

Leave of Absence

Tuesday, November 11, 2003

SENATE

Tuesday, November 11, 2003

The Senate met at 1.30 p.m.

PRAYERS

[MADAM PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Madam President: Hon. Senators, I have granted leave of absence to Sen. Amb. Christopher Thomas from today's sitting of the Senate.

REVOCATION OF SENATOR'S APPOINTMENT

Madam 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 Professor GEORGE MAXWELL RICHARDS, T.C., C.M.T., Ph.D., President and Commander-in-Chief of the Republic of Trinidad and Tobago.

/s/ G. Richards
President.

TO: SENATOR GLENDA MOREAN PHILLIP

WHEREAS by the provisions of paragraph (e) of subsection (2) of section 43 of the Constitution of the Republic of Trinidad and Tobago, the President, acting in accordance with the advice of the Prime Minister, is empowered to declare the seat of a Senator to be vacant:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Prime Minister, in exercise of the power vested in me by the said paragraph (e) of subsection (2) of section 43 of the Constitution of the Republic of Trinidad and Tobago, do hereby declare the seat of you, SENATOR GLENDA MOREAN PHILLIP to be vacant.

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 10th day of November, 2003.”

SENATORS' APPOINTMENT

Madam President: Hon. Senators, I have also received the following correspondence.

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Appointment of a Senator

By His Excellency GEORGE MAXWELL RICHARDS, T.C.,
C.M.T., Ph.D, President and Commander-in-Chief
of the Republic of Trinidad and Tobago.

/s/ G. Richards
President.

TO: MR. JOHN JEREMIE

In exercise of the power vested in me by paragraph (a) of subsection (2) of section 40 of the Constitution of the Republic of Trinidad and Tobago, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Prime Minister, do hereby appoint you, JOHN JEREMIE, a Senator.

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 10th day of
November, 2003.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By His Excellency Professor GEORGE MAXWELL
RICHARDS, T.C., C.M.T., Ph.D., President and
Commander-in-Chief of the Republic of Trinidad
and Tobago.

TO: MR. WALTON FRANCIS JAMES

WHEREAS Senator Christopher Thomas is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, 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, WALTON FRANCIS JAMES, to be temporarily a member of the Senate, with effect from 11th November, 2003 and continuing during the absence from Trinidad and Tobago of the said Senator Christopher Thomas.

Senators' Appointment

Tuesday, November 11, 2003

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 6th day of November, 2003."

OATH OF ALLEGIANCE

Senators John Jeremie and Walton Francis James took and subscribed the Oath of Allegiance as required by law.

SESSIONAL SELECT COMMITTEES

Madam President: Hon. Senators, in accordance with Standing Order 64(1) of the Senate, I wish to announce the appointment of the following Sessional Select Committees.

Standing Orders Committee

Dr. Linda Baboolal	Chairman
Mr. John Jeremie	Member
Mr. Danny Montano	Member
Mr. Wade Mark	Member
Ms. Dana Seetahal	Member

House Committee

Dr. Lenny Saith	Chairman
Mr. Satish Ramroop	Member
Mrs. Hazel Manning	Member
Dr. Eastlyn McKenzie	Member
Dr. Jennifer Kernahan	Member

Committee of Privileges

Dr. Linda Baboolal	Chairman
Ms. Christine Kangaloo	Member
Mr. Martin Joseph	Member
Ms. Dana Seetahal	Member
Mr. Robin Montano	Member

Statutory Instruments Committee

Dr. Linda Baboolal	Chairman
Mr. Knowlson Gift	Member
Mr. Rawle Titus	Member
Mr. Sadiq Baksh	Member
Ms. Dana Seetahal	Member

FIREARMS (AMDT.) (NO. 2) BILL

Bill to amend the Firearms Act, Chap. 16:01, brought from the House of Representatives [*The Minister of National Security and Rehabilitation*]; read the first time.

TRINIDAD AND TOBAGO POSTAL CORPORATION (AMDT.) (NO. 2) BILL

Bill to amend the Trinidad and Tobago Postal Corporation Act, 1999 to extend the period of exemption from taxes and other charges, brought from the House of Representatives [*The Minister of Public Utilities and the Environment*]; read the first time.

NATIONAL LOTTERIES (AMDT.) (NO. 2) BILL

Bill to amend the National Lotteries Act, Chap. 21:04, to alter the definition of “financial year” [*The Minister in the Ministry of Finance*]; read the first time.

CONSTITUTION (AMDT.) (NO. 2) BILL

Bill to amend the Constitution by providing for the establishment of a Police Management Authority, and for other related matters. [*The Attorney General*]; read the first time.

CARIBBEAN COURT OF JUSTICE BILL

Bill to implement the Agreement Establishing the Caribbean Court of Justice and for other related matters [*The Attorney General*]; read the first time.

JOINT SELECT COMMITTEE

**Integrity In Public Life Regulations,
(Replacement Appointment to)**

The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith): Madam President, I beg to move the following motion:

Be it resolved that this Senate appoint Mr. John Jeremie to replace former Attorney General, Mrs. Glenda Morean Phillip on the Joint Select Committee

appointed for the purpose of considering the Integrity in Public Life (Prescribed Forms) Regulations 2003 and Integrity in Public Life (Furnishing of Information) Regulations 2003 and report to Parliament thereon.

Question proposed.

Question put and agreed to.

Resolved:

That the Senate appoint Mr. John Jeremie to replace former Attorney General, Mrs. Glenda Morean Phillip on the Joint Select Committee appointed for the purpose of considering the Integrity in Public Life (Prescribed Forms) Regulations 2003 and Integrity in Public Life (Furnishing of Information) Regulations 2003 and report to Parliament thereon.

Madam President: Hon. Senators, you will recall that an Opposition Senator is to be named on the said committee. I wish to advise that Sen. Wade Mark is the Opposition Member so named. [*Desk thumping*]

PROFESSIONS RELATED TO MEDICINE RULES

The Minister of Health (Hon. John Rahael): Madam President, I beg to move the following Motion standing in my name:

Whereas it is provided by subsection (4) of section 7 of the Professions Related to Medicine Act, 1985, that the council may, after consultation with all the boards for the time being established under this Act, and with the approval of the Minister, make rules with respect to the form and keeping of the registers maintained on behalf of the boards and the making of entries, alterations and corrections and other matters prescribed therein:

And whereas it is provided by subsection (8) of section 14 of the Act, that the council may, after consultation with each of the boards, and with the approval of the Minister make rules as to the procedure to be followed and the rules of evidence to be observed in proceedings before the Disciplinary Committee and other matters prescribed therein:

And whereas it is provided by subsection (5) of the said section 7, that rules made under subsection (4) shall be subject to affirmative resolution of Parliament:

And whereas the council has on the 30th day of September, 2003 made the Professions Related to Medicine Rules, 2003:

And whereas the Minister has on the 8th day of October, 2003 approved the Professions Related to Medicine Rules, 2003:

And whereas it is expedient that the said Rules now be affirmed:

Be it resolved that the Professions Related to Medicine Rules, 2003 be approved.

Madam President, the rules before this honourable Senate are made pursuant to the Professions Related to Medicine Act, No. 35 of 1985. This Act is an umbrella piece of legislation providing the legal framework for professions allied to medicine. It currently covers six such professions. Further, it provides for the establishment of a council, boards and a disciplinary committee for the professions listed in the First Schedule and for purposes incidental thereto.

The professionals presently covered under this Act are as follows: physiotherapists, radiographers, medical laboratory technicians, nutritionists and dietitians, speech and occupational therapists and medical and psychiatric social workers.

Madam President, these professionals play an important role in the provision of health care both in the public and private sector. Members obtain their training through various institutions such as the University of the West Indies (UWI), National Institute of Higher Education (Research, Science and Technology) (Niherst), College of Science, Technology and Applied Arts of Trinidad and Tobago (COSTAATT) and other recognized international institutions.

Before I proceed to deal with the contents of the rules, I wish to give a brief insight into these disciplines.

Physiotherapists, through the science and art of physical therapy attempt to restore the normal function of patients who were physically disabled, or rehabilitate patients who have undergone surgery, or who have been bedridden for prolonged periods. They also instruct patients in the proper use of appliances that may be provided for mobility.

Medical Laboratory Technicians carry out biochemical, microbiology, haematological and histological tests and enable clinicians to make diagnoses. Theirs is an exact science and requires strict supervision and quality control to ensure reliability of results.

Recently, the Ministry of Health lobbied the Chief Personnel Officer and was successful in having these professions reclassified into higher ranges.

Radiographers are imaging technologists who have been trained in the techniques of taking X-rays safely and advantageously to assist clinicians with radiological diagnoses. They also operate other modalities of imaging like ultrasonography, nuclear scanners and magnetic resonance.

Dietitians are concerned with the appropriate nutritional support of the ill and well population. They plan the nutritional intake of various grades of patients in hospitals or health centres giving advice on special diets for diabetics, renal failure and obesity.

Psychiatric and Medical Social Workers look after the social welfare of both medical and psychiatric in-patients and out-patients. They are particularly concerned with the living conditions of the indigent and disposed. They investigate and handle claims for welfare benefits and public assistance, they also source funding for medication, tests, and procedures that are not available within the public health care system. They are also concerned with the rehabilitation of patients into a safe home environment.

The ministry has been providing funding to meet medical expenses not available at the public institutions to the indigent population via the Medical Aid Fund.

Occupational and Speech Therapists assist medical and especially psychiatric patients to rehabilitate themselves through use of their motor and mental functions. Thus older patients are taught occupations like basket weaving, bookbinding and printing, while the younger ones are taught to paint and read. The principle behind this is to occupy the mind with constructive occupations which will ease the discomfort on institutionalization.

Speech Therapists have been trained in speech pathology and they assist patients with dysphonias and dyslexia to produce acceptable speech.

Madam President, due to the expanding nature of the medicine, section 20 provides a mechanism for existing or new professions not presently covered to seek protection and regulation under this Act.

A profession willing to be brought under the ambit of this Act may approach the council with this request. If the council considers it appropriate after consulting any existing board appearing to it to be concerned that the Act should be extended to this particular profession because it is a genuine profession allied to medicine, the council may make a recommendation to the Minister to have such a profession listed under the Schedule.

If the Minister, after consulting any existing board appearing to him to be concerned, agrees with the council's recommendation, he may order an amended Schedule to include the profession.

In furtherance of the intent of Parliament, the last administration in 1998 caused to be established a council and six boards which have been meeting on a regular basis and have together worked towards developing the rules which would guide their operations.

The boards have also developed informal registers and informal administrative rules and codes of conduct for their members. It is also my intention to do all that is necessary to have this Act fully implemented.

Madam President, since the establishment of the council, two groups have applied for recognition. I have been advised that both applications were considered by the council in consultation with the present boards and the council, with the concurrence of the boards, concluded that they were not genuine professions allied to medicine, and as such, both applications were rejected. The professions to which I am referring are the chiropractors and massage therapists.

It is my intention to request the new council, as soon as it is established, to consider these applications again. I would also request that the technical officers of the Ministry of Health look at these two disciplines and report on whether they are in fact true disciplines of medicine.

Madam President, it is also my intention to bring all genuine professions under the protection of this Act. This will ensure that they are properly regulated and monitored. This will go a long way in ensuring that the population receive quality health care from all health care providers.

It is material to note that the council comprises two registered medical practitioners appointed by the Council of the Medical Board of Trinidad and Tobago; three persons appointed by the Minister; two of whom must be qualified for the appointment by reason of experience relating to the aforesaid professions; one shall be a representative of the Ministry of Health; and one person also representing the University of the West Indies; two representatives of each board who shall be appointed by the respective boards from among their members.

Further, Madam President, each board consists of more than 10 members who are chosen by members of that profession from among their members to represent them. So each board would have 10 members who would be appointed by the profession itself.

Madam President, in accordance with section 3 of the Act, the council is responsible for coordinating and generally guiding and supervising the activities of the boards. Towards this end, the council is mandated to invite the boards to make proposals as to the activities to be carried out by the boards.

The council may:

1. Recommend to the boards such activities, or to limit the activities in such manner as it considers appropriate after consultation with the respective board.
2. Concern itself with matters appearing to it to be of special interest to any of the boards and by giving the boards such advice and assistance as it thinks fit with respect to such matters.

The council is also expected to promote high standards of professional and educational conduct by arranging courses of training for each profession as the council considers most conducive to the satisfactory performance by each board.

Section 7 of this Act provides that the council may after consultation with all the boards, and the approval of the Minister of Health make rules with respect to the form and keeping of the registers maintained on behalf of the boards and making of entries, alterations and corrections therein, and in particular:

- (a) for regulating the making of applications for registration and providing for the evidence to be produced in support of applications;
- (b) for providing for the notification to a board of any change in the particulars entitling a person to registration;
- (c) for prescribing the fees to be paid in respect of the entry or retention of names on the register, being such fees as the council considers will produce not more than the sums required to defray the reasonable expenses of the council under this Act;
- (d) for authorizing the registrar to remove from the register the name of any person who is deceased or no longer practising in Trinidad and Tobago or fails to supply the registrar with an address at which he can be found, or who, after the prescribed notices and warnings, fails to pay any fee prescribed for the retention of his name on such register or fails to notify the board of any change in the particulars entitling him to registration.

2.00 p.m.

To this end, rule 3 provides that:

“Every application for registration by a person entitled to be registered under section 8 of the Act shall be in writing and forwarded to the Registrar...with—

- (a) satisfactory evidence of the Degree, Associate Degree, Diploma or Certificate entitling the person to registration;
- (b) a certificate of good character; and
- (c) the fee prescribed by the Council.”

It is material to note that paragraph 8 of the Second Schedule stipulates that any fees payable under this Act in respect of the entry or retention of a name on the register shall be paid to the council. Consequently, the council is mandated to furnish each board with such sums as the boards may require for defraying any expenses reasonably incurred by the boards in the performance of their functions under this Act.

So while the payment is made to the council, the boards would then forward to the council the proposal as to their financial needs in order to run the board. Once that is proven to be satisfactory, the council would make that funding available. That is to ensure that the fees of those in the individual professions are reasonable and the boards or the council are not there as a profit-making centre, but just for regulatory purposes.

Rule 13 allows the fees to be reviewed from time to time by the council and increases to be approved by the Minister who shall cause such fees to be published by Order in the *Gazette*.

Rule 4 provides that an applicant who is registered by the board shall be granted a registration certificate which shall be valid for a period of one year.

Rule 12 stipulates that the registers may be inspected at the registered office of the council. Without these rules no one can be registered under this Act.

Part III of the Act provides for the setting up of a committee to be known as a disciplinary committee of the professions related to medicine which shall be charged with the duty of considering and determining any matter assigned to it. Such matters are detailed in section 16 of the Act. This committee must be appointed by the council and consist of the ministry’s representative on the council, one other member of the council, two representative members of the board concerned and one representative member of other boards. These are the members who are going to make up the disciplinary committee of the professions related to medicine.

Section 14(8) provides that the council may, after consultation with each of the boards and with the approval of the Minister, make rules concerning the procedure to be followed and rules of evidence to be observed in proceedings before the disciplinary committee. It went on to speak about those rules as they relate to the disciplinary committee.

Also rules 14 to 32 comprehensively address these issues. Moreover, they encompass the principles of natural justice and in particular the right to a fair hearing and the right to be heard. It is also worth noting that rule 15 mandates the council to direct the committee to enquire into any complaint in accordance with section 16 of the Act. As such, the committee may enquire into complaints where the complainant claims that:

- (1) the particular individual has been convicted by any court in Trinidad and Tobago of any offence punishable on indictment; or
- (2) has been convicted by any court outside of Trinidad and Tobago of any offence which if committed in Trinidad and Tobago will render such person liable to conviction on indictment; or
- (3) has been guilty of infamous or disgraceful conduct in a professional respect.

Section 18 provides that each board prepare from time to time and revise in consultation with the council, a statement as to the kind of conduct which it considers to be infamous or disgraceful conduct in a professional respect. Each board must then, by registered post, send to each registered member of the profession at his address on the register, a copy of that statement.

Rule 16(2) provides that where the committee is directed by the council to make an enquiry, it shall—

- “(a) notify the registered person concerned, of the complaint and invite him to give his observations before the end of a period of twenty-eight days, commencing on the day on which notice of the allegation is served on him;
- (b) take such steps as are reasonably practicable to obtain as much information as possible about the case; and
- (c) consider, in light of the information which it has been able to obtain and any observation duly made by the registered member, whether in its opinion there is a case to answer.”

A person making a complaint or alleging that a registered member is guilty of infamous or disgraceful conduct must be party to the proceedings.

Rule 32 provides that where, at the conclusion of an enquiry by the committee, if the committee is of the view that the complaint is proved, it shall make a recommendation in accordance with section 16(7) of the Act. Section 16(7) provides that the committee may recommend to the council that it exercise such of the disciplinary powers conferred to it by section 17.

Section 17 of the Act provides that on receiving a recommendation from the disciplinary committee, the council may, in its discretion, give effect to the recommendation wholly or partially or may take any other action under subsection (2) that is not more severe than that recommended by the council.

Subsection (2) allows the council the authority to censure or reprimand the person concerned. The council also has the authority to order that the name of the person be removed from the register or suspend the person from all rights and privileges under the Act for a period not exceeding two years.

Section 19 of the Act provides that the person concerned may appeal the decision of the committee within 28 days from the date of serving on him of the order. Further, nothing prevents the individual concerned from challenging the decision of the council through the Council of Trinidad and Tobago.

Madam President, I beg to move. [*Desk thumping*]

Question proposed.

Sen. Dr. Jennifer Kernahan: Madam President, we are here today to debate the Professions Related to Medicine Act, the 1985 Rules, and there is a saying that the wheels of justice grind exceedingly slow, but sure. To me, it is very relevant today to this debate because we have a situation where Act No. 35 of 1985 on which the rules are based, was passed in Parliament in 1985 and 10 years elapsed until 1995, when the council and the board were finally brought to Parliament for constitution and the council was appointed, and so on, in order to establish the rules before us in 2003.

The Minister has defined for us the rules; he has elaborated all the regulations established here in these rules and he has failed to tell us why the PNM government sat on this very important piece of legislation for over 10 years. I am saying if we, the people of Trinidad and Tobago, are to judge a government by performance and delivery, the PNM government has clearly failed and they would continue to fail, regardless of all the shuffling and change-around of Ministers,

because the basic premise on which a government has to operate has to be delivery and service to the people and a caring for the welfare of the people.

This is a very important piece of legislation. It has to do with the ancillary services for the medical profession and these are important professions which need to come under the ambit of a regulatory framework so that the people of Trinidad and Tobago can be well served. So the problem is not in new faces and heading new ministries; it is the approach to governance; how you view people and your role in delivering what you promised to deliver to the people in terms of services.

This train of events, the fact that it took us 10 years to get the rules in place and get the boards and the council established, is very alarming and hurtful when the population looks at what is happening, because this has to do with the very protection of the health and well-being of the citizens of Trinidad and Tobago. This is not something that was not of importance or interest, but it took us 10 years and more to bring these regulations to this Parliament.

I want to say that I am happy that the people of Trinidad and Tobago have finally gotten this piece of legislation before us in order to debate and look at the implications of these rules and regulations which would further the interest of health in this country. I want to state that the importance of the professions that were brought into the ambit of the regulatory framework—the physiotherapists, radiographers, medical laboratory technicians, nutritionists and dietitians, speech and occupational therapists, medical and psychiatrist social workers—are extremely important personnel in the everyday life of our people.

I want to make a plea today that these professions and these ancillary services become not only important in the private sphere, but become an integral part of the primary health service of this country and that their services become available to all health centres in every community of this country. This is where the foundation of health starts, where, apart from the medical aspect of it doctors would attend to a patient and decide on the major problems and so on. The services of these professionals are not only extremely important for the rehabilitation and development of persons who have been sick, but they are also extremely important in the sense of preventive medicine to which I believe we have not paid sufficient attention in this country.

We have a very close association with Cuba at this point in time in terms of the medical personnel who are here interacting with our population and one of the things that we need to learn from Cuba in that sense is that the Cuban primary

health system is based on the prevention of disease and not on curative, and expending millions of dollars in curing disease. They spend all their money not only on prevention of basic illnesses and so on, but a large component on the education of the population. If you do not have an educated population, community by community, then you would not be able to solve the problems of health in your country. And this is where this legislation before us is so important in our country.

Some of the polyclinics in Cuba alone are larger than the hospitals we have here. These are not hospitals we are talking about, but polyclinics in the different communities where people are attended to. In addition to that, you have the system of community doctors where so many square miles of the population are served by a primary health care doctor.

So you see the emphasis that enlightened developing countries are putting on prevention of illnesses rather than the curative aspect. As we know, the major diseases that are affecting the population, like diabetes and hypertension, are related to lifestyle, nutrition and the level of education people have about their health. Therefore if we ensure that these professionals are properly regulated; that we develop more of those professionals; that we develop a whole cadre of professionals which we are able to staff adequately throughout the country so that ordinary people can access—poor people, middle-class people—the services right in their community, we would see a huge improvement in the whole question of delivery of health care services to our country.

I believe this is where we have to start; this is where we have to concentrate our efforts and resources. I would just take an example of the nutritionists and dietitians mentioned here coming into the regulatory framework, of being properly trained, because these rules and regulations make provision for the council to approve the institutions in which these dietitians and nutritionists are trained and they make provision to look at the level of practice and competence that these people have in order to be registered. Nutritionists and dietitians are so fundamental to health care delivery in our system.

As you would be aware, Madam President, health is a billion-dollar industry in the world today and we have a situation where, with the increased globalization and the increasing flow of information from developed countries to less developed countries, you have a whole new culture; a whole new image; a whole new definition of what a woman is supposed to look like; what are the standards of beauty in terms of weight and appearance and so on. These standards, with the flow of information, are being imposed on Third World countries such as ours and

people are being led to believe that they have to look a certain way; they have to be below a certain weight and so on, and a lot of erroneous ideas are being touted and perpetrated in this society backed by the whole array of health care products and drugs and so on, that are being imposed and pushed at us from all sides, in the media and Internet and so on.

We could have a very serious problem developing—and we do have a very serious problem developing—with respect to the choices our women make. The choices that our women make and their level of education with respect to nutrition are fundamental to our whole society because the mothers in our society are the ones who control the nutrition of the whole family and therefore her level of education and awareness of dietary needs and of the sort of nutrition that is necessary from pre-birth to adulthood and for the elderly—because we have not reached the stage where a lot of the elderly are shunted off to homes, although we are getting there; the elderly, by and large, are still cared for in our households. Therefore the education with respect to the nutrition of the elderly is so totally vital if we are to preserve the state of health of the elderly in our homes and prevent them from becoming a burden on the health care system; if we are to prevent our children from becoming burdens on the health care system and also ourselves as women from becoming burdens on the health care system. Not only that, the loss to the economy of man-days, the loss of production of GDP and so on, is also very fundamental to the work of professionals who are in the system and who are able to advise and care for the health of our people.

It is so important, as I said before, to increase the levels of professionals in all the primary health care institutions in our country, and not only that, but have them work at the level of pre-schools. There are a number of pre-schools all over the country, both private and public, where they would be able to relate to mothers and teachers and give them this sort of advice.

Madam President, you would well know, being a professional medical person, how totally inadequate, especially at the lower levels—and sometimes it cuts across class—are the diets that our young children are fed. We have a whole culture here where children are fed a lot of processed foods, sweets, chocolates, white sugars, white flour. It is heart-rending to think that it is due to basic ignorance of nutrition and the dietary effects and the consequences of such diets and later on in life that these children are the ones who are going to fill the hospital beds suffering from hypertension and cardiovascular problems; and all these major problems where the genesis of it was lack of basic education, lack of professionals at all levels in the system who are able to talk and encourage people to use the correct foods.

Even in relation to using the correct foods, using the correct local foods, because we also have a problem where our people have developed this taste and cultural preference for foreign foods and we do not see the value of local fruits, vegetables, staples, and so on. We have this preference for foreign foods that are sometimes inferior in nutritional value to the foods that we are able to obtain right here.

If we have these professionals who are able to communicate this at all levels: pre-school, primary school, secondary school, in our health centres throughout the system, this would make a tremendous difference even in the way we produce in this country. Our farmers and our producers would be able to integrate and produce more food of high nutritional value which the people would appreciate and buy and which they would serve to their young children. This would produce a healthier population which would develop the economic performance and development of our country.

So we cannot see this whole question of developing these professionals in isolation. The importance of developing these professionals has to do not only with developing the economics of our country, but the inter-linkages of production in our society, from the farmers right up to the processors. Even in the area of processing, it is very important to have professionals like these properly trained, who are going to be even retrained and go on to higher levels, who can advise agri-processors and the processors of foods how best to do this to retain the nutritional value of these foods, because there is no point in processing foods and distributing without the proper nutritional values.

So there is a whole interlocking importance. The chain of events is so important and so vital for our country, our economy, our development, our culture, for the way we see ourselves as a people. It comes back to dollars and cents, because it comes down to decreasing the food import bill—the extremely high billion-dollar food import bill that we have in this country—and import substitution and improving the lifestyle of our people.

As simple as the whole question of why this Bill has taken so long to reach the stage where we can really look at the development of these ancillary professions and bring them into the system properly regulated, organized and monitored, it brings us to the whole question when, in another place it was brought to the attention that there are all sorts of quacks practising these professions outside without proper regulations and monitoring because of the fact that the legislation was not in place to monitor and regulate these people.

When you have these regulations and the education programme in place, and you have these professionals being able to go out there, registered and able to speak on behalf of the people, there is less of a propensity for vulnerable people, for people with a relatively low level of education, to fall victim to all the quacks and charlatans out there who are ready to sell them all the placebo pills, encouraging them to believe that their problems of weight, of skin, or any type of problem you can think about, can be solved by taking this or that pill or going through this and that process, which is not sanctioned by the science of nutrition and diet.

2.30 p.m.

It is important to have trained professionals so people can meet and talk with them in their communities. Children are so influential in this whole process. Children can come home to their mothers who may be less educated than they are. When children go to school and the dietitians and nutritionists tell them certain things, they would come home and impose that on their mothers. I have a three-year old granddaughter and I know the influence that she imposes with respect to whatever Miss says at school. Whatever Miss says at school is gospel. They come home and force you to subscribe to those policies and ideas. The children are so vulnerable. We have to feed and educate them. We have to let the smallest child know that chocolates, corn curls and processed foods are not good. They would grow with that.

I believe that this is the importance of the nutritionists and dietitians. These professions have been very underrated in our society. We have not seen the importance of bringing these professions in the forefront of the health care system. The question of going to the doctor should be the last step. Preventing disease and healthy diets should be the first step. We have to develop a cadre of these professionals who are able to do this for our society.

On the question of the medical and psychiatric social workers, I have some acquaintances who work in this field. The need for these people is so important. Because of the system, people in our communities do not know where to go when they have certain problems. It is a problem of how we organize our society. Madam President, our society is not organized around dissemination of information. Everything is always a big secret. The objective of the game is that who knows most wins and those who are unable to access information lose. That is about 90 per cent of the population. Young mothers in different communities have no idea where to access information when they have certain medical and social problems.

There is a situation in my village that is extremely disturbing. I know of a case where a father is brutalizing the mother and young girls both emotionally and physically because of whatever problem in the house. The mother does not have any idea of what is the first step to get out of that situation. One mother came to me and put all her stuff by my house. She was so distraught. She wanted to leave this situation of brutality and violence. The next morning she was back for her things because she felt that she did not have options. She had five children; one was by Aunty; one was by Tanty; one here and one there. It was heartbreaking because it seems as though we do not have the institutions to deal with these problems in a cohesive way. It is difficult for a mother to make a decision to leave and her five young vulnerable girls are strung out all over Trinidad and Tobago. She decided to go back and face the situation. This situation is multiplying ten fold and 100 fold in many of the rural villages. These medical psychiatric social workers would be the link between these needy mothers and women—who do not seem to have any sort of institutional backing—and the relevant ministries and health agencies.

We need a more focused approach to developing a cadre of ancillary health care workers. This weekend we saw one of the most horrific cases where a young man who was apparently having domestic problems and had no way of expressing it; he did not know where to go or what institution to turn to; he had no way of dealing with it and the upshot was that he hung himself and his three-year-old son. This is where we have reached in Trinidad and Tobago. Whenever you have heard about an incident that is heinous and horrific and you think that we have reached rock bottom and there is nowhere else to go, there is another situation. How could we reach this stage in Trinidad and Tobago, where a young man feels that he has no other alternative but to hang his three-year old innocent child and then hang himself?

In this society, over the years, we have experienced an erosion of support systems such as the extended family, the nuclear family and now, we are reaping the whirlwind because people feel alone and that they have no one or any institution to turn to. Christmas is coming and I know in the developed world, it is said that at this time there is the highest number of suicides because this is when people feel it the most. I do not think that we have reached this stage as yet; I hope not because we still have parang. Our culture is such that people socialize more than at other times. In other cultures where people are alone in their apartments at this festive time, they experience loneliness and isolation and virtually jump off buildings.

This incident where a young hardworking man who was very attentive to his son from all reports, can reach the point of no return and decide to do such a heinous thing is a wake-up call that our social services are not delivering what they are supposed to. Too many people are falling through the net. There is not a shred of communication set up whereby a person would know that if he or she lives in Belmont, there is an office or agency that he or she can go to and be put on to “X”, “Y” or “Z”. We have to develop our social delivery services; educate our people and disseminate the information in the schools, workplaces, private and public institutions to let the people know about the institutions there are to deal with these problems when they need help.

It is horrific that with a \$22 billion budget and all the money that is being spent in this country, basic and primary things, the foundations of health are not being attended to. We boast of highfalutin technology, dialysis machines, this, that and the other. These diseases that we spend millions of dollars to cure are preventable. We need to prevent them. Mental illness is preventable. If you deal with your society in a way where you can extend early the help that people need; where depression is picked up in the schools and workplaces and there are people in public and private institutions that workers can talk to, it can be dealt with before it reaches crisis proportions.

With respect to the speech and occupational therapists, they are extremely important especially for the lower income levels. Traditionally, physiotherapy has been a service accessible only to people who have a certain level of income. It is fairly expensive because it is long-term. It is not something that is done “now for now”. You do not rehabilitate a broken body over one or two weeks; it is long-term treatment. Lower income people who suffer with strokes or problems that incapacitate them with respect to their physical abilities are sent home from the hospitals and they get by how they can. They never recover the use of their extremities because there is no accessible and affordable physiotherapy treatment.

I think that we need to do better than that as a compassionate people with a fair degree of resources. In Trinidad and Tobago with 1.2 million people and a gross domestic product (GDP) of over US \$7,000 per capita, we need to be more compassionate with respect to the lower income people and their access to these basic services. The full functioning of every human being is important because that person is important in his or her family, in terms of being able to earn a living and maintaining the family. We should no longer reach the point where only people of a certain level can access the services of a trained and registered physiotherapist who can work with them long-term to bring them back to their full physical capacity. Speech and occupational therapists are extremely important for the elderly and people who have suffered from accidents.

We have to see these professions as being of tremendous importance to the fundamentals of health care delivery. We have to stop putting the cart before the horse. We have to go back to basics and our communities. We have to go back to our pre-schools, primary and secondary schools and concentrate on educating the population and our young mothers especially, and women, as the most definitive people of propagating culture and knowledge in our society. We have to educate them as to their role in maintaining health family by family. If we have healthy families we would have healthy communities and a healthy nation. This is what we have to aim for.

This is where Cuba has concentrated its efforts. Many of the doctors that Cuba produces every year work in their communities. The function of one doctor is to see about the health of 200 persons in his quadrant. Anybody in that quadrant who has a problem can go to him at any hour of the day or night and he would be there to maintain, monitor, advise and prevent. It puts less pressure higher on the health service. Notwithstanding that, anybody in the Cuban society can walk off the streets and be diagnosed as having a brain tumour and that problem would be attended to free of charge. We see the level of emphasis and caring that Cuba has developed. The solution to our problem is not to bring in the Cuban doctors, put them in the health service and after three years they go back home. Our objective should be to learn from the Cubans; how they have developed and the emphasis they have placed on different aspects of their health system and try to implement that here to develop the machinery to deal with our health system. We are happy for the people of Trinidad and Tobago that after 13 years, these rules have finally come before Parliament for debate and approval.

Rule 11(2) says:

“The Registrar may by letter addressed to any registered member,...enquire whether—

- (a) that person has changed his address; or
- (b) there has been a change in any of the particulars entitling him to registration, and if there is no response to the inquiry within six months from the posting of the letter, the Registrar shall on the direction of the Board erase from the register any entry relating to that person.”

I was startled by this provision because I know that our postal system leaves very much to be desired. The University of St. John's in the United States posted some documents to us in March this year and we are yet to receive them. I do not know

what to make of that. If we had not communicated with them we would not have known that these documents should have been in the mail. This is quite harsh. Given the fact that we are not in 2020 where we would be this developed society and all these problems would no longer exist, the question of removing someone from the register based on mail may seem to be a bit harsh.

The other question is that of rule 11(5) which states:

“The Registrar shall restore the name of a person to the register, where his name has been removed from the register under subrule (4), for non-payment of any fee...”

When someone is removed from the register for whatever reason, there is an interval when his name would not be on the register. What would be the legal implications of that with respect to any action a dissatisfied client might want to take against the registrar? This is the extent of my contribution today.

I exhort this Government to deal with health care in a fundamental way at the grassroots level and the level of the ancillary professions which can promote health care in the communities and, reduce the burden that wrong approaches and a deficient culture would lead to with these high health care costs later on in life.

Thank you.

Sen. Parvatee Anmolsingh-Mahabir: Madam President, please allow me to extend a warm welcome to the new Attorney General, Sen. The Hon. John Jeremie. I rise to speak on the Motion before us, Professions Related to Medicine Rules, 2003. I must commend the Minister of Health on his foresight in ensuring that the following categories in health care be given the recognition and respect they deserve. They are physiotherapists, radiographers, medical laboratory technicians, nutritionists, dietitians, speech and occupational therapists and medical psychiatric social workers. However, nowhere do I see chiropractors included.

I must ask the Minister of Health, through you, Madam President, why are chiropractors not included and given legal recognition along with these health care givers listed here? What reason or reasons were given by the council for not including chiropractors? A grave injustice is being meted out to qualified chiropractors who have been delivering health care in an area that is needed. There are thousands of satisfied patients who can testify to the beneficial results of chiropractic therapy.

I understand from an article in the *Newsday* dated Thursday, November 06, 2003, on page 16 that a former junior Minister of Health who is a medical practitioner, “deliberately and purposely selecting six professions allied to medicine while ‘blanking’ chiropractors ‘no matter how much lobbying they did.’” If this is true, I call on the Government and the present Minister of Health to redress this injustice done to qualified chiropractors.

Perhaps, there may be some misunderstanding as to what is a chiropractor and with your permission, I will very briefly explain what a chiropractor does and the qualification required. I am in a position to do so because I am related to a chiropractor and I know first hand the excellent health care qualified chiropractors provide to patients. Chiropractic comes from Greek meaning “treatment by hand”. It is the branch of the healing arts specializing in the diagnosis, treatment and prevention of biomechanical disorders of the muscular-skeletal system, particularly, the spinal column. The practice includes diagnosis of neuro-muscular skeletal disorders; conservative treatment measures including hands-on manipulations of the spine and joints of the body; mobilization, traction, massage and physical therapy modalities; rehabilitation exercise programmes and general health education of the patient. Chiropractic does not involve surgery or drugs.

With regard to the training, one has to undergo several years of intensive training almost comparative to medicine. There are over 30 chiropractic colleges all over the world, some located in the United States of America, England, Canada, Japan and South Africa. The entry requirement for most of these chiropractic colleges is a university degree or tertiary level education with a concentration on biological and biomechanical sciences. This is then followed by three years of resident instruction at a chiropractic college, plus one year internship, then, one is awarded a doctor of chiropractic degree. There is also a postgraduate degree in sports chiropractic. To graduate as a doctor of chiropractic takes at least seven years of intensive training. There is also a world federation of chiropractic that governs this body or association.

Chiropractic is legalized worldwide in 70 countries. The World Health Organization and the International Olympic Committee recognize the benefits of chiropractic care. It ranks as the third largest health care after medicine and dentistry. England has legalized chiropractors and so have the United States of America, Canada, New Zealand, Japan, Australia, Barbados, St. Kitts and Nevis just to name a few countries. In other words, chiropractic is recognized internationally and regionally, yet, this profession has not been given legal status in Trinidad and Tobago. Why is this so?

I wish to quote from a letter dated September 13, 1999, sent by the Chiropractic Association to the then Minister of Health Dr. Hamza Rafeeq of the previous administration.

Since your letter dated January 14, 1999, reference #10-21-125 advising the Chiropractic Association of Trinidad and Tobago of Dr. Trinidad's appointment as chairman of a council to determine the legal status of the Chiropractic Association, in relation to the Allied Professions to Medicine Act, to date we have received no official response as to the meeting, discussion or outcome of any decision relating to our status in Trinidad and Tobago.

Further down in the letter, the Association points out and I quote:

We also note with great concern that another organization, namely the Massage Therapy Association which was only recently formed, has been granted full legal status ahead of our application for the same rights and protection under the law.

The Chiropractic Association has been frustrated in its efforts to gain legal status. To this date, they have had no direct response from Dr. Trinidad who is the chairman of the council. I am at a loss to understand how he could have arrived at a decision without formal consultations with the Chiropractic Association.

Madam President, as an enlightened doctor, you will appreciate the fact that no single profession is the sole repository of all knowledge in the treatment of ailments. People need to have an open mind to embrace a holistic approach to the treatment of various illnesses. Every health care provider has a role to play. What is important is that regulatory mechanisms must be put in place to protect our citizens. There is tremendous interest in and a demand for chiropractic treatment. On this basis legislation to regulate the practice of chiropractic is necessary to protect the health of the public and to guard against untrained persons who profess themselves to be chiropractors but who are not so qualified.

Chiropractors act as a complement to or a supplement to the health care and medical services and do not consider themselves an alternative to medicine. Under the Health Sector Reform Programme, they perform a primary function as health care providers towards the well-being of the total population. Therefore, what justification is there for chiropractors to be excluded from this Motion? This injustice must be rectified. I humbly suggest that the Act be amended to allow chiropractors to be included in the Professions Related to Medicine Act, 1985.

Thank you.

Sen. Carolyn Seepersad-Bachan: Madam President, I am pleased to make a very small contribution to this Motion before us brought by the Minister of Health. What is interesting as pointed out by my colleague, Sen. Dr. Kernahan is that this Act No. 35 of 1985, was passed almost 20 years ago. When the United National Congress came into office it appointed the boards as well as the council of six different professions. As we heard from the last Senator, Dr. Austin Trinidad was appointed head of the council. At that time it was recognized that there was a need to establish the regulations in order to give this legislation some teeth.

Under the United National Congress, these regulations were drafted and completed and they were left there for the former minister of health. It has taken the PNM Government a full two years to bring these regulations to Parliament. [*Interruption*] This is the pattern of the People's National Movement. It is very important, shuffled or reshuffled Cabinet—Notice that it was in 1995, when the UNC came into government that they actually appointed the boards and councils to bring the regulations. I want to make a particular point. Today, they are bringing regulations before this Senate that are more than two years old. One must ask: How relevant are these regulations today? Hence the reason I share the passion of the last speaker.

Let me start off by saying that this afternoon, I was looking forward—instead of the new Minister of Health reading sections of the Act, he should have told us how this legislation fits in with Vision 2020 for this country. He could have told us what benchmarks in his ministry and government march towards improving health care in this country towards developed nation status, so that the country would be able to judge him and his government's performance.

It brings me back to what Mr. Giuliani had to say. We must have a vision of process and accountability. The reason for that being it is relevant to what is happening here. Today, we are passing regulations that expand the health care system of this country. There are several other countries that have passed similar regulations. When I looked on the Internet, on the World Health Organization site, I recognized how many other countries have passed similar types of regulations. This is one aspect where when the United National Congress came into office, it recognized the need to establish ancillary professions. It is one way of developing other professional areas to contribute towards the advancement of this country. It applies to engineering and it may apply to any other profession.

Let us deal with the medical field. Expanding the various professional areas in the medical field towards improving the quality of health care is a step in the right direction. I think we need to be thankful that the PNM Government even thought

about bringing it. They might have continued to leave it there. Probably, they want us to even thank them for bringing it here, although it was sitting there for some time.

What are the indicators? We are talking about expanding the number of professions. How would we measure the impact of all these regulations? What monitoring systems is the Minister and his ministry going to implement to determine the progress of health care in this nation? It goes back to if you do not have a vision. I do not understand the vision of this Ministry of Health. Apparently, this is part of it. The whole establishment of the regulations and expanding the professional areas must be part of that vision in terms of achieving quality health care. This is why your multi-sectoral committee would continue to have difficulties in developing a plan towards achieving your vision, if you do not know where you want to be. I go back to what are the indicators that you would use and the scientific data.

One of the WHO reports spoke about the different types of indicators that must be used to determine progress of the development of the health care system. It was talking about the European Union and some of the issues based on a study that was done. It dealt with the ancillary services. They used two examples of the nutritionists and physical activity because of the issues related to obesity, especially in young children. It spoke about some of the monitoring areas that must be established in terms of using those indicators. How do we use that scientific data in terms of making it into policy? Sometimes, you can read the data and then do not turn it into effective policy.

The second part of it was how to translate that data into an effective policy. The third step is translating that policy into action. I am sure the Minister would check his technocrats on this. What is the vision? What is the process of getting to that vision? What are you going to put in place to measure? What are the indicators? How would you turn that into your action plan? You always say, Minister, that you are a businessman. You agree with some of these corporate strategies. I heard you the last time when you came to the Senate to talk about an issue on agriculture. I am sure that you would do the same thing in this ministry. What are the benchmarks? It is one thing to determine the indicators to measure your progress, but what are the targets? Are we adopting international standards or something just below?

I thought that the Minister, having the first opportunity in this Senate, would have indicated to us an area where they are expanding health care and improving the quality. It is one thing for us to pass regulations, but I always say that

regulations and legislation are not the solution to every problem that we have. We are talking about expanding. The Minister also mentioned that the Act allows for expansion. We are not limited to the six professions that have been defined in the regulations or as defined in the First Schedule of Act. No. 35. We expect that this will start expanding as the whole regulatory exercise starts catching on. The Minister has made a commitment to that.

What is the core of our primary care? We must have these relationships between the core primary health care providers and these various professions. I speak about the doctors and nurses and the current problems facing these particular professions. We have an exodus of nurses and doctors. We need to improve their self-esteem. We need to foster and encourage. I do not know if the approach of this Minister would be different from the former one. The arrogance of the last minister was if you had a conflict with your doctors, the first thing was to use the legislative hammer on them and set up a parallel board. There are disenchanted nurses and doctors. We want these people to establish effective relationships that must exist between these ancillary professions and the primary health care providers, being doctors and nurses.

I ask the Minister because this is very important. As much as we would like to give teeth to this legislation, by passing these regulations, the efficacy of these ancillary professions would be eroded, unless we can solve their problems. We need to find out what is happening with our existing doctors. Are you trying to settle all the outstanding issues for the last two years with these doctors? You have brought in Cuban doctors, what has happened to them? Many of the existing doctors are not cooperating with the Cuban doctors for various reasons because they have been treated like glorified tourists, being put up in hotels and given special allowances.

What has happened to the situation with the United Nations Development Programme (UNDP) doctors? What is the cost? Having read a little on this, the UNDP doctors go to countries where there is no health care system. I would hate to think that Trinidad and Tobago falls into this category. Furthermore, they go to countries which are really impoverished nations. I cannot understand how we could be resorting to UNDP doctors. The Minister may want to confirm whether the cost of this exercise would be \$75 million and upwards.

One of the issues that would be defined as we go along in this particular set of regulations, as we give recognition to these various professions is continuous improvement in training and development. The Minister alluded to that in his presentation. What is happening to the scholarships being granted by this

Government to medical students going to the St. George's University? We understand that there are 20 scholarships, 10 on academic criteria and 10 on other criteria. What are these other criteria? Tell us. Either deny it or not. Just be careful that you do not do a foxtrot like your colleague Sen. Danny Montano when the whole issue came up about COSTAATT that night in the Senate. Between himself and Sen The Hon. Enill there was so much contradiction.

Hon. Rahael: It was a waltz.

Sen. C. Seepersad-Bachan: He did a waltz. I thought it was more like a foxtrot he did that night.

When you look at the cost of these students at St. George's University, our Government is being asked to pick up a cost of almost 40 per cent. That is approximately US \$16,000. If you look at the Mount Hope Medical Faculty, every year there are about 50 students on the intake.

Sen. D. Montano: Madam President, I am indeed very entertained, but this is far from the issue.

Madam President: Yes. I think I have to uphold that hon. Senator. You have strayed. You are being irrelevant. Could you please come back to the Professions Related to Medicine Rules and not medicine itself?

Sen. C. Seepersad-Bachan: Thank you, Madam President. I would be guided by your ruling. I just want to stress that the professions related to medicine have no impact, effect, power or efficacy if there is no relationship between these professions and the primary health care providers whom I consider to be the doctors and nurses of this country. The same standards that you would apply to the primary health care providers, I would imagine would be also applied because we would be consistent across the board. I would like to hear the Minister's comments on this.

As we go forward in this exercise one of the issues that would arise is the continuous assessment, training and improvement of these professions. What is the Government's involvement in this whole exercise? It is not just up to the council and the boards. They are aiming at Vision 2020 and developed nation status. Again, we still do not know what that is. It is so nebulous at this point in time. As we move towards that, tell me some of the actions that would take place in terms of primary health care.

We just heard Sen. Dr. Kernahan discuss the whole issue of nutrition and the importance of those six areas. We are interested in preventive as opposed to

curative. We see how much emphasis is being placed on preventive in developed countries as opposed to curative. As we move forward we need to do the same thing. The last Senator also spoke on that issue. The reason being preventive versus curative.

Sometimes we pass legislation in this Senate and then it stops. At the end of the day the government is accountable and must take this forward. I wanted to know in terms of continuous improvement. In the medical field, as you would rightly know, there are so many other areas. I was interested when I read this morning that some medical students elect to take courses in alternative medicine, an area that we just spoke about and which I want to deal with. Alternative medicine is one of the areas that they actually lobbied for recognition and it is now being recognized in the United States of America. They have regulations to deal with that. Almost 47 per cent of the doctors in the United States are recommending alternative medicine to their patients. The regulations enforce that the first form of diagnosis must come from a medical doctor, and from there you can be recommended to go to alternative medicine or a chiropractor.

Sen. Anmolsingh-Mahabir: I want to make it abundantly clear that chiropractors do not consider themselves as alternative medicine. They are supplement to. They are not alternative medicine, related to.

Sen. C. Seepersad-Bachan: I said alternative medicine or chiropractors. In the United States, under their regulations they are suggesting that you first go to the medical professional to get a proper diagnosis. Many mis-diagnoses have taken place by going straight to the person practising any form of complementary alternative medicine. I am talking about those with the herbal medicine, not in any way the chiropractors. The chiropractors are considered complementary. They are not the primary health care providers.

When we start to look at our education system, I would like to hear from the Minister how all this relates. Are we going to start some of this in our education system? This is why I brought up the issue of the St. George's University. It is costing much, but do we know what we are getting from St. George's University, in terms of the relationship with the ancillary professions?

I would be guided by the President. To maximize the benefit of this legislation, the Government must ensure that we have an effective relationship between the doctors and nurses. I hope that we do not see a repeat of what happened with the doctors, if there is some conflict with any of those boards and you decide to implement a parallel board in the similar vein in which you approached the Cuban doctors. You use the legislative hammer.

Some countries have identified separate legislation and regulations to deal with each profession. We have developed an umbrella Act and from there the regulations to give that Act the power. To make my point clear to satisfy the last Senator, in terms of licensing these alternative providers of medicine, I am sure that it was only this morning that the Minister realized that there were other groups like the chiropractors, massage therapists and the complementary alternative medicine groups that lobbied for recognition. The council decided not to grant approval for recognition.

In the other place, when it was raised by Dr. Fuad Khan why the chiropractors were not given recognition and they were not included—it is a simple amendment to the First Schedule to include the chiropractors and others—the former minister indicated it was your legislation, that is why we brought it. It is a perfect example of bringing something two years later when we know today that chiropractors have been playing such an important role as we heard from the last Senator. Even herbal medicine has been playing a very important role. This is the excuse we get for not bringing legislation that is more relevant to the time. The Minister indicated that he would address that particular situation.

Another issue in terms of the regulations is the role of the Food and Drug Administration in terms of recognition of these other professions. The Minister may want to look at the WHO guidelines on that issue. I have a concern and you may find that I am over emphasizing this point. I have had the opportunity to work with the Cancer Society. When people lose faith and they are down they turn very quickly. If this is not properly regulated it would put the public at risk. They must fall under the regulations very quickly.

Recently, there were three cases with the laxatives, where one person died. They had cancer. One was recommended these laxatives and the person almost lost his or her bowel and had to take medical treatment abroad. This Government must understand that it has to get up with the times. They need to understand what is happening in their environment because they do not. They do not ever look at the signals out there. As the last Senator indicated, there are many chiropractors and we need to regulate them because we want to ensure that those who have not been properly trained are not being left out there to the risk of the public. This is also similar to alternative medicine. Having worked with the Cancer Society, several times we have had to counsel people on that issue. I know how tempting it is to feel that that solution exists out there. Please go to a doctor first, and let a doctor properly diagnose you before you take that route. Cancer week was just last week and we spend most of the time trying to convince people to take the right step first. That is, get a proper diagnosis.

Like the former Senator, I would like to indicate our warm welcome to the new Attorney General. We look forward to his approach to the several issues that plague our nation. We are very concerned about the Equal Opportunity Bill which has not been implemented. I know that you would give it a fair try. At least we hope so. Compared to your predecessor.

Madam President: Please Senator.

Sen. C. Seepersad-Bachan: I want to make an appeal because there is a reshuffled Cabinet, that we do something about the racism issue. I want to say this in a positive way. Just allow me to say this in a positive way. Let us deal with it because it would destroy this nation. Whatever speculation may arise—

Madam President: Senator, having said so please move on.

Sen. C. Seepersad-Bachan: None of this is of any value to us, expanding regulations to alternative medicine and the professions relating to medicine. This country has much potential and we can go forward. We have more problems to deal with in terms of the global challenges that we face. I appeal to the Government that we have so much work before us, let us move on. I appeal to all Ministers. I was deeply moved on Sunday when I listened to a sermon by a minister and how he appealed because of what it was doing to our nation with the speculation, mistrust and bitterness that have emerged. I appeal to everyone to find a solution to whatever has arisen.

Thank you.

3.30 p.m.

Sen. Dana Seetahal: Thank you, Madam President. Let me say at the outset that I wish to indicate my support for the rules proposed by the Minister of Health. My understanding of these rules is that they are made under section 7(4). It is necessary, pursuant to section 8 of the Act, that these rules are made because unless they are made and become law, no registration under the Professions Related to Medicine can be made. In other words, the Act that was passed in December 1985 by a PNM government some 18 years ago would have no effect unless we pass these rules. So there is obviously a pressing need to pass these rules. Again, in 1993, under a PNM administration the law was finally proclaimed, so it is only 10 years ago that this Act became law, but it cannot be effected until these rules, now being proposed under the PNM administration, become law.

Madam President, under the current law—the other laws—the usual professions related to medicine that would be what are recognized as professions

in medicine: nurses, pharmacists, dentists, opticians, are all provided for. The professionals must be registered under the law and if they do not act in accordance with their rules—apart from the opticians who do not have any rules, as far as I know—then they can be disciplined, so the society is protected. But we have all these related medical professionals who do not have to register because there is no law, or, at least, there is law but nothing enforcing the requirement.

Madam President, there are two points I want to make. We have so many laws passed in this country and they are, first of all, either not proclaimed, such as the Condominium Act, so people could do all kinds of things in their condominiums: not pay their maintenance and nothing could happen to them. Madam President, that is just a personal thing I have. In other pieces of legislation there is no proclamation or if the Act is law, then there are no rules to give effect to them. This has been going on for 20 years, and it is ridiculous.

Madam President, it was discovered in 1981 that the Narcotics Act had never been proclaimed. For 20 years, people were being charged under the Act and then one day some bright lawyer said: “Hey, this was never proclaimed.” So for a very short period, one had to hustle in a week to get it proclaimed and to legitimize all of the past convictions. When we are thinking about these things we have to bear in mind that we might think that we have the laws but we do not have them.

Secondly, let me say that I support the call by my colleagues, both Sen. Anmolsingh-Mahabir and Sen. Seepersad-Bachan, in respect of the inclusion of other related professionals. The point about this is that we want to regulate these people and demand standards of them. [*Desk thumping*] We want to say that they can be subject to discipline. If you have chiropractors who are saying, we want to be subject to discipline, we want to be regulated, it would seem to convey that these people want to do the right thing. I do not understand any rational body saying that chiropractors should not be included in the Schedule.

Madam President, the current law we have under section 20 gives the council—for whatever reason, I do not know—the power to make the recommendation to the Minister that he include, by virtue of an Order, any new bodies. In other words, if you want to say that chiropractors should be included in the First Schedule, that chiropractors should be regulated, the council, for some unknown reason, has that power. I do not understand it, because usually the Minister would have that power. So the council has to do it and if the Minister then considers that the council is okay then he asks for an Order and it comes before Parliament.

The Minister, of course, has residual powers but that is subject to interpretation. So it seems to me that you either get the council to do the proper things, or you amend the legislation to make it the Minister's business and not the business of members of a council who may have their own interest to serve. I do not know what that interest may be.

Madam President, I think that is all I need to say or that I want to say, for that matter, except to probably repeat my call to let us get the legislation that we have on the books, which people have wasted so much time debating and arguing and which are just sitting there and people are wondering what is happening. One of the first things the new Minister of Housing—[*Interruption*] Is it not Housing? He did not change? [*Interruption*] No, no, no, not you. I am saying that the new Minister of Housing in the reshuffled Cabinet can deal with—let me make a play for the Condominiums Act here. [*Interruption*] I have already supported the rules, so I want to talk about that too.

Thank you very much, Madam President. [*Desk thumping*]

Sen. Wade Mark: Madam President, I want to thank you very much for allowing me to make a few remarks on this very important matter before this honourable Senate. I cannot begin my contribution without extending congratulations to all my colleagues, those who have been promoted as well as those who have been demoted. [*Desk thumping*]

I want to especially welcome the new Attorney General. I do not know much about him although he knows much about me, based on what he had indicated. As I said, I want to welcome him to this honourable Chamber and to wish him a very successful term of office. I hope that he would provide the Parliament with a legislative programme so that we can conduct our business in an orderly fashion. I look forward to that.

To my hon. friend who has brought this matter so urgently to the Parliament today, I, too, would like to wish him the best in a very challenging ministry. Your record and your legacy that is going to haunt you into that ministry—for instance I hope that you are able to live, at least, that you are able to overcome some of the difficulties and problems that you would have experienced elsewhere.

Madam President, we have said to our hon. colleague and friend, having scorched the earth of T&T—and we had warned him—that the earth would not forgive him. We pray that in his resurrection he would spare the lives of our citizens who would have to seek health care assistance under his jurisdiction. We hope that he would spare their lives. [*Desk thumping*]

On this matter before us today, the rules that are going to give effect to Act No. 35, entitled the Professions Related to Medicine Act of 1985, I want to ask my hon. colleague and friend, the Minister of Health, whilst these rules have been outstanding, since the Act was proclaimed in 1985—

Hon. Rahael: Was it not in 1993?

Sen. W. Mark: 1993, sorry. Since these rules were tabled in Parliament some two years now, I would like to find out from him whether an article written in the *Newsday* dated Sunday, August 24, 2003 on page 7 had anything to do with the speed at which these rules have been tabled in the Parliament today.

Madam President, I want to share an article with you. [*Interruption*] I am just seeking clarification. I do not know why my dear friend who has now been promoted—culture has now been added to her ministry so she should be happy today but she seems to be very unhappy and I do not know why. Madam President, let me address you and not her on this matter. I would like to share with my colleagues today an article on page 7 of the *Newsday* dated Sunday, August 24, 2003, which is headlined:

“Health Ministry: MPATT trying to create hysteria”

Madam President, I am reading for your edification.

“The Ministry of Health has condemned a MPATT’s (Medical Professional Association of Trinidad and Tobago) statement that a large incidence of persons with symptoms of a mystery virus exists and will ‘in the near future’ introduce legislation to regularise ‘unauthorised laboratories’ from misusing data.”

I do not know, maybe the Ministry of Health could guide us on this matter. [*Interruption*] Madam President, I do not know why my friend is so uneasy today. I am addressing the President; would you allow me? Madam President, I continue to quote:

“‘These statements are false, misleading and irresponsible, and clearly designed to create panic and hysteria,’ the Ministry quoted in its release, yesterday.

The Ministry identified the Trinidad Public Health Laboratory and the National Surveillance Unit of the Ministry of Health as the only authorised institutions in Trinidad which record data on viral illnesses. ‘MPATT has quoted highly suspect statistics from an anonymous laboratory in South Trinidad...No other group or organisation is authorised to issue statistics on the incidence of dengue or any other virus,’...

The Ministry also stated that the overall number of admissions to the San Fernando Hospital for 2003 is also significantly reduced when compared to last year.

Existing ‘unofficial laboratories’, the Ministry said, are operating in an unregulated environment, without any adherence to proper standards and procedures for testing and are being used to create ‘mischief’.”

Madam President, if we go back to the First Schedule of Act No. 35 this Act is related to the regulations. [*Interruption*] You are not aware of that? You have not been shifted, of course? Anyway, let me address the President and not you. Sen. Dr. Saith, you are out to divert my attention from the debate this afternoon but I would not facilitate you.

Madam President, under section 22 of Act No. 35, Professions Related to Medicine, medical laboratory technicians are included as a category that has been established under the interim moves that were made two years ago: boards or councils were established and you have an overall board.

While these rules before us are needed to give effect to the Act, I was just concerned, Madam President, having regard to this statement which was issued by the Ministry of Health, whether the statistics on a mysterious virus that was plaguing large sections of South Trinidad—and a statement being issued by MPATT at the time; whether the then Minister of Health in his statement that was issued in the *Newsday*—was not an attempt by him and the Ministry of Health, at the time, to serve notice on these laboratories operating in Trinidad and Tobago, that he is bringing rules as quickly as possible to ensure that statistics in the future, as far as he is concerned, are not issued from the laboratories that are unregulated.

Madam President, really, people are seeking information because of the fact that the official laboratories, the Public Health Laboratories and the National Surveillance Unit of the Ministry of Health, are slow in responding to the demands of the population. The citizens of this country prefer, and they actually proceed to seek private laboratories to provide them with tests and with the appropriate results. When these results are issued we have denials and disclaimers coming from the Ministry of Health. The Ministry of Health uses the pretext, in terms of convenience, to indicate that these laboratories are unofficial. So I would like the hon. Minister, although he is new to the job—recently being promoted, demoted, stagnant, I do not know, he is here today—to share with us this afternoon whether this move today, in getting these rules passed, had any link whatsoever with this particular article that I have just read.

Hon. Rahael: The answer is no.

Sen. W. Mark: It appears to me that there is a link between the *Newsday* article dated August 24, 2003 and this particular move this afternoon, Madam President.

As my colleagues indicated earlier, the professions we are dealing with are all related to health care and health delivery in this country. It is unfortunate that they have taken so long to be regulated—the allied medicine professions—but we are happy that they are now being recognized and regulated. I, too, would like to support the position advanced earlier that massage therapists and chiropractors should be incorporated. *[Interruption]* We do not want promises here, we want commitments.

Madam President, even though this Bill was passed in 1985, proclaimed in 1993 and the regulations tabled two years ago, the regime has been in power for 23 months now—*[Interruption]*

Sen. R. Montano: Whose fault is that? Our fault? Rubbish!

Madam President: Senators, please!

Sen. W. Mark: In a dynamic environment where the Government is providing some direction and giving the population the impression that they are seeking to improve their quality of life, one would have imagined that the outgoing and the incoming Minister of Health would have taken some measure or made some effort to, at least, review what was incorporated in the initial Act. What we should have had here is an amendment to the Schedule, incorporating those categories; those allied professions, in an effort to give recognition to these professions. You cannot come here in 2003, having been in power for 23 months and indicate to this honourable Senate that you are bringing UNC rules; you are bringing UNC regulations. *[Interruption]*

Madam President, we are saying that in order to give, not finality, but in an effort to deal with some of the issues involving the massage therapists as well as the chiropractors, I believe the hon. Minister ought to have brought an amendment to the legislation to incorporate these two professions. They have been practising in Trinidad and Tobago for a considerable time. The PNM has been in power for a considerable time. We do not understand why that particular matter, involving these two professions, has been left out. We are already getting promises from the hon. Minister that he would address these deficiencies very shortly. We hope that he would do that very shortly.

I would like to ask the hon. Minister to look at the issue of health, not in a narrow sense but in a broad sense, in a comprehensive way, Madam President. Madam President, you would know, you live in Barataria, that is, the last time I know you were there because we confronted each other there. I believe that you are still there. If you are not there you might be elsewhere. Madam President, you would know that there was a story recently in the newspapers and on our television screens involving a contractor employed by the National Housing Authority pumping raw sewage in a tributary leading to the Caroni River, where the Caroni Treatment Plant has to extract water in an effort to pump into our taps. *[Interruption]* We are talking about health here. I would like the hon. Minister of Health to take account of this matter. To date, no one has been held accountable. If we are talking about these professions, and they are related to health care, seeking to promote, to regulate and to regularize these professions, it is incumbent upon the hon. Minister of Health to look into this matter.

It is a criminal offence—and I am sure that the new Attorney General would agree—for a contractor—*[Interruption]* I do not know! You have the power and you have the new Minister of National Security and Rehabilitation near you. I want to congratulate my former teacher on being promoted to the post of Minister of National Security and Rehabilitation. I predicted it. I told him it was coming. He was shy—I know he is a very strategic man—so he was not prepared to concede.

Madam President, I would like the hon. Minister of Health to look into this matter. We want to know what is the name of the contractor and who is going to take liability. Almost 500,000 persons were affected by that gush of dirty, dangerous water in their taps. The Government has not made a statement on this matter. The Minister has not made a statement on this matter. Part of proper health care is that you have to deal with people's health. If we do not have proper running water or proper drinking water, hon. Minister of Health, we are going to have problems. All I am asking here is for you to indicate to this honourable Senate what steps have the Government taken to apprehend this criminal who has been responsible for this act. We want to get some information on this.

I have indicated on many occasions that when we come to the various professions, the nutritionists and dietitians, we need more of these professions within the health system. I hope that the hon. Minister of Health would pay attention to this, because whilst they are seeking to fill vacancies insofar as medical doctors are concerned from United Nations volunteers and from the Cubans to fill the gaps in the system, we would like the hon. Minister of Health to fill the gaps in the area of nutritionists and dietitians.

You would know, hon. Minister of Health, through the President, that Trinidad and Tobago has a very high rate—Trinidad and Tobago in terms of our young population is in a state of crisis insofar as health care is concerned. All the lifestyle diseases and illnesses that are associated with the rich developed nations we have them here in abundance.

I think it is incumbent upon the Minister of Health, as he embarks upon his new journey, to pay attention to the question of preventative health. I think that is a point we need to reemphasize and reiterate because you have a responsibility to ensure that in the hospitals and in the health care centres that we have these categories employed, nutritionists and dietitians, who can advise the young people and the adults in terms of lifestyle diseases. Trinidad and Tobago is too small a nation, in terms of numbers, to have the extent of diseases that we have; whether it is in the area of diabetes, which is a serious illness among our people. Madam President, young people, 17 years and 19 years are contracting this particular disease.

I want to appeal to the hon. Minister of Health to pay attention to this particular category within our health institutions. I have stated that if we want to reach what is called, developed nation status, we need to recognize that the percentage of GDP that is allocated to health in this country is still too small. Madam President, we cannot allocate 5 per cent of our overall budget towards health care.

Sen. D. Montano: Madam President, on a point of order. And for the intellectually challenged, Standing Order No. 35(1), line 3, the Senator is not relevant to the issue at hand.

Madam President: Senator, I have been listening to you and maybe you are trying to make a point, but I think you really need to come back to the Professions Related to Medicine Rules, and not to stray too much from that point. I think you are straying.

Sen. W. Mark: I thought, Madam President, that under the Schedule to which I am referring, nutritionists and dietitians—*[Interruption]* It is related! *[Interruption]* I am saying, yes, they are the rules, but they are related. I am sure my colleagues would appreciate the relevance of the point that I am making.

We on this side would like to indicate that with respect to this particular matter that is before us this afternoon, we feel that the Government needs to look at the areas that I have mentioned in terms of the massage therapists and the chiropractors. We support the views that have been expressed on this. We feel

that the Government needs to take urgent steps and measures to address a number of issues relevant to our public health institutions as it relates to these professions that have now been established in terms of regulations. I am certain that my colleague the hon. Minister of Health would agree with me that we have to pay some more attention to the allocation of resources to health care in this country, so that we can provide our citizens with not only curative measures, but with the necessary education and knowledge so that they can deal with early discoveries or prevention of what I call lifestyle diseases that are currently haunting our nation.

Madam President, with these few words, I thank you for allowing me to speak this afternoon. [*Desk thumping*]

Sen. Basharat Ali: Madam President, this afternoon I am going to step out of my crease in making my contribution to this debate. I hope I am as lucky as the West Indies cricketers were on Saturday in Harare or, at least, I would earn a draw and that I would not be stumped prematurely.

I was moved to prepare something for this debate because of a couple of things. I am aware that so often we have legislation which are on the books and the regulations and rules are not there so that they are, in effect, ineffective. I have a personal experience with this in a way, because I happen to be associated with a profession related to health care, that is, optics. I would like to relate, just briefly, something that happened last year.

The Optical Registration Act was first passed in 1961, and it was revised at the end of 1987. One of the requirements from the first Act was for council to prepare regulations for the conduct of the business of that sector.

4.00 p.m.

As far as I am aware, no regulations have ever been prepared. I have certainly not seen it. In the amendment to that Act in 1987, the fees in the first Act, was \$5 per year. That clause was replaced by a clause which said the fees would be fixed by the regulations under the Act. Once again, I do not know how we got to \$50 up to the end of last year. I was very surprised last December when my company received a letter from the Secretary of the Trinidad and Tobago Opticians Registration Council saying with effect from January 01, 2003 fees were going to be increased and, substantial increases. For example, an optometrist's fee increased from \$50 to \$1,000 per year. A company, which we have and which is registered under the amended Act in 1987, is also subject to a fee. It used to be \$250 and that letter indicated that the fee was now \$2,500 a year as of January 01, 2003.

Naturally, as the chairman of that company I queried it because we are a registered company, but we paid in the first instance. We were surprised that we got refunds without any letters of course—we got letters to say how much it was going to be—reverting to the \$50 per person, for optometrist and \$250 for the firm's licencing fee as it is called for that particular year. As I said, I have never seen regulations and I suspect that there are not any and these new long lists of fees may have been fixed by the council then without really considering how they should go about it.

So I have a concern and I decided that I would look into this particular Act, because if you want to respond to the rules that have been presented to us, you are not in a position to do so unless you go to the Act of 1985. I am not going into all the details as to whether it was 18 years ago or not, except to say that I was surprised that it was an Act which had been approved by a three-fifths majority in 1985, so it was evidently an important Act. The text of the Act says it was approved in the Lower House by a vote of 32 Members, which is well over the three-fifths majority. So that today we are here, and we do not have anything—I do not know how the council operates. I ask a question: Is that a legitimate council according to the Act? But a council should be a body corporate. I do not know whether the council is a body corporate.

The hon. Minister mentioned informal council, informal board. The same question applies to the six categories of professionals for whom titles are given in the original Act for their boards, but each board has to be a body corporate. If they are not then they are not within the law. I ask the question, whether in accordance with that Act No. 35, it is still within what is called the initial period? The initial period is, in fact that period which kicks off when a board has established a registry. If one wants, one can look at section 2(2) of the Act and one would see what is defined as initial period.

What I was concerned about is that during the initial period as defined, the members of the different categories of professionals are appointed by the Minister, not by the respective boards. I do not know if any of these is a physiotherapy board. The hon. Minister said that there are six boards. I do not know whether they are really formal boards, whether they are body corporate. In any case, if there is no registry established it would appear that the hon. Minister would be the one who appoints the two members of each profession from whose boards are there as part of this Act. So I need some clarification.

Hon. Rahael: Thank you, Sen. Ali for giving way. Just to advise that my understanding is that the Act allows for an interim council and that interim

council was made up based on the Act and, therefore, the ministry has a representative together with the other disciplines. So that the Act itself allows for that interim council, so while that council is in place it is not really formal as yet. Once these rules come into play and the Act takes effect, then a new council would then be put in place and with the new council one would have the various boards restructured.

Sen. B. Ali: Madam President, I stand to be corrected. I am not a lawyer. But that interim council is what I am saying is the one that may be there until the boards and registry are set up. Without going to the rules, it still provides for the council to be a body corporate. That is under 4.4 of the constitution of the council and similarly for the board; under the constitution of the board, 5.5 says each board shall be a body corporate. So that if one comes with a document which says, “made by the council after consultation with each of the Boards in accordance with section 14(8) established under the Act and with the approval of the Minister under section 7(4) of this Act,” then I am wondering what is the validity of all this. I would like an answer. I was left with many questions. Some had been answered. This is one that is still outstanding in my mind.

All of us here would like to see this legislation go through as quickly as possible to establish these separate registers, and it would appear from my reading that it is very strict, like all the other professions that one has to be registered to call oneself a physiotherapist from what I can see, and all down the line. So it is from that point of view an important control measure for that part of the health sector. So the establishment of a registry is really a very key factor in this whole implementation of this Act. Really, this Act has not been implemented; up to today it is not implemented, because without the rules—approved by both Houses, but this was 10 years ago. It took 10 years and we are now there. I am not saying who is to blame and who is not to blame. I am not attaching blame.

I am saying these are questions that should be answered, and if these boards that are set up now—and they do not require the rules to have them as corporate body, that is in the Act that it has to be set up as body corporate, the board and the council. That is quite separate from the rules and I wish that should be addressed. The rules set out here are fairly straightforward.

I have a question again. I ask questions. In the first registration requirement it speaks of a certificate of good character. I presume this is a police certificate of good character because in the Act itself it provides for complainants who may come forward to make complaints for registered people who have convictions and so forth. So I presume this is a police certificate of character. Everybody knows

how long that takes and I do not know how quickly one would get anybody registered.

The second item relates to that same question of registration. Before we let it pass as it is, the registration form 1, at the back of the document says it is a register for each board but, the heading under it says, "Council for the Professions related to Medicine in Trinidad and Tobago," and then it says certified practice and so forth. At the bottom there is the signatory for the president.

Madam President, the only president I know is you and His Excellency so I do not know where this term 'president' comes from. I know the Act provides for chairmen of councils and of boards to be elected or to come from among themselves. So just a word of caution in bringing this forward that there is an amendment to be done.

I am quite happy to support the proposal for the adoption of these rules subject to what I have said today, and I hope, once again we would do so in an expeditious manner because health is important to all of us. If we do not have the rules, we cannot proceed.

Madam President, thank you very much.

Sen. Brother Noble S. A. Khan: Thank you Madam President, for allowing me to share a few thoughts on this matter that is before us. First, let me congratulate our new Attorney General and, too our new Minister of Health. I, too, voice my support to what is before us. But what has emerged so far, to my simple mind, is that there is need for tightening in the process and particularly in the area of the list as far as these six disciplines are concerned. We know health care has always been one that has been under heavy stress and also the deliverables of that health care. One would think, with the establishment of this sort of regulatory framework, that there should be some modicum of improvement as far as standards are concerned.

I will share some thoughts too on the question of the need for possibly bringing in what some of my colleagues have voiced, the question of the chiropractors and those other areas we could think in terms of. Also, on reflection one would think in countries as ancient as Africa, India, China, sweeping the world today, is the concept of what has been referred to in more sophisticated terms as herbal medicare. Of course, the good old Trinidad and Tobago of "bush" medicine still applies. One could think too of elements of things like santau, those of us in the folklore caring processes, the question of dum karé, of jharé. These are very relevant and no matter what law there is, be it from now until the end of

times, these systems will apply and continue to make their impressions upon the health care of the world.

I am not making a plea for that. That exists, it has existed before and will continue to exist. Insofar as what true spiritual aspect of this mechanism of health care is concerned. With respect to the question of the methods upon which we go about establishing what we would put to increase the list, there seems to me, with the process of the documentation, need for tightening and I think some of our colleagues here have made sterling cases for that. Also too, one cannot think in terms of health care as outside the total society, the holistic approach.

I am happy to see that our present Minister of Health had just finished an exercise, which I think he did with a high element of efficiency, that is, in the area of Caroni. But the feedback to us is that there would be certain salutary effect as far as health is concerned come January or thereabout with what has been proffered in dealing with this phenomenon at the time obviously is not in place. One could expect that our feedback on the ground is like that; elements of high alcoholism, I mentioned that before, but the Minister of Health was not here but we are happy to have him here today. The question of high spending so there would be an increase in the elements of poverty. One can look forward to that. These are elements that would definitely have an effect feeding back into the area of the health mechanisms and definitely, we would be pushing back into the therapeutic practices that exist within the six professions. And, I strongly suspect that in the area of some of what the almoners and that element of the health society, they would have a big pressure playing back because of some of these things that are in place now.

We know that poverty is increasing. At least, this is what the statistics that have come to us say. The question of statistics in Third World countries and even in our own country, there is a big question mark about that. The feeling on the ground and what we have coming through and what we go by is that it is increasing. But in any event what exists now is definitely, totally unacceptable. So here again in the area of these six factors that are before us, and while we are in the area of setting up these systems—in the process of making structures for them, the personnel is a big question before us and the mechanisms for having more personnel and having too, the attractions for the people to come into these areas of practice. We know within recent times, as far as doctors were concerned, they were under some stress. We came to this honourable Senate and there were some adjustments made, but I would like to stress again that as a people emerging out of what we have come, we have that hope, we have had that promise from our

leaders that better must come; that was an expression some time ago. Jamaica, I think, it was, better must come and people must ride on that. We heard about a caring society and very attractive words but on the ground there is still hope for the realization of some of these things that we were promised.

There is an emergency in respect of what is before us and health is fundamental, water is fundamental. We heard remarks of what we got in our water system even after so long. And there are so many other areas one can think about and it comes up. When we look further down if one does not have hope, faith, it would be a sad day for us, for what our leaders have promised and what we hope.

It is all good and well sometimes when we meet especially the people on the ground that is, and who to some extent still have some feeling that something would come their way, that some spin-off would come. It is in this respect I would like to reaffirm what has been said here with respect particularly to the chiropractor and in the area of the herbal medicine. Because, we have reached sufficient time in which we could develop systems of establishing what is correct as far as the universal standards are concerned in establishing these areas. One got the impression at one time that particularly in some of the areas of medicine—they may exist in other disciplines too—that there is a kind of closed shop, an area from which there is not much for expanding, a sort of gripping. But one would hope as we see in the opening up of the system that something would come of it where there would be a better approach, where people could feel a sense of belonging. I do not get the impression that we feel that way yet in relation to some of these disciplines and people who hold that sort of grip over our lives.

I think, that in sharing these thoughts that we would consider, and I would think too, that as far as therapy is concerned that we pay some attention to audio therapy in this honourable Senate; some of the things that are shared with by ourselves and those decision-makers, those who have the power or assume the power and let us know that whatever power we may assume that it is a trust. And the question someone had raised earlier, I think it is our colleague, Sen. Carolyn Seepersad-Bachan, a very simple model, the question of the vision, the process and the accountability. I think we are all aware of these concepts and to apply it in our own way.

Again, I like to always come back to implementation and the taste of the pudding is in the eating and to apply that again, we would think in terms of what it is at the end of the day what we are giving our people, what they are receiving. And while on the question of these areas that we are dealing with that could be

very esoteric, I will remind us of that old Shakespearean quote. I think it was from Hamlet, where it was said, I think, that there are more things in heaven and earth that are dreamt of in our own minds. I may have it a little twisted. It is not coming back but I am sure some of us will remember that. It might very well apply to this area when we think in terms of medicine and the way of health care.

So I end in still giving that feeling of belonging to the areas of the old ancient practices more like the dum karé, the santau, the smoke, the jharé which have served our people in the past. There is still some relevance of it so long as we have that faith. And I am sure that those of us who belong to the faith-based systems could find within the system and to keep that close connection to the ultimate healer.

Thank you, and may God bless us all.

The Minister of Health (Hon. John Rahael): Let me thank all the hon. Senators for their contributions to this Motion. First of all, let me begin by indicating that as Minister of Health, I do not propose to make health issues political or controversial. [*Desk thumping*] The health of the nation and its citizens are more important than any party politics or any other issue that one can give priority over and, therefore, health would now take an approach that would encompass all stakeholders in that everyone would be given the opportunity to be heard, and we would put health on the front burner. I also thank my predecessor for the great job that he has done in providing the health sector with the type of personnel, whether they were doctors, nurses and other service providers in the health sector so that we can now take health one step further.

In addressing some of the hon. Senators' concerns, Sen. Dr. Kernahan raised the question of when the Act was first introduced in Parliament in 1985; it was proclaimed in 1993 and, in fact, why it took the PNM so many years. But I think Sen. Seetahal dealt with that and as I indicated earlier, I do not plan to play politics with the whole issue of health. However, the hon. Senator and other hon. Senators also talked about primary health care and preventative medicine. I also want to give the assurance that is already in the forefront of the Ministry of Health, preventative medicine and primary health care. So much so that it is this PNM Government that has opened more health centres in Trinidad and Tobago than any administration other than the People's National Movement. [*Desk thumping*] As a matter of fact, tomorrow morning I would be going up to the constituency of Nariva to open a health centre and a wellness centre. So that in providing these health centres it is not just a health centre where one can access medication but, in fact, where there would be personnel with respect to a wellness

centre as well to provide advice with respect to nutrition, one's diet and all the other inputs that are required to ensure that we move towards preventive health in Trinidad and Tobago.

Also the Ministry has a unit called the Health Promotion Unit which is engaged in health promotional activities at different levels. There is a multi-disciplinary team that goes out to the schools and other institutions to give lectures and advice as to the whole question of preventative care so that we would be able to nip it in the bud, so to speak. As a matter of fact, there is a month of health care, the month of April is designated Health Promotion Month. Both the Ministry of Health and the Regional Health Authorities, with the support of NGOs have daily activities as well for the population. Such activities include as I indicated, lectures, supplements in the newspapers, skits and all different types of interaction with the population. With respect to mental health, I think, that was also raised by Sen. Dr. Kernahan. There is a new Bill actually right now in front of the Legislative Review Council. This Bill is designed to treat with mentally ill patients from the community level to tertiary level. It allows for the treatment of such persons in his or her own environment.

To support this initiative, the Ministry intends to train and employ a greater number of mental health officers and social workers, so that we are looking at health in a very holistic way. Sen. Dr. Kernahan, I thank you for your contribution because it gives me the opportunity to be able to respond to some of the important issues that you have raised unlike some of your colleagues. Nevertheless, you also raised the question of someone's name being removed from the register. The only way someone's name would be removed from the register is if they were deemed not to be practising. So the question of being advised that you are not on the register, you would be called before and you would go through the entire process if your name were to be removed from the register so that you would know in advance. So the individual would have to be in breach of the Act and the regulations in order for their name to be removed. Those are some of the issues I think the hon. Senator raised and, of course, which I have responded to.

Sen. Anmolsingh-Mahabir, I too, thank you for your contribution and as I indicated in my opening remarks that, in fact, we are now going to review and once more look at—so far there are two other professions that have, in fact, applied and that is the chiropractor and the massage therapist. As I said, I am going to ask the council to look at it together with the technical staff of the ministry and to report to me so that I would then, if in agreement with the technical advisors from the Ministry of Health, deem those professions to be part

of the health sector, then we would come to the Parliament and amend the Act. We needed to get the rules passed so that the Act can be enforced and then we would be in a position to amend the Act. Because, you cannot amend the Act unless it is enforced and, therefore, in response to Sen. Mark as to why we do not amend it now, we need to put the rules in place, have the Act legitimized so to speak, operational, and then we would be able to amend it.

So I give the undertaking that those two professional bodies that have applied already to the council, we are going to review their applications with the intention of coming to the Parliament to amend the Act if it is deemed necessary based on the reports that we get.

4.30 p.m.

The Act also provides for registration—Sen. Mark spoke about the registration of all health care services. We in the Ministry are developing regulations to come to Parliament. The Act will be called the Health Services Quality Act and we will put in place registration of all health care service providers, so that any organization or institution desiring to offer health care services to the population must meet the minimum standards prescribed in the Act. This is in keeping with the Government's policy of providing quality health care in both the private and public sectors. So, we are moving to register all health care providers so that everybody falls under this Health Services Quality Act. This is being addressed by this Ministry and the office of the Attorney General.

With respect to Sen. Ali's questions about regulations and fees, yes, the council increased the fees without the approval of the Minister of Health. That is why, when it was brought to the attention of my predecessor, the Hon. Colm Imbert, he immediately acted on that and advised them that they were totally out of place and had no right to have done such a thing. That is how the Senator received his refund. He instructed the council to refund the increase charged. The Ministry is considering new fee structures with respect to those disciplines as well.

So, the whole question of health care and health service will now be looked at comprehensively in that we will ensure that all health care providers will be governed by rules and regulations so that no one can just practise any kind of health care service without rules and regulations governing that service.

All of us must work together, all stakeholders in the health care sector. We need to ensure that, not only the whole question of medicine, but also our eating habits—again, Sen. Dr. Kernahan raised that and she is right. Our children are

eating food that is not healthy for them. That is why this Government has increased the number of—if I may say so—"breakfases" to the school children of Trinidad and Tobago, so that we would give them the proper type of nutrition, not only at lunchtime, but also at breakfast time. Presently, we are providing over 100,000 meals per day so we are ensuring that the health of our children is well taken care of.

Having come from the Ministry of Agriculture, Land and Marine Resources, the whole question of the food import bill, food safety and food security will be linked with better health care.

Let me thank all Senators for their contributions to the Motion and assure them that all the commitments that have been made would be delivered, as has been previously demonstrated.

I beg to move.

Question put and agreed to.

Resolved:

That the Professions Related to Medicine Rules, 2003 be approved.

ADJOURNMENT

The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith): Madam President, I beg to move that the Senate do now adjourn to Tuesday, November 18, 2003 at 1.30 p.m., at which time we would take the bills in the order in which they are listed on the Order Paper.

Madam President: Before I put the question, let me take this opportunity to welcome the new Attorney General to this Senate. We look forward to your contributions and, of course, the new Ministers in their Ministries.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 4.37 p.m.