

Leave of Absence

Tuesday, April 11, 2006

SENATE

Tuesday, April 11, 2006

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. Christine Kangaloo, who is out of the country.

PAPERS LAID

1. Annual report of the Integrity Commission of Trinidad and Tobago on its activities for the year 2005. [*The Minister of Public Administration and Information and Minister of Energy and Energy Industries (Sen. The Hon. Dr. Lenny Saith)*]
2. Annual audited financial statements of Taurus Services Limited for the financial year ended September 30, 2005. [*The Minister in the Ministry of Finance (Sen. The Hon. Christine Sahadeo)*]
3. Annual audited financial statements of the National Entrepreneurship Development Company Limited for the years ended September 30, 2002 to 2004. [*Sen. The Hon. C. Sahadeo*]
4. Registration of Deaths (Form) Order, 2006. [*The Attorney General (Sen. The Hon. John Jeremie)*]

SENATOR'S APPOINTMENT

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

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

Senator's Appointment
[MADAM PRESIDENT]

Tuesday, April 11, 2006

/s/ G. Richards
President.

TO: MRS. JOAN HACKSHAW-MARSLIN

WHEREAS Senator Christine Kangaloo is incapable of performing her duties as a Senator by reason of her 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 11th April, 2006 and continuing during the absence from Trinidad and Tobago of the said Senator Christine Kangaloo.

Given under my Hand and the Seal of the President
of the Republic of Trinidad and Tobago at the
Office of the President, St. Ann's, this 6th day
of April, 2006."

OATH OF ALLEGIANCE

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

ORAL ANSWERS TO QUESTIONS

Integrity Commission (Declarations—Exemption of Judges and Magistrates)

51. Sen. Wade Mark asked the hon. Attorney General:

- A. Is the Attorney General aware that the Integrity Commission has taken a decision to exempt judges and magistrates from filing declarations with the Commission in accordance with the law?
- B. If the answer to A is in the affirmative, could the Attorney General inform this Senate:
 - (i) when was this decision taken;
 - (ii) when and how was this decision communicated to judges and magistrates; and
 - (iii) what is the rationale for such a decision?

The Attorney General (Sen. The Hon. John Jeremie): Madam President, this question, as many others, cannot be answered because it relates to a matter now pending before the High Court of Trinidad and Tobago, namely, High Court Action, 1735 of 2005 in the matter of the interpretation of the Constitution of the Republic of Trinidad and Tobago and in the matter of the Attorney General filed on January 22, 2005.

It is therefore in breach of Standing Order 17(1)(g)(vi) which states as follows:

“A question shall not be asked —

- (vi) about any matter then pending before any Court of Justice, or which reflects on the decision of a Court of Justice.”

Thank you.

**Integrity Commission
(Legal Advice on Exemption of Judges and Magistrates)**

52. A. Could the hon. Attorney General inform the Senate who provided the legal advice to the Integrity Commission which resulted in the decision to exempt judges and magistrates from the provisions prescribed in the Integrity in Public Life Act, 2000?
- B. What was the cost of the legal advice referred to above?
- C. Could the Attorney General inform the Senate what action, if any, has been taken by the Integrity Commission against anyone who failed to file a declaration prior to the date of the exemption of judges and magistrates?

The Attorney General (Sen. The Hon. John Jeremie): Madam President, the answer to that is the same. The question cannot be answered because it relates to a matter now pending before the High Court of Trinidad and Tobago, namely High Court Action 1735 of 2005, in the matter of the interpretation of the Constitution of the Republic of Trinidad and Tobago and in the matter of the Attorney General. That matter was filed on January 22, 2005.

It is therefore in breach of Standing Order 17(1)(g)(vi), which states as follows:

“A question shall not be asked—

- (vi) about any matter then pending before any Court of Justice, or which reflects on the decision of a Court of Justice.”

Thank you.

**BOUNDARY DELIMITATION
(TRINIDAD AND TOBAGO AND BARBADOS)**

The Attorney General (Sen. The Hon. John Jeremie): Madam President, the statement which I am about to read has been approved by the Cabinet. It relates to the boundary delimitation matter between Trinidad and Tobago and Barbados.

Today, the Arbitration Tribunal at the International Dispute Resolution Centre in The Hague ruled in favour of Trinidad and Tobago in the maritime boundary dispute between this country and Barbados. [*Desk thumping*]

Madam President, by a Notice of Arbitration dated February 16, 2004, Barbados initiated arbitration proceedings concerning its maritime boundary and a fishing dispute with Trinidad and Tobago to the International Court of Arbitration.

According to the pleadings of Barbados, the matter related to the delimitation of a single maritime boundary between the exclusive economic zones and the continental shelves belonging to the two countries. The dispute was filed under Article 286 of the 1982 United Nations Convention on the Law of the Sea (UNCLOS).

The Tribunal today rejected each and every claim made by Barbados on all counts, including the attempt by the Barbados government to secure all of the area south of the median line, which they regarded as their traditional fishing ground, that is, the area just off the coast of Tobago. The Tribunal also agreed to a request by Trinidad and Tobago to extend our maritime boundary which was in counter claim to the continental shelf beyond the 200 mile Exclusive Economic Zone of Barbados. This was an unprecedented ruling for an international maritime tribunal. It has never occurred before.

The Tribunal also agreed with Trinidad and Tobago's position which was articulated by the agent of Trinidad and Tobago, the Attorney General, in his closing remarks, that the fishing agreement should be negotiated between the two countries and had no place for resolution before the Arbitral Tribunal. This was in keeping with the position adopted by Trinidad and Tobago throughout the proceedings.

Indeed, Madam President, in my closing submissions, I told the Tribunal: The way for Barbados to obtain such access is to negotiate for it, something we were always ready to do until the fisheries negotiations were broken off by Barbados. We are still prepared to negotiate a fisheries access agreement with Barbados.

While we were always confident of the outcome of these proceedings, the mere referral of this dispute was a significant threat not just to the exploitation of our oil and gas resources, but to the livelihood of our fisher-folk especially in Tobago, and the proceedings threatened to compromise the very integrity of the unitary state of Trinidad and Tobago.

The dispute, which was referred to the Tribunal by Barbados, had implications for our boundaries especially off Tobago's waters as well as our boundaries with our neighbours in Grenada, Guyana, St. Vincent and Venezuela. That is, it not only threatened the integrity of the unitary state of Trinidad and Tobago, but also our exploitation of our economic rights.

You would recall that letters were written by the government of Barbados to the international energy companies interested in exploring what our Caricom neighbour considered to be a disputed area. That matter has now been conclusively put to rest. It is for this reason that from the very beginning we were determined to defend the integrity of the unitary state of Trinidad and Tobago vigorously, firstly by seeking negotiations with our valued Caricom partner and subsequently, when they decided to refer the matter for arbitration, recruiting to our legal team, the leading experts in the world in boundary delimitation. The Cabinet also took the decision that Trinidad and Tobago's case should be led by the Attorney General.

I wish to express my gratitude to the public servants in the Ministry of Foreign Affairs, the Ministry of Energy and Energy Industries, the Ministry of Agriculture, Land and Marine Resources and in the Ministry of the Attorney General who all worked tirelessly and at short notice to facilitate the robust defence which was presented at the arbitration proceedings in London.

I wish to record their contributions for work in the nation's interest. All too often the phenomenal work of our dedicated public servants is ignored. Today I recognize them publicly. [*Desk thumping*] I also wish to thank the Permanent Court of Arbitration and the Arbitral Tribunal for the expeditious manner in which this dispute has been resolved.

Today's ruling not only confirms the legitimacy of our original position but extends our maritime boundary by shifting the median line demarcating the exclusive economic zones of Trinidad and Tobago and Barbados. It allows us what many in the region had complained to be a *Salida al Atlantico*, given by the Government of Trinidad and Tobago in 1990 to Venezuela. The Tribunal accepted our arguments and gave Trinidad and Tobago such an access to the Atlantic. The ruling ensures the preservation of the integrity of all of our archipelagic resources.

Boundary Delimitation
[SEN. THE HON. J. JEREMIE]

Tuesday, April 11, 2006

While it was always our position that the issue should have been settled through bilateral negotiations between two Caricom states with a history of fraternal relations, I wish to commend our friends and partners in Barbados for the tireless effort which they, too, have extended in the matter. This has not only expedited a conclusion to a long-standing debate but also established a template for the resolution of similar disputes in the region.

I wish, in particular, to commend my friend, the former Attorney General/Deputy Prime Minister of Barbados, Mia Mottley for the dignity and the spirit of camaraderie which attended the hearings on this matter. I have already spoken to Ms. Mottley on this issue and we have both agreed to abide fully by the findings of the Tribunal award and to co-operate in implementing its provisions.

We look forward to the deepening and strengthening of the relationship between our two countries, which continue to be at the heart of the regional integration process.

While in legal proceedings it is commonly the case for one party to claim victory and the other to claim some sort of victory in such proceedings, inevitably there is a winner and there is a loser. I think that we have both won something.

In the case of my brothers and sisters in Barbados, I apologize for some of the robust arguments which I made in the heat of our arbitration hearing. The arbitration award is now public knowledge and is available at the website of the International Arbitration Tribunal.

Thank you.

TOURISM DEVELOPMENT (AMDT.) BILL

Bill to amend the Tourism Development Act, 2000 [*The Minister of Tourism*]; read the first time.

PHARMACY BOARD (AMDT.) BILL

[Second Day]

Order read for resuming adjourned debate on question [February 21, 2006]:

That the Bill be now read a second time.

Question again proposed.

Madam President: On Tuesday, February 21, the debate was taking place on a Bill to amend the Pharmacy Board Act, Chap. 29:52. The following Members have spoken already: Hon. John Rahael, Minister of Health, presenter of the Bill; Sen. Dr. Tim Gopeesingh, Sen. Dr. Eastlyn Mc Kenzie, Sen. The Hon. Rennie

Dumas, Sen. Dr. Jennifer Kernahan, Sen. Prof. Kenneth Ramchand, Sen. Dana Seetahal and Sen. Wade Mark. In fact, I think, Sen. Wade Mark had completed his contribution on that day. So we shall now continue.

Sen. Basharat Ali: Thank you, Madam President. I am pleased to join this debate but I crave your indulgence before I get into the text to make a statement on a related matter. I wish that you would allow me to bring to the attention of this Senate the untimely and tragic death of one of the 50 Philippine pharmacists, Venus Gorre, who perished on the evening of Thursday, March 30, having been killed as a pedestrian at the Hilo, St. Augustine Junction on the Priority Bus Route.

I am sure that all the Senators would join with me in extending our sincere condolences to her relatives, friends, fellow pharmacists and, indeed, to the Pilipino community resident in our country. May God bless her soul!

I had a brief telephone conversation with Her Honorary Consul for the Philippines, Dr. Marie Advani, who told me that she had spoken to the Commissioner of Police on this incident and she is still awaiting a police traffic report. I ask the hon. Minister of National Security, please, to follow this up particularly as it relates to a person who was a visitor to our country and who was here at our invitation to perform certain important services.

Madam President, in the same vein, I wish to express my condolences to the Gidharrie family of Saddle Hill, Maraval, that is in my constituency, Diego Martin East. This family lost a son Terry Gidharrie, a young man killed in his prime after being hit by a vehicle.

Madam President: Senator, I do not know where we are going?

Sen. B. Ali: I am just trying to express a view. Madam President, are there any objections?

Madam President: We are on the Pharmacy Board (Amdt.) Bill. As much as we sympathize, we would really like you to get back to the Bill, please.

Sen. B. Ali: Thank you, Madam President, but I thought it was relevant since one person who is probably registered as a pharmacist died and this is why I wanted to bring it to the attention of the hon. Minister. The allegation is that the person who knocked her down was a member of the prison service, so it is very important that it be addressed and the proper action taken.

Madam President, I would like to proceed then into the subject at hand in light of all that has gone ahead in the debate. I listened carefully to what other Senators had to say—Members of the Opposition and Members on my Bench. I came to the conclusion that there were some subjects which I would like to address.

One is the question of the Pharmacy Board versus the Council; secondly, the status of 50 Philippine pharmacists—there are now 49; thirdly, the registration of pharmacists; fourthly, the accreditation of foreign institutions; fifth, the classification and compensation of local public sector pharmacists; and sixth, but very important, the proposed amendment to the Act.

On the first matter the Pharmacy Board versus the Council, I noted during the debate that those terms were used interchangeably, board and council. In fact, the board is a creature of the Pharmacy Act and section 4 of the Act states that all pharmacists shall be members of the board. At least the Pharmacy Board is like a closed shop if not a cartel. The Council appointed in accordance with the Act comprises two pharmacists, appointed by the Minister, six elected bi-annually by the board and two doctors appointed by the medical council. The role of the council, inter alia, is to manage the affairs of the board and the principal objects of the council are outlined in the Act.

It is in my view unfortunate that the hon. Minister should refer to the council or to the board as a cartel, especially as he appoints two members and the medical council appoints two. Since the start of the debate there has been an election of the board, as we all know, and it has resulted in a change of composition with new officers. I question the hon. Minister: Is it still a cartel or not? Are they still looking after their own interest because I thought it was a well constituted board?

I would like to go on to the status of the 50 Filipino pharmacists. I understand by now they may have been registered, but what bothers me is: How did they come here in the first instance? How and when did they apply to be pharmacists and what were the conditions laid down? This is what we are still debating here. Was it a temporary registration? Were they pre-registered in accordance with the Act or were they temporarily licensed with authority of the council under section 18A of the Act? If so, what are the conditions of the licences, for example, length of time, where they can practise and so forth?

I would like to get an answer because there is need to clarify situations because evidently these people have come here on some kind of arrangement. Is it a work permit, for example? I do not know because normally, if a foreign person comes to work they need to get a work permit. I ask that so that we would all be clear in the future where we are going.

The next subject is the registration of pharmacists. I do not think the Minister at that time in his presentation was very accurate in his assertion that the council had introduced a new criterion for registration of foreign pharmacists. My information is that all applicants have to satisfy the requirements adopted by the council on the recommendation of its academic/education committees set up in accordance with the Act and those requirements were as discussed before in the debate: 500 hours of practice under supervision of a responsible pharmacist, lectures in law and to pass an examination. That has been a big question as to where we are going to be in terms of new persons and I note the position is such now that I believe the Minister at that time was stating that they do not need to have any previous experience and any examination. I would like to posit that they do need to have pre-registration. All of them, whether they are foreign pharmacists or local pharmacists need to have pre-registered experience, internship, and that is common as Sen. Dr. Gopeesingh, Sen. Dr. Mc Kenzie and Sen. Seetahal mentioned.

2.00 p.m.

I myself have interests in optometry and that is something that applies to all optometrists who practise here.

Hon. Rahael: Just to clarify that, I never said they should not have had a pre-registration period. I am in agreement with what you are saying.

Sen. B. Ali: I am not too sure; I can check my notes again; the question of whether it is 500 hours, which is approximately 13 weeks and something agreed by the council as against the Fourth Schedule. The Fourth Schedule in the Act is the only instrument which says that there should be a pre-registration period of at least 26 weeks. That happens to be six months. I am hoping that is what is agreed. I will think twice about whether they have to have a formal type of examination, but if you read carefully the Fourth Schedule, any person must be under a tutor, who must be a registered pharmacist for at least one year. He is the person who will verify at the end of this period whether the person is fit or unfit.

On the question of whether there should be an examination because it is a question of the law, I am open to that but certainly someone coming from a country like the Philippines will have to face, not only the pharmacy law in Trinidad and Tobago, but the laws in general. I am open to be convinced that an examination should not take place but I insist that the six-month period should take place, then we should be able to do away with what is not in the Act but what is a recommendation accepted by the council from its education/academic committee. I lay that before the Minister for his consideration.

Hon. Rahael: We are in agreement.

Sen. B. Ali: I am glad to know we agree on something.

Sen. Dumas: [*Inaudible*]

Sen. B. Ali: I never fight with anybody, Mr. Minister.

I was a little appalled at the list presented to us of the 35 institutions in the Philippines. The second list, from India, I think, was revised from 13 to nine and, almost gratuitously, there was added the University of the West Indies. I question seriously what accreditation process has been gone through. From my reading of the Accreditation Council Act, there are three areas where there should be accreditation. There should be accreditation of the institutions and I would like to know what they are accredited as. Are they technical universities? Are they polytechnics? Are they universities, research institutes, community colleges? So with each of these institutions, if accredited, it should be said what it is.

The second accreditation required is the programme itself. Separate from the institution is the programme. You say there is a B.Sc. in Pharmacy, which is one of the proposed amendments, to which I agree. [*Cellphone rings*]

Madam President: Please check your cellphones!

Sen. B. Ali: That was the first set of institutions themselves and, of course, wherever it is that has to be accredited. Finally, the award itself—the qualifications required to get the award from the place. As we say, we are now looking at the degree from these institutions. I would really like to know and many of us on this Bench would like to know what that process was to get to that list that has ended up at 44 people. What research has the Accreditation Council done to get to that situation? One person on our Bench said they want to see the certificates of accreditation. There are three kinds of accreditation—institution, programme and award. That is the law of this country and I would like to know how we arrived at our position regarding these institutions, what kind of degree they offer and how they are rated.

Madam President, when the hon. Minister talked about the pharmacy course, he was saying that they were up and down and that the intake has been down from 40 to 19 or 20. I do not know the reason people drop out. Quite a few people drop out because these are young people going to university and they will find that they have done some basic training and they can get into medicine because medicine is a lucrative field. They do not drop out really; they just transfer to another field where they expect to have a better career.

Sen. The Hon. Joan Yuille-Williams spoke to that in her contribution on the first day of this debate. I question that. It is my strong view that the reason we do not have an intake of 40 and our average output is 20 is that they do not see the incentive to qualify as pharmacists after four years and an internship.

Many of the people who qualify presently, where do they go? They go to private sector pharmacies. They become drug representatives or they open their own pharmacies with their relatives. Those are the options. They do not look to the public service because the wages and matters related to their wages have been, as far as I understand, a burning subject with them from the point of view of reclassification since the 1970s. We are talking about 30-plus years.

When one looks at the various posts in the Ministry—and this has been said already—from Pharmacist I to the Principal Pharmacist, who resides in the Ministry of Health, they have not completed negotiations with the PSA for 2005 or 2006, but looking at 2004, a Pharmacist I, where the majority of persons listed earn \$4,881 plus some allowances; I am sure there are allowances.

Hon. Rahael: Thank you for giving way. I would like to be accurate. You said the majority of them are classified as Pharmacist I. There is just one person in that range, if any.

Sen. B. Ali: One person in the public service is classified Pharmacist I? I chose some of these jobs from the Draft Estimates of Expenditure 2006. That is the only information I have. Those are the scheduled posts.

Hon. Rahael: There are different ranges.

Sen. B. Ali: Pharmacist I is Range 38 flat. Some of them may be on longevity by now. Of course they are getting more money because they have gone through five years plus. That is what range means—longevity. They were there for a long time. I have worked in the public service so I know about these things, hon. Minister.

I do not know how many individuals are on longevity increase. That extends for five-plus years.

Madam President: I am allowing the conversation across the line, you are speaking across the aisle, but I am still hearing.

Sen. B. Ali: I am looking at you when I say that.

Madam President: Thank you very much.

Sen. B. Ali: So we go down the line. Pharmacist II, there are quite a few of those and the comparable salary on that in 2004 is \$6,430; Pharmacist III—there are not many of those—\$6,700. Pharmacist IV, which would be somebody in the Supervisor of C-Stores or something like that, \$7,021. The Principal Pharmacist, the one who relates to all the people from hon. Ministers to administration, is \$7,191. If they are on longevity, I do not know, but those ranges are the ones listed in the document I am quoting, the Draft Estimates of Expenditure, 2006, under Head 28. If I am wrong, then I blame Sen. The Hon. Conrad Enill, who gave me those numbers.

I am saying we really should do something about it. If someone does a four-year course and gets his degree and is treated like a technician, then he has adequate grounds for complaining. When we are ready to upgrade people we get it done, so why are we keeping these people back all these years? Do not complain now that we are short and people are not joining the programme and that we have to import pharmacists because we cannot keep them.

It is that system of classification and compensation. If we do nothing about it, it will worsen because you will just get people coming into the university, being paid for from public funds and when they are finished, they have no obligation. I am not too sure that under the tertiary education system there are any obligations. I stand to be corrected on that, but the fact is that they are disadvantaged and I would like to see that something is done for them.

I understand that a pharmacist coming from another country will earn a higher amount. If you want to get someone from another country to work here, as the hon. Minister of National Security was telling us last Tuesday, you have to pay them what they get there and give them an incentive to come all the way here. We have a problem and the way to solve it is to make it more malleable. Those are my comments on the classification and compensation of local public sector pharmacists.

I go to the proposed amendments. I hope I can find my place on the proposed amendments. There may be another list tabled here. I have not seen them yet. The Minister had 50 days to retreat, regroup and return to fight another day. We have not had any time at all. We have less than five minutes since it was presented. I am still looking at my thoughts at the end of the last debate. I came with the notes twice already and found that we were not debating it. I will look at these while another person takes a turn.

On the amendments themselves, I note that clause 3, section 17 of the original Act dispenses with pharmaceutical students. I understand that because you do not have that anymore. That was the traditional way of training pharmacists from the apprentice system and they got time off. Even when the university ran a diploma that was the system. They were their students with time off to do their studies at the university. I am familiar with that because pharmacy was one of my career options when I left school. That was a long time ago. It was one of my career options to be apprenticed to a druggist as they were called then and to go through the works. Many people have done that. Our distinguished former President of this Senate, Dr. Wahid Ali, was one of my mentors. He went through that process. I remember walking up Frederick Street and seeing Mr. Wahid Ali, Licensed Druggist at W. C. Ross & Co., Corner Queen and Frederick Streets. I wended my way up there and I had great respect for that man. In a few years time he left that and went to do his degree in medicine and qualified.

We have people like that who have been through the system. I have a brother who is a pharmacist also. He has been through the system. He is no longer practising, so I have no conflict of interest in the matter. He went through the same system of apprenticeship and working in the San Fernando Hospital, a public institution, before being licensed as a pharmacist. I have no problem with that aspect of it. If we do not have students, we might as well remove the definition for “pharmaceutical student”, which is in the interpretation clause. You leave it there because you are deleting subsection (1)(b) from section 17. There is the repeal of section 17A, which is related to university qualification and the process students have to go through for registration. I do not see that that registration process will have any meaning once you do not have any student pharmacists. I do not see a problem there at all.

On 17(1)(c) where they do not have to register with the board, that was also an issue because there was a conflict between the university registration and the Pharmacy Board registration. That is no longer there so I do not think that the deletion of section 17(1)(e) should take place because the pharmacy assistants, many of them will be coming from pharmacies. So how do you keep check on them? How would the Ministry of Health, the Board and the Council keep check on them? The only way they can do it is by registering them. They will be part-time workers.

If they go to the College of Science, Technology and Applied Arts of Trinidad and Tobago (COSTAATT) in the afternoon or evening, they must be working in the day time as an assistant somewhere else. They may be full time. I believe that

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section 17(1)(e) should remain—the one that we agreed to in the 2003 amendment. You will have use for it when you start looking at the registrar for assistance. I give that to you in all good faith.

Clause 5 repeals the whole of section 18 of the Act and I do not think I have much of a problem with that—the new section 18—except 18(a) has now got to the stage that we have now organized that so that we do not have anything other than a degree in pharmacy as entry. That is not a problem to me.

It would appear that those are the matters that are still outstanding. I may have something during the committee stage and I will certainly address them then.

Thank you very much, Madam President.

Sen. Mark: Madam President, before you allow another speaker, I seek your guidance. As you are aware, the Minister had circulated a lot of important amendments after a number of other Senators and I have spoken. I would like your ruling on these because these are very meaningful.

Hon. Rahael: This is going to be done at the committee stage, Madam President.

Sen. Mark: These are major amendments and the practice has been if you introduce amendments of this nature during a debate we must be allowed to pronounce on them; not at the committee stage, but during the second reading.

I would like you to pronounce on the matter. It is very unfortunate that all these very important amendments come at a time when we have already spoken. It cannot be taken in the committee stage. It must be taken during the second reading.

Sen. Dr. Gopeesingh: In addition to what Sen. Mark is saying, this whole heap of amendments is a real quagmire of confusion. This is the original Act, then we have an amendment to this Act in 1981. This amends this Act. [*Holds up a document*] Then we have an amendment to this Act in 1981. This amends this Act. [*Holds up a document*] Then we had an amendment Act No. 25 of 2003, which amends this one. In January there was an amendment. Now, Sen. Mark has made you aware that these are major amendments and when you try to interpret the amendments that have just been circulated and bring them back into the Act of 2003 and Act No. 42 of 1981; then bring it back to this original Act, we will be spending two days and two nights trying to understand what is going on in this. I support my colleagues that this needs a lot of time to study and it is unfair for us to be given this to be debated today.

[Madam President speaks with Clerk]

[Crosstalk]

Madam President: This is not a fish market. I am trying to sort this thing out.

I will allow Sen. Anmolsingh-Mahabir to speak while we check. I have asked the Clerk just to be sure, but my understanding is that those who have not spoken can speak on the amendment—we are going to check it. I do not want to give a ruling that might be wrong. In the meantime, the Senator can continue.

Sen. Parvatee Anmolsingh-Mahabir: Madam President, please let me point out at the outset that it will be difficult to integrate the changes at such short notice. I stand corrected if there are any discrepancies during my contribution.

Thank you very much, Madam President, for the opportunity to speak on the Bill to amend the Pharmacy Board Act, Chap. 29:52. I begin by congratulating the hon. Minister of Health on the expansion of the Chronic Disease Assistance Programme (CDAP) to provide medication for epilepsy, acid reflux and Parkinson's disease. Thousands of our citizens have benefited and continue to benefit from this programme, especially our pensioners and people in the lower income bracket.

The Ministry of Health is a very challenging ministry and the present Minister of Health has received kudos and accolades for being proactive in his bid to strengthen and improve the health sector.

Having said that, perhaps the Minister in his eagerness to deliver may have overlooked certain factors and should proceed with caution with this Bill. Madam President, as a medical doctor yourself, with many years of experience, you will appreciate that if the diagnosis is incorrect, the medication prescribed and dispensed can cause more harm than good, and so it is with this Bill.

It has been stated that there is a shortage of pharmacists in Trinidad and Tobago, but the pharmacists are complaining that this is not the case because Trinidad and Tobago meets the international standards for the number of pharmacists to population ratio. Based on a survey done, the pharmacists claim that at present there are about 556 practising pharmacists in Trinidad and Tobago and that the present pharmacist to population ratio is approximately 1:2,270 persons. The World Health Organization standard for pharmacist to population ratio for developing countries is 1:2,500. So, with a population of approximately 1.3 million, Trinidad and Tobago meets the recommended ratio for pharmacists. Further, 137 new pharmacists will graduate from the University of the West Indies within four years so there is no need to import this large number of foreign pharmacists at enormous expense to our taxpayers.

There was an apparent shortage of pharmacists in the public health service prior to the introduction of CDAP. However, since the advent of CDAP, the patient population is now shared between the private and public sectors. What had happened was that because of the poor remuneration package in the public sector, pharmacists were driven out of the public sector. No one can deny that.

Several Senators have spoken at length on this issue so I will not belabour the point except to question why our local pharmacist is being disadvantaged so blatantly. I have circulated information, which I received, on the comparison of the terms and conditions for local pharmacists compared to that of the Filipinos.

One will note the great disparity between the package of the local pharmacist when compared to that of the Filipinos. Local pharmacists are paid from \$5,829 to \$7,056 per month, while the Filipino pharmacist is being paid a whopping \$11,124 per month. Why is this? Also there is a very puzzling situation which the Minister of Health needs to explain to this honourable Senate. Why did the Ministry not seek its own interest by verifying the criteria necessary for pharmacists to practise in Trinidad and Tobago before the contracts were signed by the Filipino pharmacists?

Section 7(1) of the Pharmacy Board Act states:

“There shall be a Council of the Board which shall consist of two pharmacists who shall be appointed by the Minister of Health.”

Did the Minister of Health seek the advice of his representatives before the fact or after the fact? My information is that the Ministry of Health went full speed ahead and imported 50 foreign graduates from the Philippines and this was done in two batches, the first being July 2005 and the other about two months later.

The first batch of Filipino pharmacists was already interviewed in the Philippines, their contracts prepared and already signed by the successful graduates and only then the Minister became fully aware or understood that:

- For as long as 25 years it has been the custom and practice as provided by the Pharmacy Board Section 18A(2)(d), in an effort to protect the population of Trinidad and Tobago, that foreign graduates should undergo 500 hours of orientation.

2.30 p.m.

- Upon completion of the 500 hours, an exam in Pharmacy Law of Trinidad and Tobago and Latin abbreviations will be administered. The pharmacy law took up 90 per cent of the marks and the Latin abbreviations took 10 per cent.

- Once successful, they would be issued a certificate of registration and their practising certificate.

As we are all aware, it is common practice in almost all professions throughout the world that there is a period of internship before an individual is allowed to practise.

Right now, in the State of Florida, the number of hours internship or residency, which foreign pharmacists are required to complete, has been changed from 500 hours to 2,000 hours, prior to being licensed to practise. This, of course, is to protect their citizens. One wonders why this Bill does not allow for the examination in Pharmacy Law of Trinidad and Tobago and the Latin abbreviations. Is it possible that had these Filipino pharmacists taken the exam and failed, it would have meant that they would have been sent back to the Philippines and that the Ministry of Health would have had to pay the contracted salary for three years, because the Ministry did not protect its own interest and the interest of taxpayers in this country?

The Minister must tell this honourable Senate whether it was only when the Ministry of Health discovered its blunder, that the Ministry then sought to negotiate with the Pharmacy Board to waive the 500 hours and the exam, for fear of being embarrassed after having committed \$20 million to \$30 million to this exercise. Therefore, it appears that this piece of legislation is not about the board frustrating the ambitions of pharmacists, because during the last two years, there were foreign graduates, one from India, two from Venezuela and one from the Philippines, who successfully underwent the same process, did the exams and passed.

Madam President, the Ministry may wish to do away with the written exams, but the 500 hours internship is absolutely necessary. I must congratulate the Minister for retaining this aspect. Of course, we can have both, but at least he is conceding on giving the 500 hours. *[Interruption]* I am telling you why this is essential. I have sought information from at least three senior pharmacists and inspectors, who presently supervise the Filipino pharmacists, with respect to performance appraisal and these were some of their findings:

1. Difficulties in the interpretation of prescriptions. You are aware that Latin abbreviations are used by doctors when prescribing drugs for patients. This serves as a communication between the physician and the pharmacist. It appears that these Filipino pharmacists experience

difficulty with translating these abbreviations into instructions for the patients. This can lead to serious errors, the worsening of a medical condition, or even death.

BID, means twice per day and TID means three times per day, but there were several instances where TID was interpreted as twice per day by the Filipino pharmacists. We would tend to think that there is an international coding of drugs, but the classification of drugs is different in various parts of the world. In ethics and law of the profession, there are also similarities, but there are also differences.

2. For the Filipino pharmacists, the simplest of mathematical calculations as required in the processing of a prescription, is a big challenge. For example, two tablets, three times a day for one month, takes quite a while to calculate or to determine how many 500 mg tablets are required, if the dose is 1g. This can cause them great anxiety. Measurements pose another challenge, because 1 teaspoon equals 5 mls and not 1 ml equals 1 teaspoon, as has been observed. What has been carefully observed is that they consider 10 mls to be 10 teaspoons full.
3. These supervisors have noticed and noted that the basic knowledge in pharmacy and the use of certain drugs is lacking. They are unaware of the damaging effects of NSADES, for example, Motrin, Olfen and Indocid.
4. The ability to determine if a drug is classified as an antibiotic, narcotic, is controlled or otherwise, is lacking so they take a long time searching in the wrong place before the drug is actually dispensed.
5. Problems were also encountered for the dispensing of drugs such as eye ointments, where step by step instructions were necessary.
6. Basic knowledge in disease management was lacking. For example, aspirin or Motrin should not be used if one is suspected of having dengue or that scabies is caused by a mite and cannot be treated with an antifungal.
7. There was a general unwillingness to question medication orders written by physicians.

The pharmacist is the last check point between the physician and the patient. It is the duty of the pharmacist to ensure that the drug prescribed is given at proper dosage; that it does not interact with any other medication being used by the patient and that it is safe to use in any special circumstances such as pregnancy, kidney failure, et cetera.

Madam President, if these pharmacists cannot recognize situations in which it is necessary to query these medication orders, it may lead to serious consequences such as overdoses or fatal drug interactions.

However, I must point out the saving grace is that the supervisors were in high praise of the work attitude of the Filipino pharmacists. They were friendly, eager and willing to work, but this was overshadowed by their numerous deficiencies as I have mentioned. All these problems bring into play the issue of patient safety. If the Minister is talking about quality health care, we must ensure that our citizens are being served by competent pharmacists, especially when these pharmacists are brought here at the taxpayers' expense and are being paid more than our UWI graduate pharmacists.

I must point out that the pharmacist's ultimate role is to be the watchdog of the patient's health. Internationally, especially in the First World countries and even in the Caribbean, all foreign graduates are required to complete an orientation of a specific number of hours under supervision, as well as to sit an exam at the end of that period, to assess competency. The removal of the examination period may deny our graduating pharmacists the duty of enjoying the benefits of trans-Caribbean mobility, afforded by the event of the Caribbean Single Market and Economy, since our graduates will inevitably be landlocked within Trinidad and Tobago, if they do not satisfy regional requirements. Our student pharmacists have petitioned the hon. Minister to take on board their views on this matter. I have a copy of that if the Minister would like to have it.

Much has been said about the competency of the pharmacists. I was looking at a brochure by the Ministry of Health, dated December 2005. It has a very attractive picture of the Minister of Health smiling. However, the information therein is incorrect. If you look at page 7 of this booklet that is being distributed throughout Trinidad and Tobago, there is a quiz therein and at number 7, the question is asked, "True or False: Anti-retrovirals which are currently available in Trinidad and Tobago, cure HIV/AIDS". The answer for that is given here as being true. This is incorrect. When we have the Minister of Health, with his lovely picture in the front, smiling and approving of everything on this, we wonder how competent is the ministry officials. This is very serious. HIV/AIDS is not something to joke about, Minister. We must give correct information at all times.

Madam President: Senator, speak to me, please.

Sen. P. Anmolsingh-Mahabir: Through you, Madam President.

Madam President: Thank you.

Sen. P. Anmolsingh-Mahabir: Information given must always be correct at all times, especially emanating from the Ministry of Health. This should be corrected.

Madam President, with that, I thank you.

Sen. Carolyn Seepersad-Bachan: Madam President, it was not my intention to speak on this Bill, but because there is a petition from the students, I thought I would make a brief input into this debate.

Let me say from the outset that I support the concerns raised by many of the speakers from this side of the House. We have seen, too many times, where the Government runs into a bit of conflict with an institution or an entity and their only solution is to come to this Parliament and use what we call “the legislative hammer”. It is not surprising, because the Minister ended up in a bit of conflict with the Pharmacy Board, that we see the type of legislation that is before us today. We saw it with the Medical Board and this is just a duplication of that.

If the Minister is of the view that there is some abuse of power on the part of the board, he must take steps. If the Minister feels that there is a conflict of interest and members of the board may be seeking their own interest, then the Minister must take action. The action is not necessarily in the legislation, because legislation and regulations cannot solve these problems. At the end of the day, the Minister must find some way, through consultation and dialogue, to solve some of these problems.

The other problem I have is that—I always go back to basic principles—there are systems, processes and procedures and if the Minister is of the strong conviction, then he should check to see where there might have been an abuse of process and if so, take action on that point. Changing the board and putting a new board, or changing the legislation, is not going to solve the problem because the problem will repeat itself later on and, therefore, we are not getting to the root cause of the problem.

Madam President, I want to read, for the record, the petition dated March 06, 2006. The practising pharmacists are here today.

“Why it is essential to maintain a pre-registration period and an examination for all practising pharmacists.

Why are you charting the future of the pharmacy students without any discussion with us?

Pharmacy is a dynamic profession requiring the Pharmacist to be self-motivated in order to keep up with ever changing drug trends and protocols in diseased states.”

It is important, because this is the body that is being affected. In order for us to do a good job—[*Interruption*]

Madam President: Is it necessary to read the whole petition?

Sen. C. Seepersad-Bachan: It is, in order to do a good job of representing people's interest in this Parliament.

Madam President: I know. Let us just not confuse what we are doing here. We are debating an amendment to a Bill before us. I do not—Unless that fits into your debate, Senator, you are not allowed, okay.

Sen. Mark: It fits!

Madam President: Well, let me see.

Sen. C. Seepersad-Bachan: It does, because one of the things they are trying to outline here is, for example, the benefits and disadvantages. In the case of the locals they are saying—if I can extract from what they are saying with respect to the pre-registration period of six months. This is what this Bill is overturning and is the core of the argument. It is difficult to incorporate this, if this has been an amendment. Is it that we now have a pre-registration period back in place? Yes, in the new amendment? We cannot do this. This is the problem we have here. I do not know what form, how it is being done, how they are bringing it back and what are the conditions, so I have to speak with the old Bill in front of me.

Madam President, may I proceed? I have to assume—

Madam President: The Minister will reply after.

Sen. C. Seepersad-Bachan: The importance of the pre-registration period :

“After the completion of a B.Sc. Pharmacy degree, experience in public setting with direct patient-pharmacist contact is needed.”

Therefore, as Sen. Anmolsingh-Mahabir said, the foreign—[*Interruption*]

Hon. Rahael: I am not quite clear about the pre-registration period that you are referring to, is it before they enter the university that they must be registered by the Pharmacy Board, after they have been qualified? Before, fine. We have no problem with that.

Sen. C. Seepersad-Bachan: The section has been repealed. I am talking about the pre-registration period. The pharmacists are saying that the removal of the pre-registration period will deny them, as graduating pharmacists, the opportunity of enjoying the benefits of the Caribbean Single Market and Economy.

During the pre-registration period, they were allowed to go out and practise, while they hold that pre-registration period. This is in conformance with the other Caribbean islands. This is what allowed them to practise in the other islands. This is why when you withdraw something like this and you overturn it, you are not looking at the impact. We have to look at the impact of legislation on peoples' lives and this is how it will impact on their *modus operandi*. They cannot practise across the region and that will deny them. We must know.

I thought that this is one of the things we were talking about; the movement of skills within the region. We have many pharmacist students who come from other countries in the Caribbean region. It is not only narrow to Trinidad and Tobago. This is why I wanted to read, but since you have indicated that—If I may just extract one other. They are saying that based on the examination, after the period of pre-registration, to ensure qualified well-rounded pharmacists, this was one of the objectives in accordance with the benefits.

In terms of foreigners, can I read this part after it, with respect to the examination? They are saying that after the orientation period, all foreigners must be subject to an examination to verify a thorough understanding of our country's pharmacy laws, standards, protocol and practices of pharmacy. An examination also ensures that the level of the foreign graduate is up to an acceptable standard. An examination will give an assurance to the professional body, as well as the population, of the competency of these foreign pharmacists. The pharmacist is the last check. I am glad to see students have taken this position. I commend the students for doing this. They said that the pharmacist is the last check in the patient's health care plan; the watchdog of our patient's health. Any mistake can result in serious consequences, including death. The students have taken their profession seriously and we must commend them for that.

I also want to join the debate on the issue of how we are arriving at the universities that appear on the existing Bill. I did not go through it. It was just delivered to us. I do not have the amendment right now, so I cannot say. This is why we are asking that we be given some time to review the amendments. With respect to the whole issue, we would continue from here, until forever, to select universities and programmes.

As you would recognize globally, the number of institutions that are now offering different types of programmes in pharmacology and pharmacy assistants, we would never be able to evaluate all. That was the basis for the formation of what we call the Accreditation Council, the local council. I want to reiterate that point, Minister, the importance of having an accreditation council is to remove this from a Bill. We will forever be coming to this Parliament to amend a Bill and a Schedule, which is not the reason you wanted this. Therefore, when the Accreditation Council was set up, it was on the basis—I remember we had a long debate in this House about that—of how it relates to other regional bodies. There will be a regional accreditation body, if I recall correctly, and there are international accreditation bodies. These would be able to depend on the international accreditation body to draw and determine what university and, therefore, you might find a simple sentence in this Bill saying: "Those institutions accredited by institution A, or pharmacology degrees obtained from institutions that were accredited by this accreditation council from..."

If you want to recognize the United Kingdom, you may look for the certifying body in the United Kingdom. We do it all the time, and say: "Well, we will accept all pharmacology degrees from universities as certified by the United Kingdom standard-setting body and we make a recommendation." That is the job of the accreditation body; to look throughout globally to all those bodies that would be responsible. In almost every field in every country, there is a benchmark institution for that purpose. I could not understand, therefore, why there was this need to say that universities from India or wherever, when all the Government had to do was to refer to the accreditation body or the certification body. It goes to show you.

There is a petition from the pharmacy students. I also received another petition and a copy of a letter going to the Ombudsman, which was sent to us by a pharmacy assistant. This student—I want to get the name—is complaining about not being allowed to register as a pharmacy assistant. Old board, new board, change of board; the problem is still existing. These are programmes which are called the Pharmacy Assistant Programmes. In the past, apparently, what they did was that they registered the pharmacy assistants and the pharmacy assistants would assist the pharmacists. In fact, if we had more pharmacy assistants in this country, we might have been able to solve some of the shortage issues in the public institutions, with respect to pharmacists.

In section 11A of 2005 Regulations of this Bill it is stated that a person wishing to apply to be a pharmacy assistant shall apply to the council for such registration. Under that section they talk about the usual things with respect to

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how you apply. You must have three O level subjects and you must have successfully completed the pharmacy assistant training. What has happened is that it appears, when the regulations were tabled, that it was the intention, I do not know if by the Government or the Pharmacy Board, to have a pharmacy assistant programme in place. These students who wanted to become pharmacy assistants went ahead and signed up and did a pharmacy assistant programme at the Trinidad Institute of Medical Technology. Yes, it is a private institution accredited for GATE. Do not tell me—you use them.

Let me say what is in that letter by the student. The student is claiming that he has been advised by the seniors at the Port of Spain General Hospital that they would not be allowed to be registered as a pharmacy assistant until they pursue a programme that has not yet been started, that is going to be offered by COSTAATT. They went ahead and did the programme. This particular programme is approved by the National Health Care Association, based in the United States of America. This is a benchmark in health care certification in health allied programmes in the United States of America. The National Health Care Association is that standardization body that we are referring to, that certified all these health allied professionals throughout the 50 states in the US. This is the brochure for the National Health Care Association. The pharmacy assistant programme was approved by the National Health Care Association. They also offer what we would call the state board exams. You write the state board exams and you are allowed to practise. After you obtain your diploma, you write the state board exam. [*Interruption*] I am trying to show you. Let me finish this, and I will show you, through you, Madam President, how you would end up in the same problem that you had before. These students have just graduated. They are working at the Port of Spain General Hospital and are about to write the state board exam so that they can be certified. I think those first set of exams are in June. They write these exams and they can practise anywhere in the United States of America as a pharmacy assistant.

Right here, the Pharmacy Board has not given approval. If you have the legislation in place on the Pharmacy Board—what I am trying to get at is that you would run into the same problem, old board or new board, same problem. You would run into the same problem. They are not approving. Why? Let me quote a comparison for you, because they did obtain the COSTAATT programme which is to be offered. Everything that everyone is saying—according to the COSTAATT programme, there is a module in orientation to pharmacy practice, introduction to pharmaceuticals, language and communication skills introduction to pharmacology,

pharmacy systems and procedures, compounding customer service and prescription record. This is COSTAATT's programme. When the students came to me I was a little concerned. I thought, probably, there were some deficiencies, because we are always so skeptical about private institutions offering programmes.

When you look at the programme that is being offered in conjunction with Stratford Institute in Canada in collaboration with TIMT, it is approved and examined by these people. All the examinations are done by them. When you look at their modules you would see that they have pharmacology, medical terminology and most important, which is missing from COSTAATT's programme, human anatomy and physiology, the human body and chemistry of life, cell structure, cellular metabolism and reproduction, tissues, the articular system. There is another section on human anatomy and physiology, the muscular system, the nervous system, the endocrine system and most important, circulation of the blood, blood cells and cardiovascular systems.

Everyone here has spoken about the importance of pharmacists, ensuring, because they are the last link in health care, that what they do, they have that ultimate responsibility and should be appropriately trained. We are talking about a programme by COSTAATT, which lacks any part of these elements; no components or modules relating to that. The students pointed it out. They are now telling them that they must go and pay money to COSTAATT to do this programme when they have already done a programme a year ago. In their view, this programme is not up to the same standards as COSTAATT.

This is why I say, when we have an accreditation council in place, the accreditation council will be the independent body that can make these types of decisions. It is not a pharmacy board, a Minister or a public servant. This is why we determine that we have an Accreditation Council that could review this situation appropriately and make an appropriate decision.

At the end of the day, the programme was delivered and the letters did go to the Pharmacy Board and there was no response as to what is wrong with the programme, why it is not being recognized, or if it is a deficiency. If there is such a deficiency, what can be done by the deliverers of this programme? Is it that it is not fitting well into a local context? If so, this is the reason they can take steps. If there are deficiencies in the programme; something you feel that is not suitable for your own local environment, you can highlight it and allow people—This is the problem we have; we do not operate in a transparent manner. This is why

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people are always so skeptical and suspicious. We create suspicion by that type of behaviour. This is why, at this point in time I, like my colleagues, have a similar problem with respect to the whole issue of the way the Minister is proceeding in this particular matter.

I would like to appeal to the Minister, especially given the situation right now, in the health care sector. I have no problem. We all know that we want to improve health care in Trinidad and Tobago. We all know that we want to create it as part of business activity. There is nothing wrong with the private sector getting involved in health care and health care delivery; it serves as a complement to the delivery of health care by the public sector. They can work hand in hand. What is important is that at the end of the day, we can resolve these problems. Therefore, I appeal to the Minister to withdraw this Bill and to have proper consultation with all the stakeholders involved. That is what is hurting this Government; they lack consultation. Let us stop depending on this amount of foreign labour. If it is not Cuban doctors, it is Filipino pharmacists and Chinese labourers. *[Interruption]* You brought it up. That is the problem. We are moving at such a rate in this country. The whole thing is that the Government misled everyone in Union Estate and told them that they were getting jobs. This is why the Government is in the problem it is in today. They are not interested in people's problems. They talk about being interested in the welfare of the citizens of this country but they are not, because they would have approached the development exercise and efforts of this country in a different way. I thank you.

Madam President: Senators, let me just let you know what the situation is. As I said earlier on, any new speaker, or anybody who has not spoken before, can refer to the amendments. Anyone who has spoken can bring it up in the committee stage and talk on them as long as is necessary, in the committee stage. Let me remind you that the circulation of amendments is really a courtesy, they do not have to be circulated now; they could have simply been brought at the committee stage in any case. You have them before you now, and you will discuss them in committee stage. Let us continue.

Sen. Brother Noble S. A. Khan: Thank you, Madam President, for allowing me to share some thoughts on what is before us, the Pharmacy Board (Amdt.) Bill. I have observed, as you have indicated, that there are substantial changes which have been proposed. Obviously, for the very limited time between when they were circulated and now, I, because of my own inadequacy, could not be able to integrate all of what is before us. To me, it is a highly complicated matter as a layman. I will share my thoughts as a lay person.

The pharmacists or druggists have been around for quite some time and have undergone some substantial changes. When this first came up, my mind reflected on my experiences. I remember—I would make reference to them because it has bearing on what is before us, because it shows a continuous flow—some gentlemen who have gone to the great beyond. In my humble opinion, Dr. Joseph was one of the icons and doyens of the medical profession. He too started as a pharmacist. We have heard our colleague, Sen. Ali, mention Dr. Wahid Ali and the sterling work he had done in the area; as limited as they were with the facilities at the time, of health care to our people. He was a druggist and moved from that to the medical profession.

It was part of folklore, the druggists. Dr. Joseph remained committed to what we refer to as the health office. Towards the end he gave service. When he was prescribing, it was usually compounding to some extent, and it was a challenge to druggists at that time. It was not a question of technology being improved and you could get things off the shelf. There was the need for compounding.

I remember Dr. Chan from my personal experience. He reached the highest in our medical services and continued to work. I remember hearing him make a comment when he was reprimanding some young doctors. He mentioned that when he returned to Trinidad in 1916, the challenges he had as a doctor and the types of medicines he was able to dispense at the time. It was “bush,” “bush,” “bush!” That was, apparently, the way of the people at the time, of meeting the challenges of health care. Today you have a different type of “bush,” which people use to get a “head”. This is by the way. At the time he spoke to the young doctors, it cost \$0.04 to see a patient. I remember these things very vividly. They would stay with me until the end. He was one of the great men who served in our country, right down to the end, to his passing.

The question of standards is one that, to my mind, seems very obvious. The Bill seems to get rid of standards that were established in the law; do not mind amendments would make some attempt at establishing standards. I would think that this is very important. How could this come before us by just taking everything and throwing it out? This is the impression of what is originally put before us. Of course, you said you were getting people from foreign and putting them into the health system. It occupied my mind that we had people here practising pharmacology. I stand corrected, but apparently they were not properly accredited to practise as pharmacists at the time; they are here up till now. I am assuming because this is the law that is before us.

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I do not want you to get it that I am against “foreign,” because from my own personal experience in the area of health, foreign helped. I remember going to a doctor who was foreign trained. He was trained in India and the United Kingdom. He received high qualifications from the UK and has been in Trinidad and Tobago for quite some time. When I visited, he asked me: "Brother Noble, you think you could go to Miami?" I said: “Doctor, that is out." He said okay, he will send me to a good man. He sent me to a very outstanding local person who referred me to another person who was trained foreign too and there I underwent my treatment. From my personal experience, I have no question against foreign per se, but there is, obviously, the need for standards. I think this is a major point and I do not know the extent to which it has been covered in the amendments. I expect that we would hear the Minister in his response.

In the health services of long ago, I know personally where there was a pharmacist as being the head of the accounting section in the health department. There was also a person who was responsible for supplies, when dealing with drugs. I am speaking about the old days. He was not a qualified pharmacist. In the past, there were qualified pharmacists heading that position. This is part of the history of the place. I do not think that we should be taken up in some of these things that may appear to be an enigma. In the Ministry of Health, we have these sorts of things happening and working. These things took place a long time ago.

Again, I come to the question of remuneration for the work that you have done. I do recall my earlier days in the 1960s and the PSA was responsible at the time. I was a member of the PSA executive. Doctors and pharmacists were represented. I would crave your indulgence to call the name of one of the pharmacists, Ms. Edna Inniss. The older folk would remember her; she was one of the head pharmacists. One of the major challenges, even at that time, was remuneration and conditions of service of the doctors. One of our former colleagues, former Sen. Dr. Quamina, in his earlier days, was also one of the members representing the doctors at that level.

Obviously, the question of attracting people from overseas, or our own people going outside, is part of the global village scene. There is the question of fertilizing or improving across the board, of knowledge by the various experiences coming together. In this day of mobilization, as far as globalization is concerned, we can see people crossing borders, et cetera. This, obviously, makes for the question of standards and also remuneration. As I have said before, in the PSA days, more than 45 years ago, it was inadequate.

We have seen too from that time to now, the mechanisms in place for dealing with packages or remuneration have undergone substantial change. One wonders, even after what took place between the doctors. At some stage, I was part of an intervention group that had to deal, not with this present Minister, but a Minister in the recent past, in trying to bring some healing and resolution to matters that were definitely not going the correct way. Here we have evidence showing its head, where we have young pharmacists, people of our own nation. Maybe the remuneration package appears to be inadequate. There may be a strong correlation to why we have an insufficient number of pharmacists in our country. Perhaps, there may be a shortage throughout the world, because of the need, but definitely there is the question of not having a proper attractive package to bring people into that profession.

I would, therefore, strongly suggest that we look at the remuneration package that is being paid to our young pharmacists. I would also like to bring, again the question of what we have now; competence for serving as a pharmacist without proper standards and without proper attempts being made to ascertain for ourselves. There should be proper people serving in these very sensitive areas where a mistake could be fatal.

These are some of the points I would like to put before you. I have seen within recent times—There were the “Dr. Shops” in the area where I live. There were quite a number of pharmacies, drugstores or “Dr. Shops.” They are no longer there. Of course, systems and methods have changed, but it still leaves a bitter taste in our mouths; things that form part of the institution of what we had as a system of providing for our own druggists, through the system of apprenticeship when growing up. I do not know if this still exists. We see high technology being brought and we give credit to that. There are persons being trained at UWI. I do not know what is taking place within the pharmacies. I strongly suggest that we still keep that door open, so that there would be provisions where people can still move that way.

There is the question of what is before us in the changes. I think, with respect to the amendments, the Minister of Health will go through them to show. I am very strong on the question of the standards and allowing for some sort of apprenticeship or internship before people are brought on. I think mention was made of the question of accreditation and the remunerations, not only in this area, but also the other areas of the health sector. Very early in my stay in the Senate, I mentioned that some of the systems are very archaic. One gets the impression that some of them may still be so. Much time has gone, but not much has been done in

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this area. There is a comprehensive review of what we have before us. I guess we cannot wait on the thing to pop up. One gets the impression that things are taking place in a highly ad hoc manner. There is, obviously, the need, particularly in this highly sensitive area, for dealing with health care.

I would also like to add my appreciation of what the Government has done over a period of time, by making drugs and pharmaceuticals available, particularly to those at the lower end of the economy. I remember those things from the early days. It was a suggestion that came from an organization to which I belong. It is good to see that it is there; the question of having drugs and health care expanded within the framework of our available resources in the country.

I extend my thanks to you, Madam President, for allowing me these few moments. In summary, the areas of concern are the questions of accreditation, internship and the remuneration package that is available to those who belong to the profession of pharmacists. Thank you.

Madam President: Sen. Cropper, I would allow Sen. Baksh. You would allow her? Go ahead; the gentleman gave way to you.

Sen. Angela Cropper: Thank you very much, Madam President, and thank you very much, Sen. Baksh. As you noted, we last met on this Bill on February 21. I hoped on that occasion that this Bill would simply go away and redraft itself. Unfortunately, it has not. Though I note, with appreciation, the amendments that have been brought today to the Chamber by the hon. Minister. It is some time now that the Bill has been introduced. As I recall, the Minister in introducing the Bill had explained that the rationale for the Bill is that the present registration practice is cumbersome. I believe that is a direct quote from what the Minister had said in his introduction.

I noted, at that time, that the response in the Bill, as it was presented then, was to eliminate completely the process of registration, by providing for automatic registration. I was quite concerned that the Minister was proposing to move from what he might have considered to be one extreme to a position which I consider to be another extreme.

Fortunately, I note in the new amendments that the two substantive parts of that are to provide for temporary licence. That seems to be the addition that has been made in the latest amendment presented today. It will also include a provision for six months of supervision in order for a pharmacist to be registered. I think these are very welcome amendments, because they go some way in

responding to the views that have been expressed by previous speakers on the Bill. They do not quite go all the way, however, because the present practice of requiring the examination has still not been reintroduced.

There is a point that Sen. Seetahal made in her contribution where she pointed out that a Bill which specifies, as this one does in the Sixth Schedule, a series of entities from which candidates would be automatically eligible to practise in the country, opens itself to the following interpretation: that pharmacists from other countries, interested in offering their services in Trinidad and Tobago, would not be able to practise, by virtue of this Bill. I believe that is the point that Sen. Seetahal made.

I would add to that, that it is possible also to make an interpretation that pharmacists who are interested in practising in Trinidad and Tobago, who have not graduated from the teaching entities that are specified in the Schedule, might not be eligible also for the automatic licensing that the latest amendment now provides for. I think there is an ambiguity here that needs to be clarified by the Minister, because it is very important to know what happens to candidates and people interested in practising as pharmacists in the country, who do not originate from any of these institutions or countries that are so specified.

There have been many contributions so far to this debate and many Senators have spoken about the specifics of the functions and performance of the Pharmacy Board of Trinidad and Tobago. Also, we have had many contributions relating to the benefits and the duality in the benefits offered to local and foreign pharmacists. I do not intend to repeat those specifics. I think they have been adequately presented and the case should by now be made. However, I do feel that this Bill raises quite a few issues of public policy and those are the issues that I would like to speak to. There are seven that come to my mind and I would try to make them in seven, I hope, very simple points.

The first point relates to the relationship of this Bill to a framework of policy and planning for the health sector. It has been suggested by other speakers before me that the present ratio of pharmacists to population in the country right now is approximately 1:3,000. I believe Sen. Prof. Ramchand gave that figure. I do not know whether this is an acceptable ratio, nor did Sen. Prof. Ramchand, since he said so. One would have expected that the Minister would advise, in presenting a Bill such as this, what is the desired ratio sought by his Ministry, in terms of pharmacists to population and what is the time frame for achieving that; and in that context we can then consider the provisions of this Bill.

The Bill, as it stands, is quite open-ended. It does not specify a period over which we would seek to attract pharmacists from abroad and thereby facilitate their practising in this country in this way. Nor has the Minister, in his introduction, said anything about the plans for upgrading and increasing the facilities and capacity at our own School of Pharmacy. From my discussion with colleagues at the School of Pharmacy, it would seem that there have been longstanding requests for upgrading the facilities and extending the capacity. As I understand it, the demand for places by candidates has long exceeded the capacity to accommodate them at the school. The question, therefore, arises: What is the reason for the supposed shortage that we are trying to meet by attracting pharmacists from abroad? I believe that a Bill like this should be considered only in the context of the long-term development plans for this service and the long-term development plans for the creation of the capacity at our own School of Pharmacy and for the health sector as a whole. I find it very difficult to assess the merits of this Bill, not having had such a context presented by the hon. Minister.

The second point I wish to make has also been referred to by many other speakers and it is in relation to the disparity in remuneration as between our local pharmacists and those who have in the recent past been recruited from abroad. I am not going to go over the specifics of that, but I simply want to register here that this raises a very serious concern about equity within our system. It would appear that the basic level of remuneration and benefits package of the foreign pharmacists operating in the public sector, exceed those of local pharmacists, whether they are in the recruit of the Ministry of Health or in the recruit of the regional health corporations.

I believe Sen. Dr. Gopeesingh gave those figures very amply in his contribution. Sen. Ali also spoke about the classification of our local pharmacists, which is something which operates as a disincentive for candidates and trainees to enter the profession.

If there is a shortage of pharmacists in the country, as the Bill implies—though the Minister, as I recall, did not actually say that explicitly in his introduction—then I think we have to examine the duality in the system to see to what extent it accounts for the migration of pharmacists, either from the public sector to the private sector, or from Trinidad and Tobago to other countries. Facilitating an inflow of foreign pharmacists may not be the only or most judicious solution and this is why I go back to my first point by saying that it would be much better to appreciate what the Minister is seeking to do here, if we

had the opportunity to consider the provisions of this Bill in some larger rationale for what we are trying to do within the health sector generally and what we are trying to do about the pharmacy service specifically.

3.30 p.m.

My third point relates to accreditation. Again, we had many speakers presenting on this. I will not repeat the points that have been made, except to say, I would have thought that the accreditation process would have been grounded in some equivalency rating between the training offered here at the University of the West Indies School of Pharmacy, and the training presented by candidates who are interested in practising here and who come from entities elsewhere.

We know that the local programme at the University of the West Indies evolved over the years from certificate, to diploma, to advanced diploma and then to the degree level training. At least, during the course of the last sitting, we had an amendment that clarifies that we would be looking for candidates from abroad seeking to practise here to have, at the minimum, a degree level of qualification. So, we have clarified and improved on that point.

If an equivalency framework exists, what is the point of specifying in a Bill, entities whose graduates would be automatically granted an opportunity to practise in this country? Sen. Seepersad-Bachan has just made that same point. The Senator has proposed an alternative process for accreditation. She has also pointed out the disadvantages of actually legislating for those entities that are to be considered, rather than allowing those entities to be considered, approved and accredited by the country's accreditation council.

I believe that such a method would allow for a more rigorous assessment of qualifications at the programme level, at the institution level and at the degree level, as Sen. Basharat Ali has suggested. I think it would be a far superior method to automatic licensing—we must now change the terminology given the latest amendment—and that erases all requirements for supervision. Fortunately, we have brought back the requirement for six months' supervision, so all is not lost.

Madam President, it cannot be so onerous for the Accreditation Council to consider applications on their merit. It seems that our Accreditation Council is a very dynamic organization or group of persons. I recall in the last sitting when the Bill was introduced, we had amendments that were presented at the beginning of the Minister's presentation; we had amendments coming as we debated those

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amendments; and we had the list specified in the Sixth Schedule changing during the course of the sitting. It cannot be that it is such an onerous process to consider these entities as they are presented by candidates who are seeking employment here, on a case by case basis.

I think we lose a lot of the rigour and standards that we might otherwise have had if we change the accreditation procedure from the Accreditation Council to having it legislated in advance in a Bill of this kind. When we combine that with the point I made about the ambiguity of the reading of the Bill, in relation to countries or entities excluded from the specification, then I think we are making the system more murky than it needs to be. I wonder whether at the end of it all we are not going to be making it a little more cumbersome than what the Minister had sought to avoid.

My fourth point relates to the rest of the legislative framework required for reforming the health sector. Sen. Dr. Gopeesingh mentioned the various amendments of the Pharmacy Act over time. On top of that, we now have the layers of amendments presented in relation to this very Bill. Surely, that is no way to do the public business. [*Desk thumping*] Why can we not have a more coherent and a more comprehensive approach to legislation that seeks to improve the health sector?

The Minister is widely admired for being an indefatigable Minister. There are so many things he has done and continues to do. Why can we not take hold of this health sector and all the legislation that is required to enhance it, upgrade it and deal with it and present it to the public and the Parliament in a more coherent manner? We would then be able to do the public business with more credibility and help to imbue more confidence in this Chamber and in the Parliament as a whole, on the part of the population of this country.

Madam President, why can we not have the long-standing amendments to the Food and Drug Act coming into being? I understand that amendments have been under discussion and in the process for over 10 years. Successive administrations in this country have not managed to do so. Why can we not have them come forward now if we are seeking to enhance the pharmacy service in the country?

We are in an age where counterfeit drugs are the order of the day. This is a problem in many developing countries. We have to make sure that it does not become a problem here. This phenomenon of counterfeit drugs only serves to indicate that what we should be trying to do is to increase the threshold of training and competence in pharmacists, and not to water them down. I do not think the population deserves that. Why can we not consider a health quality act that seeks to improve standards across the board in the health sector?

Madam President, my fifth point relates to an observation I made about the professional practice in Trinidad and Tobago. Sen. Bro. Noble Khan has just spoken about this. I recall that in the Minister's presentation he talked about the Pharmacy Board operating as a cartel and denying new entrants to the profession and so forth. What was the investigation that the Minister conducted when he had this perception? On what factual and policy analysis is this Bill grounded? In the absence of such, this Bill just seems to be based on hearsay or on the Minister's perception or perhaps even on his suspicions. This is definitely not the basis upon which Bills should be brought to the Senate. [*Desk thumping*] I believe this approach has the effect of eroding the body of professional practice that has been built up over time, and in an area in which a very high standard of care is required to protect the public.

We had two Senators talking this afternoon and citing pharmacists as the last link in the health care system. I recall that Sen. Dr. Eastlyn Mc Kenzie talked about how the pharmacist, in many situations, is the first health professional seen by many people in the society. Of course, she was talking about those members of the public who do not have the means to access health care abroad or who do not have access to health care in the United Kingdom, the United States of America or in Cuba at the expense of the public purse. These are the persons who would be the victims of lowered standards of screening, accreditation and standard of practice and the erosion of the oversight of pharmacists for new entrants into the profession. [*Desk thumping*]

Madam President, the sixth observation I wish to make is that on the face of it this Bill seems to offer a very pragmatic solution to what may be a temporary imbalance in the demand and supply of pharmacists. I repeat, I do not think that has been established. In my opinion, I think this Bill is wrong in principle. I believe it is wrong in principle for the following reasons: I think it seeks to avoid a proper negotiating process with the pharmacists in the public sector. Sen. Seepersad-Bachan has just spoken about that. It is not unlike the breakdown in negotiations with the medical personnel not so long ago, where we saw an analogous situation of facilitating and inviting doctors from abroad. I believe it is wrong in principle because it seeks to remove the need for professional oversight and for a probationary period that are standard practice in many professions. Fortunately, the latest amendment has recovered that by providing for the six months professional oversight before they can be registered, although it still provides for an automatic temporary licence to be granted.

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We heard from many Senators in their contributions preceding mine that in the dental profession there is provision for a one-year internship. In the medical profession, there is provision for internship; and financial planners require internship before they could be certified as members of the financial association and so forth. Why should there be an exception for pharmacists? [*Desk thumping*]

I believe this Bill is wrong in principle also because it runs the risk of reducing the standard of care for the population, especially for those persons who would not be able to have recourse for similar services outside of the public system. I think it is incumbent on us to make sure that those persons who have recourse to the public system for their medical services are assured of the best possible standard of care. I do not think—in this day and age with a country overflowing with money, as we hear many times from official circles—that a good and reliable quality of medical attention and pharmaceutical care should depend on the ability to pay.

Finally, for all of those reasons, I consider the rationale for this Bill is not adequate. I think it is not well founded in fact or in analysis. I find it difficult to appreciate it in the absence of any policy framework or any planning framework for the development of the health sector in the country. I do believe that the manner in which we have approached this Bill leaves a lot to be desired.

Madam President, as you would recall, during the introduction of the Bill, amendments were being introduced. Even in the first sitting, further amendments to those amendments were being introduced. Now, a couple of months later, when we should be concluding the debate on this Bill, we have new amendments in which there are two substantive provisions. Fortunately, these are amendments that seem to reflect some of the previous debate. That is good. There are also a fairly large number of editorial amendments, the precise meaning and interpretation of which could only be gleaned from reading them against the series of Acts that are already on the books.

Madam President, I feel strongly that all Benches of the Senate should try to improve our professional practice in this Chamber. I think there is a very high duty, especially on the part of the Government's Bench to do so. I think we have fallen short in this Bill. I believe that both the Senate and the public deserve better. I would hope that as we pray each day to get God's guidance to accept the truth that the Minister would be so inclined and that he might conclude that perhaps the best action from here is to withdraw this Bill. [*Desk thumping*]

Sen. Sadiq Baksh: Madam President, I join the debate on the Pharmacy Board (Amdt.) Bill, 2006. I would begin like my colleague on the Independent Bench ended, and call on the Government to withdraw this Bill immediately. [*Desk thumping*]

Madam President, I concur with all that was said by Senators on both Benches, but I hasten to add that there is no right way to do a wrong thing. It is wrong and it is flawed both in reality and principle.

The hon. Minister, since assuming responsibility as the Minister of Health, embarked on a number of outstanding programmes with some measure of success. Nobody could dispute that. We had an appreciable increase in expenditure in the Ministry of Health. I am not satisfied that we have a commensurate amount of improvements in the ministry to justify that expenditure.

The Bill is fundamentally flawed in that the Minister did not take the opportunity or seize the occasion and give us the policy direction of the Government, in terms of general training for health care workers. What we have experienced in the past is that it appears that the policy of the Government is to import doctors, nurses and now pharmacists. In effect, what they are doing is outsourcing the Ministry of Health. Is it the policy of the Government to really outsource other ministries?

Madam President, we have a pattern of outsourcing in that we now have Scotland Yard officers coming in. I have no problem with that. The point that I am making is that we are seeing a trend of the Government outsourcing a lot of the things that could be done locally.

We did not hear from the Minister what training plans are in place to ensure that in the future whenever these pharmacists go back to where they came from, whether it is the Philippines or other places—What plans do we have in place to make sure that we have trained personnel for those who may choose to go back to their country? Is it the policy of the Government to encourage people who come here for a short period to stay? If that is the policy, I have no problem with that, but we need to know the policy.

It cannot be like the aluminium smelter to import Chinese labourers and then not be sure about what is taking place. If that is the policy of the Government, we do not have a problem with that, but the Government must say so. The Government must inform the national community as to what are its plans, aims and objectives for our country. You cannot talk about putting in place a vision for 2020 and really hope to implement all those things by 3020. That is not possible. [*Desk thumping*]

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We are exporting a lot of brainpower. There are many persons who were trained in Trinidad and Tobago and they are leaving for different reasons. Some are leaving because of crime; some because of better opportunities; and some because when they are at home they get less pay than the foreigners. So they are planning to go on foreign ground and compete on a level playing field and get more money than the citizens here. That is mainly because of their competence, training, skills and experience that they have acquired right here in Trinidad and Tobago.

The same thing is occurring with our nurses. When our nurses leave Trinidad and Tobago and they go to any part of the world—whether it is in England, the United States of America or Saudi Arabia—they would excel because of the experience and training they have received right here in Trinidad and Tobago.

What is the policy of the Ministry of Health and the Government of Trinidad and Tobago in general? What is the policy on training? Is it that some time in the future we could expect to see that policy? Is it a policy now to outsource because we have the funds available? We need to know.

I cannot imagine that a party that was accustomed to really providing training before implementing projects could now falter in not providing training opportunities. Yesterday, to my amazement, I heard that the skills required for an aluminium smelter were not available in Trinidad and Tobago. I found that hard to believe. Do you know why? In 1972, the PNM administration sent 12 citizens from Trinidad and Tobago to India to learn tool and dye making to be trained for a smelter plant that was expected to go up at Point Lisas Industrial Estate during the 1970s boom. One of the 12 trainees, Mr. Palant Ramsoondar, went to India to be trained in tool and dye making. He headed another company in Trinidad because the smelter plant did not come about. He assisted in the setting up of MIC because MIC was developed mainly to provide training for a future aluminium smelter.

Madam President, if in the 1970s the PNM could have done that, what is happening in 2006? Is there a change in policy? Is there a lack of foresight or is it a *vaille que vaille* administration with really no plan for sustainable development in Trinidad and Tobago. [*Desk thumping*] There is no plan. It is even worse now. We are seeing a trend that is unacceptable in 2006.

I want to warn this administration that consultation is the hallmark of a good administration. [*Desk thumping*] What we are seeing are projects after projects, policies after policies, and programmes after programmes without consultation. They did not consult with the residents of Duncan Street.

Madam President: You are very smart. You are using this debate to go all over the place. Please, come back to the Bill.

Sen. S. Baksh: Madam President, there was no consultation with the pharmacists. [*Desk thumping*] When they do have consultation with the pharmacists the talks are breaking down. Madam President, consultation is an important aspect of good governance. I want to advise this administration that in a time of plenty—I do not think that the Minister of Health or anyone on the Government side wants to do this unless there is a plan to get in trouble. I do not know.

Madam President, if you forget the persons who assisted you on your way up, then you are really on the way down. Based on what I have seen, especially in the more recent past with respect to the lack of consultation; the lack of a planned programme or policy, and the inability to implement the simplest of programmes, I want to advise this administration to withdraw this Bill. I propose that they consult with the citizens of Trinidad and Tobago.

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

Sen. Mary King: I know I did say that perhaps I would speak, but I think I really need to say a few words. First of all, I would like to start with one of my major concerns that I have had for many years. I believe that our pharmacists, nurses, defence force and our police service need to be treated as the professionals that they are. Their terms and conditions of service need to be reviewed. I would like the hon. Minister, who could talk as the Minister of Health to us today, to give us a commitment in this Senate that the terms and conditions of local pharmacists and nurses would be reviewed and improved. [*Desk thumping*]

I do not think that in 2006—the money that is flowing into Trinidad and Tobago—we could dare to have these discrepancies among local and foreign staff, whichever sector they belong to. I think we would end up driving our locals out of Trinidad and Tobago.

On the Bill itself, I would like to have a little discussion on this internship period. I would like the Minister to tell me what is meant by the clause that is going to deal with the temporary licence. First of all, what is this temporary licence referred to in your proposed amendment? At what stage does one become a full or a permanent pharmacist after they have been given this temporary licence? We have no indication from you what it means. If the supervision period of six months that you have mentioned in the Bill relates to an internship period, I really feel that six months is certainly not a sufficient term. I agree with those Senators who said that is certainly insufficient. I would insist that this period be for one year with all the proper supervision.

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I also agree with Senators who have stated that after this internship period that there should be a formal examination. [*Desk thumping*] We need that examination so that we could ensure that the standards that we expect of pharmacists in Trinidad and Tobago would be reached. The examination is a must. I think we have to amend this Bill to ensure that we would have proper internship and an examination.

I also need to refer to the Sixth Schedule. This is something I do not understand. I do not think that the Parliament is qualified to accredit universities. We have already established an Accreditation Council. I would like to know who has accredited these universities in your Sixth Schedule. We cannot do it. If they have already been through our Accreditation Council, which is our regulatory body for learning at university level teachings, then we need to see that documentation in this Senate that these universities have been through our Accreditation Council. We would have the proof that these universities have been properly accredited. [*Desk thumping*]

When we reflect on the first incarnation of the Bill, we have actually excluded our own University of the West Indies. It came in as an afterthought. Given our own historical training and our own history of education in Trinidad and Tobago, I would like to know how we could just vaps and move out universities of the United Kingdom, universities of Canada, universities of the United States of America and even universities in Cuba. We are importing nurses and other qualified staff from Cuba, but we have not included them in this list. We need to really know what we are doing and what this list is about. We are certainly not going to accredit this list. Not in this Parliament. We cannot accredit it.

Madam President, my final point is that I know with the present conditions existing in Trinidad and Tobago and in the region, we would always need to import health care staff. I would have liked the Minister to give us a position statement on what are the current shortages; what are we putting in place to train our own pharmacists and what time—perhaps two, three, four or five years—we could expect that the pharmacists would be CSME persons. We need to look down the road and make sure that we are developing the CSME. We know we cannot just be Trinidad and Tobago forever looking at ourselves. We are growing. We do not have these projections and I think this is something that we would like to see and it is something that we must know.

Madam President, I think it is time for the whole health care system to have a proper strategic plan for the staffing of our hospitals including our primary health care centres. There is no point in telling the nation we have all these health care centres all over the place—and we are building more—and we know that when

people go there they do not have the staff or the drugs and they are being sent to other places. [*Desk thumping*] We really need to get down to the work of planning for health care in Trinidad and Tobago. It is in a mess and the Minister knows that. In spite of all the advertisements, the Minister knows that we are in a mess. We have too much money being spent in this sector for it to be in the condition that it is in. We are not getting any positive results.

I would like to suggest that the Minister take his time and clarify some of these points. I think the Minister needs time to go back and look at the Sixth Schedule and return and tell us exactly what it means, and what would be the role of our Accreditation Council. So, my advice is to withdraw the Bill until we have sufficient time to factor in all of these new proposals that have come before us today; and to also give the Minister time to answer the questions that have been asked. These questions have not only been asked today. These questions started to come when the Bill first came to us in February. Today, we did not really get any answers. I thought the Minister would have come and given us a new policy position as to why he was bringing these amendments, but we were not so lucky.

Madam President, also with the understanding that we have already allowed these pharmacists to enter our system, in spite of the fact that they are not here legally, I would like to put on record that I feel that this is a total contempt for the Parliament of Trinidad and Tobago, and this kind of attitude has to stop. [*Desk thumping*] We cannot allow persons to come in illegally when the Bill has been before us for months. Apparently, the pharmacists are in Trinidad and Tobago. This is a total contempt for this Parliament.

Hon. Rahael: Would you give way? I really need to clarify this. To say that the Filipino pharmacists are here illegally is incorrect. They are here legally. They have their work permits and they were registered by the Pharmacy Board for 500 hours work time. They are here very legally.

Sen. M. King: Madam President, we did not agree on 500 work hours.

Hon. Rahael: The existing Act called for that. At the last sitting, Sen. Mark talked about this matter. The day before, the Pharmacy Board pre-registered all of the Filipino pharmacists in Trinidad and Tobago to carry out their duties as responsible pharmacists. That is how it is and that is how it exists. We have done that. Sen. King, to say that they are here illegally is not quite accurate.

Sen. M. King: Madam President, if all of that is in place then why is this Bill here today. We really cannot support the Bill in its present form. It is either the Bill goes to a select committee; other than that, I would suggest that the Minister

withdraw the Bill. We want to be very satisfied that our pharmacists are properly trained and our public is not at risk.

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

The Minister of Health (Hon. John Rahael): Madam President, thank you. Let me first of all thank all the Senators opposite for their contributions in this debate. I would like to clarify certain misconceptions that many Senators have. First of all, let us talk about the accreditation. Madam President, there is an Accreditation Council of Trinidad and Tobago. The Accreditation Council is responsible for accrediting institutions in respect of other countries outside of Trinidad and Tobago. The Accreditation Council of Trinidad and Tobago consults with the accrediting agencies abroad, and once the Accreditation Council of Trinidad and Tobago is satisfied then the university and its programmes are accredited.

Again, all these universities and colleges have to be accredited by the Accreditation Council of Trinidad and Tobago before we could put those countries and their universities on the schedule. The way they go about doing this is by examining the system for quality assurance and accreditation in the country where the award is given to that university or institution to be accredited.

Sen. Dr. Gopeesingh: Could the hon. Minister indicate to us, if he has the knowledge, what criteria is used by the Accreditation Council for accrediting international institutions, whether it is by their modules or their degree qualifications? What is the composition of the competence of the Accreditation Council? I know it is a difficult question for the Minister to answer.

Sen. Prof. Ramchand: Madam President, on the same point, I think I went to great length in my contribution to suggest some of the problems of accreditation. I asked questions about the procedures so that we could work out the equivalence of these courses. I think Sen. Cropper's idea that the UWI degree should be used as the basis for deciding that such a university—

Madam President: Make a statement and not a speech, Senator.

Sen. Prof. Ramchand: I am asking the hon. Minister to tell us about the process being used by the Accreditation Council.

Hon. J. Rahael: Madam President, first of all, the Accreditation Council of Trinidad and Tobago was established by an Act of Parliament. The fact of the matter is that it is this Parliament that instituted an Accreditation Council of Trinidad and Tobago. I could give you some of the criteria that the Accreditation

Council would have used. I do not have all the criteria. I could tell you that they would examine the system for quality assurance and accreditation in the country of award.

Madam President, they would examine the quality assurance of the institution. Once that is done and the country in which the institution operates is accredited by its accreditation council then further steps would be taken. They would identify the agencies responsible for accreditation in that country; contact the accrediting agency and confirm the accreditation status of the institution awarding the qualification; confirm the accreditation status of the specific degree or other qualifications; request information on any special requirements for the licensing of professionals in their specific field in their country; evaluate the extent to which all quality criteria for the award of the qualifications by that institution have been met; determine the acceptability of the institution and the qualification in other countries; determine the recognition to be given to the institutions and the qualifications in Trinidad and Tobago; and then issue an official statement on the recognition of the institution and the qualification in Trinidad and Tobago. So, hon. Senators, the fact is that the Accreditation Council of Trinidad and Tobago goes through an entire investigational period and investigates the institutions' standards, programmes and the entire process before they are allowed to accredit the university.

Sen. Mark: Madam President, there are some 43 universities here. Are you telling this Parliament that the Accreditation Council was able to evaluate all these universities within six weeks?

Hon. J. Rahael: No, they were doing that before. Madam President, they are referring to the six weeks when the Bill was first introduced. The Accreditation Council has been doing this work since last year. The fact of the matter is that the Accreditation Council has been doing its job. I really need to move on to other areas.

Sen. Prof. Ramchand: Madam President, the Minister has read out what the Accreditation Council does or has done, and that is purely administrative in taking other people's words for it. What the Accreditation Council has to do is to examine the courses being taught and the structure of the degree and compare the course content of those universities with the cost content of the UWI. [*Desk thumping*]

Sen. Abdul-Hamid: That is not how it works.

Sen. Prof. Ramchand: That is how it should work.

Madam President: I think everybody had a chance to talk. Let the Minister talk now. Senator, you cannot be getting up and making speeches.

Hon. J. Rahael: Madam President, with respect to the question about consultation, I want to make a statement here categorically that the Pharmacy Board was advised that we were bringing in Filipino pharmacists before we brought them in. Unfortunately, it was not in black and white. The Deputy Permanent Secretary in the Ministry of Health spoke to the then president of the Pharmacy Board and indicated that it was the intention of the Government and the Ministry of Health to bring in 50 Filipino pharmacists, and if he saw a problem with that. The Deputy Permanent Secretary reported to me that the president of the Pharmacy Board indicated that he did not see a problem once they are subjected to the 500 hours which we have agreed to.

We then contacted the agency in the Philippines and they sent down to us in Trinidad and Tobago—as a matter of fact, when the first set of officials from the Ministry of Health went to the Philippines they interviewed a number of nurses and pharmacists. They then sent down the qualifications of those pharmacists—their resumes and their degrees—and all of that was checked and sent to the Pharmacy Board. We then applied to the Ministry of National Security in order to obtain the necessary work permits before they arrived in Trinidad and Tobago. That was the procedure. As a matter of fact, they are not allowed to leave the Philippines unless they have a work permit. All of that was done.

Madam President, I also want to make a statement that I support the local pharmacists in their quest for reclassification and better wages. [*Desk thumping*] As a matter of fact, I met with pharmacists from the public service and RHA pharmacists. We had a very cordial meeting and they brought to my attention that for the past 25 or 30 years there was no reclassification of pharmacists in Trinidad and Tobago. Ministers came and ministers left; administration came and administration left and nothing was done.

Madam President, recognizing that the situation with the pharmacists is not tenable, I decided to go forward to the Chief Personnel Officer to ask the CPO to reclassify the public pharmacists and the CPO then engaged the union, the Public Services Association. That is not today. That was sometime last year. When you make the plea for better salaries and remuneration packages for local pharmacists, I am a supporter of that.

As it stands now, the situation with respect to the reclassification of those pharmacists is with the PSA and the CPO. My understanding is that the CPO has made their recommendations to the PSA and they are awaiting a response from the PSA. More than that, having recognized that the Filipino pharmacists would have required supervision—we agreed that the senior pharmacists in the system would have to supervise them—I went to the Cabinet of Trinidad and Tobago, sometime in the last quarter of 2005, and got the Cabinet to agree to a 25 per cent allowance for pharmacists who would be supervising the Filipinos. So, not only were efforts made to get the CPO and the PSA to reclassify pharmacists, but we also provided a 25 per cent allowance on their salaries so that we would have proper supervision of the Filipino pharmacists.

Madam President, much has been said about the ratio of pharmacists and the population and so forth. A number of 556 was mentioned. I do not know if that figure is accurate. I do not know if those are the names that the Pharmacy Board has listed as pharmacists. I do not know how many of them may have died; how many have left Trinidad and Tobago; and how many of them are no longer pharmacists. I am not aware of that.

Madam President, what I know is that the pharmacy at the Eric Williams Medical Sciences Complex was closed for over 13 months. What I know is that the public outpatient pharmacy at the San Fernando General Hospital was closed for 10 months. What I know is that there is always a need for pharmacists in our public health institutions. Many of our health centres were not being served by pharmacists on a daily basis, so the fact of the matter is in the pudding. The fact is that there is a shortage of pharmacists in Trinidad and Tobago to work in the public health institutions. *[Interruption]* I have told you what we have done with respect to their salaries. I cannot increase their salaries. No Senator on this side could get up tomorrow morning and increase their salaries. There is a process. We are the ones who had started this process six months ago. We cannot get up in the morning and bypass the CPO and bypass the union and decide to pay salaries. We do not operate like that. We have stated that process.

Madam President, since the Filipinos have started working in our public health institutions, let me tell you the value that was added. I think Sen. Dr. Mc Kenzie made reference to the Filipino pharmacists in Tobago. If those Filipino pharmacists were not in Tobago the pharmacy would not have been opened.

With the advent of the Filipino pharmacists in Trinidad and Tobago, we were able to open the San Fernando outpatient pharmacy; we have been able to reopen

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the Eric Williams Medical Sciences outpatient pharmacy, even for a limited period of time because they still do not have enough pharmacists.

Madam President, in Port of Spain, many times our citizens were complaining that they had to sit and wait for four and five hours in order to get their prescriptions filled.

Sen. Mark: The Chronic Disease Assistance Programme (CDAP).

Hon. J. Rahael: Not CDAP alone. Madam President, this is what we did. The Eye Pharmacy at the Port of Spain General Hospital is the largest clinic that we have in Port of Spain. Every day you have about 140 persons attending the Eye Clinic at the Port of Spain General Hospital. They are given a prescription and with that prescription they would go to the general pharmacy and access their medication. That is in addition to all the other clinics and the other patients who have to go to that pharmacy you had an additional 140 persons.

We refurbished the Eye Clinic. We opened a satellite pharmacy in the Eye Clinic providing eye medication alone. There is a responsible pharmacist with a Filipino pharmacist disbursing the medication for those patients. Madam President, do you know what that did? In five minutes those patients were able to get their prescriptions filled because it was right there in that clinic. Also, the 140 persons who would normally trot down to the general pharmacy no longer do that. So you have fewer people now at the general pharmacy and the waiting time has been shortened.

So to tell me today that we had to take a survey and check numbers as to whether we have enough pharmacists in Trinidad and Tobago, the reality is there for us to see. That was not necessary. Today we are providing a much better service to the people of Trinidad and Tobago to access medication in our public health institutions. [*Desk thumping*] Do you understand? They were never able to get that kind of service that they are getting today at our public health pharmacies. Today we have pharmacists at our health centres and persons could access their medication.

Sen. Mark: You have failed.

Hon. J. Rahael: No way. Madam President, with respect to other institutions in the United Kingdom and so forth—this is work in progress. More and more universities would come onto the schedule. Once the Accreditation Council of Trinidad and Tobago accredits any of those universities, they would come on the list. Furthermore, if a foreigner—I think someone raised this question—were to

come to Trinidad and Tobago and be prepared to work in Trinidad and Tobago and go through the pre-registration temporary licence, and if that person graduated from a university that is not on the list, then the name of that university would be sent to the Accreditation Council of Trinidad and Tobago and they would do their investigation. If the Accreditation Council confirms that the university's programme is accredited to Trinidad and Tobago, then it would come on the list and that person would be able to work. Do you follow? In other words, we are putting things in place to accommodate pharmacists that we require in Trinidad and Tobago to serve us.

In the meantime, with respect to training, let me tell you that for the first time ever, the University of the West Indies is offering a Bachelor of Science degree in nursing. This started a year and a half ago. We have increased the number of nurses that we are training. We have more persons training for nursing now than ever before. We have a Nursing Assistant Programme that we have also implemented. With respect to nursing, there is a nursing assistant programme and a Bachelor of Science degree in nursing in order to create movement for the nurses so that they could graduate and have a Bachelor of Science degree in nursing.

Madam President: There is too much noise on both sides of the Senate, particularly with the two Senators here. I cannot hear.

Hon. J. Rahael: The point I am making is that we are training more now than ever before. We have introduced more programmes now than ever before. We are continuously looking to train our personnel. No government—regardless of whichever party—would like to deny its citizens and bring foreigners to do its work. None! Certainly not this Government! We recognized that we have a responsibility to our citizens.

Madam President, when one talks about the costs to study to become a doctor or a nurse or a pharmacist or any discipline in the health sector, this Government has made tertiary education free. We have scholarships to the university in Grenada. We are providing not only local training, but we are giving scholarships in many other areas—from doctors, nurses, pharmacists—and we are now looking at physiotherapy and so forth in order to increase training.

We have a huge budget for training. Very shortly you are going to see advertisements in the newspaper inviting persons who are interested in various fields. As a matter of fact, only this morning we were discussing a fair to attract persons to go to certain schools and to let them know the opportunities that are

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available 10 years from today. We are going to Forms 5 and 6 students and telling them that if they graduate as a health care provider in these disciplines, they are guaranteed jobs on completion of their course of study. This is just like our students who are presently studying to be pharmacists.

The Filipino pharmacists have a contract for three years, so in three years they would be guaranteed a job. If we have sufficient numbers to service our citizens, we would no longer need any foreigners. So the question with respect to what we are doing is that we are training more people; we are providing more scholarships and, at the same time, we are ensuring that our citizens get the service that they deserve.

The Senator said that Trinidad and Tobago has an opportunity now since there is money available. So, we are providing all the training and, at the same time, providing the service to our citizens.

Sen. Seetahal: I just wanted to get something clear. There is this list comprising mostly Filipino universities, Indian universities and other universities that go through the Accreditation Council, et cetera. What I am not grasping is why do you have these 40-plus universities and about 30 of them from one country. There are other universities in the United States of America, North America, Canada and the United Kingdom, where many persons from Trinidad and Tobago were trained. Why do we have to go through that extra trouble when our natural inclination is to train in those countries? Why did you go through all this trouble—it seems to us on this side—to favour these 30-odd universities of the Philippines and India? That is the point. [*Desk thumping*]

Hon. J. Rahael: Madam President, I understand the Senator's concern. I want to give her the assurance that there was no prejudice for one type of pharmacist or another from any particular country. Initially, when we went to the Philippines to get 100 nurses, we took the opportunity, at the same time, to look at the possibility of getting pharmacists. If we require more pharmacists we would welcome them from anywhere in the world once they are qualified and their university is accredited.

Madam President: Minister, how long do you have again?

Hon. J. Rahael: I have a while.

Madam President: Finish at tea time and then we would come back.

Hon. J. Rahael: Madam President, another point that was raised was that if the university is not listed and someone wants to work in Trinidad and Tobago—let me deal with the pharmacists. Sen. Seepersad-Bachan raised the matter that there is a pharmacist training programme going on in some other institution. Let me say that it is not correct to say—

Madam President: I think rather than stopping you in the middle of that reply, we would take the tea break now and when we return you would continue that point. Hon. Senators, the sitting is suspended for tea. We would return at 5.00 p.m.

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Hon. J. Rahael: Thank you, Madam President. One of the points raised by Sen. Seepersad-Bachan had to do with the Pharmacy Assistant Programme and I think I must draw to the attention of the Senator, section 24(5)(a). You have this? Well let me read it for you. Section 24(5)(a), with respect to pharmacy assistants. First of all, let me advise that any pharmacy assistant programme that is to be undertaken by any institution—private or public—in Trinidad and Tobago must have the approval of the Minister of Health. The idea is to ensure that the programme qualifies for that Pharmacy Assistant Programme, and that in fact, the only Pharmacy Assistant Programme in Trinidad and Tobago now, is one that was started by COSTAATT about three weeks ago, and that is that Pharmacy Assistant Programme. So I think we need to clarify with TTIMT exactly what programme they are running with respect to pharmacy assistants.

Sen. Seepersad-Bachan: Mr. Minister, through you, Madam President, this was a programme that came to you and it was referred to the Pharmacy Board and there was no response to TTIMT.

Hon. J. Rahael: Right. So the fact is that if it was referred to the board it was because I would have liked to get the opinion of the board and they had had no response. We are certainly going to look at that now and try to encourage that type of thing. As I indicated, it is the intention of the Government of Trinidad and Tobago to provide as many opportunities for our citizens of Trinidad and Tobago to be trained, particularly in the health field. Because it is not only in Trinidad and Tobago that we have a shortage of health care providers, even in the developed countries all over the world there is a shortage of health care providers, particularly in the area of nursing and specialty doctors. We only have two neonatologists in Trinidad and Tobago and we are desperately trying to hold on to

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both of them; one part time in the public sector and one full time. There is a shortage of cardiac surgeons. As a matter of fact, only in the private sector you have one right now. There is a shortage of cardiologists; there is a shortage of a wide range of health care providers in the system. Again, I want to emphasize that that is not only in Trinidad and Tobago, it is a worldwide phenomenon.

Over 50 per cent of the doctors working in the United Kingdom are from outside of the United Kingdom. Seventy per cent of their nurses are actually from India, the Philippines and the Caribbean, and the list goes on and on and on. That is why I am emphasizing the point that we are going to be very aggressively going after training of our citizens of Trinidad and Tobago in these various areas of discipline within the health sector.

Hopefully I would have the opportunity again to present to this honourable Senate, the whole programme of the Ministry of Health as it relates to training. As I indicated earlier, there is a lot of money available in our budget for training, and we are pursuing that vigorously and we are even going out on a trade fair, so to speak, for health, to try and encourage young people to choose some of those disciplines. So that when they are through with school, they would, of course, have a job waiting for them.

I also agree that in many areas we need to revisit the remuneration package that we are offering to many of those health care providers, not only the pharmacists, our nurses as well, and we have to look at our system. This system that we have from the colonial days where you have consultants, registrars, house officers and so on, and they are allowed to work X number of hours per week or per month; we need to revisit all of that. If we really want to ensure that the public health sector gets the best quality, then we must be able to compete with the private sector, and be able to employ doctors on a full time basis. What we have to ensure is that we attract the doctors. There are a number of Trinidadians in the United States and the United Kingdom that are willing to come back to Trinidad; some of them on a full time basis and some to come and spend three or six months in Trinidad and Tobago; give of their service and then go back to their job wherever that is. All of that we are in discussions about.

Also what is happening in the public health sector is, now, we are providing more and more services, especially at Mount Hope and in San Fernando. In San Fernando this evening there is a Caribbean Neurology Conference taking place, and again, the neurology theatre and service at San Fernando General Hospital is

comparable with any other neurology service anywhere in the world, and that is San Fernando. Again, in other hospitals, each one of them seems to have their specialty and they seem to be in a better position than the others to provide that service. So we are looking at all of that.

We are looking at the training of our existing personnel in the health care institutions because there is a lot still that needs to be done with respect to on-the-job training. That is something, again, we are focusing on. We have someone already at the Port of Spain General Hospital who is qualified in training health care providers, and what that person would do is walk the floor and observe the interaction between the nurses and the patients; the nurses and the patients' families, likewise other health care providers.

I am heartened at times when I receive many letters complaining of the service and many letters congratulating us on the improvement that we have in the public health sector. Health all over the world is a challenge and Trinidad and Tobago is no different.

Madam President, with these few words, I beg to move.

Question put and agreed to.

Bill accordingly read a second time.

Hon. J. Rahael: Madam President, I beg to move, That the Bill be referred to a Special Select Committee of the Senate in accordance with Standing Order 51(1).

Question put and agreed to.

Bill referred to a special select committee of the Senate appointed by the President as follows: Sen. Joan Yuille-Williams, Sen. Christine Kangeloo, Sen. Danny Montano, Sen. Dr. Tim Gopeesingh, Sen. Mary King.

ADJOURNMENT

The Minister of Community Development, Culture and Gender Affairs (Sen. The Hon. Joan Yuille-Williams): Madam President, I beg to move that the Senate do now adjourn to Tuesday, April 18, 2006 at 1.30 p.m. On that day we would like to do from the Order Paper, a Bill entitled "An Act to provide for the establishment of a Fair Trading Commission, to promote and maintain fair competition in the economy, and for related matters" and Bill No. 3: "An Act to validate the Fifth Report of the Elections and Boundaries Commission (Local Government) Act, Chap. 25:50 for the purpose of Local Government Elections".

Adjournment

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Sen. Mark: Madam President, I ask my honourable colleague, are we taking it in the sequence or the order that you have outlined?

Sen. The Hon. J. Yuille-Williams: At least those are the two we would have on that day.

Sen. Mark: But do we take it in the order of the Fair Trading as well—

Sen. The Hon. J. Yuille-Williams: What I could ask is that you prepare yourselves for both pieces of legislation. We hope to do both of them.

Madam President: Please, one person at a time.

Sen. Mark: Madam President, I am just trying to get clarification. Normally how we do business here is that we are told Bill No. 1 is Fair Trading, Bill No. 2 is Local— All I am asking my honourable friend is how do we prepare ourselves. Do we come with Bill No. 1, Fair Trading first? [*Interruption*] It cannot be both one time. So tell us in what order, Fair Trading—[*Interruption*] But that is the normal practice, Danny.

Madam President: All right, Senator. All right, Senator.

Sen. Mark: What kind of behaviour is that?

Sen. The Hon. J. Yuille-Williams: It is not normal that I have to do it, but let us take the Bill on Local Government, then we would do an Act to provide for the establishment of a Fair Trading Commission.

Sen. Mark: That is all we want to know, Danny. I do not know why you are behaving so.

Sen. Dr. Mc Kenzie: Madam President, I want to ask the Senator if the adjournment is for Tuesday, April 18, Easter Tuesday?

Madam President: The Tuesday after Easter, that is what I was asking you.

Sen. The Hon. J. Yuille-Williams: The Tuesday after Easter.

Sen. Dr. Mc Kenzie: We call it Easter Tuesday in Tobago.

Sen. The Hon. J. Yuille-Williams: Yes, Tuesday, April 18. I am sorry, is it a holiday? [*Crosstalk*] Yes, I am conscious.

Madam President: Are we taking these matters, Miss Sandy? Hon. Senators, leave has been granted for a Motion to be raised on the Adjournment of the Senate by Sen. Sadiq Baksh.

**Provision of Water Supply
Cipriani Avenue, 2nd Caledonia Road, Morvant**

Sen. Sadiq Baksh: Thank you very much, Madam President. I raise this Motion on the Adjournment of the Senate in terms of the status of the provision of a water supply to Cipriani Avenue, 2nd Caledonia Road, Morvant.

Madam President, I was invited to the community there, that drew to my attention a pressing problem in terms of the supply of water to that community. I would like to introduce the community of Cipriani Avenue, 2nd Caledonia to the Members of this Senate. There are over 2,500 citizens who live there and have never received a pipe-borne supply of water. They are a hard-working community, with the majority of the members of the community, community oriented and spirited, in that they in fact organized a self-help project, together with the self-help commission and WASA and laid down mains a long time ago. To date there are a number of issues but the bottom line is that the people of Cipriani Avenue, 2nd Caledonia, do not have a water supply.

Some time ago WASA did in fact install a 1,000-gallon water tank, and had it filled and replenished with water, three times a week. That is a small amount of water for a community of 2,500 people. What is even worse is when WASA fills the tank there is no locking device on the tank so as to disallow foreign matter to be planted in that water tank.

Madam President, the community there has, in fact, installed a problem bench. On that problem bench, they discuss all the problems of Cipriani Avenue, and their priority in that area—from what they have told me—continues to be water. There are many other needs of the community, including garbage disposal, which is sited next to the water tank. The community centre: they have a wall there that fell down a long time ago—not completed. Employment in the area needs to be attended to and there is no playing field. But what came to my attention and I spoke to the hon. Minister last week and she did assure me that once it is brought to her attention properly, she will handle it—is that notwithstanding any water supply, you have disconnection notices and water bills.

I have in my possession one particular bill and I was told that there are many others. This one is to Julia Batson, Cipriani Avenue, Morvant, Light Pole No. 65, and the outstanding amount at this time—February 28, 2006, so it is not an old issue—is \$7,748.00, and I have the bill here with me. And if that was not enough, she got a disconnection notice. Again:

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"Julia Batson,
Cipriani Avenue.

Morvant.

LP No. 65

Outstanding rates and charges, property situated at Cipriani Avenue, Morvant,
Light pole No. 65..."

And it had an old number and a new number.

"Dear Sir/Madam

With regard to the above property, please be informed that the authority made several attempts to contact you previously in respect to outstanding rates of—at that time—\$7,148.00 as of November, 2004."

This is a 2005—

"The authority is now calling upon you to clear this outstanding balance or to make payment arrangements which must be approved by the authority. Failure to contact this office within five working days will result in the authority taking debt recovery action to recover outstanding rates.

Please contact the following numbers...

Please be guided accordingly.

Yours faithfully,

Coordinator of Receivables Control Unit"

Madam President, another citizen of that area, Harold and D. Griffith or the current occupier, 89 Cipriani Avenue, 2nd Caledonia, Morvant, Light Pole No. 60. On this occasion when they got this bill they were so afraid of getting a bill from the Government, that they actually went and paid this bill. This bill for \$4,888.33 was paid prior to May 10, 2005. It was out of fear they went and paid this bill. When they went back to the authority to say well look, we really paid this—it was an elderly person and she paid it because she did not want to get disconnected; she did not want to lose her house and she really did not want to come into conflict with the Government, so she went and paid it. When she enquired a year later—granted that the Minister told me that she would resolve this issue—they told her that when they connect her they would use this money to pay for future water. I have the bill here, which I would make available to the Senate.

Madam President, there are many other citizens with the same plight. They drew it to my attention, but I did not think that the Parliament wanted me to read all the water rate bills that went to them or those that were paid. There are other people that paid, similar to this one, and the plight of the citizens of Cipriani Avenue, 2nd Caledonia, Morvant continues to be of national importance because at the end of the day, what they really want is a water supply so that they could enjoy the benefits like other citizens.

Madam President, we are in a position today with more money than ever. The administration had over \$100 billion, \$100 million a month or \$4 million per hour, and the area, 10 minutes from Port of Spain, 15 minutes from where we speak, does not have drinking water for its citizens.

The plight of the citizens of Cipriani Avenue, 2nd Caledonia must be taken into consideration. I have invited other communities to draw these matters to my attention and I assure you that I would update the Parliament because I am certain that the Minister of Public Utilities, in her normal good fashion will bring relief to the citizens of 2nd Caledonia and other areas.

I thank you very much.

The Minister of Public Utilities and the Environment (Hon. Penelope Beckles): Thank you very much, Madam President. In response to the Motion moved by Sen. Sadiq Baksh, I would like to say first of all, that that particular avenue of Cipriani Avenue, 2nd Caledonia, 2,500 persons do not live on that particular avenue, and I am sure my colleague is referring to the entire area, not that particular avenue. That having been said, I would like to say that that area receives a water supply from the Caroni Water Treatment Plant via a pumping station at El Socorro, it is located at the east of the Lady Young Road in the vicinity of Neal & Massy, and it is an elevated system.

Now I know most of you would know exactly what is the area, or at least have an idea of where that area is. There are some challenges that exist and that is, there is not really a proper transmission and distribution main. Notwithstanding that, I am aware that originally—I think it is just about two years ago—we started different programmes, a first phase under the NSDP and there is a second phase.

What I would like to do is to give an idea as to what exactly is the cost to affect this entire area. The programme that the Ministry has in place would not be restricted just to Cipriani Avenue, but would affect the entire area. Now, under the NSDP programme, as part of the first phase, 300 metres of 100 millimetres diameter pipeline was installed from Seventh Avenue, Barataria to Vegas, which

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first of all, benefited 500 customers. Improvement works under the NSDP programme, under the year five tranche, and that is this year, will commence in June `2006, and under the 2005/2006 PSIP Programme there is already an allocation for the booster pump, for just over \$2 million to do the work there. The San Juan Regional Corporation, the councillor together with the Member of Parliament Mr. Hinds visited with the WASA personnel a couple of months ago, and it was felt that we needed to do a lot more work rather than just to install pipelines in that particular area.

Therefore, the total cost to affect the entire area from the junction to Cacique Avenue will cost some \$8 million, and this is the exact project. The replacement of the existing 300 millimetre, 12 diameter main with a 1.5 400 millimetre 16 ducttile iron main from Maritime roundabout to the Neal & Massy junction along Lady Young Road. The construction of a booster station along Lady Young Road to provide adequate pressures to the highest point on Cipriani Avenue; the installation of 400 metres of 150 millimetre 6-inch diameter from the corner of Vegas and 2nd Caledonia to Light Pole 70, Vegas. The decommissioning of the existing 100 millimetre 4-inch diameter cast iron main along 2nd Caledonia from Lady Young Road corner of Vegas and 2nd Caledonia and the installation of 600 metres 300 millimetre 12-inch main from Neal & Massy junction to Morvant along the Lady Young Road.

Provision is also being made for the installation of pipelines along the dirt tracks branching off to the main roadways. These dirt tracks at high elevation, which are not accessible to backhoe, would have to be, of course, hand dug for pipeline installation. When these works are completed it is expected that not only would the supply to 2nd Caledonia be improved, but also adjacent areas of Almond Court, Block 45, Vegas, Coconut Drive and Cipriani Avenue.

In response to the issues raised by the hon. Senator in relation to bills received, I am sure that he is aware that the law provides that even if you may not have an actual pipe-borne water supply, but if there is pipe somewhere within a three-mile radius, that you can have a bill sent to you. The Government is presently looking at that because at present there is almost \$70 million owed by customers in relation to that particular supply, which we know is very difficult for us to be able to recover. So that is a matter that I am also addressing. As I indicated to you when you raised it with me last week, if there are situations that merit return of moneys paid, there are provisions under the legislation. If you are unfairly calculated in the cost of the bills, there are provisions for compensation. I suggest that if there are any such cases, you can feel free as you agreed to have them submitted and we would look at it.

Easter Greetings

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Easter Greetings

Sen. Dr. Tim Gopeesingh: Madam President, since Sen. Mark is not here, I think it is incumbent on Members of the Opposition here. So on behalf of Members of the Opposition team, we want to extend to all citizens of the Christian community very best wishes on the occasion of the holy and sacred Easter season, which commemorates the crucifixion and resurrection of Jesus Christ.

So on behalf of all of us, we want to extend greetings to all. May we have a safe, prayerful and reflective weekend in deep thoughts on the significance of this event.

Thank you.

Sen. Dr. Eastlyn Mc Kenzie: Madam President, I too would like on behalf of all of us on the Independent Bench to extend our sincerest greetings to the Christian community on this forthcoming Easter weekend. From this Passion Week right into the Resurrection. I would like to say on behalf of all of us, let us have a very holy and peaceful Easter.

Thank you very much.

The Minister of Public Administration and Information and Minister of Energy and Energy Industries (Sen. The Hon. Dr. Lenny Saith): Madam President, I wish to join my colleagues. I think we are developing a tradition here that every holiday now we would have greetings. In that sense, I join with them in wishing the Christian community on this holy weekend—I understand it has a special significance for Tobago, and they extend the holiday even by one day. But like my colleagues, I wish the community well. Please be careful over the weekend.

Madam President: Thank you. Let me take this opportunity to join with Members of both sides of the Senate in also extending greetings to the Christian community on the celebration of Eastertide. I wish that everyone would be very safe and that you would have a peaceful and holy Easter.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 5.30 p.m.