtedly made in 1994. What we have to do as briefly as possible is to look first at the code that governs all collective bargaining.

As everyone knows, the code that governs all collective bargaining is the Industrial Relations Act. The Act has very clear provisions that if a collective bargain is struck, but one of the parties on whom it is binding is a successor, that is, either of a trade union or an employer—that is to make sure that if people are anti-union—they do not simply liquidate their company and form another company the next morning and say, “Well, I am not the person with whom you struck the bargain.” That is a simple example.

Indeed, because it is so easy to change corporate or business identity, the Industrial Relations Act goes further and gives the Industrial Court the power to decide who is the successor, not necessarily by legal principles but in accordance with the principles of good industrial relations and good conscience. In other words, they can view the matter as broadly as possible and say that it does not matter what legal structure you have set up or what legal “*simi-dimi*” you have committed, we say that you are a successor, and adjudication on that is virtually unchallengeable. I would not bore everybody by explaining why. It is amazing that we should have a problem at all that is not covered by the broad code of the Industrial Relations Act.

When I looked at the Bill this morning, my first instinct was, why do we need to provide for successorship in any specific case? I did not know the answer but there is someone in the Parliament Chamber whose modesty would be infringed if I name him, who is a walking encyclopaedia of industrial relations practices in Trinidad and Tobago. So I asked this person, why do we have to provide for successorship in a specific case? Of course, I should know, but I do not and I have no problem in admitting it, because I am not a walking encyclopaedia in anything.

He informed me that there was a technical problem in that there was some judgment of the Industrial Court that apparently had ruled that if only part of a bargaining unit transferred, you cannot be a successor. Apparently, that is the simple problem that we are dealing with. Of course, if that is the problem, the simplest way of dealing with that is to pass an Act which simply reverses for the future the judgment of the Industrial Court, and that would be four lines. That is certainly permissible; it certainly is not an interference with the Judiciary.

If the court freely decides something and the Government decides that it has policy implications it does not like, it can reverse it for the future; that is perfectly acceptable. It cannot reverse it retrospectively, because then you get into the difficult areas of interference with the Judiciary and interference with existing rights. I should say in passing, of course, that if the Government does not like a decision it ought not to say that the Judiciary should not meddle in the matter at all. If the Government does not like a decision, it can come here and reverse it, but to go bleating on platforms about the fact that they have been stopped by the Judiciary is really a piece of colossal ignorance. There is nothing else to say about it. So that is the problem.

One option we have is to pass an Act that very simply reverses the decision of the Industrial Court. The other option is to ensure that you legislate specifically

for the successorship. We are always short of these books, Mr. President, but if one looks at the parent Act, the Regional Health Authorities Act, No. 5 of 1994, in sections 31, 32, and 33 we accomplish everything this Bill is setting out to do in relation to, effectively, the monthly paid of the regional health authorities.

Wherever necessary we use the expression “the Authority” on the one side of the bargaining process and we use the expression “the relevant representative association that formally represented them” on the other side of the coin. We did not do anything in relation to the union *per se*, as people like to say. These three sections dealt exclusively with carrying forward the collective agreement, the bargain that had previously been struck. I have not studied it very deeply, Mr. President, but I rely on those who have been good enough to give me the benefit of their experience.

If sections 31, 32, and 33 competently cover the monthly paid, then another way of solving the problem might be to simply amend these sections to put the daily paid as well as the monthly paid on the other side of the coin and that would be incredibly simple. It might not take us four and a half hours to talk about that, so that would also have a certain value. That seems to me to be another possibility. As I said, I have not thought it out. This is a very *ad hoc* contribution on my part, but that seems to be another possibility.

When we come to this Bill, there are many words here that are longer and much more convoluted than sections 31, 32, and 33 in the parent Act. It seems to me that 34A(1)—well, I do not quite understand it, actually, and I also have not had a chance to check whether health care facilities is a defined term in the parent Act. I simply have not had time to look it up, but I do not really understand what 34A(1) is trying to do that is any different from what section 31 of the parent Act did.

What I am concerned about is the singling out in the way that it is done here. I am concerned about the singling out of the respective authorities of the majority trade union. In any case, I am not familiar with the phrase, “majority trade union”, I thought that it was “recognized majority trade union”, which has a very different meaning. So I am not sure that 34A(1) is at all necessary. I am not sure I understand it and I am not sure that the expression “workers employed in health care facilities” synchronizes with the parent Act, but I do not know. I have not had time to look it up.

More importantly, I am worried about the way in which the whole thing has been described. I do not have a fundamental problem with subsection (2).
[Interruption]

Dr. Rafeeq: “Health care facilities” is defined in the parent Act.

Sen. M. Daly: I am much obliged to the Minister. As always, he is extremely well prepared; so we need not trouble with that. I am much less worried about subsection (2), because that is doing all that I think is necessary, which is, overcoming the problem of the transference of only some members of a bargaining unit. It is simply deeming that for the purposes of the agreements referred to in (1), we would have to define the agreements: each authority is now the successor of the Chief Personnel Officer. It seems to me that that is all that is required to activate the successorship provisions in the Industrial Relations Act.

Once you deem each authority to be the successor employer then all the rights and liabilities of successorship that are provided for in the parent Act, it seems to me, flow as a matter of course. But if one wants to be sensitive and one wants to show that one has covered all the different possibilities, then one can structure the Act similarly to what was done in the parent Act.

I am very unhappy about 34A(3). I know that one can argue that it says, “Subject to the Industrial Relations Act”, but, instinctively, apart from my difficulty with the phrase, “the majority trade union”, I do not like the fact that we are legislating for it—it is not entrenchment because it says “Subject to the Industrial Relations Act”—but I do not like the language. It suggests that the bargainers have proprietorial rights and that is completely against the free spirit of competition among trade unions that is provided for in the Industrial Relations Act.

If I have to articulate it, I would simply say that it is against the spirit of it. It suggests that we are moving away from the issue and seeking to preserve the rights of a sitting union, whoever the sitting union may be. I am not concerned about that.

3.55 p.m.

Dr. Rafeeq: Just a question, this clause 34A(3), is it in conflict in any way with section 31 or is the principle the same?

Sen. M. Daly: Well, the answer to the Minister is, I just think the drafting is tighter. I just do not like the drafting of section 34A. To give the Minister a direct answer, the principle is the same, but I just prefer if we went along with the structure of sections 31, 32 and 33. In legal drafting, if you have something that is tried—well tried, not very tested, since 1994, it is far better to follow it.

Mr. President, forgive me, I have tried to lay out what I think is the issue; I have tried to lay out what I think it is that we are seeking to correct and to suggest some alternative methods of doing it. I can only say that on a relatively superficial reading, I would prefer that we either simply have a successorship as provided for in subsection (2) or we simply go back to sections 31, 32 and 33 and amend those sections as they stand in the book, rather than coming up with a whole new section.

Apart from anything else—that is why, regrettably you know, there are so many lawyers. I can hear now, someone arguing tenaciously that the rights and liabilities provided for in section 34A(1)(2)(3) are somehow different from the rights and liabilities provided for in sections 31, 32 and 33, simply because different language was used. I mean, I can hear it now. I once saw a very eminent senior counsel who is much loved by this Government—in order to eliminate my beloved President of the Law Association I should say he is not a citizen—I once heard him address the Court of Appeal three times on the meaning of the word “or”. It is not only in the junior ranks, in the senior ranks we sometimes suffer from the same follies. I do not think that it is prudent to take the risk, if you are trying to make exactly the same provision that you made in the parent Act for the daily-rated as you made for the monthly paid. Why depart from the formula? Why have two different formulae? Even though the principle is the same, I am merely suggesting how we might overcome some future difficulties.

Mr. President, I very much support the fact that if we have left out—we have not preserved the collective bargaining rights of the daily-rated workers, in what was formerly the central government health sector, we must seek immediately to protect those collective bargaining rights. I would really prefer if we could take another look at the mechanism by which we are doing it.

Finally, again, because I am really not well prepared today, I omitted to begin by welcoming our two new colleagues John squared. There is some talk that we may have John tripled or John quadrupled. I do not myself want to get into that. I just like to do formally, as I have already done in the lounge and to welcome Sen. Jearlean John and Sen. Winston John to service in the Senate. If I say I look forward with particular interest to their contributions on Tobago that is not because I think their contributions on anything else may be lacking but it will be interesting to see them skate on the thin ice that many of us have to skate on, when one day they say we love the Government, and the next day they say we hate the Government. It is very, very difficulty. Be careful. [*Desk thumping*]

Sen. Nafeesa Mohammed: Mr. President, it was not my intention to take part in this debate this afternoon. However, after listening to the contributions of several Senators and, in particular, Sen. Daly's contribution, I rise on behalf of my colleagues on this side to indicate that I know, when we are dealing with health matters, the hon. Minister of Health is a gentleman who tends to be very reasonable, in terms of accommodating the views of other people. In the context of this Bill, certainly, the very articulate manner in which Sen. Daly just dealt with the apparent problem in the Bill itself, we on this side would like to indicate that we would really be happy, if the hon. Minister would see it fit to take the views on board, with a view to amending the Bill appropriately, whether at committee stage or on another occasion, so that at the end of the day, we will get a piece of legislation to improve the Regional Health Authorities Act in a way that it would really be effective and redound to the benefit of all persons concerned.

Mr. President, we know that the parent Act came into being when the People's National Movement was in government. As I sat here listening to the debate and, particularly, to the contribution of the hon. Sen. Wade Mark, I really found it to be very unfortunate that he would have used this forum, in dealing with an amendment to the Regional Health Authorities Act, to start off his political campaign for the elections of 2000. The Minister talked about improvements being made in the health system, how many elevators are going to be working before the elections—or sorry in June 2000—and theatres that are operational.

I would have liked if, perhaps, the hon. Minister could have shed some light on a couple points that he made. One of the points he made was in relation to the improvements with the theatres at the Port of Spain General Hospital. I wish the hon. Minister could tell us here today, how many operations actually took place during the course of last year at the Port of Spain General Hospital? I am asking this question because it is a point that I have made here already. My information is that—I think it was in 1994 or 1995—there were some 8000 surgeries that were performed in one year when the PNM was in government. Last year, it was just a mere 3000 operations that were performed. If these statistics are right, it tells us something about the system; and what is happening and all that we have been hearing, seeing and experiencing is the fact, that there is a virtual collapse in the delivery of health care services in the country!

Mr. President, whilst the Minister wants to boast about how many walls have been painted, and how many physical infrastructural changes are taking place, the reality is that when it comes to the delivery of health care in our country we have major problems, and to stand here and want to blame the PNM for everything—

everything that is negative, the Government always blames the PNM. You know, it is a kind of stuck record syndrome with the hon. Minister of Public Administration: an obsession he has against the PNM.

Mr. President, the fact of the matter is that we know that with this system involving the regional health authorities, the whole thrust has been to decentralize our health services. If it is that from 1994 when the Act was passed, there are certain things that need to be put in place, then let us come together and really put our heads together and try to get the system working in a way that would eventually deliver proper health services to the people of Trinidad and Tobago; and this is what is lacking. It is a kind of *ad hoc* approach to the situation and a lot of public relations is taking place, especially with the North West Regional Health Authority.

I remember when we had a debate taking place—I think it was around the time when the Act was being amended—some months ago, it was the same thing. On television you were bombarded with these documentaries about refurbishment to the Port of Spain General Hospital and at the St. Ann's Hospital.

Mr. President, not too long ago, I had the experience of taking someone to the Port of Spain General Hospital during the morning period. When I left this Parliament Chamber, I found out that the person had not yet reached home. When I went to the Port of Spain General Hospital, I found that individual whom I took for some emergency care waiting in a line, in a ward in the hospital together with several other persons who were sent from Moruga, Blanchisseuse, Cedros, San Fernando, Arima and Biche. There were people who were sent from all these outlying districts to the Port of Spain General Hospital, simply to get an X-ray to determine whether they needed to get a cast or not, and they were waiting to be attended to. They got their X-rays, but there was a problem in getting the cast and whatever other treatment they needed, so it tells you something!

Mr. President, whilst the hon. Minister got up here and talked about PNM closed down the Woodbrook and Point Fortin Health Centres, the Government is trying to take credit and boasting that they have done so much. The reality is that in many of our outlying districts, delivery of services is lacking—whether it is Sangre Grande or Arima Hospitals and so forth. The Government just does not have the services being offered. Whether it is that doctors are overworked or there is a shortage of nurses, whatever it is, there are real problems. It is ordinary citizens in our country who have to rely on our health institutions such as the Port of Spain General Hospital or the San Fernando General Hospital, or in any of the other health centres. They are the ones who are experiencing the hardships and the

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problems. Not everyone can afford to pay thousands of dollars to be attended to in a nursing home. Not every one has that luxury. It is a real problem in our society and we must not bury our heads like an ostrich in the sand, and just continue to blame this one and blame that one. Let us get on with tackling the problem with a view to delivering proper and efficient health care to all the citizens of Trinidad and Tobago.

Mr. President, when we talk about decentralization and the regional health authorities system and so forth, in my reading, on doing some background research on this on one occasion, what I discovered was, the fact that this whole system was premised on the introduction of a national health insurance scheme. We have to keep on asking the question: What is this Government's position with respect to the introduction of a proper national health insurance scheme, so that the people of the country can be assured of some basic health care?

Mr. President, I just wanted to say these few words because listening to the hon. Sen. Wade Mark, it was really a pathetic contribution on his part and talking about \$70 billion being squandered. What about the many millions and billions that are being squandered under the four years of this UNC what? National unity government? Enough of the politics, Mr. President. With these few words, I thank you. *[Desk thumping]*

Sen. Kuei Tung: I just want you to list those areas that you said that people were waiting for health care. Could you give it to me again please?

Sen. N. Mohammed: Sure, from Biche, Moruga *[Interruption]* Sangre Grande, Arima and San Fernando as well. They were sent from San Fernando. You know, the hon. Minister of Finance, Planning and Development is laughing as though it is a joke. I know he has been touring the health facilities as we approach the elections of 2000. He has been touring the facilities with the Minister of Health. *[Interruption]*

Mr. President: Sen. Mohammed, I think you have answered the question. *[Interruption] [Cross talk]*

Sen. Muhummad Shabazz: Mr. President, really and truly again, Sen. Daly has put a spin on the Bill that is really correct and Sen. Yuille-Williams expressed it first when she got up to speak. We understand that this Bill was set up initially by the People's National Movement. The intention of the Bill was to set up the regional health authorities and it was really done with good intent and to serve a purpose that will serve the health service in a wider, broader and better way.

4.10 p.m.

Our thing is, though, what are some of the problems that come up in the Bill? One is, there are two sets of people operating under two different bargaining bodies. The people who went to the regional authority, apparently the rules may be a little more stringent than the people who worked under the public service. Now, what may have happened is that, because you have two bargaining powers you have two sets of people operating under two different conditions which is, in truth and in fact, creating a problem. Indeed, the better thing to do would have been to get everybody under one body. Whether we are able to do that or not, what we say is, let us look at the Bill in a more holistic way in order to try to bring this whole thing together so that everybody, workers and other people who have to go for medical attention, would all be treated fairly and given a level playing field.

Not only that, sometimes one of the problems that we see happening when people are employed in the health authority is a man may be employed in a position where his salary is \$10,000 a month, but somebody doing the same job under the PSA, because they have different bargaining powers, under the old setting, may only be receiving a salary of \$5,000 a month but they are both working in the same situation. No way could you motivate workers or build the kind of feeling, or whatever you want to build in the health service, to make it proper and to make everybody happy to go along working well. So that may be one of the problems.

The next question is, just as Sen. Yuille-Williams and Sen. Daly said, if you are going to amend the Act, amend the parent Act so that you will level the playing field. You see, this morning it was a sad thing when the debate went political, because there are two sides to every contribution we make here. One is the legal aspect, the question of the Bill, the proper thing. The second, Mr. President, is really the political side. When Sen. John gets up and says that I have an interest in this and it is based on my interest that I must look out for my people, one tends to believe that the reason the thing was so drafted—it may not have been so—is that it is—[*Interruption*]

Sen. S. John: On a point of order, Mr. President, the Senator has quoted me very wrongly. I declared an interest. I did not say I have an interest.

Sen. M. Shabazz: Mr. President, when the *Hansard* comes forward, it was said—when the Senator was approached and he was asked a question he said, “I have an interest and I must look out for the people who I am serving”. He said it

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clearly and the *Hansard* could prove it because I remember. Just as he has forgotten, I remember clearly that he said it.

Mr. President, that is the politics of the thing and that is the problem most times when this Government has to do any type of business or present any kind of Bills to this House. What they do, the interest that is taken is an interest—I state clearly here, Mr. President, and warn this hon. Minister of Health and ask him to be careful because he presented another Bill here. Another Bill was again presented here and I know it is out of the generosity of his heart that he would listen to the people around him who have an interest and he may want to present the measure in such a way so as to please those on this side and I have no objection to that.

I must say that he did the same thing, in my opinion and the opinion of everybody here, when the Dental Bill was produced. I do not know whose interest he served, but it seems as though the problem came up because he had served somebody's interest at that time. They set him up again a second time. Let him be careful in presenting his work. Let him do it from the good heart that he has and not follow them in presenting people's interest. When they are doing things, when they are doing Bills, when they are doing projects, everything they do, they present somebody's interest among themselves, among their party supporters and their friends and that is where their problem lies.

Mr. President, it is important because, as we have said, this Bill is so simple that if they go along and do the thing in the proper way without looking for the public relations and without looking at serving their interest, they may say, "That is what we have done". They may want to talk all the public relations they want and say how good—when we hear the hon. Sen. Wade Mark speak about how good the health service is, I have no objection to that. I think he has a right to do that. He cannot do differently because to do differently would be to put his Government in a tight position, but the country knows the truth and the truth will be dealt with at some point later, just as it was dealt with on July 12 in this country. [*Desk thumping*] We are not afraid of that. Let him go ahead that way.

Mr. President, I would just say again, the Bill is indeed simple and if we allude to what Sen. Yuille-Williams and Sen. Daly said I do not think that we would have a problem. Let us amend the thing. Again, let me finally say, let us forget interests. Mr. President, I would just say again before sitting, I congratulate Sen. Winston John on his maiden speech. [*Desk thumping*] I welcome the other two Johns here and I tell those other two Johns, if people may say things against

them, do not see it as though we are fighting them or as though it is a war. Try not to follow other people around them. Be good Johns and not the other type of Johns. [*Desk thumping*]

The Minister of Health (Dr. The Hon. Hamza Rafeeq): Mr. President, when I was preparing for this debate last night I really did not envisage that I would be here at this time this afternoon because I had scheduled other meetings and it may be—well, of course it was wrong my thinking so. On my part I had scheduled other meetings at the Ministry because I thought that I would have been out much earlier.

Mr. President, I think everyone who spoke on the Bill so far has supported the principle and the policy of the Bill. Some reservations have been expressed as far as the drafting is concerned and we will deal with those in a little while. I just wanted to start with the last speaker and then respond to some of the things other speakers said. I think it is very unfortunate that the insinuation is made that this Bill came here as a result of wanting to satisfy some person or persons in this Chamber. Mr. President, I want to assure him that is absolutely not true and I think that is the only point that he made to which I would like to respond.

I want to respond to Sen. Mohammed. Mr. President, on almost every occasion that I have been here she has raised the question of the national health insurance and I want to deal with that particular issue this afternoon. As I said, when I was preparing my presentation I did not take all these things into consideration because I just wanted to present the policy of the Bill itself, but I have to respond to some of these points that have been raised.

The health sector reform programme was drafted in large measure by previous administrations and when we came into office in 1995 we took some time and reviewed the health sector reform programme. There were certain things that were already in place and we accepted them, like the regional health authorities, the Regional Health Authorities Act and so on. The national health insurance was one of the elements of the health sector reform programme. However, the health sector reform programme was supposed to have been conducted in two phases. The first phase was supposed to have lasted six or seven years and the second phase was supposed to have begun after that. Mr. President, the PNM government at that time put the national health insurance in the second phase of the programme.

4.20 p.m.

However, Mr. President, having said that, during the four years that we have been in office, we have seen the necessity to bring the national health insurance

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forward and we have been in discussion with the Inter-American Development Bank. We have had much work done on it already. Recently, we had a consultancy by the Health Economics Unit at the University of the West Indies. They have pulled all the documents together and they have given us a way forward as far as the national health insurance system is concerned.

There are certain things we have to do before we introduce this system and one is that we have to do the unique identifier registration system. That, Mr. President, is with the Ministry of the Attorney General and Ministry of Legal Affairs, and is being done. We cannot introduce the national health insurance system unless we do that.

I also say that if and when we introduce national health insurance, the way of doing business in the health sector will be totally different and we want to get some kind of consensus from the population before we introduce that system because, as I said, it will change the way we do business in the health sector drastically and dramatically. We want to engage the population in some kind of dialogue before we introduce that system. I just wanted to inform hon. Senators about that.

The Senator also mentioned the issue of the operating theatres and I say here that it is true. I admit that over the past few years, there has been a decrease in the number of surgical operations that have taken place at the Port of Spain General Hospital and there are reasons for that. I think what Sen. Mark was referring to was that the theatres have now been refurbished and are now functioning. All of them, for the very first time in a long time, are now functioning properly.

One of the difficulties we had, as far as the operating theatres were concerned, is there was no intensive care unit at the Port of Spain General Hospital, or maybe just a two-bed intensive care unit and, because of that, a number of patients who needed intensive care were housed in the recovery rooms of the operating theatres and, because of that, operations could not be conducted in the operating theatres.

The intensive care unit at this point in time is being constructed. It is scheduled for opening sometime at the end of March and when that comes on stream, we will have a 10-bed intensive care unit at the Port of Spain General Hospital which will house the patients who need intensive care and free up the recovery rooms for conducting surgical operations.

Sen. Mohammed: Do you have stand-by generators?

Dr. The Hon. H. Rafeeq: Yes. That is not public relations; that is a fact.

I just want to deal with the question of Mount Hope, Mr. President. I have never sought to politicize the health sector and a lot of politics were played out today, but I want to deal with the question of Mount Hope. I think, in a way, this administration was unfairly attacked as far as Mount Hope is concerned.

Remember that Mount Hope Hospital has a bed capacity of over 550 beds and when we came to office in 1995—and that was after that facility had been constructed for about 10 or 15 years—there were about 60 beds in use. Mr. President, since then, we have opened the Wendy Fitzwilliam Paediatric Hospital with 144 beds.

In addition to that, we have shifted or transferred most of the services from Caura Hospital, except the tuberculosis ward so far, to the Eric Williams Medical Sciences Complex—I think it is about 40 beds.

In addition to that, for the first time in the history of this country in 1998 and 1999, we did cardiac surgery for children. In 1998 and 1999, we did 30 cases of cardiac surgery for children at Mount Hope, all of whom would have had to go abroad for their surgery, and some of whom would have died if they did not have their surgery. All of them had their surgery at the Eric Williams Medical Sciences Complex free of charge—30 of them. [*Desk thumping*]

For the rest of this year, the Minister of Finance has already provided funding for us to do 50 more cases. We have been engaged in discussions with the private sector as well, with non-governmental organizations, asking them to match that figure and they have agreed to do that. If we are able to do 100 more operations this year, then we would have taken care of most of the backlog of cases of patients needing paediatric cardiac surgery. [*Desk thumping*] [*Interruption*] This had nothing to do with election. As I said, this was since 1998. We are just developing the service from 1998.

Mr. President, Sen. Montano who has left, mentioned that the policy of the present Government was uncaring as far as Mount Hope is concerned. Most of Mount Hope has always been a fee-for-service institution, even for emergencies. As I said, we have opened the paediatric hospital which is free; the maternity hospital is free; the Caura services are free and, as soon as we can find nurses to open a medical ward and a surgical ward, those services will also be free to the public. The rest of the services will remain fee-for-service for the time being.

I would just like to respond to Sen. Prof. Spence. There is private sector participation in the Eric Williams Medical Sciences Complex as far as cardiac surgery is concerned—angioplasty, angiograms and cardiac surgery—and the

partner here is Caribbean Heart Care Limited. There is a written contract between the Eric Williams Medical Sciences Complex and Caribbean Heart Care Limited where both parties benefit from this arrangement. So, some of the items and some of the facilities are owned by Caribbean Heart Care Limited and some are owned by the Eric Williams Medical Sciences Complex and, as I said, there is a contract from which both parties benefit. That is the arrangement. We hope that sometime in the future we will be able to engage in more of these kinds of arrangements so that we can make maximum use of the facilities at Mount Hope.

Sen. Prof. Spence: Thank you very much, Mr. President. I just wondered, hon. Minister, about that arrangement, whether one could have it documented in some way. I think what they really need is some public relations brochures so that we would know what is the arrangement. But I got the implication from what the Minister said that Mount Hope is not likely to be closing down and I would be grateful if he could just state that specifically.

Dr. The Hon. H. Rafeeq: I would say it most emphatically that we have no intention of closing down Mount Hope at all. There is no intention of closing Mount Hope. As I said, the challenge is really to make maximum use of the facilities at Mount Hope.

However, having said that, I must say that the funds that are available for the health sector are limited. We have to engage ourselves in prioritizing and—I am saying this quite openly now—if I have available now \$1 million for the health sector and a choice as to whether I should spend it in San Fernando hospital, in Port of Spain hospital, or at Mount Hope, I think I would spend it at San Fernando and Port of Spain, where the majority of the population can access these services, rather than spend it in an area at Mount Hope where only one per cent of the population can access the services. That really is the bottom line.

Mr. President, Sen. Joan Yuille-Williams asked about the status of the national health insurance system and I dealt with that already. I would just like to deal with the nurses' situation. That is one of our greatest challenges in the health sector right now, the shortage of nurses. This is something that goes back a few years.

When the previous government was in office, for one or two years, it had discontinued the training of nurses and that is one of the reasons—it is not the only reason but it is one of the reasons that we have found ourselves in this position where we have a shortage of nurses. Of course, we have migration of nurses to other countries. What we have done to deal with this issue is, first of all,

we have an accelerated training programme. We restarted the training of nurses and we were doing 100 a year. From last year, we doubled that to 200 a year and from this year, we will be attempting to begin training of 400 nurses a year for the next few years.

In addition to that, as the Minister of Public Administration mentioned, we are bonding these nurses to serve us for a period of, at least, three years after they have graduated so that, at least, we would have had three years service which will give us time to replenish our stock before they leave.

Thirdly, we have again restarted the training of nursing assistants. This was another programme that was discontinued for a while. We have restarted it. We took in a batch in September of last year. We are taking in another batch in March this year and another batch later this year. We are training nursing assistants, 100 in each batch.

Fourthly, Mr. President, the Senator mentioned the issue of patient care assistants. We must realize that we are in a sort of crisis situation as far as the nursing shortage is concerned. There are many duties that are not absolutely technical in nature that nurses perform, like bathing patients, taking blood to the lab and so forth. Quite a number of those things are not really technical nursing duties and in a number of countries, patient care assistants are used for these particular services. We have introduced this category of staff, patient care assistants, to assist in duties like those which are really non-technical in nature.

Finally, as far as the nursing shortage is concerned, and it was already mentioned by the Minister of Public Administration, the Government is looking at a better remuneration package for nurses, among other categories of staff.

Mr. President, I am not finished with the winding up, but I would like to stop at this point in time and continue the winding up on another occasion.

Mr. President: Is that okay with Senators?

Assent indicated.

Mr. President: Before the Minister stands, I did not rule on the point of order by Sen. Selwyn John because I myself was not too sure of the statement made. I sent for a copy of the verbatim report and it starts with:

“Sen. Selwyn John: Mr. President, I begin by declaring an interest in the debate...”

Sen. Shabazz: It was lower down.

Mr. President: No. Lower down, he said it again:

“...I have declared my interest.”

ADJOURNMENT

The Minister of Public Administration (Sen. The Hon. Wade Mark): Mr. President, we will want to continue with the contribution of the Minister of Health and go to committee stage—we are going to meet next Tuesday—and after that particular Bill, we will proceed to the order that we have defined in the Order Paper today, for next week, that is, the Police Complaints Authority (Amdt.) Bill, as well as the National Lotteries (Amdt.) Bill and the Bills would follow in that order as have been outlined.

In those circumstances, I beg to move that this Senate do now adjourn to Tuesday, February 22, 2000 at 10.30 a.m.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 4.33 p.m.