

*Leave of Absence*

*Tuesday, November 30, 2004*

**SENATE**

*Tuesday, November 30, 2004*

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. The Hon. Martin Joseph for the period November 30, 2004 to December 02, 2004 and to Sen. Prof. Kenneth Ramchand from today's sitting of the Senate.

**SENATOR'S APPOINTMENT**

**Madam President:** Hon. Senators, I have received the following correspondence from His Excellency The President, Professor George Maxwell Richards.

“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: MRS. JOAN HACKSHAW-MARSLIN

WHEREAS Senator Martin Joseph 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, acting in accordance with the advice of the Prime Minister, in exercise of the power vested in me by section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, JOAN HACKSHAW-MARSLIN, to be temporarily a member of the Senate, with effect from 30<sup>th</sup> November, 2004 and continuing during the absence from Trinidad and Tobago of the said Senator Martin Joseph.

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 29<sup>th</sup> day of November, 2004.”

*Oath of Allegiance*

*Tuesday, November 30, 2004*

**OATH OF ALLEGIANCE**

*Sen. Joan Hackshaw-Marslin took and subscribed the Oath of Allegiance as required by law.*

**PAPERS LAID**

1. Annual audited financial statements of Metal Industries Company Limited for the year ended December 31, 2002. [*The Minister in the Ministry of Finance (Sen. The Hon. Conrad Enill)*]
2. Report of the Auditor General of the Republic of Trinidad and Tobago on the Statement of Recovery of Expenses of the Ministry of Energy and Energy Industries for the year ended December 31, 2003. [*Sen. The Hon. C. Enill*]
3. The annual report and the annual audited financial statements of the National Insurance Board for the year ended June 30, 2004. [*Sen. The Hon. C. Enill*]

**ORAL ANSWERS TO QUESTIONS.**

**National Gas Company  
(Enron Corporation Contract)**

**12. Sen. Wade Mark** asked the hon. Minister of Energy and Energy Industries:

Would the Minister state in the context of the ongoing investigation into the collapse of the Enron Corporation, whether the terms of the Enron Gas contract awarded by the National Gas Company is currently the subject of investigation by the Securities and Exchange Commission of the United States?

**The Minister of Energy and Energy Industries (Hon. Eric Williams):** Madam President, the Government is not aware that the terms of the gas sales contract between Enron Gas and Oil Trinidad and Tobago Limited, now EOG Resources Trinidad Limited, and the National Gas Company of Trinidad and Tobago Limited, is currently the subject of an investigation by the Securities and Exchange Commission of the United States.

**Sen. Mark:** Madam President, through you, could the hon. Minister indicate whether the terms of the Enron gas contract awarded by the National Gas Company could be made available to this honourable Senate?

**Hon. E. Williams:** I do not believe so, Madam President. Certainly, that is another question and I am prepared to answer it, but usually there are certain confidentiality agreements in these contracts. If the Senator wishes to formally ask that as another question, I can do the research and answer appropriately.

**Sen. R. Montano:** Madam President, on a point of order. How can things be confidential to this Senate? We are the Parliament of Trinidad and Tobago and for the Minister to say that kind of nonsense is an insult. I object to it.

**Madam President:** Question No. 13 to the hon. Minister of Public Administration. [*Interruption*]

**Sen. R. Montano:** Madam President, what about my point of order? Before the Minister of Energy and Energy Industries leaves, I would like my point of order to be ruled on. He cannot tell the Senate this.

**Madame President:** Sen. Montano, the Minister did make the point that if the question was asked he would research it and bring the answer. I think that was what we accepted.

**Sen. R. Montano:** Very well. I do hope he is not coming with the nonsense that it is confidential, because we will not accept that.

**Public Service of Trinidad and Tobago  
(Communication Network Details)**

**13. Sen. Wade Mark** asked the hon. Minister of Public Administration and Information:

- A. Could the Minister provide the following detailed information concerning the development, implementation and maintenance of a communication network for the Public Service of Trinidad and Tobago:—
  - (i) the name of the company/companies which were awarded the contract to undertake the above mentioned work;
  - (ii) the date on which the contract was awarded;
  - (iii) the terms of the contract and costs involved;
  - (iv) the anticipated completion date of this project; and the names of then competing bids, and if so, who were the bidders?
- B. (i) Could the Minister state whether there were competing bids for the project;

- (ii) If there were, could he state:
  - (a) who were the bidders; and
  - (b) what criteria were used in selecting the successful bidder?

**The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith):** Madam President, there has been so much nonsense mentioned already, that I hesitate to give my answer.

The contract was awarded for the contractual alliance of TSTT and Fujitsu Transactions Limited by the Central Tenders Board on December 17, 2002 and signed on August 22, 2003. Under the terms and conditions of the contract, the selected company would develop, implement and maintain the communications backbone for the public service at a total capital cost of US \$9,358,665 and an annual recurrent cost of US \$1,363,445.

This contract is based on the build, operate and transfer model. This means that the project will be financed by the contractor during the implementation. Payment by the Government will commence upon satisfactory completion of the project with a lump sum payment of 20 per cent of the cost of the contract followed by 36 monthly equal instalments. The 36 monthly instalments attract a fixed interest rate of 7 per cent internal rate of return per annum.

The breakdown of the cost is as follows:

1. a lump sum payment of US \$1,871,733;
2. 36 monthly instalments of US \$231,174.72, totalling US \$8,322,289.92;
3. the grand total, including interest, is US \$10,194,022.92;
4. the anticipated completion date of the project is December 10, 2004; and
5. the following are the firms which presented bids for the project: TSTT, Fujitsu Transaction Limited, IBM World Trade Corporation, Nealco Information Systems Limited—Illuminat, Computer and Controls Limited and TSTT Comnet.

Madam President, I have already stated who the bidders were for the contract. The criteria used for selecting the successful firm were as follows:

1. conceptual high level design;
2. implementation approach;
3. high level project plan;

4. network maintenance strategy;
5. hardware/software maintenance strategy;
6. detailed training proposal;
7. proposed enhancements to request for proposals;
8. similar type of work done;
9. similar size of projects undertaken;
10. the human resources assigned to the project;
11. financial capacity involving, inter alia, liquidity, indebtedness and profitability;
12. proposed hardware and software; and
13. the warranties offered.

Thank you, Madam President.

**Sen. Mark:** Could the hon. Minister indicate whether the deadline for the completion of this project is on target?

**Sen. The Hon. Dr. L. Saith:** Madam President, the new deadline is January 15, 2005. There has been a month slippage.

**Sen. Mark:** Could the hon. Minister indicate some of the reasons for the delay that have caused the project to shift from December 10, 2004 to January 15, 2005 or thereabouts?

**Sen. The Hon. Dr. L. Saith:** Madam President, this tender went out in 2002—I do not know if the hon. Senator was the Minister at the time or if he was fired by then—and the award was made in 2003; therefore, some time had elapsed. One of the first things we asked when we awarded it was that there should be a review of the technology proposed to see whether anything needed to be done. So there was some additional work required in terms of a review of the technology proposed. Ministries had been restructured since then, therefore, the original sites had to be changed, both in terms of the ministries and the locations. A number of things had to be redone. The locations of the buildings themselves changed. As a result of that and some slippages because of the delay in providing some information to the contractor of the new sites, there is a one-month slippage, basically, on what is a two-year contract.

**Sen. Mark:** Could the hon. Minister indicate whether he anticipates any further delay come January 15?

**Sen. The Hon. Dr. L. Saith:** The latest information I have from the people managing the projecting, who are in the best position to make that evaluation, is that January 31 is the likely completion date. We are in the process of testing some of the work right now.

**Sen. Seepersad-Bachan:** I am not sure if I missed it, but could the Minister indicate if the preferred bidder was the lowest cost bidder?

**Sen. The Hon. Dr. L. Saith:** I do not have that information, but I can indicate, Madam President, that the Central Tenders Board (CTB) established an evaluation committee in November 2000 comprising Mr. Kuarsingh, who was the then Executive Director of the National Information Computer Agency; Mr. Kenwyn Austin, who was the Director of E-Government; Mr. Balchan Gunness, who was a technical assistant in the Telecommunications Division; Mr. Ken Martin, who was the Information Technology Manager in the police service; Mr. Maurice Suite from the Budget Division of the Ministry of Finance and Mrs. Louise Farfan from the CTB. You know how the CTB operates; it appoints its own evaluation team and sets its criteria. On that basis the CTB would be advised and would make an award. The ministry is not involved in that process.

**Public Service of Trinidad and Tobago  
(Communication System in)**

**14. Sen. Wade Mark** asked the hon. Minister of Public Administration and Information:

- (i) what communication system if any, is presently in place in the public service; and
- (ii) whether this system is compatible with the infrastructure already provided to the public services?

**The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith):** Madam President, both the Ministry of National Security and the Ministry of Energy and Energy Industries have wide area networks (WANS) for improved communication in their operations. The Ministry of Housing is in the process of implementing a similar system to facilitate the achievement of its objectives. Some other ministries have local area networks to improve their own internal communications. The communication network being implemented, as indicated in the previous question, for the entire public service, is compatible with

all these systems, since they are all universal networking systems; so that what exists now will be integrated into the public service-wide systems.

**General Hospitals  
(Contracts Awarded for)**

**39. Sen. Sadiq Baksh** asked the hon. Minister of Health:

- A. Could the Minister inform the Senate whether the contract/contracts for the new Scarborough Hospital and the San Fernando General Hospital upgrade were awarded by way of public tender?
- B. If the answer to (A) is in the affirmative, could the Minister provide:
  - (i) full names and addresses of all companies that submitted the tenders;
  - (ii) the countries of incorporation of these companies; and
  - (iii) the amount of the bid submitted by each company?
- C. Could the Minister also identify the company/companies to which contract/contracts were awarded in each case?
- D. Could the Minister advise whether at the date of the award of the contract/contracts:
  - (i) any money was owed to any of the company/companies or associate companies that submitted tenders by the Ministry of Health; and
  - (ii) if the answer to (i) is in the affirmative, what was the total sum owed?

**The Minister of Health (Hon. John Rahael):** Madam President, I informed Sen. Sadiq Baksh that I would be requesting a two-week deferral for that answer.

*Question, by leave, deferred.*

**Sen. The Hon. Dr. L. Saith:** Madam President, may I also indicate that questions Nos. 40 and 41 are not yet ready; we have so advised the hon. Senator. I seek to get a two-week deferment of these questions.

**Madam President:** You agreed to that, Sen. S. Baksh?

**Sen. Baksh:** Yes, Madam President.

**Madam President:** Hon. Senators, the other two questions, therefore, are deferred for two weeks.

*The following questions stood on the Order Paper in the name of Sen. Sadiq Baksh:*

**Piarco Airport Project  
(Commission of Enquiry into)**

- 40.** Could the hon. Prime Minister provide this House with the total cost of the Commission of Enquiry into the Piarco Airport Project, giving a detailed breakdown of each item of expenditure including amounts paid to Commissioners, witnesses, experts, advisors and staff?
- 41.** A. Could the hon. Minister of Housing inform the Senate of all sites chosen by the National Housing Authority (NHA), the Government or any government agency, or partner of the Government or the NHA for the construction of housing units?
- B. Could the Minister indicate whether the selection of companies to develop sites and/or construct houses was done by way of public tender and if not, could he advise what was the system used for selecting the companies?
- C. Could the Minister further indicate whether more than one company submitted tenders for the contract/contracts and if so, could the Minister provide details of:
- (i) the names of the companies that submitted tenders;
  - (ii) the amounts tendered for; and
  - (iii) the name/names of the company/companies to which contract/contracts were awarded?

*Questions, by leave, deferred.*

**Madam President:** Hon. Senators, it is my understanding that there is an agreement to deal with “Private Business” instead of “Government Business”. Is that so?

**Hon. Senators:** Yes.



**REGIONAL HEALTH AUTHORITIES  
(AMENDMENT OF THE FIRST SCHEDULE) ORDER**

[Second Day]

*Order read for resuming adjourned debate on question* [November 23, 2004]:

*Be it resolved* that steps be taken to have the Regional Health Authorities (Amendment of the First Schedule) Order, 2004, annulled. [*Sen. W. Mark*]

*Question again proposed.*

**The Minister of Legal Affairs (Sen. The Hon. Danny Montano):** Madam President, on the last occasion I listened to my colleagues on the other side propagating the Motion and it was surprising and disappointing to hear some of the contributions that were made. The first one I heard that was absolutely astonishing was that of Sen. Mark. I would like to quote a piece of what he said and start from that point. A few minutes into his contribution he said:

“I will argue that what is needed is proper management. I think what is also needed is the appointment of competent board members; competent directors; and people who must be selected on the basis of merit and not on the basis of political affiliation or association.”

At the time Sen. Mark was speaking with righteous indignation, as if he had just arrived on the political scene; as if he and his government of the day were not tainted by mismanagement and corruption. Let me inform this Senate of the mess they created with the Regional Health Authorities and what we have been trying to do to sort it out. The Central Regional Health Authority was merged with the North Regional Health Authority in April of 2000 and then the confusion started. It was a recipe, a formula apparently designed to confuse, obfuscate and if not to downright purloin.

Some time later, when we came into government, again trying to install proper accounting measures, the then Minister of Health went to a public tender, inviting quotations from a number of accounting firms to sort out some of the accounting confusion in the North West Regional Health Authority. A company called Egis was appointed in 2003 and among other things it has been having a difficult time. The company has not yet reported, but what I can tell you is that it went in there and through a series of investigations discovered no less than 18 bank accounts, some of which the management did not seem to have any knowledge of. Astonishing as that sounds, management did not have any knowledge of some of those bank accounts.

*Regional Health Authorities*  
[SEN. THE HON. D. MONTANO]

*Tuesday, November 30, 2004*

What they have resorted to doing is writing to every single bank in the country asking, “Do you have any accounts here for the North West Regional Health Authority and if you do would you let us know what they are?” The records are such that the bank statements do not agree with the bank reconciliations, they do not agree with the books; nothing agrees, and they just cannot figure it out. They are dealing with the period under which the UNC was in government and they cannot figure it out at all. I mention this to inform the Senate and especially you and my brothers and sisters on the Independent Bench.

There was a report from Personnel Management Services dated September 2001. At least one of the Independent Senators was here at the time, but the others should know about it. I would be happy to share my copy with you, when I am done, although it was laid in this Senate on September 18, 2001. It makes very interesting reading. When you read this, it puts the lie to this statement:

“I will argue that what is needed is proper management...competent board members...”

I would love to just stand here and read this entire report into the *Hansard*, but I will not bore you; Members can read it. I will just tell you a little of what is going on.

I heard Sen. Mark talk about \$109 million that had not been remitted to the income tax authorities, that was withheld from salaries in the way of pay-as-you-earn (PAYE) and not remitted to the Board of Inland Revenue. He stood in righteous horror as to how this could occur. I recall that on, at least, three separate occasions in this Senate, the UNC’s Minister of Finance saying that they had, as part of the budgetary measures, to pay Caroni (1975) Limited several hundred million dollars, because they had not remitted their PAYE. That happened, at least, three separate times; this was under the UNC. Somehow, of course, it was perfectly all right then, but now it is a shock, a horror. Of course, later on in Sen. Mark’s contribution the \$109 million becomes \$110 million. It is just absolutely ridiculous.

When you read this report, you see what the practices are. You see a situation where the senior managers, Mr. Ramesh Sharma, Dr. Ranjit Sookdar and Mr. Reynold Makhan, helped themselves to bonuses, all sorts of allowances and they did not withhold any PAYE on it. In December of 2000, in anticipation of a defeat in the polls—and it is right here—it says:

“At a meeting Mr. Sharma, Dr. Sookdar and Mr. Makhan discussed the policy that they would be terminated if there was a change in the government in the coming general elections.”

In other words, they identified themselves as political appointees. What did they do? They instructed the accountant to prepare a cheque for \$1,635,000, which they paid to themselves. They instructed the accountant not to withhold any income tax. *[Interruption]* Eventually, the money was returned.

**Sen. Seepersad-Bachan:** On a point of order, Madam President. Is this not a matter that is sub judice? It is before the court. *[Crosstalk]*

**Madam President:** One person at a time, please. What is your point of order? I did not hear you.

**Sen. Seepersad-Bachan:** Madam President, as has been done so many times in this Senate, if a matter is before the court, it is a matter of sub judice. That matter is before the court.

**Madam President:** Is that your point of order?

**Sen. Seepersad-Bachan:** Yes, Madam President.

**Madam President:** Is this matter before the court? I do not know; could somebody tell me?

**Sen. D. Montano:** No, Madam President, it is not.

**Madam President:** Mr. Attorney General?

**Sen. Jeremie:** I was of the opinion that the matter had been concluded.

**Madam President:** Please, continue.

**Sen. Mark:** Madam President, on a point of clarification; all we have gotten are opinions; we need to know the facts.

**Madam President:** How will we know the facts?

**Sen. Mark:** Well then, until you know the facts, suspend. You cannot allow the Minister to abuse the process here.

**Madam President:** Senator, I am not allowing anybody to abuse the process; just be very careful with what you say. I have to be advised by the Attorney General.

**Sen. Mark:** No, you do not have to be advised by him.

**Madam President:** Let us say then by the legal people in here. I do not know what is before the court and what is not. *[Crosstalk]* Mr. Minister, since there is some doubt as to whether this is sub judice or not, I suggest that you address the matter in a different way or move on to something else.

**Sen. The Hon. D. Montano:** Madam President, it is a public document; it was read into the record and with the greatest of respect, in accordance with the Standing Orders, I have not said anything that was designed to influence the outcome of any legal matter; that is the sub judice rule. [*Crosstalk*] They do not like it, so it is a question of “try and do something else”. They are afraid of the licks; “dey fraid of the licks”, but I have more coming. [*Crosstalk*]

Let me just advise this Senate that in November of 2000, again, after the merger of the Central and North Regional Health Authorities, a contract was awarded for the supply, installation and operation of a medical oxygen plant at the Mount Hope Maternity Hospital. The contract was valued at \$11,880,000 or \$99,000 a month over 10 years; \$99,000 a month. The board did not approve the contract. There were no quotes from any other suppliers. There were no evaluation forms; no letters of correspondence, just the contract. [*Interruption*] [*Cell phone rings*]

**Madam President:** I am hearing somebody’s cell phone. [*Laughter*] Senators, may I remind you that you are supposed to take off your cell phones, pagers, et cetera, before you come into the Chamber.

**Sen. The Hon. D. Montano:** The contract was for 10 years at \$99,000 a month.

**Sen. Mark:** That is a stale report; come with something fresh.

**Madam President:** Senator, you had your chance.

**Sen. The Hon. D. Montano:** Prior to the contract, IGL was supplying oxygen to the Mount Hope Hospital, in these amounts, from January 2000: \$23,992; \$17,670; \$20,142—keep your eye on the \$99,000—\$23,420 and so forth.

**Sen. Mark:** What was the problem?

**Sen. The Hon. D. Montano:** So you gratuitously quadruple your cost and get the same thing. What for? Without tender? [*Interruption*] It may be stale, but it is infra dig for a Senator to come here and to speak in these terms: “I will argue that what is needed is proper management”. Trash! That is rubbish!

Madam President, let us go on to the contract for linen granted to a company called Institutional Linen Services Limited in October of 2000; again, no tender. Signed by the Chairman; of course, who was?

**Sen. Mark:** Who?

**Sen. The Hon. D. Montano:** The usual one-day wonder in this place.

**Hon. Rahael:** One-day temporary Senator. [*Laughter*]

**Sen. Mark:** He win he case, boy.

**Sen. The Hon. D. Montano:** The contract was \$22,125,000. [*Crosstalk*] Again, signed by whom? The same Dr. Gopeesingh, who drives up here, an employee of the State, in nothing less than a Mercedes Benz.

Under the terms of the contract, the laundry staff was to remain employees of the Ministry of Health; the laundry equipment was still owned by the Authority; the building and infrastructure were still owned by the Authority; the utilities were paid by the Authority and the transport of linens was provided by the Authority. The contract, itself, therefore, appears to leave the Authority with all its original expenses in place, except detergents and spare parts.

**Sen. Mark:** What is the problem?

**Sen. The Hon. D. Montano:** TT \$22,800,000.

**Sen. Mark:** You are boring us; let us hear about Landate.

**Sen. The Hon. D. Montano:** Prior to this, the cost of detergents, from outside estimates obtained by this company, averaged about \$35,000 a month. Using the charge according to here, it comes out at \$321,000 a month; the difference is \$286,000 a month, and all they are paying for is detergent. It was costing, previously, \$35,000 and it went to \$321,000, and they come here and talk!

**Sen. Mark:** That is a dead report.

**Sen. The Hon. D. Montano:** Let me talk about another one and this one is really sad; a joint venture agreement between the NWRHA and HTI Trinidad Limited dated September 01, 2000, to supply CT scans at the North West Regional Health Authority.

**Sen. Mark:** Danny, that is a stale report, boy. [*Interruption*]

**Sen. The Hon. D. Montano:** Madam President, the CT scans contemplated were to cost TT \$2 million, net of VAT, net of duty. This agreement calls for the CT scan to be supplied without the duty and VAT; \$2 million. The NWRHA invested \$500,000, which is a quarter of \$2 million, and got 15 per cent of the partnership. [*Interruption*] Certainly not illegal, but it is certainly not regular. Maybe where you come from, that is a normal type of investment. Where I come from, that is tantamount to fraud on the people of Trinidad and Tobago.

**Sen. Mark:** Take your matter to the police and the Attorney General.

**Sen. Dr. Saith:** Madam President, we usually sit in this Senate and do not have a running commentary on a contribution. I know this touches a raw nerve in Sen. Mark, but I appeal to him to let the Minister make his contribution. We can have little discussions going; we do it all the time, but a constant running commentary is not called for.

**Madam President:** You beat me to it; I was just going to get up to say that everybody has had their chance. It might be a stale report Senator, but the Minister is entitled—

**Sen. Mark:** So you agree with me that it is a stale report? [*Laughter*]

**Madam President:** I do not know; you may say it is stale, but it is the Minister's privilege to quote from it and we should give him our full attention.

**Sen. The Hon. D. Montano:** This is not a stale report; this is not a dated report; this is a contract that is still in force.

The contract was signed and HTI was given an exclusive contract to operate a CT scan within a three-mile radius of the Port of Spain General Hospital. They charged everybody \$1,200 to go there. Since this Government came into office, we have put in CT scanners in Sangre Grande, Mount Hope, San Fernando and Tobago, but because of this contract we are unable to place any more, and they are needed in the Port of Spain General Hospital. We are bound by the contract. Fortunately, it expires in August of next year. That is what they talk about, in terms of management. The reason that merger was done, in the first place, was to facilitate that kind of foolishness; to facilitate this kind of sweetheart arrangements, with supporters and friends of the party, whoever. That was fundamentally wrong. We are setting out to make things right for the benefit of the people, as a whole.

Madam President, all of this argument, in fact, is completely academic. This Motion was debated in the other place last week and it was defeated. The point of the matter is that it cannot pass. You cannot have it in one place and not in the other place; that cannot happen. This is an academic exercise. [*Crosstalk*] It is always a good thing to debate issues and for that it serves a purpose, and a good one at that. We are delighted to come here to air the errors of the UNC administration and to contrast sharply the differences between the UNC and the PNM as a government.

Madam President, I thank you.

**Sen. Sadiq Baksh:** Madam President, I join my colleagues in debating this Motion to annul the Legal Notice to establish the North Central Regional Health Authority. I assure you that we have not made this move to impede the progress in the delivery of health care services to the citizenry of Trinidad and Tobago, which they are entitled to and should receive, but if the Minister and speakers on the other side cannot convince us sufficiently to do so, then they must answer some questions.

Is it just a numbers game, that you should break the NWRHA into two and establish an additional RHA without telling us the benefits, without telling us the new efficiencies that we should expect, without telling us the cost of the establishment of an additional RHA to the taxpayers of Trinidad and Tobago? More importantly, if it is just a numbers game and the increase from four RHAs to five will make it better, well why not extend it to eight Regional Health Authorities and make it the best? Maybe that is the thinking; I am not sure. The Minister did not provide us with that type of information. I want to appeal to Senators to take into consideration whether the establishment of an additional RHA would ensure the delivery of a simple Panadol to a patient in need at any one of the institutions; that is the bottom line.

Senators on the opposite side make it appear as though Senators on this side are opposed to the improvement in the quality of service. I assure you that when health care delivery services are improved in a country, it is to the benefit of all citizens and we all aspire to that. But at the current rate of implementation of this administration, everything should have been completed last year. I want to brand this Government as a "last year Government"; everything was supposed to be done last year; everything should have been completed last year. The reality has not really reached home to members of this administration that they cannot continue quoting stale reports; they cannot continue looking back; they cannot consider what should have taken place last year and expect patients at the San Fernando General Hospital to get the needed service.

The nation's health system is vitally important to all of us. Every year funds are allocated for the provision of adequate health services, but when you ask citizens if they are satisfied with the delivery of service at any one of the Regional Health Authorities, they tell you a resounding no. They cannot tell you yes, because if you are an emergency case going to any one of the public health institutions under the RHA, you could expect to wait a minimum of three hours at the emergency unit. Never mind when you arrive in that emergency, if they have to get your medical records, that is a nightmare. You can be told to come back

next year, because the record keeping at the institutions have all but fallen apart at clinics in the hospital. Up to 11 per cent of patients seeking assistance at those institutions, their records go missing. Never mind the wards and never mind the chaos in retrieving those records, there is simply not a system in place.

Do you know what is worse? At those institutions under the Ministry of Health there is a complete department headed by a records manager and now you have an IT department established by the Regional Health Authorities, neither knowing what is taking place in the other's camp; all you have is duplication of responsibilities and costs. What you really have is a duplication of the inefficiencies within the system. We want the Minister to tell us that we can expect the things which now exist at the North West Regional Health Authority to improve, where we now have a North Central Regional Health Authority. We want him to tell us what it will cost to do that. We want him to tell us what are the benefits of the establishment of another Regional Health Authority.

The establishment of RHAs in Trinidad and Tobago goes back almost 16 years. It had its inception during the 1991/1995 period of the present administration in a previous incarnation. There was the signing of the actual document on July 12, 1996. It was supposed to be completed in a seven-year period. This programme should have been completed last year, by this administration; a last year government again. According to the Loan Contract No. 937/OC-TT, between the Government of the Republic of Trinidad and Tobago and the Inter-American Development Bank Health Sector Reform Programme, July 12, 1996, the objective was to realize the goals of strengthening the policy-making, planning and management capacity of the health sector.

If the Minister could tell us what he did during the last three years to build on what he met and to improve the policy-making, planning and management capability within the health sector, we might consider supporting it, because of the improvements that we expect to derive. I am sure all my colleagues would agree that would be a rational approach, if the Minister told us that. If the Minister could show us how the separation of the provision of services from financing and regulatory responsibilities within the health sector will be accomplished by the RHAs, then we will be willing to move forward.

If the Minister could tell us about the shifting of public expenditure and influencing the redirection of private expenditure to high priority problems and cost effective solutions, then he would be making a strong case for the continuation for such a provision of services. Over the last four or five decades



people started to develop a lack of confidence in the provision of health services to the nation. This was and is especially so with the low and no-income earners in Trinidad and Tobago, who cannot, because of their financial status, access private health care. The establishment of additional bureaucracy within the RHA and the lack of proper management initiatives by the present administration, over the last three years, to build on the foundation that was left, have now created a situation where we are worse off today than we were three years ago, two years ago or even last year. Every year that passes, we find it becoming worse and worse.

Madam President, the problem that was recognized when this project was envisioned, in terms of the establishment of RHAs, was the poor work ethic within the system and the different culture that developed over the years. What continues to happen—and it accelerated during the last year—is that members from within the public service move into contracts when they come close to retirement and all they do is transfer the inefficiencies from the public sector into what should be a private sector initiative in the RHAs, as it was intended to be. So you do not have a new culture being developed, in terms of a customer-oriented service; you still have the public service culture of the past.

I am aware of improvements in the delivery of service by many of the public sector employees. I see some fruits of the initiative, in terms of the improvement of public sector management, customer relations and seeing the need to have satisfied customers, but sadly because of this duplication between the Ministry of Health and the RHA, we have a stymieing of the initiative of employees taking place. It is compounded when you see initiatives taking place that continue to be counterproductive. I heard the hon. Minister of Legal Affairs boasting about the CT scan machines at some of the institutions. What he failed to tell us—and I would like to hear the Minister of Health, who will have knowledge of this—is why a single slice CT scanner that is outdated and obsolete, was bought for the San Fernando General Hospital. There is a 16 slice CT scanner at the Mount Hope Hospital. That is not stale-dated, Madam President; that took place last year.

**Hon. Rahael:** It arrived this year.

**Sen. S. Baksh:** This year; I am not talking about last year. Every medical practitioner in the San Fernando General Hospital is aware that this is an outdated piece of equipment. Any medical practitioner will tell you that a single slice CT scanner is out of use at this time. In modern medical technology, that is not a necessity anymore. It is obsolete technology; it cannot contribute to proper diagnosis. That is not a stale matter; the Minister has confirmed that it took place this year.

All the personnel at the San Fernando General Hospital are aware that in the modern age of 929 Mazdas, they have ended up with an RX; that is the comparison. It does not have anything to do with the Chairman of the South West Regional Health Authority, because I am aware of many good things that have taken place within the SWRHA: the completion of the ward amenities; the pantries and preparation rooms at the San Fernando General Hospital at a cost of \$1 million—I am sure the Minister has that report; the re-roofing of the Couva Extended Health Care Centre; the removal of defective trees and the demolition of the old night sisters' quarters at Block G, at a cost of \$92,000.

I can go on and on with all the accomplishments of the South West Regional Health Authority, but all those things, with the greatest respect, boil down to zero, when all the management staff know and recognize that the administration, a ministry-led initiative, sent down a single slice scanner to San Fernando and a 16-slice scanner to Mount Hope. Do you know what is worse? The SWRHA serves a catchment area of over 600,000 citizens and the San Fernando General Hospital is responsible for 45 per cent of all the surgical procedures done in Trinidad and Tobago. Those are facts: 45 per cent of all the surgical procedures done in Trinidad and Tobago are conducted at the San Fernando General Hospital, with a single slice scanner.

Madam President, I am amazed at the Minister. When I got that information, I thought that could not be true. I cannot believe that in the year 2004 when you want to move health care forward to improve the quality of health care service delivery in Trinidad and Tobago, you purchase that kind of equipment. So you have obsolete equipment coming to San Fernando. You have staff that were severed from the North West Regional Health Authority and then employed by the South West Regional Health Authority. I do not think anybody would believe that; I do not believe that. The Minister can correct this one: An employee, a senior manager who was dismissed from the NWRHA, was employed, within weeks, at the SWRHA, only this time in a higher position. Do you know what position? The optimization manager. The only thing that person could optimize is the inefficiency at the South West Regional Health Authority.

**2.30 p.m.**

Madam President, I want to repeat that managers who were dismissed from the North West Regional Health Authority were re-employed the same year at the South West Regional Health Authority in a higher capacity. This is no stale report, it is a fact. It occurred this week, in this year, 2004. It is an unbelievable situation. I know that we are all interested in the improvement in the delivery of

health care services, but we must be able to rationally look at these problems that exist and improve them.

I am pained to draw these matters to your attention, especially after the type of investment we see going into the health sector, and because of the poor administration of these resources, we find ourselves moving backwards expecting everything to have been done last year, nothing done this year and nothing to be done in the future.

Madam President, there is a situation where, since this administration took office there is a continuous public fight between the Minister and the medical fraternity. It may not be so, but to the public, there appears to be a continuous fight between the Ministers of Health of this administration and the medical fraternity. This is not a recipe for motivating the doctors to perform with the excellence required by our citizens. If it is so, there is an industrial relations problem. We must recognize that the doctors in Trinidad and Tobago account for the top 1 per cent of the brain capacity of this country and we need to motivate our doctors.

How will our doctors be motivated when they are underfunded at the institutions? And to make it worst, there are medical practitioners who came to Trinidad and Tobago under the United Nations to teach our doctors but just do not cut it at the hospitals. We have foreign doctors, and I have no problem with that. The problem I have is that they have not improved the quality of health service to the citizens of Trinidad and Tobago and that is a fact. They just do not cut it, and this is a demotivating factor to the medical practitioners in Trinidad and Tobago.

Madam President, it gets even worse so I want the Minister to tell us how the establishment of an additional North Central Regional Health Authority will improve those things. In addition to that, we want to know whether the Minister will initiate an improvement in the Emergency Health Service (EHS) and whether the establishment of an additional Regional Health Authority will in fact improve the EHS. We want to know if the response time for an ambulance called will be improved.

At present, the response time for an ambulance called is between 25 to 30 minutes per call, and the actual objective set by the EHS should be 10 minutes. Let the Minister tell us whether it is so. I want to know if the establishment of the North Central Regional Health Authority will improve the response time of the EHS. We want to know that because there were 14 new ambulances which were bought without tenders through the United Nations Development Programme (UNDP) this year.

I warned the hon. Minister because I heard him saying that because it is under the UNDP it is all right. I want him to understand what took place in Iraq in the oil for food programme—\$38 billion. The point I am making is that the hon. Minister needs to tell us how many of those 14 new ambulances which were handed over are operating on a daily basis.

Madam President, in an up-to-date report as at 11.45 a.m. today, 10 to 15 are operating, eight of them are already out of service due to mechanical problems and the rest do not have stocks to put them into operation. Simple neck braces on an emergency vehicle are not available, and this is information received today.

Madam President, what is even worse is that most of the emergency medical dispatchers' licences to practise have expired. Today, there are no emergency medical dispatchers licensed to operate. The Minister should tell us whether that is true or not.

Currently, no bases exist in San Fernando. The units and staff are housed at the Couva base and this contributes to the long response time. It takes approximately 20 minutes to reach San Fernando, code 1. Other areas without bases are Toco, Mayaro, Point Fortin, St. James and Arima.

When we hear Members on the other side, they believe they can use all sorts of reports and innuendos and try to bring up a situation of charging corruption. They succeeded with the help of a lot of people on the last occasion, but it cannot improve the quality of life of the citizens of Trinidad and Tobago. They have to make sure that there are proper emergency services at the general hospitals; there are proper records for all patients; the x-ray departments are working; right security measures are in place; there are right personnel; pharmacies are functioning so patients can receive proper health care; and the wards need to be more sanitary and efficient.

Madam President, the San Fernando General Hospital was established in 1820 as a district hospital. In 1938, a site was chosen and architecture for the development of the San Fernando General Hospital had started and in 1954, it opened its doors with a 546-room hospital. Today, there are over 1,200 patients and beds in an obsolete building which was designed for 546 beds. There are patients spilling into the corridors and I want to know whether the establishment of a North Central Regional Health Authority will help that. That is what we want to hear.

We cannot continue like this where every area of the delivery of health services in Trinidad and Tobago needs assistance. When you speak about nurses,

training and opportunities for upward mobility, training doctors and nurses cannot be the only solution to the improvement of quality health care in Trinidad and Tobago, and increased salaries cannot be the only criteria. There are many doctors whom we train and they leave, not because they want to go abroad, they leave because they do not have modern equipment which they were trained to use.

Many of them work for less salary and under worse conditions to be able to acquire the training necessary because they want to serve. Nobody can tell me that the doctors are just looking for money. That is not true. They need to be motivated and a work environment which is conducive to productivity needs to be provided.

We need to ensure that we do things to improve the quality of health care. We cannot do the same things, in the same way, with the same people all the time and expect different results. That is what this administration does not understand. It needs to put a proper training programme in place, and it cannot be one for the boys and girls, it must be based on meritocracy, and present and future needs. We must use the present situation to really chart a course for a better future. That is what it is all about, but this administration seems bent on looking in the rear-view mirror expecting to move forward, talking about things which should have been completed last year, having accomplished nothing for this year, and not planning for next year. That is the situation.

Madam President, there is a situation with nurses and we need the Minister to tell us when he establishes the North Central Regional Health Authority whether that will help us get additional trained nurses. One cannot expect better health care and then introduce lower standards because we now have a new phenomena in the health care delivery service called patient care assistants—a new blue uniform troop. They are hard workers because when one goes to the health centres and cannot find anybody, one will find the patient care assistants manning the area. They are in charge. The messengers, cleaners and the patient care assistants are the ones in charge most times at the health centres in Trinidad and Tobago. The point I am making is that you cannot lower the standards and expect improved health care, and that is what appears to be the situation.

In preparing this contribution, I visited many health centres throughout the country to get a random sampling of what is actually taking place. I met with health care personnel, patients, and people who access the services and when you look at all of those things you can only conclude that in 2004 we have possibly the worst delivery of health care services in Trinidad and Tobago.

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With respect to human resource issues, I know for a fact that the South West Regional Health Authority has made some significant inroads in reclassifying workers, moving to integrate the Ministry of Health staff with the RHA staff and there were ongoing negotiations with the daily-paid and some other organizations and they have developed an organizational structure for the whole RHA. The only problem I have is that in developing the organizational structure, if throughout the system there are inefficiencies, the only thing I see being optimized is additional inefficiencies.

The optimization manager is a new position which is highly paid and that is one of the problems we have within the health sector. We see people with an additional layer of bureaucracy who do not have a clue about the delivery of health care services, or in managing a situation that can be less than efficient, but getting twice the salary of the people within the ministry. This is the real problem.

So when they see the position of optimization manager at the Regional Health Authority, it is really the laughing stock of the entire organization because they know of the inefficiencies and there is nothing to optimize except the inefficiencies within the system which is seen as a glorified position and is compounded when one sees that same person was fired from one Regional Health Authority and employed in another one. The same situation this was supposed to correct in having the delivery of health care services decentralized and which should avoid those situations is the same thing taking place.

Madam President, there are a number of quality issues addressed by the South West Regional Health Authority. [*Interruption*] We have a waiting list and I heard that the Minister is looking at some aspects of it. The reduction of the waiting list for all medical procedures in Trinidad and Tobago is at least 10 times higher than the acceptable standards in Third World countries, never mind 2020 vision, and never mind First World status.

Madam President, with respect to the waiting time in the pharmacy, although there is a situation with CDAP, the public pharmacies still have a long waiting time and the Minister needs to tell us whether they are reviewing the mechanisms for the reduction of the waiting time and the improvement of clinical management in the Accident and Emergency area.

Will the establishment of the North Central Regional Health Authority assist with the problem of overcrowding on wards? Will it address the issue of infection control management? We need to know what programmes the North Central Regional Health Authority will develop for biohazardous waste management.

Those are the issues I expected the Minister to tell us, that these are the things that will take place under the establishment of this new North Central Regional Health Authority and now that we are going to establish that authority, we will look at all the errors of the past, and not repeat any of them, that we have a chance of a new beginning and will be able to chart the course for a bright future; that we will be able to reduce waiting time; reduce overcrowding in the wards; be cost effective; improve efficiency and do all these things we want to do and make sure that when a patient goes to any health institution in the North Central Regional Health Authority, he/she will not be turned away because of a panadol. That is what we want to hear, nothing more, nothing less.

If the Minister can tell us that, we are all reasonable people on this side, but failure to do so will not get our support, and I want to tell this Senate that we have a vested interest in the improvement and quality of life of all the citizens of Trinidad and Tobago, and we believe that we can overcome this mess in which this administration has placed us, and we must believe that with all our bones because if we do not, we are finished.

Thank you.

**Sen. Basharat Ali:** Madam President, I intend to make a very short contribution on this Motion, and it follows from what I said during the budget debate on October 21<sup>st</sup>, 2004. You were not here on that occasion so if I have to repeat what I said at the end of my budget contribution, then it would be new to you. I did not get any response to it on that day, so with your permission, I will simply read what I said.

I said as a priority, a high quality of health education in the general welfare of our people has been identified as a requirement of this budget. I had some serious concerns about deliverability of health care, and I am not unique in this respect. There seems to be management by crisis and decisions appear to be made on an *ad hoc* basis.

For example, in the wake of the enterobacter outbreak at the Mount Hope Maternity Hospital, the solution appeared to be to move the hospital to the Eric Williams Medical Sciences Complex. This may no longer be the operative solution since the development budget includes the hospital among the list for upgrade.

The administration crisis at the North West Regional Health Authority (NWRHA) has prompted the Minister of Health to issue an order to reinstate a North Central Regional Health Authority. The Public Accounts Committee (PAC)

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recently met with the NWRHA to discuss a certain matter; a team including a recently-appointed Chairman, an Acting CEO and an Acting Vice-President, Finance, supported by a team from the Ministry of Health, headed by a Permanent Secretary who had been acting for two months. I sympathize with these people who are now faced with the dissection of the administrative arm to provide the North Central Regional Health Authority with managerial resources scarce all around. It will take a very brave person to join this organization which will be in further chaos.

I further went on to say that the South West Regional Health Authority (SWRHA) which also met with the PAC is not in a better position. Only yesterday—and that would have been October 20<sup>th</sup>—there was a full-page advertisement seeking applications for positions of Chief Executive Officer down. I do not know the solution, but the Minister and his ministry must come up with a plan of action soon.

I believe my colleague, Sen. King, when she said that the Regional Health Authorities do not work so we have to find another solution, that is on the table. Basically, this is what I, from my perspective as a Member of the PAC, saw in terms of what we have in the administration of certain sectors of the health ministry. I will find it very difficult not to support this Motion before us, and I will have to be very heavily persuaded to vote against it by the Minister of Health.

That is my very brief contribution to this debate. Thank you very much.

**Sen. Carolyn Seepersad-Bachan:** Madam President, I rise to make a brief intervention in this debate on the Motion. First, let me commend my colleague, Sen. Wade Mark for bringing it before the Senate.

I want to premise this contribution by saying that throwing money at a problem is not going to solve it. This brings me to the rationale for the RHAs. This afternoon, we heard a very disappointing contribution from the first speaker on the Government side. Whilst he talked about the errors of a previous administration, we should really be dealing with the issues of the people of Trinidad and Tobago especially health care, because it has been proven that good health care can improve the productivity of this country, and the economic well being by having a productive workforce. That is why we are focused on health care. [*Desk thumping*]

Madam President, this is why I say that it is not a matter of what happened in the last administration and what is happening in this one. Let us deal with what



was the concept behind the establishment of the Regional Health Authorities. When it was first conceptualized, it was on the thought that I take an analogy to the corporate world of adding that extra layer of management in-between to improve efficiency, effectiveness and delivery. All that may be so, and that may have been the intention, but we have to ask ourselves, has that proven to be so? Has the concept of the RHAs in any way helped this country in improving the quality of health care? Has it improved the efficiency and the effectiveness? I ask this because like anything else, even in the corporate world, whenever that layer of management is added, we look at the cost effectiveness of it.

When you look at every dollar allocated in the budget for health care, in the Ministry of Health and when you add this other layer, is it allowing you to improve or increase the efficiency of the health care? Let me give you an example. For every dollar allocated, am I getting 60 cents worth out of that dollar for health care? And by adding that extra layer to the Regional Health Authority, am I reducing or increasing that cost? That is what I want to know because sometimes when one looks at the economics of it and goes through the figures, as a Member of the Joint Select Committee responsible for health care, I had an opportunity to look at two of the RHAs under the PAC and when I look at the cost, I am not seeing the benefit of that additional cost.

This is why I am asking the Minister in terms of deciding to split the Regional Health Authority, has a cost benefit analysis been done? Is it that for every dollar he is going to spend, he is going to ensure that he gets 70 per cent or 70 cents of it? Is it 50 cents, 60 cents, 70 cents, what is it? What is the final figure being delivered in health care to the citizens of Trinidad and Tobago? Out of that dollar is it that 30 cents go to the people in health care and 70 per cent goes back into administrative costs? That is what we have to understand.

When we add this Regional Health Authority layer, are we ensuring through the effectiveness and the cost efficiencies that we are improving by seeing more patients and clearing our waiting list? I want to make this point because I am not sure that we are getting this across and we are just entering into another exercise just for the numbers sake.

Madam President, if one looks at the past performance at the Regional Health Authorities and what was happening over the last two years, and I say this not because it is the present administration. Let us go to what happened recently. Trinidad and Tobago Television did a complete review of the South West Regional Health Authority and that was a disaster. It was amazing to see what came out of that report.

Look at what has happened to the North West Regional Health Authority within recent times, and I say this because Sen. Ali made a very important point. When one looks at the public meetings we had with the NWRHA, it was clear that there was no management function within the NWRHA. One may ask why. It is because of a lack of staff.

Under the current system, there is no way to attract professionals who can be appropriately compensated with proper remuneration packages. That cannot be improved and right now there is a serious problem within the public service where such persons are not attracted because of the remuneration packages and the systems within the public service.

**3.00 p.m.**

Madam President, it was amazing to hear that the Chairman of the NWRHA performed the role of an executive. He appointed himself as chief executive officer because there was no one he could have selected from his team to act as CEO. Is that not an alarming situation; that out of your entire management team there was not one person? That was a serious situation. He said it was because there was nobody in his team; there were so many resignations; there was a high turnover. As Sen. Basharat Ali indicated, every day you hear of somebody resigning, either because of better packages outside or because they are frustrated; the high turnover of staff; the lack of resources; the lack of systems. This RHA, with a board of directors: chairman, members of the board and a management team, do you not think that they should be responsible for putting in proper systems that would help in the effective delivery of health care and improving the efficiency? But that is not happening.

Furthermore, it was amazing that in one of these meetings the management and the board of the NWRHA did not have a clue as to the level of indebtedness of the NWRHA. Can you imagine that? Can you imagine that you do not know how much money you owe to your creditors? I mean, this was amazing! Between the Ministry of Health and the NWRHA, they do not know. One is saying it is one figure, the other one is saying it is another figure. Nobody knows how much they really owe. So there is a lack of management within the Regional Health Authority.

I go to the South West Regional Health Authority for the purpose of, again, in furthering the point that Sen. Baksh made, and that is: If you split the RHA, is it going to help? Then let us split all the RHAs. It would improve. But what is happening here? Is the Minister also aware that the only person they could have

selected from their team to act as CEO was somebody who has been qualified as a nurse? Where is the financial capacity? Where is the management and technical capability; the HR capacity? What sort of management team are we talking about?

When we went to the SWRHA, it was the same problem. As you interviewed the management team—and this was made public—none of the members of that management team could tell you what is the waiting list; how many patients are on the list; how many of them who are on the waiting list for surgery may have died, or are still alive. They could not tell you! They did not know the size. It continues to grow exponentially. That is the way it goes.

What is very interesting in these Regional Health Authorities is how many facilities have been set up over the last two years—and I go back to the point about throwing money behind a problem. You set up an operating theatre; you spend a lot of money, but ask how many of them are operational. When you see how many of them are operational you will hear the recurring decimal: “The problem is one of not having enough staff; not having enough qualified people, so it is not operational.”

I see the Minister shaking his head, but I want him to know that is what was revealed to us, that they are not operating because they either do not have nursing or the technical staff. He mentioned CT scan and MRI, but is the Minister aware that these are not operational? They are not operating at capacity, because, again, of the failure of planning on the part of management; that if you have a facility coming up next year or 12 months from now, or three months, there is planning that goes into it—that is a management function. You train people; you provide resources to ensure that it becomes operational. None of these facilities are operational right now.

What are the consequences of that? If we look at what has happened there, you invested in technology and equipment and what has eventually happened was, as you wait forever—12 months have passed and you did not have it operational—you have the cost of obsolescence. Imagine this huge capital outlay—and I want the Minister to tell me, because he comes from the business sector. When you put out this huge capital investment and you have to be paying financing costs on that and it is not delivering; you have the cost of obsolescence and a huge financing cost which is not being recovered. In the business sector, the minute you put out the first cent of investment, you are making sure that you are getting a return on that. [*Interruption*] Minister, you will get your chance to respond, and I am glad to see that you are serious about the issues and you will respond, because these are some of the issues that I have a problem with.

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If you are talking about Regional Health Authorities, what is the purpose of it? The purpose has to be that you are improving the management to ensure that the money spent, delivers, and that you are improving effectiveness, efficiency and capacity. Where is that happening? To me, as more members are added to these RHA teams, the more inefficient they have become, and in terms of a corporate world, they are becoming top-heavy.

So probably what we need to do is to rethink this concept of the Regional Health Authorities, because given the current scenario—it may have worked in other countries, but it cannot work in this country because of the constraints of the public service. That is what we have to understand. Sen. Baksh made the point, the RHAs are no longer delivering because the private sector orientation that they wanted for the Regional Health Authorities is now absent; it is non-existent. So the whole objective of bringing a private sector orientation into health care is lost. So the Regional Health Authorities are no longer trying to provide that.

I was surprised to hear from the NWRHA, when they were supposed to come before the joint select committee, that they did not want to come because they claimed that they could not answer the questions. That was in the public domain. Why? Because some of the staff knew—according to Sen. Basharat Ali there were so many acting. It was like a drama show. Everybody was acting in somebody else's position. Where does it stop? If you are telling me that you could have brought your entire board of directors, a whole line of management personnel, and they could not answer simple questions asked by the committee, then what are we talking about? Where is the management? This is why the NWRHA is in the situation it is in today. You ask them what is their selective tendering process; they do not know. What are the systems; they do not know. The RHAs, with their board of directors, together with management, are responsible for developing systems. I cannot over-emphasize this, because it is so crucial to the proper operation and for the delivery of health care.

We are about to duplicate this infrastructure, but I want to say that there was a time when there was some success, because you did have facilities coming on board. We heard Sen. Dr. Gopeesingh in his budget contribution speak about the many health centres that they built; he talked about the ICU that was built for \$6.2 million. Prior to that, during their time, Boland Amar was going to donate it at a cost of \$12 million.

I think right now there is a serious problem of planning—there is no planning function—among any of the Regional Health Authorities, because here it is, the

health centres are now built, but lo and behold, they are now trying to open them because they are now getting staff. You have a health centre, again, with capital outlay; capital investments made; the centre is ready, but it cannot operate because there is no staff. Where was the planning function in all of this? But they want to duplicate this very same function.

I wanted to make this other point because Sen. Danny Montano started criticizing my colleague, Sen. Wade Mark, for talking about competence among the boards. This is the exact point I am making. If you do not have the professional capacity at the board and management levels, you will not be able to deliver, and still there are so many decisions that are questionable. For example—and this was a question that I raised at the public meeting—at the South West Regional Health Authority, there is something called a burns unit that is being set up, but, again, you are setting up a burns unit and for it to be operational it is going to take a huge capital development. It is going to take a toll on the resources of the SWRHA. Nursing staff has to be assigned; doctors have to be assigned, 24 hours a day, otherwise it is not operational. This is to treat eight patients for the year, possibly.

I am not against treatment for victims of serious burns, but is that the best method, given a country of our size? There were many solutions that have been proffered before. You could even take the same capital investment and put it into an account as an investment and take the same returns and every time you have a victim you air-lift them to a hospital that is dealing with, probably, eight burn patients a day; not eight patients a year.

That is the problem that we have to understand. You cannot go to that level of health care when we are talking—I am not talking about an excellent burns care unit; I am not talking mediocre, where you may want to deal with just two and three patients for the year, instead, we could take the same money that we are talking about and put it towards, possibly, the development of primary health care which is what we need in this country.

This is why the UNC administration had focused on the health facilities, because we were looking at primary health care, providing extra facilities, for example, the Mayaro district health facility. That was one of the facilities where they wanted to expand the number of beds. So you are bringing the health care within the communities so that they are more accessible. That was the whole purpose for all these health centres. *[Interruption]* Yes, Minister, I am not disagreeing. I know you are on the same path of pushing the health centres, but I am saying that there is a serious problem of planning in terms of how you are

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operationalizing the staffing problems. You cannot wait to open it and then realize: “I have no staff”.

The Minister of Legal Affairs talked about the NWRHA and this agreement with a company that was supposed to provide the CT scan. Let me just inform this House that that was a properly executed agreement between the NWRHA and HTI. [Crosstalk] You know, I want this House to understand that while we want to get on in here and politicize an issue and accuse people of—[Interruption] You wait; let me finish. You would have your time to respond.

**Madam President:** The one who will decide what happens here, is me. Senators, please give the Senator a chance to finish her contribution.

**Sen. C. Seepersad-Bachan:** Thank you, Madam President.

The problem we face in this country is the quality of our decision-making and I always make this point. The quality of your decision-making is only as good as the quality of the information you use as input into that decision. So if we want to improve the quality of the decisions that we make, we must improve the quality of the information. This is why we have to be accurate in what we are doing. We make a lot of points and we get up in here and highlight the errors of the UNC; the UNC this and the UNC that, but you must look behind and find what was the reason for it, and use accurate information. Because do you know what that does sometimes? It may lead you to making a wrong decision in the future. That is what we have to be careful about. Let us be factual when we are dealing with these issues.

At the time when this agreement was made, there were no CT scans available at the Port of Spain Hospital and a sum of \$500,000—the arrangement was made—and again, let us understand the context of a decision like that was because you wanted to get delivery of health care; you wanted to have a private sector orientation, and as a result of that, the decision was taken to enter into an agreement with a private sector entity to provide that service. It was an innovative approach because you see the problems we have right now. Let us compare that one with this today.

We have spent a lot of money on equipment and I am telling you that none of them are operating. What is the purpose? You have CT scans, mammography and none of them are operating. Does the Minister know that? I want the Minister to be aware, because that was revealed to us at the public meetings. They do not have the staff—

**Hon. Rahael:** Madam President, the hon. Senator has repeated it *ad nauseam*. The MRI machine is functioning and tomorrow morning she can have an MRI. The CT scans at Port of Spain and the Eric Williams Medical Sciences Complex are operating. The mammography machines are operating. If the Senator wishes, I can make an appointment for her, not two months from today, but tomorrow morning, if she needs a mammogram screen for her breasts. [*Desk thumping*]

**Sen. C. Seepersad-Bachan:** Madam President, I would have you know that I knew of a person who died because there was no one available to perform a CT scan over a weekend at the Mount Hope Hospital. This is why I am saying, if we are investing in this kind of equipment, we must have the facilities available throughout. [*Crosstalk*] We know it is working. It is there; it is installed; it is commissioned and it is operational, but is it operating during the hours of eight and four?

**Hon. Rahael:** Be accurate!

**Sen. C. Seepersad-Bachan:** I am being accurate. That is what I know. When we asked the South West Regional Health Authority's management, they told us they lack the staff; they cannot open this operating theatre now; they will open it sometime because they need the staff. So what is the purpose of putting it up and spending that kind of money when you cannot have it operating because you have no staff? That is the point I am making. I am not saying the equipment is not working and it is non-functional. It is functioning, but there is no staff; there are no resources to have it operational. That was revealed to us in the public meetings. I am not making this up.

So, again, at the same point in time, recognizing the limitations of the public service in its capacity to deliver, this decision was taken to enter into an agreement with a private entity to provide the CT scans. What happened was that in that particular agreement which was properly executed, you were given two free scans a day at the cost of \$1,000 per scan.

**Hon. Rahael:** It is \$1,200.

**Sen. C. Seepersad-Bachan:** At least people are getting service. Right now you have equipment but nobody is getting the service. So what is the purpose?

**Sen. Mark:** It was not there before—

**Sen. C. Seepersad-Bachan:** That is right; it was not there before. The hon. Minister got up here and spoke about the supply of oxygen to Mount Hope, which was for a period of ten years—a fixed contract. But the Minister, with a

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background in accounting, would know that you normally pay a higher price when you want a fixed price for a long term. If you want to stay in the market and deal with it on a spot basis, then you deal with the rates. [Interruption] Really, Minister?

**Madam President:** Talk to me, please.

**Sen. C. Seepersad-Bachan:** Madam President, for somebody with an accounting background saying that, I am rather surprised, and let me show you why. Because for that same reason, do you know if there was no fixed contract in place, the price at the time from IGL between 1997—2000 would be doubled? So tell me what would have happened over this 10-year period. Do you know that by having that fixed contract in place, you are protected against those price variations? You would have been paying a higher price today. But that is the price that you pay when you enter into a fixed contract for a long term and you tie the price down. You normally pay a premium for that, but you make back that premium when the price rises over the period of time. At least you are protected like that. Madam President, I am amazed to hear business people saying otherwise. This is why I talk about the quality of decision-making that is taking place. It makes me wonder what is taking place on the other side. What are they using to make their decisions?

The facts are: There is a 10-year contract; yes, it is at \$99,000 per month, but it is tied to that price of 1997. The price of IGL today, what would happen is, they would have paid double the amount.

**Sen. D. Montano:** I did not learn that in accounting. That makes no sense at all!

**Sen. C. Seepersad-Bachan:** Madam President, I do not know any other way. I know when you attempt to tie a price in and when you want to protect against price variations and price hikes, you fix a contract and you fix your price so that you can benefit from that, and you normally pay a premium. If they do not know that, well, too bad. I really do not understand how they are making business decisions in this Government. Probably that explains all that we see happening today.

I want to reiterate what everybody else has stated here this afternoon. Let me just summarize: One is, going forward to duplicate the Regional Health Authority is not going to help unless we understand the cost benefit of it. If the Minister wants to split this Regional Health Authority, he should provide this House with a feasibility study justifying the cost. [Desk thumping] Because I am telling you, as



Sen. Ali mentioned, just yesterday you had the South West Regional Health Authority advertising for everybody. You also have the North West Regional Health Authority telling you they are advertising, that they need this, that and the other person. So when you duplicate, I want to know where are you pulling professionals to staff these positions. In fact, what you may have is one person leaving one Regional Health Authority to go to the next. That is all that is going to happen. We are not going to have any improvement.

So until you can indicate what are the improvements that we are going to see; what are the cost benefits to the people of this country; what is the improvement in the quality of health care—tangible improvements that we can understand—I see no reason to split this Regional Health Authority. Under the existing Regional Health Authority, again—and it is not because I am trying to compare one administration with the other—things did happen. You had health centres being constructed; you had facilities being built, for example, the IC Unit.

The point I am making is, the reason for the non-deliveries is not necessarily because of the Regional Health Authority. It may be something else. I am also saying the Minister has to look at the relationship of the officers within the Ministry of Health and the Regional Health Authority, because I think one is tripping up on each other and there has been a lot of overlap and duplicity of functions. If you are about to put in another Regional Health Authority, I wonder what would be the total cost of that. Can the Minister indicate to this House what would be the cost of setting up another Regional Health Authority? Because we are talking about another board of directors; from CEO right down—

**Hon. Rahael:** Six persons.

**Sen. C. Seepersad-Bachan:** Six persons? You are talking about a whole management team. Did you ever see the management teams in these other Regional Health Authorities? These are the things the Minister needs to look at. I hear him making comments, but he needs to take a closer look. It is not six or seven people. Your HR management alone in those Regional Health Authorities is a challenging task. So please, your HR department has to be properly staffed if you have to manage; if you have to put in training programmes.

So if there are systems that are already working somewhere, let us see if we can improve it until you can decide otherwise. It is my humble view that at this point in time we cannot justify the existence of another Regional Health Authority. It is only going to increase the cost. Furthermore, I feel it will only duplicate functions, causing a tripping up between the Ministry of Health and the

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Regional Health Authorities. I think at this point in time what the Minister needs to do is to re-look, study the RHA concept, redesign it and decide whether from then onwards what concept of an RHA we need.

I thank you, Madam President. [*Desk thumping*]

**Sen. Prof. Ramesh Deosaran:** Madam President, I think much of what has been said today, and on the last occasion, can really be understood by those who have fallen sick at one time or another, because to speak about the bureaucracy as matters of organization and accountability are quite relevant, but it is only when you have fallen sick, and more so, when it is a matter of life and death, that we recognize the importance of a debate like this and the capacity of our health institutions to look after those who have faced such illnesses.

I have had such an experience a few years ago, and without the details and making it relevant to the Motion before the House, I was asked to come to the clinic for the checkup required after the minor surgery, and I was asked to reach there at 10.00 a.m. I duly went, but I was attended to at 6.30 p.m., without lunch, because I could not leave the waiting room for fear of losing my turn, as it were. It shocked me, that if I was ill I could have died by just the pressure of stress. There are several other people who have faced such misfortunes at the hands of what should be a health service.

Worse yet, this was a private clinic. I will not call the name on this occasion because it might coincide with the names that have been called here last week. But I brought it to the attention of the chief medical officer in that institution and I was doubly horrified at the response, which reflected a degree of insensitivity and uncaring for people when they fall ill.

What I wish to say is that no matter if you decentralize or you centralize, until we do not have a higher level of professional commitment from those in the service, with the doctors and the nurses, I do not think any expanded or contracted bureaucracy will give the public what they really deserve, especially in matters of health and in extreme cases of life and death.

**3.30 p.m.**

I am aghast, Madam President, to think about the major professionals being doctors, taking the Hippocratic Oath. The essence of that oath has to do so much with selfless service at night or day and such extensions of professional commitment. But when they are put to man the post and to give those services, it is with very great regret—and the country knows this—that too many of our

doctors have become enthusiastic mercenaries in this country. If we build institutions on the premise that such professionals would give due service, I think we are in for a rude shock, as we have been having in recent years. I do not mind doctors making their due share and their income tax as everybody else. Everybody must live comfortably, especially if they have spent years of sacrifice on learning, but I believe the heart of this Bill resides on getting service from the professionals. I do not know the extent to which the UNC government or the PNM government, so to speak, could really generate such professional response from the key players today.

Too many doctors behave, first of all, as if they are just businessmen and businesswomen and health service comes afterwards. I am not telling you that from hearsay; I could extend on my personal example. I was shocked! I did not want to pull rank and say that I am a Senator and a professor and so on. Nobody who goes for treatment should be waiting from 10.00 a.m. until 6.30 p.m. without food and provision; and when you make a point the person in charge is more vexed than you, as they say. Madam President, this is not an isolated example. This is what we are talking about. We are not purely talking about buildings and systems of accounting and so on, and this is the question.

When I was a little boy on San Juan Hill there was a health office—Madam President, you might remember it; we are all contemporaries, without saying too much about the chronology—I walked up San Juan Hill to see the dentist, I waited on the bench; my turn came; he did what he had to do. Madam President, I am not so much talking about the money; it was free, but there was a service you could rely on because the dentist appeared. There was a parking space for him and the nurses. The nurses were something else in those days. Could this Bill revive such professional commitment?

When I had a fever or anybody around the district was sick, we knew what day and time to go. The doctor was always there on time and the service was free. I am not going to do like the calypsonian and say: “Bring back the old time days.” I know that those days have long passed and we must carry on.

Madam President, before I come to my strong views on the Motion before the Senate as to what I think we should or not do, we need to look at this in a larger sense so that we would avoid committing the errors of the past.

That monumental building we have at Mount Hope, the Mount Hope Medical Sciences Complex, is really a disaster in a sense. I remember Sodeteg, the French contractors, came and the promises made for that complex about training doctors

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internationally, with sophisticated equipment and such things, it was a brilliant move in theory; it cost us a lot of money but today we are reaping the consequences of things that went wrong. There are spaces which are unoccupied and equipment not being used and so on. It has been a disaster, financially, and in terms of the promises that were made to the national community.

Madam President, I have said before and I will keep repeating that point, that when it comes to services to the people; transport; health, primarily, and other such services at the licensing office and so on, generally—because this Motion has to do with service to the people as to whether we would get a better quality of service, if the Motion is passed or whether we should leave it as it is and provide the national community with better service.

I wish to reemphasize to the hon. Minister that he should leave the office and visit all these regional corporations regularly for the month and to make notes and start calling people to account; including the doctors who have contracts. Of course, these professionals tend to hold the national community, through the Government, to ransom by threatening to withdraw their services quite quickly. Sometimes they do not care if the public suffers as long as they put pressure on the Government of the day.

I understand the need to bargain and to negotiate but too often the destitute, the sick, the lame and the poor have been made to suffer at the hands of some of these mercenary professionals. If there is one point I would like registered in the minds of the national community and on these professional minds, is the unfairness and the uncaring attitude they perpetually inflict on people who need their services. That is what the Hippocratic Oath says; that is what they promised when they graduated and it is a commitment they should maintain with much more vigour in their services.

Madam President, how often will we have to hear during such debates of vital importance to the health of the national community that one government will excuse its alleged misdemeanours because the previous government did just as bad? How many times are we going to listen as if the equation would amount to zero—if you want to put it in mathematical terms—as if zero add zero equals zero? I understand the need to defend a position but we must bear in mind that we are looking forward to improvement; a better quality of service by the instant government and while the previous one should be punished and called to account, I do not think we can rely too much on the sins of a past government to excuse misdemeanours of the present.

I think it is not doing the taxpayer justice, although given the system that we have—I do not want to get too far into that because it would take us into the need for constitutional reform, which is becoming increasingly critical in this country. Every point at which I turn I see it more clearly, Madam President. Without restructuring this Parliament to demand accountability from the Executive and all those agencies in a transparent and effective manner, the Government would remain with its hands tied, begging for mercy, without having recourse to delivering the service to the public. [*Desk thumping*] The Regional Health Authority is an instant case. I must commend my colleague, Sen. King and those who are on that committee, for pursuing the matter with the utmost transparency and diligence, in spite of all the odds that committee and the other two committees have been facing. This I believe is national service that should be commended and encouraged.

Madam President, when you call these agencies like the regional corporations before you and you ask them a question, you realize how degenerate the system has become. People cannot answer proper questions. It is not a roti shop or a soft drink parlour that they are managing. It is the health of the community. As I said, it is only when you are sick then you would realize how disastrous the situation really is. Even if you have money to pay for the service it is either absent or slipshod, and they give you an excuse as to why you die and why they could not do this or that.

I would encourage those conscientious lawyers to take up more malpractice suits; if only as a prohibitive element so that they will take greater care. Just imagine if you are rich and that is the standard of care you are getting, so when you are poor it is worse. Those are the silent cries of anguish that these doctors have to hear.

I believe that the leadership should come from the Government, in terms of how these regional health corporations are run so that doctors would have a higher standard to follow. Making this four, five, six or seven or bringing it down to a lesser number will be one important step perhaps, but the bottom line and the heart of the matter is the quality of service which these professionals should give and are not really giving to members of the national community.

Madam President, I am astounded; everybody wants to walk off the job overnight, forgetting that people would be there tomorrow or the day after with bandaged legs, palpitating hearts and high blood pressure to be faced with a condition of absent professionals which would just make them feel worse. The doctors sometimes behave as a heartless community! I make no apologies for that.

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Sometimes you have to say these things so that it would resonate in the consciences of those who are responsible. We cannot make one excuse after another when the system costs so much money; so much taxpayers' dollars.

I have heard statements made about the nurses. We have to thank God that there are still some good nurses in the system to pick up the slack. I know of several cases where the nurses have had to run to the rescue of sick persons because the doctors were not there. In fact, I would like to propose in the new steps that the Minister might be taking, in terms of training and preparation towards Vision 2020 in this matter of health, that he give the nurses a more rounded training; or in addition to what they have, make them more multifaceted so that they can pick up the slack to handle emergencies—some of which they already handle. I think the nurses have to be commended for the kind of work they have been doing in a system that faces such apparent degeneration.

Madam President, there are two points I want to make as I head towards the end of my contribution. We have to be careful about operating the adversarial system in managing our public agencies. What do I mean by that? We have inherited, to some extent, since 1962, a system where one government comes into office and all boards are changed. On principle, there is nothing fundamentally wrong with that, but as I have said we have to be careful to put people who are competent, willing and passionate about giving that kind of service. To put it bluntly, and it speaks to all political parties, desist from putting party hacks as rewards for their party service. We should not do it when it comes to health and not when it comes to education and any critical matters of public service.

I do not think I need to say anymore. That is why we need the kind of constitutional reform that will remove that adversarial compulsion from public administration because if one government does it, certainly the other government will have to do it. I think we need to head into reforming our public administration within the context of constitution reform to heal these violent breaches that are subverting proper public service, especially in the health service.

The other point is that the Government should encourage the utilization of these Joint Select Committees. The Minister in the Ministry of Finance, Sen. The Hon. Enill, has several times pointed out the difficulties in making the appropriate appointments to get the kind of service that the Government wants to give to the people. He says that the Public Service Commission has serious deficiencies and we all agree with that. This Bill is largely about administration and the question of the Public Service Commission—I know it has been detached from the regional

corporations to some extent—but, overall, we need and I think Sen. Seepersad-Bachan was quite correct, whilst we are dealing with these Regional Health Authorities, I think the ministry and the Government ought to take a second look at how they can better deliver health services to the people. My suggestion—and I have listened to Sen. Mark, the distinguished Leader of the Opposition Benches in the Senate; I have listened to Sen. Seepersad-Bachan, but I believe in a matter of health service, Madam President, and knowing what has worked in different parts of the world and the problems; whether it is health insurance; I believe that decentralization is a better option than having this system too centralized.

I would go even further than splitting one into two—and I say this with all sincerity; it is not a political point to oppose the Motion in any malice, but when you look at how the health services have worked years before with the decentralized nature of it and the district nurse; the doctors knew the villagers and their families by their names, but of course you need the kind of professional I was talking about; you would know the doctor and you would know the name. *[Interruption]*—It is not only four or five; I think you should go more deeply into setting up health centres, when we say centres, we mean a multifunctional centre, leaving the very extreme cases for your general hospitals. You would have three layers. My emphatic point is to go down to the district level so that all this thing about waiting for an ambulance for two and three hours—there are many things that can be taken to the health centres without having to go miles away to the hospitals.

On another occasion perhaps the point can be developed, but I could not let the opportunity pass, after hearing several speakers touch upon this very vital matter of health and death, without rising to say a few words and to encourage the Government to continue to give full attention to this matter of health. It should not be a political matter.

When I was ill I remember making the point—when the newspaper asked what was wrong with me, I did not have the wisdom as Sen. Christine Kangaloo had at that time to declare myself publicly. I thought that such matters should be private and they tried to exaggerate my illness and made a pappyshow out of it. I have learnt a lesson from the dear Senator; the next time I think we should know what to do.

Sen. Kangaloo, I welcome you back to the Senate with that radiance on your face—*[Desk thumping]* and also the distinguished veteran Leader of the Government Business, Sen. Dr. Lenny Saith. *[Desk thumping]*

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Mr. President, I think the question of health centres should be more decentralized and properly configured and staffed but the point about having good doctors is vital. Too many of them are educated at Mount Hope Medical Sciences Complex at taxpayers' expense and as soon as they are finished their little contract they take off to other countries. I do not think this could continue. If you want to educate yourself privately with your funds, I have no problem with that, but you cannot take the taxpayers' money; income tax from the poor; educate yourself medically and then take off like a jet for other countries. It is bordering on dishonesty. Without restricted freedom of movement and the rights that professionals have, there is a public service to be done in your country and that is why you were educated. If you do not have these people fully present and committed and trained by taxpayers' dollars, all these modifications we are making will remain just a numerical phenomenon; numbers. You will not get the quality of service that this country desires. Through you, Madam President, I wish the Minister well but I would urge him to be perhaps a little more thoughtful in trying to decentralize the system more fully.

Madam President, this matter about one government changing the things that the other government did; we have to be more sober minded about that. The same thing happened with Tidco; it was split and then rejoined. There is something in biology called mitoses which has to do with splitting things and rejoining them. We have had enough of political mitosis in this country. Let us be consistent; let us develop our public policies through some thoughtfulness so they can be defended, at least, for some period, so we would have durable government and good governance.

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

**Sen. Dr. Jennifer Kernahan:** Madam President, I rise to support my colleague, Sen. Wade Mark, on this Motion before the Senate with respect to the annulment of the Order which dissolves the North West Regional Health Authority and in its place creates the North Regional Health Authority and the North Central Regional Health Authority.

Madam President, every time I come to this Senate I get a deeper sense of how surreal this Government is. This has come like a bolt of lightning—out of the blue. Where is the public outcry for the further splitting of the RHAs in this country? The Regional Health Authorities are practically in crisis as they are presently constituted. The health delivery in this country is in crisis. Every Monday morning some health care professionals are on strike; they are marching around the hospitals; they are refusing to deliver services and so on because of the



conditions of work that they experience. The Government's big answer to this at this point in time is to create another layer of bureaucracy; another layer of expenditure, which has no relevance to the real solutions that we need to put forward to solve the problem of health care delivery to the poorest people in this country.

Madam President, the delivery of health care is very unique in the sense that it is impossible to pay for dedication and commitment to saving lives; to caring for the sick and to caring for the terminally ill. It is impossible to pay for commitment to deliver professional treatment to the public. It is impossible to pay for commitment for continuous self-development and professional development so that you will always be on the cutting edge of technology and knowledge in the medical profession. It is impossible to pay for the practice of professional ethics and the manner in which your duties are carried out in your particular environment.

Madam President, it is not possible to pay for these things. That is why the delivery of medical care in any country is so unique and has to be handled very delicately, unlike the crass way in which it is handled in this country. As a Third World country, we need to develop this sense of nationalism among our health care professionals in particular, in this instance, which will enable them to stay and serve the people of this country, in spite of the fact that many—as has been said over the years and as the Minister has said earlier this year—are leaving these shores as soon as they graduate or as soon as they are able to get enough professional experience. The problem with that is people do not feel a sense of commitment and dedication or a sense of nationalism which will allow them to stay and serve in spite of all the problems that exist in this country both generally and in their particular profession.

Madam President, given the fact that we are at this stage of development where this sense of nationalism is not fully developed as in other countries that have more years of experience of growth and development than we have, we must grasp the fact that any visionary government policy on the delivery of health care services in this country must grasp this particular fundamental, that we need to motivate our nationals; we need to establish dialogue; we need to keep them close and we need to give them encouragement. What we have seen over the last three years on the part of this Government is this constant tit for tat, alienation and antagonism with respect to a very important sector in this country and that is not to the benefit of anyone in this country.

Madam President, the majority of us do not have the money to spend thousands of US dollars to go abroad to access medical treatment and we have to face whatever is

provided here. Our children have to face what is provided here and we have the spectre of young people in this country dying of broken legs. Madam President, in Arima the son of a prominent businessman died because he was shunted from one facility to the other and told to buy his own equipment to fix a broken leg. He eventually died and his father is in such pain right now that he has initiated this whole movement to ensure that there is a proper health facility in Arima and that this would never happen to another citizen of this country. That is just one example but there are hundreds of other horrific examples of the crisis in which we find ourselves with respect to delivery of professional medical care. Madam President, this is in spite of a \$27 billion budget, so obviously money is not the problem. The problem is that this Government still feels that it can plaster any problem with wads of dollar notes. The Government's failure to grasp this and to develop a country and a people as one with a sense of nationalism; with a sense of service is what is actually carrying this country to its knees right now.

We need to avoid bashing the doctors who are giving service in this country. The Minister has recognized that the doctors who are here are the ones who have stayed. There are doctors who have left. There are doctors who have refused to live in a social environment where they feel unsafe; there is so much crime; there is kidnapping; it is a horrendous experience just to get to and from work, one stays two hours in a traffic jam on mornings and in the afternoons. This country is becoming impossible to live in but in spite of that there are nationals who are prepared to take everything that this Government is prepared to throw at us and we are prepared to stay and suffer the consequences because we love our country and we want the best for our country and contribute what little we have to see this country move from point A to B. The doctors who are here are the ones who have stayed and who are braving every obstacle that has been put in their way to deliver health care to the people of this country. These are the doctors that we need to support, encourage, promote and to ensure that they are given the best possible facilities to do the job that they are trained to do.

Madam President, we have a Government without a vision whose policy seems to reflect this attitude of hostility and arrogance towards this particular sector. They feel because we have millions of oil dollars floating around that we can pay for that. Madam President, you can pay for health care: you can import Cuban and UNDP doctors and so on; it does not matter because we have money.

**4.00 p.m.**

What would have been the case if we did not have money? Would we still treat our health care professionals, our doctors, nurses and pharmacists in the same manner in which we treat them now? Clearly, it is because we feel we can

pay for the services and import other professionals that we can afford to treat our health care professionals in this manner.

Madam President, this is an extremely shortsighted view and policy for which the ordinary people of this country are suffering tremendously. Although it is all well and good to bring in professionals at any time to supplement your service—other countries do it all the time—but you have to do it in the context of building your own. You cannot do it in the context of total isolation, alienation and antagonism towards your own professionals and towards your own human resource base. How long are you going to be able to keep persons here and pay them in United States dollars? How long are you going to be able to do that? At some point they have to leave and our professionals would have to continue to serve this country. There is no gain for anybody when there is a Government that undermines the enthusiasm and moral commitment of the health care professionals who are staying here and serving this country under very difficult circumstances.

Madam President, I am not denying the fact that there might be negligent professionals among us. As in any other field, there might be persons who would not go the extra mile, people who are careless in their professional obligations and so forth, but this does not negate the fact that the majority are doing yeoman service under very difficult circumstances and they need to be motivated, encouraged and given the equipment that they need to do their jobs.

Madam President, I would have thought at the time, given the number of problems that we face, that all our energies would be more focused in looking at optimizing the organizational structures for the delivery of health care in this country, and that does not necessarily mean splitting up the Regional Health Authorities.

I listened to Sen. Mary King and Sen. Prof. Deosaran, and I think their concerns were of optimizing and of multiplying the delivery units, the centres of delivery of health care in this country. This is what we need and I totally agree in that sense. You need to multiply and optimize the use of the health care units all over this country, the rural areas, and to lengthen the hours of delivery of health care services, not just up to 4 o'clock, because there is no timetable to which people get sick, and the number of hours that these units are functioning. And that has nothing to do with the multiplication of the bureaucracy. This is what we are trying to get away from. The multiplication of bureaucracy in this country is no good for the delivery of health care services. So there are two issues here, the multiplication of the actual delivery of health care centres and units and so forth,

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and that has nothing to do with the multiplication of bureaucracy which we are contemplating with the splitting of the Regional Health Authority. One of the problems that we have in this country generally, and my colleague Sen. Seepersad-Bachan alluded to the fact that we have—I do not know if we are fully cognizant of the levels of bureaucracy in this country, the amount of resources that go into the bureaucracy as opposed to the output of any particular ministry, organization or institution in this country.

Madam President, it seems to me that it is a black hole in which one keeps pouring resources and very little is actually delivered. Millions of dollars are being spent in the health sector, the agricultural sector, in the social sector and so forth, every year and when one asks direct questions about the output, the outcome, what is actually gained, the answers are not forthcoming. I think this is the problem that we are faced with today. Are we going to continue to multiply the bureaucracy in this country as solutions to the lack of delivery or, are we going to try to minimize the bureaucracy and maximize or optimize the output? This is the question facing us today at this crossroads, whether or not you are going to break down Regional Health Authorities into a million different bureaucracies or whether you are going to maintain a manageable number of bureaucratic organizations which will multiply the delivery of services where they are needed. I think this is the basic dilemma that we face in this sense.

I am not convinced that this option is a viable option, is the proper option for the increased delivery of health care services. The Minister has not come to this honourable Senate and given us a cost benefit analysis, as my colleague said. What is the cost of doing this as opposed to the benefits to be derived from it? That is a basic question I thought the Minister would have presented at the very outset so we would know exactly what we are dealing with. It is going to cost us so much more but we are going to gain so much and, therefore, we would be able to judge whether it is a viable option, whether it makes sense or not but, in the absence of any sort of concrete quantitative information or even qualitative information to judge whether this step is going to make sense, it is being done in a vacuum and is being done for all sorts of—there is a lack of transparency with respect to this proposal which we totally reject.

Madam President, what is happening? I am also a Member of the Joint Select Committee that looks at these Regional Health Authorities and so forth. I would like the Minister to tell us—I am sure he is aware of the number of problems that the Regional Health Authorities face now. One of the major problems in the Regional Health Authorities is—and the Minister has acknowledged that this is a

problem—the fact that there is a gap between the number of professionals at all levels who are actually operating the systems and the number of professionals who are actually needed. When I posed the question to a member of the North West Regional Health Authority on: What is the gap analysis and how do they propose to fill these gaps? Where is the training, where is the succession planning and so forth that would help to fill these gaps over time? What is their projection for health needs and how do they propose to train the necessary professionals who will come into the system over the next 10, 15 years, I was told that even the Minister was unable to get this information. The Minister does not know what is the gap analysis, what is the present flight or loss of health care professionals and, therefore, how many professionals are needed to fill the present vacancies and to fill future vacancies based on the expansion that it envisaged in the health sector with the establishment of over 60 health centres, as the Minister said earlier this year, that are being built or refurbished.

So there is this situation where all these spanking new buildings are going up in different parts of the country and people are going to be looking forward to better quality of health care, but the fact of the matter is that you do not have the professionals: the nurses, the professional staff, the paediatricians and so forth who are going to be able to deliver the services in these spanking new buildings that are being put up all over the place. So it is just a pure mamaguy as we say here in Trinidad and Tobago.

The question is: How will duplicating and triplicating the number of RHAs solve this problem? As my colleague, Sen. Seepersad-Bachan said, you would only be creating simply stiffer and fiercer competitions between the RHAs for personnel. I believe at this time there is already this sort of competition, this sort of lack of ability to attract the required professionals and so forth, and this is going to exacerbate this particular problem.

Madam President, I want to find out from the Minister how does the splitting of the RHA at this time fit into the national health policy? What is the policy for the national health policy and how is this fitted into the national health policy and in whose interest would this national health policy work, if there is a situation as I just described, where each RHA is unable to attract the cadre of competent professionals, technicians and so forth, that they need to fulfil their mandate in any particular community? The Minister earlier on this year spoke to the national community of a whole programme of training that they have embarked on with respect to health care professionals. He talked about training in oncology, biomedical engineering, in district health visiting, institutional and community

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nutrition and so on. All these areas of training that the Minister spoke about earlier this year.

Madam President, coming back to the question of what is the policy towards the development of one's national health care and one's policy towards one's professionals and so forth. There is a situation now in the Port of Spain General Hospital where there are over 140 young women who are being trained in basic nursing.

I got some frantic calls from the parent of one of these trainees and the trainee herself. They pleaded with me to bring this matter to the Parliament because the trainees are there over three or four months and they are not receiving a stipend that was promised. They find it very difficult to buy books, equipment is very expensive, and books and so on are extremely expensive. Without a stipend they are finding it difficult to deal with the transportation cost.

Madam President, you would know, as a young person just coming out of school, you are looking for something to do and you are happy to get into a programme such as a nurses training programme to serve your country, but it is impossible for many of these young persons to continue under these circumstances. Some of them are thinking about dropping out, and they are frantic. What is the policy with respect to sustaining these young professionals to ensure that their training is successfully completed with 100 per cent output? We give stipends to anybody who wants it; in the Youth Apprenticeship Programme in Agriculture (YAPA), the Helping You Prepare for Employment (HYPE) programmes, in this programme, in the hundred million programmes of make-work that we organize in this country on a daily basis. And with respect to the training of professionals who are so critically needed in the delivery of health care in this country, they are left out in the cold, nothing for them. This is the sort of backwardness that is being experienced in the very critical area of our health care delivery system at this time.

I hope that the Minister would be advised of this situation and would investigate and rectify this situation because we need those nurses, we need those young people coming into the health care system, and we need all of them. We do not want that at the end of the training programme, only 50 per cent would be able to graduate. These people are very disillusioned, they are very hurt that their commitment and their enthusiasm would be undermined and undercut in this manner by a Government that boasts of spending \$60 million in the provision of equipment.

This is the same problem Sen. Seepersad-Bachan was talking about. How are you going to justify the economic returns on this expensive equipment if you do

not train and if you do not have motivated professionals who are going to use this equipment to the benefit of the people of this country? What are you doing? Are you doing these things just to be able to get up in the Parliament after post-Cabinet meetings and make all these grand announcements and on the ground nothing is happening? People are disillusioned, people are not motivated, people are hurt, angry and upset; young people who are now coming into the system. Is this the way you are treating them? This is totally unacceptable and the Minister of Health should really, really look into the situation. He has said he is not here to politicize health. He is here to deliver and I would expect that given this assurance, in spite of the antics of his other colleagues who are very political in this matter, the Minister would deal with the problems of the young professionals who are willing to serve their country.

Madam President, I believe another of the problems we are facing is that this Government really has no confidence in the people of this country and it has no confidence in its own ability to vision and deliver on its promise of developed-country status by 2020. Because, this is clearly seen in the way the Government manages conflict, in the way the Government manages disagreements, in the way the Ministers have managed the demands of the professionals in the health care sector over the years.

It is very interesting, as we say here, no one can tell the other turn back because when you have a situation where the previous Minister of Health comes on the television every Monday morning attacking doctors and the health care professionals and so forth, and instead of the present Minister coming to reverse that policy and engage in dialogue and in bringing the professionals closer to the people and to the Government, and looking for solutions which, I believe everybody wants—everybody wants solutions to the delivery of health care in this country. Instead of doing that, he actually pats the previous Minister on the back for the policy of importing. Madam President, we would continue to import and continue to reap the benefits of other people's dedication, other people's investment in their health care sector and we would continue to do that for the next 40 or 50 years according to the Government's policy. I am sure in a very short space of time we would not be able to afford it, and then who is going to suffer?

The Ministers, the upper, and the better financially resourced persons in this country are not going to suffer. It is the poor, ordinary people in this country who are going to suffer when this eventually happens, when we do not use the resources that we have now to build what we need for the future, when we do not

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harness our human potential, our human resources and treat them in the best possible manner and encourage other people to come into the system.

Madam President, young A'level graduates who are coming out of school are seeing the trauma that the doctors, pharmacists and nurses are experiencing in the health sector right now, are they going to opt to stay in that career? Are they going to opt to stay in Trinidad and Tobago? Are they going to opt to serve this country in this particular sector? No! There is going to be a multiplier effect in that there is a shortage now, and we are going to continue to have this shortage because in addition to the people who are leaving now, we are going to get less people entering the system here in spite of GATE, "Door", in spite of all the programmes that they might dream up every Monday morning. People are not going to enter the system if they feel that it is not going to work for them, if they are not going to be appreciated, if their cries are not going to be met; if their calls to be represented by a union of their choice are going to be overridden by the Government and unions imposed on them. That is not the sort of behaviour that would encourage any health care professional to stay in this country.

Madam President, I am not talking out of the top of my head. I have had direct contact with the delivery of health care in this country because I am an ordinary person. When I am sick and my children are sick I go to the public hospitals. I do not rush off to—I do not have the money. I do not have the resources to do that and I depend on the professionalism, on the commitment of the people who are trained in this country and people whom my taxpayer's dollars have paid to train, to deliver what I need.

Madam President, 3 o'clock one morning I had to rush my daughter to the Sangre Grande Emergency Centre. Apparently she was coming down with a virus and was in a lot of pain. She is a drama queen too, so I got quite scared. I rushed her off to the Sangre Grande Emergency Centre. First of all, she needed to go to the bathroom and I asked the security guard to direct me to the bathroom. She directed me to a place at the back and outside of the facility. I almost turned back. It was appalling! First of all, you were directed by your nose, because you got the stench of the area and when you went in there are these long stalls of tiny cubicles, very scornful looking, very dirty, ugly. This is what we are paying all our tax dollars for. This is the sort of service that ordinary people in this country have to face every single day in the Sangre Grande area and so forth. I was totally appalled.

When we came out of the bathroom area to face the waiting room, it is a small waiting room. It was 3 o'clock in the morning so the service was quite fast.



Within a short space of time we were able to see a doctor. But the delivery room in which she had to be given an injection was appallingly filthy. The garbage was full and overflowing; it did not smell too right. Imagine she was given a tablet and the nurse would say, "take this tablet". She was given a tablet in her hand to go by the sink. She had to cup her hands to get the water. Not even a small sanitary cup in which she could have filled some water. She had to go to the wash basin and cup her hands to take those tablets. I could not understand it! Why are we in this stage after over \$90 billion is spent over the last three years and these are the conditions which ordinary people have to endure to get basic medical attention in this country? It is a scandal of international proportion.

The Minister must tell us how splitting the North West Regional Health Authority into two is going to help us to solve these problems. I really need to know that because if I know that this is going to solve these problems and it is going to make the Sangre Grande Centre a more hospitable, a more sanitary place where you can feel comfortable to access health care, then I will also go for it now. I will go against all my colleagues and vote for this Motion. But if the Minister cannot satisfy me that by splitting these Regional Health Authorities it is going to improve the basic sanitary conditions in this country, then, I am forced to agree with my colleagues. It is a waste of time, money and energy. They are just spinning top in mud because they do not know what to do. They actually do not know what to do to deliver health care in this country. They have no interest, they do not know what to do and they are just going along for the ride because they are convinced that they can import money.

There would be Cuban doctors serving in all these centres. How will these Cuban doctors help us? Were the Cuban doctors brought to clean the toilets or to put tiles or to make it sanitary or to empty the bins and provide sanitary cups? Were the Cuban doctors brought here to do that? They are not going to help us. They are professionals of a high level and so forth. But they need basic equipment and services in order to deliver. They cannot deliver in conditions like that. They would not feel comfortable.

In Cuba the average polyclinic is bigger than the Port of Spain General Hospital. It is spotlessly kept. There is proper sanitation and everything. You cannot buy that. You have to build it from scratch here and you have to motivate our people to build and deliver that from scratch. You cannot import that. You are fooling yourself if you think you would bring in Cuban doctors and bring in this one and that one because you have so much money. When the oil stops flowing what happens next? We would be accessing health care at the side of the road.

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This is what we would be doing because everything would be dilapidated and falling apart.

Madam President, the Minister also spoke earlier this year to the whole question of mental health and of signing a Memorandum of Understanding with the University of Canada to provide common activities, to engage in common activities in the field of mental health and so on. This Government is always talking about importing but I have a document before me that shows that this Government is not committed to mental health either. If they are not committed to people who are right in their heads, do you think they would be committed to people who are really out of it and do not know what is going on? This is a mad house Government, so if they are not committed to us who can see, know and analyze what is going on, I am sure they are not committed to the people who are mentally incompetent.

I have this document before me that gives the lie to this Government's commitment in this country, basic facilities we are talking about. This document is written by a mental health officer and it was addressed to Mrs. Mary King, chairperson of the Joint Select Committee.

**Sen. King:** Madam President, I would like to ask the member if that is a document that has come before a Joint Select Committee, which we have not yet discussed with the Regional Health Authorities, and, therefore, I do not think it should be read into the record at this stage.

**Madam President:** Hon. Senator, you are so advised.

**Sen. Dr. J. Kernahan:** Madam President, thank you. The crux of the matter is the conditions under which the psychiatrists in the delivery of mental health care operate right now are totally unsatisfactory. They are totally appalled by the neglect and, therefore, this Government has to tell us at this time if splitting the North West Regional Health Authority will improve the delivery of mental health care and service to the people who are very vulnerable, who are in need of this sort of service and whom this Government purports to care about.

**Madam President:** Hon. Senator, your speaking time will finish in about five minutes. Are you going to be finished then?

**Sen. Dr. J. Kernahan:** Yes, Madam President.

**Madam President:** Continue then.

**Sen. Dr. J. Kernahan:** Thank you. Primary health care is fundamental to the health care service. We all recognize that and primary health care has to, at this

time, given the incidence and prevalence of HIV/AIDS, directed to young girls and women in our society, be a major focus of health care delivery.

We have found that many of these issues are falling between the cracks. What is happening is that the Ministry of Health is responsible for aspects of policy and delivery of certain systems and the Regional Health Authorities are responsible for other delivery and policy implementation. You find when you ask the Regional Health Authorities, for example, what are they doing about AIDS, what are the statistics in their particular area of control, can they break it down for us gender wise, age wise, and what are the policies and plans they have to contain this pandemic in their area, they would say they do not have the statistics; they do not know what is happening and they cannot give you any answer because this is the function of the Ministry of Health. So what is happening while they are waiting on the Ministry of Health and while the Ministry of Health is apparently waiting on God, many of our young people, many of our young women in this country are literally dying of AIDS.

How are we going to deal with this problem of delivery—this is the mandate of the loan agreement for the Health Sector Reform Programme. It says one of the objectives is reducing preventable mortality through promoting life style changes and other social interventions. I thought the Minister of Health would come and instead of talking to us about splitting RHAS, they would talk about the national policy on AIDS, not only AIDS, but the question of pregnancies and abortions which is decimating many young women, which is affecting the sexual and reproductive health of young women in this country. This is a critical aspect of primary health care and in order to do that one has to get at young girls and women in schools, in the communities and so forth to ensure that they have certain information, to ensure that they are exposed to the whole question of lifestyle changes, changes in their lives and so forth and what they need to do.

#### **4.30 p.m.**

Madam President, I have before me some brief notes on abortion research that are horrendous. This was done by ASPIRE and it shows that every year there are as many abortions as births—about 19,000. It says here that about 20 per cent of women report that their last pregnancy ended in an induced abortion. It says that more than 3,000 cases, with complications, are admitted to our hospitals every year. Every year, abortions are among the leading causes of hospital admissions. Many women suffer a range of consequences, including sub-fertility, infertility, pelvic inflammatory disease, chronic pelvic pain, et cetera. These are some of the problems that women and young girls face in this country right now. We want to

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know how splitting the RHA would reach these women and bring them to the stage where we can prevent all these horrendous effects of abortions and unwanted pregnancies.

We are in crisis. There is a lot of work to be done, but this Government is fiddling while Rome burns. We beg them to stop in the name of the people of this country.

I thank you.

**Sen. King:** Madam President, just before we stop for tea, could I ask that the name of the person mentioned in the letter be removed from the record.

**Madam President:** Was the name mentioned?

**Sen. King:** Yes, it was.

**Madam President:** [*To the reporter*] If you got that name down, would you please take it out!

Hon. Members, we shall now suspend for tea. We will return at 5.05 p.m.

**4.33 p.m.:** *Sitting suspended.*

**5.05 p.m.:** *Sitting resumed.*

**The Minister of Health (Hon. John Rahael):** Thank you very much, Madam President. When I was given the privilege to accept this portfolio, my very first activity was to come to this Senate one year and two weeks ago. I said then that in health there could be no politics and that during my tenure I would ensure that whatever is done in the health sector is done without taking into consideration the question of politics.

If any one of us, or our children, God forbid, were to get into an accident and to call the emergency medical services, the ambulances with their attendants, when they arrive and they transport us to the hospital, they would transport us to the general hospital, whether it is in San Fernando or in Port of Spain. So, it is not a question of political affiliation. It can never be a UNC person, an NAR person or a PNM person. We are all children of God and we strive for good health.

If I may address some of the concerns of the Senators who have contributed, let me first say that I am very pleased with the contributions of all the Senators. I think they all had very constructive points to make. I have taken note of all the points raised by them and I would certainly try to address as many of them as possible in my presentation this evening. Even if I do not, I give the assurance

that I would attend to the suggestions and the problems that they have identified in the health sector.

Let me also say that, as it stands today, none of us can be pleased or proud about the health sector in Trinidad and Tobago; not public nor private, the health sector in general. Sen. Prof. Ramesh Deosaran talked about his experience in one of the private institutions. This honourable Senate is aware of the risk one takes whether one goes to a private or public institution.

This does not only happen in Trinidad and Tobago. The health sector in every country is a challenge, whether it is the United States of America or Canada. In Canada today, you will be shocked at what is happening. Hospitals are closing. The waiting list is extremely long. Even to get a CT scan would take over one year. A friend of mine who has been in Canada for the past three years, a Canadian citizen, does not have a doctor. The system there is that they assign doctors to a group of persons in a particular area and that person does not have a doctor assigned to her. There just are not any doctors. Part of the reason is the cost of the health services. This is not only in Canada, but all over the world.

Let me again make the point that we are not creating additional RHAs. Senators must remember that, in 1994, when the RHAs came into existence, there were five—four in Trinidad and one in Tobago. There were the Eastern, Central, North West and South West RHAs.

In 2000, the then government and the chairman of the North West Regional Health Authority thought that it would have been beneficial to collapse the Central Regional Health Authority into the North West. Whether it was a good idea or not is a different point. What happened after that took place in April 2000, when the Central Regional Health Authority came into North West, without proper planning, without identifying the liabilities and assets of the Central Regional Health Authority at the time? It just happened overnight. The Minister went to the then Cabinet, got approval, laid it in Parliament and the following day it was one regional health authority. That is what actually happened.

I would like to refer to a document of the Personnel Management Services Limited (PSML) dated September 10, 2001. Sen. Montano talked about so many contracts and I am not going to elaborate on it. There were many contracts given out that one can question. There were many areas of employment one can question. We all recall the \$1,635,000 that was paid to certain persons because they felt it was election time and they were a bit concerned whether or not the then government would lose the election. After they had drawn down the cheque,

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the chairman at the time had to get them to return the cheque. Most of you may be aware of it. In one case it was \$635,000 and in another case \$400,000. It begs the question why it was done.

The former chairman, in 2000/2001, came to this honourable Senate and made certain statements that, so far, I have not had the opportunity to deal with. I am hoping, with your leave Madam President, that I would be able to do so during the course of my presentation.

Let us talk about what happened in 2001 when PMSL did an investigation into the matters arising from the Auditor General's report into the North West Regional Health Authority. I quote from page 22 of this report: [*Interruption*]

“7.2 As a result of the merging of the CRHA with the NWRHA in 2000—”

**Madam President:** There is talk coming from the public gallery. Officers, please ensure that there is silence in the public gallery! [*Talking continues*]

**Hon. J. Rahael:** All right, Dorothy! Take it easy! Madam President, I know the lady.

Madam President, I read now from the document.

“7.2 As a result of the merging of the CRHA with the NWRHA in 2000 and the still-unresolved dichotomy between staff of the new NWRHA having to work alongside the staff of the Ministry of Health on different terms and conditions, the latter remained reluctant to accept the authority of the NWRHA as their employer. Virtually nothing has been done on an Inter-Ministerial level to resolve this situation, which has contributed to indiscipline and mismanagement within the NWRHA.”

I am not the one who is saying that. It is a report done by the Personnel Management Services Limited dated September 10, 2001.

On page 30, it reads:

“13. Conclusion

13.1 There is no doubt that the managing of the NWRHA, particularly after the merger with the CRHA in early 2000, is a monumental task. Structural and human resource problems have been inadequately addressed and much remains to be done.”

I can go on and point to a lot of different areas in this report that talked about the error in collapsing the Central Regional Health Authority into the North West Regional Health Authority.

At the time it was done, first, no planning went into it and since then the situation continues to be as it is. It is cumbersome, unwieldy and therefore we have to separate it to what it was originally. In 1994, when it was determined how many RHAs there should be, a lot of study went into making that determination. It did not happen overnight. We must remember that the Central Regional Health Authority, which is now the North Central Regional Health Authority will be responsible for the largest and biggest institution in Trinidad and Tobago and that is the Eric Williams Medical Sciences Complex. That complex is still to be functioning 100 per cent.

With this new North Central Regional Health Authority, focus will be given to the Eric Williams Medical Sciences Complex, together with the other health centres in the North Central Regional Health Authority to ensure that the Eric Williams Medical Sciences Complex would come to the standard and provide the kind of tertiary health care that we want in Trinidad and Tobago.

In addition to what already exists and during the course of this year, we were able to open a new ward; we were able to install quite a number of diagnostic imaging equipment, multi-slice, 16-slice CT scan, X-rays and an MRI machine. For the first time in the history of the health sector, we have a state-of-the-art MRI piece of equipment at the Eric Williams Medical Sciences Complex. For the very first time, we have a 16-slice CT scan. There is a reason why, in the Eric Williams Medical Sciences Complex, we have a 16-slice CT scan. In San Fernando, we have, not a single-slice CT scan, but a multiple-slice CT scan.

What is our vision for the Eric Williams Medical Sciences Complex? We talk about it being a tertiary health facility. We talk about an oncology centre and a programme; not just an oncology centre, but a programme so that persons suffering from cancer could go to the centre and enter into a programme for treatment and care where they would also be able to access surgery. In order to ensure this, we have a 16-slice CT scan to provide that kind of service for the centre. Twenty-seven different areas in the Eric Williams Medical Sciences Complex would have to be upgraded to facilitate that centre and programme. A lot of focus and attention would have to be placed on this medical sciences complex. This centre and programme would be state-of-the-art and the only one in the Caribbean; not in Caricom, in the Caribbean. We would be able to receive patients from throughout the Caribbean because there is no such centre within the Caribbean.

Madam President, it was the former government that passed the Tissue Transplant Act. This Government brought the regulation and had it published and we now have in place the Tissue Transplant Act, fully operational with respect to

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its regulations. We are moving steadfastly to set up a centre in the Eric Williams Medical Sciences Complex to do tissue transplants. We are now engaged with foreign technology input to get the right type of lab. We are talking about harvesting kidneys and in order to do that we have to have the right lab to do the proper testing. These things are not easily come by. It takes effort, concentration, and focus to have it done. We are hopeful and confident that in 2005 we would have in operation a tissue transplant unit at the Eric Williams Medical Sciences Complex. That is what we want to do.

In addition to that, for the very first time we have gone out for tender—I will come to that because the one-day temporary Senator who was in this honourable Senate talked a lot and provided a lot of misinformation. I think it was Sen. Seepersad-Bachan who made the point that when we come to this honourable House and we make our contribution, let it be factual, and based on information that is well authenticated, so that we would be able to debate the issue at hand.

Coming back to the question of the CAT lab, we have gone out for tender for two CAT labs in order to establish an open-heart, bypass cardiac centre at the Eric Williams Medical Sciences Complex—again state-of-the-art equipment—and two CAT labs, one dedicated to bypass and open heart surgery and one to non-cardiac surgery, but for things like angiograms, angioplasty and the like.

We are hopeful that this would be in place in 2005—tissue transplant, CAT lab and state-of-the-art diagnostic imaging equipment. We are also talking about nuclear medicine. Right now, there is out for tender two GAMA cameras, which will now create this nuclear centre at the Eric Williams Medical Sciences Complex.

**Sen. Seetahal:** Will it be free?

**Hon. J. Rahael:** We will come to that, too. We are doing this in a manner that would lead to providing all levels of health care. The 110 health centres throughout Trinidad and Tobago were originally the 1991 to 1995 government's plan—we started it, the UNC continued it, and now we are back in and we are completing it. That is excellent—continuation in that area for the benefit of the citizens of Trinidad and Tobago. We are going to have primary health care centres throughout Trinidad and Tobago, but we will also have district health facilities. There will be expanded health care where a person would be able to do minor surgery and there will be an Accident and Emergency Department also at these centres. The idea, of course, is to open 24 hours every day of the week. It is so that we will relieve the burden on the general hospitals at their Accident and Emergency Departments.



As it stands right now, if any citizen in Port of Spain were to get a snake bite or dog bite, they run to the Accident and Emergency Department at the Port of Spain General Hospital and when a true emergency comes, they have to give priority to that particular individual, so that person waits for hours. If we have a district health facility that will attend to that person, there will be no need for that person to go to the general hospital. Those district health facilities will be placed in areas where there is a large residential population, for example in Diego Martin, Port of Spain, Princes Town and Chaguanas. Right now, in Princes Town, there is a district health facility that is open 24 hours a day. As we continue doing that, we are promoting healthy life styles.

I am sure many of you would have seen many ads advising citizens about diabetes and what they need to take. I would have thought that at least one of the hon. Senators would have complimented the Government on that kind of approach. It is preventative, primary health care, secondary health care and tertiary health care.

Sen. Prof. Deosaran talked about only feeling the pain when one is ill. Let me tell him, I feel the pain when I see some of our citizens suffer the way they do. St. Ann's is one of those places. The other place is St. James. We all know what is happening there. When the previous administration bought a piece of equipment called the cobalt machine, instead of a linear accelerator, which is what should have been purchased for St. James, you wonder what was the thinking. I, as a layman, within a matter of months I was educated as to what is a cobalt machine as opposed to a linear accelerator. There was a doctor, who was chairman of the Regional Health Authority at the time when that machinery was purchased. I do not want to say too much on these things because I do not want to be political. These are the facts. There was the chairman at the time, Dr. T. Gopeesingh, coming in this Senate and talking about the CAT lab contract—one for \$22 million and one for \$12 million. Did you not all hear him say that? It is in the *Hansard*. He said \$22 million and \$12 million—misinformation. That is not true, Madam President.

**5.30 p.m.**

There was one contract which bid was \$21 million. Let me now spell it out to you. One is \$21 million and one is \$20 million. The Senator said one is \$21 million and one is \$12 and that he understands that the preferred bidder would have been the \$21 million bidder, indicating therefore, that it was not \$21 million and \$12 million. Understand what I am saying. The bids that came were \$21 million and approximately \$20 million. Do not quote me down to the pen. They were not \$21 million and \$12 million. That is misinformation in the system.

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It is not only the former chairman. I have found in the health sector that people purposely try to mislead you. It hurts me, Madam President, when we are talking about people's health, to know that misinformation is being provided in the health sector.

Madam President, I want to get the document because it is important. On October 05, 2004 a letter was forwarded to the Permanent Secretary, Ministry of Health. Basically, the letter stated that there is no Formal Saline, which is normally prepared in the pharmacy. The letter stated:

“Formal Saline is normally prepared in the pharmacy but is not available neither is there any stores of Formal Saline available anywhere in the Hospital.”

Thirty-one surgeries had to be postponed. We received this on October 06, 2004. It was copied to the Minister of Health. The minute I got it I was very annoyed that this occurred. I immediately called in the Chief Medical Officer on October 06, 2004 and told him to immediately contact Nipdec, who is the agent for the purchasing of all medication on behalf of the Government of Trinidad and Tobago. That same day Nipdec responded. I quote:

“Dear Dr. R. Doon,

Re: Formaldehyde—San Fernando General Hospital

Reference is made to our telephone conversation of today regarding the availability of Formaldehyde at San Fernando General Hospital.”

They changed the name from Formal Saline to Formaldehyde. I am not a doctor, so I make no apologies for mispronouncing the name. This is Nipdec responding on the same day we received that letter.

“I wish to inform you, that early in September, San Fernando General Hospital indicated to Central Stores that they did not require any stock of Formaldehyde. In fact, on checking with the pharmacy after your telephone call, I was told that there are two 4 litre bottles in stock at the hospital's dispensary.”

Two doctors signed this document indicating that it was not available in the pharmacy. It is very possible that the pharmacists told the doctors that. I am not blaming the doctors. I am just telling you what happened. This was last month.

Again, I am making the point that in the health sector, unfortunately for whatever reason, there seems to be the provision of misinformation. It is a challenge. But, nevertheless, the important thing is that we were able to respond immediately. The same day we got the document, we were able to respond to the San Fernando General Hospital and tell them that it was there in the pharmacy.

That is what we are trying to get in the public health sector. We are trying to put in place this type of efficiency, so should situations like these arise, it will only affect one-day operations.

The hon. Senator spoke about HIV/AIDS and what we are doing for HIV/AIDS. Only this morning we signed an agreement with Fyza to provide Diflucan to citizens of Trinidad and Tobago at no cost. The incidence of HIV/AIDS is on the increase and it is very unfortunate that 74 per cent are women between the ages of 15—24 years. [Interruption] Yes, in Trinidad and Tobago. From the population, 74 per cent are women. It could not be 74 per cent of the population, come on! I am sorry. The point I am trying to make is that it was reported in the *Guardian* on Wednesday, November 24, 2004 that deaths due to HIV/AIDS in Trinidad and Tobago are on the decline. In 2001, we had 262 deaths; in 2002, 240 deaths and in 2003, 168. At the same time new HIV/AIDS infections in 2001 were 162; in 2002, 2,109; and in 2003, 1,718. The percentage of persons who are infected with HIV/AIDS is on the decrease. The fact is, because of the treatment and care we are providing, we are seeing a decrease in the number of deaths from HIV/AIDS.

**Sen. Seetahal:** Seeing that tomorrow is World AIDS Day—I have been interested in all this money we are allocating for HIV/AIDS. I have heard that it was said that people can access funds out of that \$500 million to be spent over the next five years. It was in last year's budget. It was said that even though there is only \$18 million, which I counted in the budget, you can access more money. I want to know more about that. Also, there is the possibility that the reported deaths might be on the decrease because people disguise the fact that their family members died from AIDS.

**Hon. J. Rahael:** We can only go with the statistics that we have. What we have is a mid-year review of the budget. If funds are required in any particular area that has already been allocated and funds from another area were not spent, we can now direct those funds in that particular area. Within the Ministry, we can reallocate funding. In six months we would do a mid-year review and funds can be reallocated from ministry to ministry and not within the ministry. If one ministry is not performing and delivering, based on its projections, and another is performing, then we make the funding available. When we say that funding can be made available that is what we mean.

Another important point with funding is that for fiscal 2004/2005, \$1,861,000,000 have been allocated to the Ministry of Health and the health sector. That is the highest figure, in terms of dollars and cents and percentage. For the very first time, 2.5 per cent of the gross domestic product (GDP) has been

allocated to the health sector. We are in fact providing the health sector with the financial resources and all the other things that are required, in order for us to improve the quality of health care that we give to our citizens.

The point was made earlier that you cannot just throw money at a problem. I could not agree with that more because that does not solve the problem. Certainly, with my background, that is not my thinking. Every dollar that we spend we ask the question: How is that going to help the patient? That is the kind of philosophy we are developing in the Ministry of Health. When you come with your proposal for funding for a project, whatever it is, you have to answer that very important question: How is that going to improve the health care of the patient? Many of the Senators made the point that it is not just the building or the equipment. At the end of the day, it is people we are talking about. We are taking care of people. That is the focus, but you must provide the professionals with the type of equipment that are required.

You will be surprised to know how many Trinidadians and Tobagonians who are abroad, very skilled and just waiting to come back to Trinidad and Tobago—I get it every day—when they see that the oncology centre is really happening. There is a doctor, I will call her name, who is committed to coming back to Trinidad and Tobago. Her name is Dr. Aneesa Ahamad, a brilliant young lady from Freeport. She is an oncologist working at MP Angerson. She is a top of the line, world-class Trinidadian from Freeport. I feel so proud to relate this kind of story. She has made a commitment to me that she is prepared to come back to Trinidad and Tobago. She cannot believe it; the oncology centre and the programmes we are putting in place.

We have cardiac surgeons. I would not call their names, but they are Trinidadians who have already indicated to me that once that CAT lab is up and running at the Eric Williams Medical Sciences Complex, they, too, will be returning to Trinidad and Tobago to assist us in running that place. You cannot say where are the nurses or the doctors, in order to put these things in place.

The urology theatre in San Fernando was on the cards for some years. It was five years, according to Dr. Ayoung Chee. I kept pressing and insisting that the urology theatre be opened in November. They said they did not have the nurses. There was always a reason why it could not be done. Unless we say the doctor or surgeon is prepared to do the surgery, open the theatre—within weeks there were nurses and doctors from the private sector, rushing to be employed in the South West Regional Health Authority, to work in the urology theatre. We now have two tables functioning in that theatre and people are benefiting from that.

Again, the former chairman; the one-day, temporary Senator, came to this Senate and misled this Senate on many things. I see my good friend, Sen. Wade Mark, is following him, without getting his facts. The one-day, temporary Senator, the former Chairman, came here and said that the waiting list for surgeries is increasing daily and that there were 10,000 patients on the waiting list in Trinidad. My good friend, Sen. Wade Mark came here and said 8,000. Madam President, that may have been so when they were in government. I stand here proud this evening to tell you that we have been able, since June 2004 to date, to do over 2,000 cataract surgeries. [*Desk thumping*] By the end of December 2004, listen and let it be recorded in the *Hansard*, there will be no person who has been on the waiting list for cataract surgery since June. Put that down. Put down also that by December 2004, there will be no individual who was on the waiting list on or before June 01, 2004 for hernia surgery. Put that down! [*Desk thumping*] That is why I say put it down. Put it down in the *Hansard*!

Madam President, with respect to fibroids, we have now engaged a foreign doctor who comes down to Trinidad and Tobago and does embolization fibroid surgery. This is not a surgery. We are reducing the waiting list. I can tell you it is not 10,000; 8,000; 6,000; 4,000; or 3,000. All the surgeries on all the waiting lists are lower than 2,000 persons; if we have that number. [*Interruption*] I did not say that. I have indicated exactly what I was saying.

I also want to deal with the whole question of the burns unit.

**Sen. Seepersad-Bachan:** Given what was revealed in the public meetings, are you saying that this is the new position? What was revealed in the two public meetings we had with both the Eastern Regional Health Authority and South West Regional Health Authority, is it that they do not know the size of their waiting list?

**Hon. J. Rahael:** You are right. We asked for the list. They provided us with all kinds of lists. The list went back to God knows when! We had to sanitize those lists. We had to send persons to check the books. If you see how the records are kept you would not believe it!

**Sen. Seepersad-Bachan:** Fire them!

**Hon. J. Rahael:** You tell me to fire them, do you know the problems? We would come to that also. We have a waiting list for the surgical unit in the Ministry. Through my advisor, we took that list. If there were any telephone numbers we called each individual. In some cases there were just the name and address. We wrote them. We also had ads in the newspapers which indicated if

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you are awaiting surgery at any of our public institutions: Sangre Grande General Hospital, Eric Williams Medical Sciences Complex, Port of Spain General Hospital, San Fernando General Hospital or Scarborough Hospital, please call these numbers and we listed those numbers. It was in the newspaper. Right now we have an ad with respect to cataract because we are almost there. We are now calling on anyone who has been on the waiting list. We are emphasizing that these are public patients who have been on the waiting list.

**Madam President:** Hon. Senators, the speaking time of the Hon. Minister has expired.

**Hon. J. Rahael:** Nobody wants to extend? I will sit.

**Madam President:** Nobody extending?

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

*Question put and agreed to.*

**Hon. J. Rahael:** Thank you colleagues on the other side. I just wanted to make sure you wanted me to continue.

I do not know which one of the Senators talked about the Minister's fight or that there were problems with doctors; far from that. The very first thing I did as Minister of Health is I went to San Fernando. We went to a large auditorium with all the doctors. I met with them and told them my vision for the health sector and what we expected from them. We know that they have concerns and problems and we will address those problems. Of course, the wheel of government moves slowly. However, we try our best to expedite all the concerns and problems, particularly when it comes to the terms and conditions of work. I was very honest when I said to them, as a child growing up in Arima, after God, was the doctor. That is how I remembered it. Never was the lawyer! I told them something went wrong because that is no longer so. That is no longer the thinking or the feeling that one has; maybe we should try to bring that back with respect to the way we did things so many years ago.

For the past year we had little interruptions in the health sector. There were the pharmacists who did not turn out for two days. There was a call for the shut down of the health sector but none of the hospitals was shut down; they all operated and functioned very well. [*Interruption*] This has nothing to do with luck.

There will be difficulties as we go forward. There is the question of employees in the RHAs. Some employees are under the Public Service Commission and others are under the RHAs. Madam President, hon. Senators, unless that matter is addressed, we cannot go forward and the health sector will not be able to improve, to the extent that it can improve.

We are now determined to give the information that is required to all the public sector employees. For the past 10 years, this first came in 1994, there was no concerted effort to get all the workers over to the RHA. Even if there were, the workers were very hesitant to do so, because they were not properly informed as to what their benefits were. If they are informed of the benefits they would get, should they go across to the RHA, we are convinced that they will go across because they have a better pension plan and better working conditions.

The pension plan is a contributory pension plan for the workers of the RHA, but if you are a public servant and you are going across, the Government will pay your contribution. Although you are getting an enhanced pension you will not have to contribute to it and many other things. Any benefits you have as a public servant working in the hospitals in the Government service, whether it is travelling allowance or taxes on motor vehicles, you are not going to lose any of those. By doing that, of course, you will have an organization that may lose membership and would obviously agitate for this not to happen. I know what is going to happen and I am prepared to take the licks. I am prepared to do what has to be done in order for us to deliver health care.

**Sen. Mark:** I hope you learn from Caroni (1975) Limited!

**Hon. J. Rahael:** I learn very well, that is why I was successful. We were able to save over \$600 million this year, because of the restructuring of Caroni (1975) Limited.

Madam President, sometimes you get despondent and tired and something happens that gives you hope and encouragement. I refer to the *Guardian* of Wednesday, September 08. I quote:

“Great job by doctors, nurses

My gratitude due to the management and staff of the Eric Williams Medical Sciences Complex and to Caribbean Heart Care, most notably receptionist Michelle, for all that they did for me.”

This is someone writing a letter to the editor. Her name is Monica Bruce Ruben from east Trinidad. She continues:

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“To the doctors who performed the open-heart surgery, both local and foreign, the staff of ICU, especially Dr. Roopchand, the nurses and assistants on the Dependency Ward who made me feel comfortable after the surgery, I express my thanks.

Everyone did their utmost to see that I was comfortable at all times.

Even after I was discharged from hospital the head nurse of the ward called me to find out how I was progressing. This is certainly a plus for our country. I really appreciate the treatment that was given to me.

Thank you, and may you all continue to give of your best.”

There are many. This is a person who was able to access open-heart surgery at the Eric Williams Medical Sciences Complex. The Senator spoke about foreign doctors. We have a foreign doctor who will come, together with a local team and do open-heart surgery at the Eric Williams Medical Sciences Complex. The Government of the day provides our citizens—after they go through the social services: those who are suffering and need heart surgery and cannot afford—with 10 open-heart surgeries, free of charge, to those indigent persons. We provide that for our citizens who cannot afford to pay. That is what this caring government is all about. We do not want to put money in the bank and get interest and when they need heart surgery, export them abroad! I was very surprised to hear the hon. Senator make those kinds of remarks. She said that we should not have the burns unit because we can take the money and put it in the bank and use the interest to export patients. These were the words of the hon. Senator. That is the difference between this Government and when they were in government. That is the difference.

**Sen. Seepersad-Bachan:** Madam President, I just want to clarify that. The Minister is misinterpreting what I said. I said it is also equivalent. The point is that you would never be able to put out the same burns unit and duplicate one that may be in Texas. Furthermore, the Minister must understand the demand on the resource: the nursing staff and other facilities are what the South West Regional Health Authority does not have.

**Hon. J. Rahael:** As I said earlier, if we provide it they will come. With respect to the cardiac surgery programme, the tissue transplant programme and the oncology programme, there are Trinidadians and Tobagonians out there willing to come back to work. It is the same thing with respect to the urology theatre. Go ahead and do it and you will source the professionals.

I also want to touch on a comment made by Sen. Mary King, with respect to the CDAP. She said her information was that most of the medication under the



CDAP was going to private pharmacies and not the public pharmacies. I have a letter from Nipdec and I will provide you with a copy. It states:

“Re: Comparative analysis of distribution of C-DAP drugs

Further to your recent request, please find attached a comparative analysis of the distribution of drug-items on the C-DAP between the public sector institutions and the private pharmacies. The report addresses data for the period, October 2003 to September 2004.

As indicated, therein, drugs to the value of \$11.38M were distributed to the public institutions while the private pharmacies received drugs to the value of \$7.38M.”

**Sen. King:** Which of the public health institutions have been allocated that \$11.38 million? We had a delegation of pharmacists who came to see us.

**Hon. J. Rahael:** I am not in a position to answer that this evening, because I do not have the breakdown, but that is available. Senator, I would like to advise you, that you can call Nicholas George at Nipdec. He would be happy to provide you with the information. Any information Senators wish to receive, with respect to the CDAP, is available to them without question, because this is a programme that I think is one of the best things that has ever happened to the health sector: providing medication to all our citizens who are suffering from chronic illnesses. We are making medication available to our citizens so that they will not have to have open-heart surgery or renal failure when they have to go on a dialysis machine three times per week for four or five hours on every occasion. The idea is for us to arrest and detect these illnesses and make the medication available to them, so that they can remain productive citizens of Trinidad and Tobago. The CDAP is a programme that is talked about and all of us can certainly be proud of it and support it. We have removed all barriers for persons to access the CDAP, regardless of age or gender. If you are suffering from hypertension, diabetes, asthma or arthritis and have a CDAP prescription you can go to any one of the 110 public pharmacies or the 220 private pharmacies and access that medication. You are not told which pharmacy to go to.

Madam President, I know my time is limited. I wish I could have spent two hours more talking about what we are doing in the health sector. There is so much more I would like to touch on.

With respect to the commission of enquiry, very quickly, the reason they have not yet started the sitting was the accommodation. I am happy and pleased to report that last Thursday, the Cabinet approved the office space for the

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commissioners and the staff. I am hopeful that they will start very soon. Understanding the season of Christmas and carnival, I suspect that it will start immediately after the carnival. [*Interruption*] Wonderful, it may start before.

Sen. King, I welcome the work you and your committee are doing. I welcome when people provide constructive criticisms in the health sector. When you do that, all you are doing is highlighting so that we can now address it and deal with it. All I ask for is some balance.

Madam President, I thank you.

**Sen. Prof. Deosaran:** Before the Minister finishes. I want to know, for the record, what about the proposal for ministerial inspections of your various—

**Hon. J. Rahael:** Oh yes, I am sorry. Thank you very much. Sen. Prof. Deosaran, you made the suggestion that maybe the Minister should visit the health centres. I have given that much consideration since you made it. I have put together a small team to go to all the health centres, with a template as to what they should ask for and what they should expect and report directly to me, so that I would be aware. Ever so often, when I have the time, certainly I would visit.

With respect to the national health insurance, we are aware that the Government is trying to go forward. I am willing and have already extended an invitation to Members of the Opposition and would do so to the Independent Senators, to sit on the steering committee so that we can go forward in the health sector.

**Sen. King:** Before the Minister finally finishes.

**Madam President:** He is finished.

**Sen. King:** I think we will prefer not to go to Mr. George. We would like the Minister to supply us with the information, please.

**Hon. J. Rahael:** Thank you.

**Sen. Wade Mark:** Madam President, let me first of all, express my profound appreciation to all my colleagues, including the Minister who spoke on the Motion. This Motion, as you are well aware, seeks to have the Senate annul the decision, on the part of the Government, to split the North West Regional Health Authority into the North and the Central RHAs.

Many of the points that were raised by the Minister—on whom I waited with bated breath, to clarify some of the issues I and many other colleagues raised—had to do with the rationale. What was the basis or the *raison d'être* for this decision? Apart from hearing the Minister refer to the NWRHA as being huge,

cumbersome and difficult to manage and when it was merged there were many difficulties, I did not get from him a sense of a detailed appreciation of the cost, the benefits and the efficiency gains to be realized from the splitting process.

What I did hear and what we all heard from the hon. Minister, which we welcome, is basically an account of his stewardship and a number of promises that he hopes to be fulfilled by the end of December. But nowhere in his contribution, so far—this is why we ought to have suspended the Standing Orders to give him another two hours—have we been provided with any factual appreciation of the basis and considerations that informed the Government's judgment in taking that particular direction; that is splitting the NWRHA into two parts.

Madam President, we are where we were at the beginning of the debate. I want to clear the air on a particular point that was made earlier by my hon. colleague, the Minister of Legal Affairs, Sen. The Hon. D. Montano, when he said that this debate is more like going through the motions, because a Motion was already passed in the other place and even if we were to pass this Motion tonight then the Government can go ahead and implement its decision. For the edification and clarification of my goodly friend, I want him to know that the Motion was passed in the other place. A call was made for a reversal. It was not within the 40-day time frame therefore. There was an agreement that the Motion will be debated in the other place. My Motion, however, is within the 40-day period and it does not call for a reversal; it calls for an annulment. If by some luck or some chance, it was to be passed here this evening, it will stand and the Government will not be able to proceed to split the NWRHA into the North and Central RHAs. I wanted to clarify that point for my colleague. It is not that we are going through the motions. This is a very serious debate.

We are concerned about the cost of this exercise. We were told by the hon. Minister, among other things, that no planning went into the first arrangement. He said it was done hastily. Our records will show that there was consultation with the stakeholders involved in the health sector, as it relates to the merging of these two RHAs. I do not know what kind of consultation took place in the particular instant we are referring to, involving this new decision. What I can tell you is in 2005, the budget allocated to the NWRHA—

**Sen. Yuille-Williams:** I did not make a comment on this but I remember very well when we were doing that merging. I made the comment that this merger was done by the Cabinet before it came to Parliament. All the letterheads for that central region were already prepared. I remember stating on that evening that

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Parliament was only rubberstamping something which you had already done. When you talk about consultation, not even the Parliament was given that opportunity. In fact I remember saying that evening that Parliament was insulted. We came with something which had already been done by the government. It came to us signed, sealed and delivered. I brought a letterhead to show that the NWRHA has taken over the entire south, central and northwest. Those of us who were in the Parliament would remember you did it and only came for us to rubberstamp it, so when you talk about consultation, there is no basis for it.

**Sen. W. Mark:** What the Minister does not remember is what I did today and last week, the Opposition at that time failed to do. The Opposition at that time did not file a Motion to annul the decision of the Cabinet, which was tabled in the Parliament as a Legal Notice. The hon. Minister is referring to some other development. I was here so I know what I am talking about. We had consultation. It was your failure to deal with the matter in the way I have dealt with it; maybe that is what happened.

#### **6.15 p.m.**

Madam President, the recurrent expenditure for the North West Regional Health Authority for the year 2005 is \$307 million. That figure does not take into account the \$108 million that is currently owed to the Inland Revenue Department; it does not take into account the \$15 million that is currently owed to the various utility providers in the country; and it does not take into account the number of industrial agreements that were signed between the North West Regional Health Authority and a number of other institutions.

If the splitting of the North West Regional Health Authority is to take effect, we are talking here of a budget of about \$700 million. Has the Minister of Finance budgeted for that amount? I am taking into account the boast made by the hon. Prime Minister that with effect from January 01, 2005 there would be free medical services at the Eric Williams Medical Sciences Complex.

Madam President, the hon. Minister talked about the Eric Williams Medical Sciences Complex, but he stayed clear of that matter. So, I am incorporating the financial cost and the burden that the taxpayers would have to bear into my analysis. The Government would need a minimum of \$500 million to provide the services that were provided during the fiscal year 2003/2004. We are not taking into account the \$300 million that would have to be catered for if the Government intends to provide free medical care to citizens of this country at the Eric Williams Medical Sciences Complex from January 01, 2005.

I do not have all the accounting staff. I am doing a rough estimate. The hon. Minister has all the resources at his disposal, and he is the one who has to come here and present us with a proper account but, instead, he gave us an account of his stewardship. [*Desk thumping*] We do not want to hear about that! We want to know exactly how much money this is going to cost the taxpayers. We do not know. I am providing this honourable Senate with a rough estimate. At the end of the process, what would be the quality and standard of health care provided to the citizenry of this country?

With respect to the money that was allocated to the North West Regional Health Authority in fiscal year 2003/2004, we saw the poor and substandard quality of health care services that were provided, and the Government is now going to split the North West Regional Health Authority into two parts. The Government cannot even provide this Parliament with an appreciation as to how much money it is going to cost the Government and taxpayers to run these individual institutions, in order to provide proper quality health care for the citizens of this country. [*Desk thumping*] All we are getting here is a set of “gambage” and mamaguy. That is all we are getting here this evening from the hon. Minister.

Madam President, at the end of the day, I am not convinced that this Government is serious about providing proper health care for the population of this country. All we are hearing is “ol’ talk”. Do you think that Sen. Wade Mark is saying so? It is not Sen. Mark saying so.

The Ansa McAL group of companies conducted a poll, and on the *Sunday Guardian* newspaper dated November 21, 2004 there is a headline: “Govt not serious about health care C-DAP corrupt Rahael must go!” [*Interruption*] You are my friend, but I cannot help you. The masses are saying that you must go; and the masses are saying that the Government is not serious about an efficient, modern health care service in the country. The article says:

“In the wake of these allegations, the majority of respondents expressed skepticism...”

#### PROCEDURAL MOTION

**The Minister of Public Administration and Information (Sen. The Hon. Dr. Lenny Saith):** Madam President, in accordance with Standing Order 9(8), I beg to move that the Senate continue to sit until the completion of the debate on this Motion.

*Question put and agreed to.*

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(AMENDMENT OF THE FIRST SCHEDULE) ORDER**

**Sen. W. Mark:** Madam President, 62 per cent said that the PNM administration is not serious about an efficient, modern health care service in the country. We get a set of bravado from the Minister—“gambage”, mamaguy—and countless promises, that he may not be able to deliver. We know that the masses have already judged him. They are saying that the Minister is joking and he is not serious. The Minister may be serious, but he is in a government that is a total waste of time. All they are about is their own business.

Madam President, I want to make the point very clear that if the UNC did something wrong whilst it was in office, the Attorney General, with his political police squad, have ensured that certain persons have been charged. These persons are now before the courts. So, in other words, if you are saying that these persons did wrong and they were charged through the normal process, and they are facing the courts, the hon. Minister of Legal Affairs is now coming here to tell us that contracts were awarded without tender.

I want to ask the hon. Minister of Health—he spoke to the issue of something called the oncology centre, but he did not tell us that the contract for that centre was awarded without public tender. He did not tell us that! The hon. Minister of Legal Affairs did not take the time off to tell us that the PNM was awarding contracts valued at US \$25 million. Do you know what is even more alarming about this matter? The same company that did the feasibility study for the oncology centre was awarded the contract without tendering and this contract involves some US \$25 million.

**Hon. Rahael:** Madam President, on a point of order. The hon. Senator is again misleading the Senate. The Government did not award any tender to the company that he is referring to, which is CCI. This arrangement is a government-to-government arrangement with the Canadian government. The Canadian government would have awarded the contract to whomever. That was just to get the record right.

**Sen. W. Mark:** It is going to cost the taxpayers of this country US \$25 million to build an oncology centre. If this was being done for free, then I could understand the point made by my hon. friend, but we are paying for it. We do not have standards here, so we are allowing the Canadians to dictate to us! They sent a company to do a feasibility study on the establishment of an oncology centre, and they have submitted a report. They are imposing on our country to pay a fee

of US \$25 million to the same company that did the feasibility study on the oncology centre, and the Minister is telling us that it is the Canadian government that has awarded the contract. Are the Canadians running our country?

All I am saying is that when we are speaking, we must speak the truth. [*Desk thumping*] We know for a fact that the contract for this oncology centre was awarded without public tendering. I want the hon. Minister to tell this country, on another occasion, why did the Government award a contract to the UNDP to provide this country with 40 to 50 ambulances that are breaking down all over the country? [*Desk thumping*] I understand it cost the taxpayers of this country \$500,000 for one of those vehicles, and as was told by Sen. Sadiq Baksh, eight of these ambulances have been cannibalized and they are in the graveyard.

**Hon. Rahael:** The Senator did not say that. Madam President, again, the Senator is misleading this honourable. Senate. Sen. Sadiq Baksh never talked about any ambulances being cannibalized.

**Sen. W. Mark:** Anyway, these ambulances are being parked up and they are missing parts. These vehicles came here and they were supposed to be fully equipped. We were ripped off by the UNDP. The question here is whether local entrepreneurs—and the Minister is a local entrepreneur. That is why he is going into Super Pharms. I am going to support him. [*Laughter*] Why did the Government not locate local entrepreneurs to access these ambulances? These ambulances were supplied through UNPD and 40 or 50 of those ambulances have been brought into this country without any maintenance contract.

**Hon. Rahael:** Madam President, again, on a point of the order. The Senator is not being accurate and truthful. The maintenance contract came with the ambulances. I made that announcement many times in many places. The company that is servicing those ambulances is Sterling Services Limited.

**Sen. W. Mark:** Why are these ambulances breaking down all over the place? We need to know! Madam President, we need to clarify these matters. Clearly, we have some concerns with respect to these matters. The Minister never provided this Parliament with the terms and conditions of this contract. We are left to speculate because there was an absence of transparency, accountability and probity in public affairs.

The Minister should bring to this Parliament and lay on the table the documents dealing with the terms and conditions of the contract that was awarded to the UNDP. Why did this contract not go out for public tender? Is the UNDP above corruption? I understand that when they do a job for us they get a big

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finders fee of \$15 million in some instances; \$10 million in some instances; and \$5 million in some instances. Let us know why that is so. We need the information; otherwise we cannot believe my colleague, the hon. Minister. I cannot take assurances from the Minister. This Government cannot be trusted; it has no credibility. One of the most corrupt regimes that we have ever had in this country is this PNM government. [*Desk thumping*]

Madam President, the Minister made reference to HIV/AIDS and this is a serious matter. Tomorrow is World AIDS Day. My understanding is that there are about 30,000 citizens walking around like a time bomb carrying this HIV/AIDS virus. And because of the absence of making AIDS a notifiable disease in this country—I have always argued for that—people are going about the place spreading HIV/AIDS. As the Minister indicated, we now have to invest a lot of money to buy drugs and medical supplies to ensure that those persons who have contracted AIDS would be able to live a little longer. I have no problem with that. To date, the Government has not brought any legislation to deal with the stigmatization and discrimination of HIV/AIDS workers in the workplace. We need to outlaw stigmatization and discrimination of workers who have contracted HIV/AIDS. People are now being forced to take a medical check up before going to the workplace, and many workers are being discriminated against. I think that is a matter that the Minister of Health needs to pay attention to.

The Minister also spoke about the number of women who are being infected with the disease. Trinidad and Tobago is second to Haiti in the Caribbean, in terms of this HIV/AIDS pandemic. That is the kind of dubious glory that is being peddled about the region—Trinidad and Tobago is second to Haiti, in terms of HIV/AIDS in the Caribbean. The Caribbean is second to Africa, in terms of the number of persons that are being infected with HIV/AIDS in those two areas of the world. So, this issue is a very serious one.

I do not believe that the Government is doing sufficient to stop the spread of HIV/AIDS. The Government needs to do much more. The Government needs to allocate more resources. Our women are becoming victims of this particular deadly pandemic more than the males. To my mind, this is extremely worrying. Based on information released by the United Nations, it showed that in the Caribbean there are almost 800,000 people infected with this particular virus. Do you know what is even more alarming? The percentage of women is alarming. There are about 430,000 women infected with the virus. We need to pay attention to this matter. I do not believe that the Government is doing sufficient in this regard.



**Hon. Rahael:** Will the hon. Senator give way for a minute? I just want to advise the Senator that on the Order Paper in the other place, there is a Bill to amend the Offences Against the Persons Act, Chap.11:08, by the Attorney General, to deal with persons who are HIV-positive, and where persons must declare if they are HIV-positive, if they are to have a partner. This Bill is already on the Order Paper in the other place. [*Desk thumping*]

**Sen. W. Mark:** Madam President, if they are going to criminalize that, I support them on that matter. I am happy that you have brought this Bill to our attention. I want to refer to an article in the *Newsday* newspaper dated October 06, 2004. In the Minister's contribution, he made reference to Dr. Tim Gopeesingh. He said that Dr. Tim Gopeesingh misled this Senate by saying the waiting list for surgeries were too long, and that was not a fact. The Minister went on to indicate what is going to happen between now and the end of December.

Madam President, when one looks at the article in the *Newsday* newspaper, which was just a couple of weeks ago, the Minister never corrected this matter. Why the Minister must take two months to correct information that went into the public domain and Dr. Tim Gopeesingh, or even myself, had to come here and quote it? The Minister never clarified this issue until today. So, the Minister should not come here today and say that Dr. Tim Gopeesingh misled the country. He did not mislead the country. I quote:

“Although the Health Ministry has established programmes to clear the backlog of surgical cases (hernia, cataract) at public health institutions, the Port-of-Spain General Hospital (PoSGH) is scheduling appointments based on the old list, resulting in some people still having to wait a year for surgery.”

So, when you read this article, what conclusion are you going to draw? So, for the Minister to come here and say that Dr. Tim Gopeesingh misled the Parliament, I think that was unfair. [*Interruption*] The reality is that there is a waiting list, which was advanced by the particular institution that I referred to. I am sure the hon. Minister would have a copy of that report.

**Hon. Rahael:** The Ministry of Health commissioned the report.

**Sen. W. Mark:** Madam President, if you read this report, in terms of its recommendations, nowhere was a case made out for two Regional Health Authorities. They talked about inefficient management. How are they going to address inefficient management? Are they going to create two separate institutions when the management is inefficient? Where are they going to get these managers? The new Chief Executive Officer of the North West Regional Health Authority is a nurse. I do not have any problems with nurses.

**Hon. Rahael:** She is the best.

**Sen. W. Mark:** I am not saying that she is not the best person for the job, but in a modern world where you are talking about a scientific approach to matters, people must be able to have background training and so forth. We are talking here about managing thousands of patients and supervising and presiding over hundreds of millions of dollars. Maybe she is the best person for the job, but the proof of the pudding is in the eating. Let us see. I am not going to condemn anyone. In this regard, I am going to give the sister the benefit of the doubt.

I want to know how is the splitting of the North West Regional Health Authority into the North and Central Regional Health Authorities going to deal with inefficient management of the wards, units and agencies of the institutions.

One of the recommendations from the Pan American Health Organization (PAHO) is that there is poor hospital sanitization. Hospital compounds are laden with discarded furniture. How is the splitting of the North West Regional Health Authority going to deal with sanitation? There are many outdated and non-functional equipment at the hospitals like incinerators, washers, dryers and kitchen equipment. These are recommendations coming from PAHO. The Minister of Health has a copy of that report. The Minister did not tell this honourable Senate how creating two separate Regional Health Authorities would impact on the health care of this society.

There is poor supervision in hospitals leading to indiscipline, demoralization and poor personnel performance. How would the splitting of the North West Regional Health Authority address this particular issue? I am not convinced. I believe this is a case of jobs for the boys and girls. I want to know who is the man earmarked for the Central Regional Health Authority? Who is that person? The Minister must tell us. Did the Government consult with the Inter American Development Bank on this matter? The IADB said in its loan sector programme that there should not be any duplication of services. Did the Government discuss this matter with the IADB that is lending this country over US \$500 million to conduct this programme? I do not know. The Minister is supposed to tell us whether the splitting of the North West Regional Health Authority has the full support of the IADB. The Minister did not tell us that. Maybe, the IADB is not in support of this matter.

Madam President, this is the same Minister who brought—but I think because of wisdom, he was properly guided from a legal point of view to allow the Bill to lapse—a Bill to amend the Regional Health Authorities to make the Public Services Association (PSA) the sole bargaining unit for doctors in this country.

The PSA is now saying, who the hell is Rahael? That is what the PSA is saying now. He was playing games with the PSA. He wanted to bring the doctors to their knees, but do you know what happened?

Madam President, this matter went to the International Labour Organization (ILO). The ILO told this Government that it was in violation of Nos. 87 and 98 of the ILO Convention and that is why they pulled back. The ILO advised this Government that it was trampling upon the rights of the doctors in this country. This is the man who brought this legislation.

The Minister has a good reputation. The Minister executed 10,000 workers at Caroni (1975) Limited. They have a graveyard waiting for him down there. Madam President, the hon. Minister executed 10,000 Caroni (1975) Limited workers, and that was his claim to fame. [*Laughter*]

**Madam President:** Hon. Senator, you should be a little moderate with your language. I do not think that the Minister executed anyone. The word “execution” is a very strong word.

**Sen. W. Mark:** Did he sever them and that led to their assassination? [*Laughter*] All I can say is that 10,000 sugar workers are no longer working at Caroni (1975) Limited. I know that there are suicides taking place down in that part of the country.

Madam President, do you know that the Government was going to build houses on a cemetery to voter pad and house pad? But when you mess with the dead you would get a spirit lash. The Government of Trinidad and Tobago was messing with the dead by building a housing estate on a cemetery. People were digging up coffins and bones in the cemetery, and they were going to build houses there. The Government is so desperate. I want to tell them that what goes around comes around. If they continue to harass people, as they are harassing them now—Minister Rahael, I hope you do pray.

We do not believe that splitting the North West Regional Health Authority is going to solve the problem. We want to reiterate that we need competent personnel at the level of the RHA boards; we need competent personnel at the managerial level; and we need persons who would be selected or appointed on the basis of merit. If a person is a political activist and that person is qualified and has the talent and the merit, I have no problem with that, but do not put square pegs in round holes. That is what is taking place. I am calling on the Minister to ensure that the necessary responsibility is taken to ensure that we have the right persons in the right places at the right time.

We believe that the Minister should begin to take his responsibility seriously, and do what he is being paid to do. The Minister is supposed to formulate policy, monitor and deal with financial affairs in terms of the provision of finances. The Minister also has to establish agreements between the RHAs and the Ministry of Health so that he would know what services are being provided and to make the resources available to monitor the performance of these RHAs. The Minister is not doing that.

**Hon. Rahael:** What is he doing?

**Sen. W. Mark:** I do not know. I want to know because the health system is in crisis. The Minister has to be sleeping. With a population of 1.3 million people, we do not need five RHAs. We are advancing that the arrangement the Minister is now trying to impose on this country is going to lead to increased cost and duplication of services. We need an efficiently run and properly managed RHA. That is what we want. We are saying that the North West Regional Health Authority should remain as it is, or the Government should even go further to reduce the number of RHAs that we have at present. That is our view with respect to this matter.

With respect to our arguments, in attempting to advance our views as to the justification of this Motion, we have been able to advance cogent, reasonable grounds for the Government's reconsideration of this particular decision. We believe that the decision is wrong; we believe that it is irrational; we believe that it is reckless; and on that basis, we believe that this Motion ought to be annulled, and we ought not to proceed to split the North West Regional Health Authority into the North Regional Health Authority and the Central Regional Health Authority.

Madam President, I also want the hon. Minister to look into another matter. Information reaching me has revealed that many citizens who go to these health centres for drugs are being told that these drugs are not available. Do you know what happens? These citizens are forced to go to private pharmacies, and at all times the private pharmacies would have the drugs. I do not know what is happening there. When these persons go to the public health sector institutions there is always a shortage of drugs, although more money is being allocated to those health centres and institutions. Something is rather wrong in that area, and we need to investigate it.

All I can tell the hon. Minister is that the masses are saying that the CDAP is corrupt and the Minister needs to look at that matter; the masses are saying that

the Minister and this PNM regime are not serious about proper health care; and the masses are also saying that they do not believe the Minister and, therefore, he should go, but that is for the Prime Minister to decide.

So, as far as we are concerned, our Motion is simple and straightforward. We are calling on the honourable Senate, based on our arguments, to annul this Motion and to leave the status quo as is. Let us remain with the four RHAs until further notice.

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

*Question put.*

*The Senate divided:*      Ayes 8      Noes 20

AYES

Mark, W.

Baksh, S.

Kernahan, Dr. J.

Montano, R.

Seepersad-Bachan, Mrs. C.

Augustus, R.

Khan, Bro. N.

Ali, B.

NOES

Saith, Dr. Hon. L.

Yuille-Williams, Hon. J.

Jeremie, Hon. J.

Montano, Hon. D.

Enill, Hon. C.

Gift, Hon. K.

Manning, Hon. H.

Chin Lee, Hon. H.

Dumas, Hon. R.

Abdul-Hamid, Hon. M.

Titus, R.

Kangaloo, Hon. C.

Sahadeo, Hon. C.

Ramroop, Hon. S.

Hackshaw-Marshlin, J

McKenzie, Dr. E.

Deosaran, Prof. R.

King, Mrs. M.

Seetahal, Ms. D.

Anmolsingh-Mahabir, Mrs. P.

**Madam President:** Hon. Senators, the results are 20 Senators voted against the Motion and eight Senators voted for the Motion, so the Motion has failed.

*Motion negatived.*

#### 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, December 07, 2004 at 1.30 p.m at which time we will deal with Bills Nos. 1 and 2 as listed on the Order Paper.

**Madam President:** Hon. Senators, there is a matter to be raised on the adjournment.

#### **Aranguez Bridge (Construction of)**

**Sen. Wade Mark:** Madam President, this Motion deals with the recent collapse of the Aranguez bridge. My colleagues would be aware that the original bridge collapsed in November, 2003. I must say that the Minister and his Ministry responded within a relatively short period of time in erecting a temporary bridge. Since then, the weather conditions have been very unusual in Trinidad and Tobago. Although we had an original bridge there for some 80 years, that bridge was only to accommodate a certain amount of traffic, in terms of the weight of vehicles, but all kinds of heavy pieces of equipment and transport vehicles used to traverse that bridge.

[MR. VICE-PRESIDENT *in the Chair*]

Mr. Vice-President, the bridge collapsed in November 2003 and subsequent to the erection of a Bailey temporary bridge, heavy rains also brought an end to that bridge.

About two or three weeks ago—there is a one-way kind of traffic that would utilize that bridge—that bridge collapsed and, once again, the road was closed off. I am happy to say that only today I was told that the bridge was reopened, and that is the temporary bridge.

I held discussions with a number of organizations in Aranguetz like the village council, the community council, the PYM Youth and Cricket Club, the Aranguetz Sports Club and even with principals of schools nearby, and they are concerned with the state of affairs of that bridge.

I want to find out from the hon. Minister when will the Government be in a position to construct a new and permanent bridge. The people want to get information on that matter. In the meantime, they are saying that the bridge is almost like a trap. In a sense, there are no lighting facilities on the bridge. Two vehicles have plunged into the river within a short space of time in that community.

Mr. Vice-President, many persons use the Aranguetz Savannah for physical exercises. Many persons who use that bridge come from the Aranguetz community, not to mention the Aranguetz Villas. Those persons who are coming from the Aranguetz community have to use that bridge and there are no safety devices there; no protective railings for children and the elderly. The kind of material that was used on that bridge was a very smooth kind of material, and a person could skid and fall on the bridge if it is wet. There are many dangers lurking in that particular area—inconvenience to farmers, residents, sporting enthusiasts and the motoring population. As you know, the Aranguetz bridge is a key artery linking the East-West Corridor. If you want to beat the traffic, you could make the block and get to the back of Aranguetz. Many motorists use that course.

The question really is: What is the Minister going to do about this situation? Is the Government going to proceed with the construction of a new and permanent bridge for the people of Aranguetz? When is that bridge going to be constructed? When the original bridge had collapsed, the hon. Minister gave a commitment at that time—that is according to Mr. Bissoon who wrote to him—that within a short period of time a new bridge would have been erected. I do not know if it was a

*Aranguéz Bridge*  
[SEN. MARK]

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new bridge or a temporary bridge. My information is that a promise was made. People are looking forward to a new bridge. Is this bridge going to be a two-way arrangement or is it going to be a one-way arrangement?

Mr. Vice-President, in the meantime, there is another issue that I would like the Minister to pay attention to. There is a club called the Aranguéz Cricket Club that has been in existence since 1924. That club has trained hundreds of footballers and cricketers, and they hold regular clinics. In fact, for this period, 250 youths were trained by that club on that particular ground. I was informed of a situation, and I need to have clarification from the hon. Minister whether it is the intention of the Government to acquire the ground that is currently owned by the Aranguéz Cricket Club in order to make way for the new bridge. Is it the intention of the Government to acquire the lands of that ground in order to make way for the new bridge? I would like the Minister to clarify that point. That was a concern expressed and I need to let him know the concerns of the residents of that community.

**7.00 p.m.**

Mr. Vice-President, there is total chaos on mornings and afternoons. I think an initiative was taken either by the Minister or someone else and policemen were stationed there for a few days; but between the hours of 7.00 a.m. to 9.00 a.m., there is total chaos. In fact, people have gotten into physical confrontations on the bridge, because just imagine you are rushing to work and somebody else is rushing through the next side and both of you end up in the middle of the bridge; there are fights and things like that. Between the hours of 7.00 a.m. and 9.00 a.m. and from 3.00 to 6.00 in the afternoon you need to have police officers on that bridge to regulate the flow of traffic, until you are able to erect a permanent bridge, because it is causing too many problems for residents of the community. I am certain that you would have been told about this.

Mr. Minister, put some lights on the bridge “nuh”; that area is particularly dark. The Aranguéz Savannah is a haven for criminals who rob people; steal their chains, purses and so on. Women have been raped in that area because it is rather dark. It is either they light up the savannah or put lights across the bridge, but they need to do something about it.

I have brought this matter to the attention of the hon. Minister because the people of the Aranguéz community are concerned about their bridge. They want to know if you are going to build a new and permanent one. They want to know when you are going to build it. They want to know if there is going to be a two-



way traffic arrangement and they want lights when that is done. They want proper railings. They want proper protective arrangements for the children and elderly. Mr. Vice-President, they want to ensure that, at least, when the bridge is constructed we do not have the problem of floods washing it away.

My concern is that the temporary Bailey bridge that you have just repaired and was only opened today after the last flood, if we have another major downpour it will collapse again. So I am appealing to the hon. Minister, on behalf of the residents of the community of Aranguetz and all those organizations with which I had consultations, to give a commitment to them, not to me, that certain things are going to be done to ensure that in the future we do not have a repeat of the bridge collapsing and causing what I call “monumental inconvenience” to residents, the motoring population, farmers, joggers and those sporting enthusiasts who use the Aranguetz Savannah on a daily basis. I hope the Minister can provide an adequate response in order to satisfy the urges, needs and requirements of the people of Aranguetz. [*Desk thumping*]

Thank you.

**The Minister of Works and Transport (Hon. Franklin Khan):** Mr. Vice-President, [*Desk thumping*] after such a passionate presentation from Sen. Mark, I expect to see him in the Lower House come 2007. You will remain on the same side, albeit, but I expect to see you in the Lower House. [*Laughter*] Sen. Mark is pushing against an open door. All that he has said is quite accurate. I will take this opportunity to brief this honourable Senate as to where we are and what we are about to do.

Just as a background, the original bridge, as he indicated, was quite old. Our research has indicated that it was built by the Aranguetz Estate many, many years ago and, probably, even before the 1940s. Just to get a little technical here, its design was a 40-foot span, 12-metre single lane consisting of a reinforced concrete deck eight inches thick, a mass concrete abutment unreinforced and shallow mass concrete foot padding. Forensic structural research indicated that the bridge was designed for light wheel tractors with single axle and, obviously, for animal drawn carts and pedestrians. Although there was no information, we had calculated, based on the structural information, that the maximum capacity of the bridge would have been on or about three tonnes. Obviously, the bridge spanned the San Juan River and, technically, falls under the jurisdiction of the San Juan/Laventille Corporation.

The original structure of the bridge collapsed into the river on the night of November 20, 2003. At that point in time, there was a lot of toing and froing; that

*Aranguetz Bridge*  
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was one of my unique experiences in Government where one agency of Government said, "It is not my bridge," and another, "It is not my bridge." My Permanent Secretary at the Ministry of Works and Transport brought documentary evidence to prove to me that the bridge did not fall under the jurisdiction of the Ministry of Works and Transport and said that I should call the Chairman of the San Juan/Laventille Regional Corporation. My response was that the bridge was the responsibility of the Government. [*Desk thumping*]

I remember quite distinctly Sen. Yuille-Williams was acting Prime Minister at the time and she did, in fact, phone me to ask what I was doing about the bridge. I said, "I will take responsibility for the bridge," and in under two weeks we had constructed a temporary Bailey bridge to replace the existing bridge. The capacity of the Bailey bridge was almost equivalent to the existing capacity we were replacing. I did indicate at the time that ultimately the solution would be to construct a new bridge. With the temporary Bailey bridge it seemed as though God was telling us something, because it was exactly on the 20<sup>th</sup> of one year to the 20<sup>th</sup> of the next year, one year after, that this bridge collapsed after some excessive rainfall and major erosion on the San Juan River.

Mr. Vice-President, our engineers have virtually completed the design of the new bridge. We have been designing two bridges in-house and all the contract documents will be completed by December 15, which is just two weeks away. The two bridges we have completed designing, one the Aranguetz Bridge, which is the question of this Motion, and the Farm Road Bridge in St. Joseph that has collapsed, probably, twenty-something years now and, again, provides a major bypass from the congested Southern Main Road and the Eastern Main Road.

There is a programme at the Ministry of Works and Transport, which to me is quite creative. It is called our "Alternative Route Access Programme". One of the fundamental weaknesses of our road grid and traffic management system is that a lot of our towns have one access in and one access out. There are no bypass structures and no alternative routes to access population centres. If you look at a map of continental United States, what is most obvious about the road grid is that every town in Midwest United States virtually has four entrances and exits. When we take some of our towns, there is one road that passes through, that is why the concept of High Street has become so fundamental. There is a High Street in Princes Town, Rio Claro and Point Fortin, because that is the street that passes through these various population centres.

The first phase of that programme was picking up on some work that Sen. Baksh did when they upgraded the M2 Ring Road that helped Debe and caused a

lot of alternative access in and out of the Oropouche/Debe area. We did the same thing on the M1 Ring Road, where we were able to bypass Princes Town and relieve a lot of the traffic, so that people coming from the East, which is Rio Claro and Moruga, wanting to come into San Fernando to take the highway, totally bypassed the population and congestion of Princes Town. There are about 14 projects like that which will be done this year. I do not want to use this opportunity to outline them, but two of them are the two bridges in question: the reconstruction of the Farm Road Bridge, to divert heavy traffic from the Southern Main Road to bypass and get back on to the Eastern Main Road, and this bridge in question.

The new structure will be able to carry all anticipated load for the next 30 years or so. I pause here to go very slowly. It will consist of two highway standard lanes each 3.65 metres; so it is a dual lane bridge, two highway equivalent lanes, which will be very wide, 3.65 metres each. Two pedestrian footpaths, 2.5 metres each, and a bicycle lane with protective railings. I looked at the design this afternoon before I came. It was designed by the two young graduates who we just took out of the university last year, under the supervision of our Chief Bridges Engineer.

Improvement to the roadway on either side of the structure to facilitate the increased traffic and pedestrian flow are included in the design. There was, in fact, a design that would have called for the acquisition of the ground. Because there is such limited greenery along the East-West Corridor and the Aranguéz Savannah—to me, it is pristine and should be kept that way—we have eliminated that design and gone with one which will cause a little more constraint on the road alignment, but you will actually have no need to acquire the grounds of the club that the Senator was speaking about and still be able to accomplish the results we want.

My engineers have promised on the 15<sup>th</sup>, all the contract documents. This will go under our PURE programme, which is procured through NIPDEC, so we have a faster cycle time of getting contractors out on the site. We feel quite confident that we will be able to start construction in January of next year. My notes here say that it should be completed by June. The estimated cost is somewhere between \$4 million to \$5 million for the Aranguéz Bridge and peripheral works.

**Sen. Mark:** Hon. Minister, you will be aware that the Aranguéz/San Juan River is really eroding a lot of property in that area of the country. I do not know if you have any intention of constructing retaining walls along that river.

**Hon. F. Khan:** As a matter of fact, the contract for walling and paving of the San Juan River has already been awarded and strangely enough the contractor had mobilized about a week before the floods came. If you looked at the television footage, you would have seen major heavy equipment on the banks of the river, even during the floods. The walling contract has already started, technically, but the contractor told us that it would be really wasting money to do the construction during this month and that we should, probably, start in a very serious way in January, as the dry season approaches.

So all in all, it is happening good for you to keep campaigning. [*Laughter*] Just tell them where the help is coming from. [*Laughter*] At the end of the day, with the construction of this bridge, vehicles can access the Eastern Main Road through Savannah Road and Bridge Road much more efficiently, thus easing the congestion along Aranguéz Road and Fifth Street in San Juan. I think we are on board on this. River works will start, in earnest, in January; the contract has already been awarded and, hopefully, the bridge construction will also be quite modern and part of the overall programme.

Thank you.

*Question put and agreed to.*

*Senate adjourned accordingly.*

*Adjourned at 7.14 p.m.*