SENATE

Tuesday, February 10, 2009

The Senate met at 1.30 p.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

DISTINGUISHED VISITOR
GAIL PHILLIP
(PRESIDENT OF THE SENATE OF ST. LUCIA)

Mr. President: Hon Senators, I am pleased to advise you that we have a guest with us this afternoon and, in fact, for the next few days, Sen. The Hon. Gail Phillip, President of the Senate of St. Lucia. [*Desk thumping*]

PAPER LAID

Homes for Older Persons Regulations, 2009. [*The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill)*]

Homes for Older Persons Regulations

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, may I advise that the Statutory Instruments Committee considered the Homes for Older Persons Regulations, 2009 and found that there was nothing to which the attention of the Senate should be specially drawn. The Minutes of the committee were circulated to Senators in accordance with Standing Order 68(1).

ORAL ANSWERS TO QUESTIONS

Retrenchment and Severance Benefits Act (Amendment of)

8. Sen. Wade Mark asked the hon. Minister of Labour and Small and Micro Enterprise Development:

Could the Minister state whether the Government intends to amend the Retrenchment and Severance Benefits Act with specific reference to those sections which deal with the quantum of severance benefits?

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. President, the Ministry of Labour and Small and Micro Enterprise Development is reviewing the Retrenchment and Severance

Benefits Act, Chap. 88:13, and subject to the approval of Cabinet, we intend to have a revised policy published in the near future as a basis for consultation with stakeholders.

Thank you.

Sen. Mark: Mr. President, through you, could the hon. Minister indicate whether the Government has decided on any specific time frame for the drafting of new legislation as it relates to the Retrenchment and Severance Benefits Act? Is there any particular time frame?

Hon. R. Dumas: Mr. President, the Government would want to bring this matter within the next session, but the reality is that the restraints of the consultative process cannot be predetermined. I am sure that our purpose would be to allow the fullest of discussion as desirable by stakeholders.

Sen. Mark: Mr. President, again, through you, having regard to recent developments in Trinidad and Tobago where workers can leave a company without any income or severance, what efforts or measures will the Government be putting in place to ensure that there is some justice for these workers at the end of the process?

Mr. President: With all due respect, I do not think that flows from the answer that was first given. That is a whole new question and I think you need to file it.

Industrial Relations Act
(Amendment of)

9. Sen. Wade Mark asked the hon. Minister of Labour and Small and Micro Enterprise Development:

> Could the Minister inform this Senate of the steps which Government intends to take to comply with requests by the International Labour Organization (ILO) for the immediate amendment of the Industrial Relations Act in order to conform with the relevant conventions, recommendations and standard of the ILO?

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. President, the provisions of the Industrial Relations Act, Chap. 88:01 are under continuous review in order to keep them in line with the changes in the industrial relations structure and to make the necessary amendments. In this regard, the Government has on its agenda the reform of the Act and has reconvened the Standing Tripartite Committee.

Sen. Mark: Mr. President, could I ask the hon. Minister, what particular area of the Act is under review by the Government?

Hon. R. Dumas: Mr. President, the different groups have brought different interests to the table, and we would want to suggest that the Act in its entirety be subject to the review as proposed by the various members of the tripartite committee.

Sen. Mark: Mr. President, could I ask the hon. Minister what time frame the Government will be assigning for the completion of this tripartite exercise?

Hon. R. Dumas: Mr. President, I could understand the desire to do this in the shortest possible time and, certainly, we support that, but the concept has to be that the Standing Tripartite Committee has its role to play in terms of its review, and the results of that review would have to go out to the wider public. I would, therefore, want to constrain myself only by saying that the Government hopes to complete this matter within the session.

Modern Labour Laws (Introduction of)

10. Sen. Wade Mark asked the hon. Minister of Labour and Small and Micro Enterprise Development:

> Could the Minister indicate to this Senate whether it is Government's intention to introduce modern labour laws in 2009 to improve conditions under which the working class functions?

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. President, our industrial relations reality in Trinidad and Tobago is constantly changing. There can be no guarantee that the legislation will always be capable of addressing every situation that will arise. While the existing legislative framework is quite relevant to our industrial relations environment today and meets all acceptable criteria, the Government of Trinidad and Tobago is committed to the enhancement of this framework and continues to take steps in this direction.

Sen. Mark: Mr. President, through you, could the Minister indicate what is the time frame that the Government is willing to advise this Senate as it concerns this particular agenda that the Minister has outlined?

Hon. R. Dumas: I would like to advise that the conditions under which the working class functions cover quite a wide area and, therefore, to commit to a time frame, I think that is our continuous job.

Sen. Mark: May I ask the hon. Minister if there are any specific measures outlined by him that the Government is giving priority to in this session?

Hon. R. Dumas: Mr. President, we have already indicated that the Industrial Relations Act in its entirety and the Retrenchment and Severance Benefits Act, but we also have the Employee Compensation Bill among others. I would hope that we would allow the process of legislative review and consultation, and then the introduction of legislation to continue. It is quite difficult to imagine all of them being constrained within the session. What we are suggesting is that this is something which this Parliament has a responsibility to hold under continuous review.

WRITTEN ANSWER TO QUESTION

Missing Persons (Details of)

18. Sen. Wade Mark asked the hon. Minister of National Security:

(A) Could the Minister provide this Senate with:

(i) a list of the steps taken by police and the immigration authorities to locate persons reported missing for the year 2008; and

(ii) a detailed list of missing persons for the year 2008;

(B) Could the Minister state whether any investigations have been conducted by the police service into allegations of human trafficking in Trinidad and Tobago?

Vide end of sitting for written answer.

EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL BILL

Order for second reading read.

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. President, I beg to move,

> That a Bill to regulate the emergency ambulance services, to provide for the registration of emergency medical personnel in Trinidad and Tobago, for the establishment of a National Emergency Ambulance Authority and for matters connected therein, be now read a second time.

Mr. President, this Bill seeks to provide for the regulation of ambulance and emergency services in Trinidad and Tobago. To this end, it seeks to establish, as its governance structure, a statutory authority which would be solely responsible for the national emergency health services of Trinidad and Tobago.

Mr. President, the core business of the Ministry of Health is policy planning, research, monitoring and regulating the health sector. As you may recall, service delivery was devolved in 1996 to five Regional Heath Authorities. The emergency medical service qualifies as service delivery but, however, the ministry needs to ensure that this essential service is delivered in a cost-effective and equitable manner. Consequently, it is our view that placing the operational aspect of this service in the hands of a statutory authority will achieve this goal.

Moreover, the governance structure proposed in this Bill will allow for greater efficiency, public accountability and cost-effectiveness. We believe that greater efficiency will be derived as this authority would be solely dedicated to emergency care. The authority will have the power to provide the service or to procure a contractor to provide this service.

Further, this Bill will require persons such as emergency medical technicians who wish to practise in emergency medicine in Trinidad and Tobago to be licensed. Such licences will be issued by the Minister of Health.

This Bill will also mandate persons who wish to operate an emergency ambulance service in Trinidad and Tobago to apply to the minister for a licence to so operate. It is important to note that this Bill seeks to regulate providers of emergency ambulance service who only provide transport service. Using an ambulance will not fall under this Bill.

The primary purpose of the introduction of this Bill in this honourable Senate is to regulate the practice of emergency medicine. This service was provided prior to 1996, but it was done in a piecemeal manner. However, over the last few years, a system for emergency care has been instituted within the public sector. Further, the private sector continues to grow rapidly with no formal regulatory system in place and, therefore, it is now necessary to provide the legal framework to support and regulate this critical medical service.

Mr. President, before going through the Bill in detail, please permit me to explain what constitutes an emergency medical service which is very different from an ambulance service somewhat. The internationally accepted definition for the term “emergency medical service” customarily refers only to the ambulance component which performs the following functions: responds to the scene of a medical or surgical emergency and stabilizes the victim of a sudden illness or injury by providing emergency medical treatment at the scene and transports the patient to a medical facility for definitive treatment.

However, the term "emergency medical service system" or "EMS", to use an acronym, refers to a comprehensive integrated public safety and health care system model. It consists of a mechanism for accessing the system and reporting an emergency; free hospital service delivery and transport mechanisms.

1.45 p.m.

It also includes public education, participation, prevention processes and educational programming. Consequently, the Emergency Medical Service is really part of a larger system broader in scope and nature. Moreover, in more developed countries, the Emergency Medical Service system encompasses an even larger domain, including the management of disasters, unsafe housing, food or water conditions, epidemiological infections and outbreaks in the community and other healthcare issues that require swift resolution to maintain the health of the public.

It is safe to say therefore, that the Emergency Medical Service system is a subset of the public health care system. The principal purpose of an emergency medical service is to provide 24 hour services, seven days a week so that the needs of the population for such services are sufficiently met. Mainly an emergency medical service caters to victims of sudden illness or injury that require emergency medical care and to those persons suffering severe pain or discomfort.

As you may be aware, the incidence of accidents, violence and medical emergencies accounts for a significant level of morbidity and mortality in Trinidad and Tobago. Medical research indicates that existing accidents and emergency survival rates are greater when the patients are appropriately managed on site and transported to the health institutions in well-equipped and appropriately staffed ambulances.

The provision of such services at a national level requires the rationalization of activities and resources, development of an adequate infrastructure and the retention of an adequate level of human resources, both in quality and quantity. It is clear from our experience that since the launch of this service, patients suffering from critical conditions such as cardiac or respiratory arrest, diabetic coma, severe trauma, congestive heart failure and severe inactive airway disease have clinically benefited from the services provided.

Mr. President, permit me to just remind hon. Senators that in October 2008 we received an additional 14 new ambulances which brought the number of emergency vehicles to 45. The ideal number of ambulances for Trinidad and Tobago, according to international best practice, would be about 47. So, not only

is it the first time that we have reached such a capacity in Trinidad and Tobago, but it is also the first time that any country in the Caribbean has reached this target. This is clearly a significant indicator of the development in our country in that way. [*Desk thumping*]

Mr. President, I also want to make the point that we put in an order right away for an additional 15 ambulances, so that as the ambulances expire and reaching their maturation date, we would now be in a position to replenish the fleet and move to that optimum amount which is international best practice. So, not only do we have it now but we have planned in the future so that we can have that kind of care.

In Trinidad and Tobago injury, poisoning and diseases of the respiratory and circulatory systems have been ranked among the leading four causes of admissions to our hospitals from 1987 to 1994. [*Interruption*] These conditions are also among the leading five causes of death. As we are all aware, the Ministry of Health has the responsibility for providing quality health care to the population of Trinidad and Tobago. To this end, the ministry developed a system of early medical intervention that delivers emergency care to patients from the time the incident or accident is reported, to the initiation of management at the public health institutions.

Hon. Senators, you may recall in April 1999 the Government entered into an agreement with the Government of the Province of Nova Scotia to provide an emergency health service. Let me take this opportunity to inform this honourable Senate, that this policy which started in 1999 was started by a UNC administration when Dr. Hamza Rafeeq was the then Minister of Health. One of the things that we believe on this side is that where credit is due, credit must be given, because in 1999 the Government of the Republic of Trinidad and Tobago held consultations with the Government of Canada regarding the development of a policy on national emergency medical services for the Government of Trinidad and Tobago. That is when the whole policy started. It was a policy started by Dr. Hamza Rafeeq, so I would like you, Mr. President, to permit me to take this opportunity to commend Dr. Rafeeq for initiating this service in the public health sector. [*Desk thumping*]

What we are seeing today, is the evolution of a proper policy that we adopted and we built the capacity, and today, we are in a position to take this to the next level and therefore when I see good work and when this Government sees good work we wish to place on the record that this is good work. The fact that we are

now at the optimum number of ambulances, we have trained a number of people and the fact that we are now in a position to bring this legislation to the Parliament, that is the main reason for us doing this.

So, just to give you a bit of the history, the Government of Canada subcontracted part of this service to a company called Tristar Limited. Tristar Limited was responsible for, inter alia, the training of emergency personnel and in managing the delivery of the EHS. This included the provision and maintenance of ambulances. The EHS programme was successfully piloted in the first instance in Tobago and then at the South West Regional Health Authority. Consequently, as a result of the public's widespread support, acceptance and endorsement of the programme, the pilot quickly expanded to include other Regional Health Authorities by January 2001.

A key objective of the pilot EHS programme was to identify the level of demand for such a service in the country and to effectively improve the level of response time that could be achieved and the resources that were necessary to meet this demand. At the end of the last quarter in 2001 which marked the end of the contractual arrangements between the Government of Canada and this Government, emergency response call volumes doubled from approximately 20,000 in 2000 to just over 40,000 in 2005.

However, while the implementation of the pilot and roll-out of the national ambulance programme was successful in the Regional Health Authorities, there were also certain constraints. These included vehicle maintenance cost, difficulty in sourcing spare parts, size and weight of the vehicles and complexity of using left-hand driven vehicles in a right-hand driven transportation network. The Government then reassigned the responsibility for the management of the EHS to the SWRHA during the period 2002—2005.

The main objective was to create the foundation structure and the operational requirements to allow for the easy transfer to the national emergency ambulance authority when established. However, due to management constraints at the SWRHA, the Ministry of Health, in an effort to release the SWRHA from this additional responsibility, decided to procure a private provider through open tender. The Government then entered into a contractual three-year agreement with Global Medical Response of Trinidad and Tobago, the successful bidder of the tender. The key term of the contractual arrangement between GMRTT and the Government was that GMRTT would manage and operate the national emergency medical service which includes staffing, maintenance of vehicles, medical supplies and communication.

The National Emergency Medical Service has improved over the last few years, especially in terms of the network of vehicles, the management structure and the number and quality of trained personnel providing the services on a daily basis. The acquisition of more ambulance units, the use of the ambulance tracking system and the 811 easy access number have resulted in a substantial increase in the number of emergency calls from an initial 42,000 in 2005 to 63,584 in 2008. The Ministry of Health projects that the number of emergency calls will range between 63,000 and 70,000 by mid 2009.

The current service is managed for and on behalf of the Ministry of Health. The service comprises 45 ambulances and operates from 13 bases. Its average response time is 31 minutes for approximately 97 per cent of its calls. All calls reach dispatch which evaluates the problem, suggests emergency measures and dispatches the nearest available ambulance to the caller. The emergency medical personnel works with strict protocols approved by the medical director who is legally responsible for the medical actions of the Emergency Medical Technicians, commonly called EMTs. There is also a committee in place which evaluates all complaints made with respect to the ambulance service. It is to be noted that all units are equipped with radio contact. The most frequent calls are in respect of breathing problems, loss of consciousness, chest pains, motor vehicle accidents, abdominal pains, assaults, pregnancy or miscarriage, seizures and falls. There are currently 265 basic trained EMTs. It is our intention to further train these EMTs at the intermediate level. This will involve each EMT receiving an additional 450 contact hours of training. The provider also conducts regular in-house training.

The Ministry of Health recently acquired 14 new units and tender is out for another 14 units, as I said previously. This means that our ambulance fleet is now reaching optimal levels by international standards. This service is supported by a number of private providers such as the Fire Service, St. John's Ambulance Brigade, the Red Cross Society, Arch Angel, Allied Heroes, Eastern Divers, Sacan Avatar and Innovative, servicing the south land.

The five RHAs also have in place, a non-emergency ambulance service which provides for the transport of patients within health institutions. We are also advised that some private hospitals have a limited ambulance service. Taking all of the above into account, we are of the view that the time is right to take this service to the next level which will include the provision of the necessary framework to regulate, both the public and the private sector.

I will now proceed to explain the provisions of this Bill clause by clause.

2.00 p.m.

Part I of the Bill contains the preliminary provisions of the Bill. In an effort to avoid multiple interpretations and to eliminate ambiguity, a number of key words and phrases have been defined as follows.

- "advanced life support" for the purpose of this legislation, means the provision of basic life support care as well as physical authorized invasive patient care designed to stabilize and support the condition of a patient due to sudden illness or injury;
- "basic life support" means the initiation of non-invasive emergency patient care which is designed to optimize the chance of a patient surviving the emergency situation;
- "medical direction off-line" means a system of medical support which includes the reviewing and monitoring of pre-hospital emergency services by physicians experienced in the conduct and delivery of pre-hospital emergency services;
- "medical direction on-line" means the advice, assistance, supervision and control provided by emergency physicians supplying professional support through radio, telephone, written or oral communication for on-site and in-transit basic support services given by emergency personnel.

Part II of the Bill which contains eight clauses, provides inter alia for the establishment of an emergency medical regulatory committee and the keeping of an emergency medical register by the emergency medical oversight committee.

Part III of the Bill establishes a National Emergency Ambulance Services Authority. This authority shall be governed by a board of directors, consisting of persons appointed, drawn from the following disciplines:

- medicine;
- medicine and emergency care;
- law;
- management;
- accounts;
- human resource management; and
- information technology.

Clause 5 provides that the Chief Executive Officer (CEO) shall be an ex officio member of the board.

Clause 7 sets out the manner in which meetings are to be held.

Clause 8 provides that the authority shall be responsible for the delivery of a national emergency ambulance service.

Moreover, subclause (2) provides that the authority shall have the following functions in respect of the delivery of emergency health care services to:

- develop a communication system for the National Emergency Ambulance Services;
- develop a co-ordinated trauma care system through the integration of emergency care facilities into the emergency medical services system consistent with the minimum standards and protocols for pre-hospital triage and treatment, destination policies and inter-facility transfer policies;
- monitor the quality of the emergency medical services purchased or provided;
- establish a complaint review committee for the effective management of matters that may give rise to a risk to health or safety of patients;
- develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of the vehicles;
- develop, monitor and implement disaster preparedness programmes;
- ensure the provision of continuous and uninterrupted emergency and ambulance service;
- liaise with the Ministry with responsibility for disaster preparedness management;
- develop quality improvement programmes and risk management systems; and
- develop public information and education programmes relating to the National Ambulance Service.

Clause 13(1) provides that the funds of the authority shall consist of:

- monies identified by the Ministry of Health and appropriated by the Parliament of Trinidad and Tobago for the purposes of the Authority;

- monies collected as fees;
- contributions by the private sector clients for non-emergency services;
- sums arising from grants, covenants, donations and other receipts from persons including national and international bodies; and
- sums borrowed by the Authority.

Clause 13(3) provides the means by which the authority can utilize its fund. As such, the funds of the authority shall be used to defray the following expenditure:

- the remuneration, fees and allowances of members of the Board;
- the salaries, fees, allowances, gratuities, pensions and other payments to members of staff of the Authority; and
- any other expenditure authorized by the Authority in the discharge of its duties, functions and contractual obligations.

Clause 15 provides for the appointment of inspectors and inspection teams. These inspectors may be employees of the Ministry of Health, public health inspectors, medical practitioners, biomedical engineer or biomedical technicians, and other persons as the Minister deems necessary.

Clause 17 lists the powers of the inspectors whilst carrying out their duties.

Clause 19 provides magistrates with the power to issue warrants where necessary. Consequently, where a magistrate is satisfied by information given on oath by a police officer that there is reasonable ground to believe that an offence under this Act has been or is about to be committed, he may issue a warrant authorizing the police officer:

- to enter at any time the place named in the warrant with force if necessary, and inspect that place;
- to detain a person found in that place, in respect of whom there is reasonable suspicion regarding the commission of an offence under this Act; and
- to seize anything which may be of evidential value in a prosecution for an offence under this Act or any other enactment.

Part IV of the Bill addresses issues relating to ambulance services licence.

Clause 21(1) provides that a person shall not provide ambulance services unless he holds a licence to so operate. Consequently, a person who contravenes this provision commits an offence.

Clause 23 provides that the Minister upon receipt of an application made under clause 22 shall forward the application to the committee for evaluation.

Clause 24 provides that the committee shall evaluate the application and make recommendations to the Minister for the grant or refusal of a licence to provide emergency ambulance services.

Clause 25 provides that a licence shall contain inter alia, certain conditions regarding:

- expiration and renewal of the licence;
- category of licence issued; and
- geographical area in respect of which the licence is applicable.

Clause 27 provides for the refusal of a licence where the applicant commits an offence under this Act, or under any other Act for which the penalty is imprisonment for six months or more.

Clause 27(3) provides for the extension of a licence. As such, where the Minister is unable to grant a renewal before the expiration of the ambulance services licence, the Minister may extend the life of the original licence for a period up to three months and such licence shall not be extended for any further period.

Clause 28(2) provides that where the committee makes a recommendation for revocation or suspension of an ambulance services licence under subsection (1), the Minister may revoke or suspend the ambulance services licence, inform the licensee of his decision in the manner prescribed and remove the name of the licensee from the Ambulance Services Register required to be kept by the Minister under clause 34.

Clause 28(3) provides that the Minister may also revoke or suspend an ambulance services licence granted under this Act, where the holder of such ambulance services licence has been found guilty of an offence under this Act or under any other Act for which the penalty is imprisonment for six months or more.

Clause 30 mandates the licence holder to have such licence conspicuously displayed in the registered office of the business.

Clause 31 allows the Minister to appoint an Appeal Committee to review decisions of refusal, suspension or revocation.

Clause 31(2) provides that the Appeal Committee appointed under subclause (1), shall consist of five persons having qualifications and training in law and medicine. Further, the committee shall also consist of an employee of the Ministry of Health and a person representing the public interest.

Clause 34 provides that the Minister shall keep an emergency ambulance services register. This register shall in respect of the holder of a licence contain:

- his full name and business address;
- the date of issue of the licence and the expiration date;
- the names of the members of the board of the organization, if any;
- in respect of a person or organization holding an ambulance service licence, the category of licence issued; and
- the emergency ambulance services licence number.

Clause 35 provides that the Minister shall cause to be published in the *Gazette* and in at least one newspaper, a list of every person licensed under this Act.

Part V of the Bill provides the governance structure for the registration and regulation of emergency medical personnel. As such, clause 36 establishes a body corporate to be known as the Emergency Medical Personnel Board of Trinidad and Tobago, which will consist of all registered emergency medical personnel in the country. This board is pretty much like the medical board, so it operates in a similar fashion.

Clause 38 sets out the powers of the board which include to:

- register emergency medical personnel;
- keep and review a register of emergency medical personnel;
- add or remove names from the register of emergency medical personnel;
- regulate the profession;
- develop standards of practice for health service providers in respect of ambulance services and emergency medical services;
- develop competency programmes to continually assess fitness to practice;
- review the continued competence of emergency medical service providers; and
- develop standardized medical direction for emergency medical technicians.

Subclause (2) empowers the board to inter alia acquire and hold property.

Clause 39 provides for an executive body of the board which will be called the Council of the Board and which will consist of:

- five emergency medical service personnel elected by the board;
- one emergency medical service provider;
- one medical practitioner nominated by the Medical Council under the Medical Board Act;
- a representative of the Ministry with responsibility for health;
- an attorney-at-law nominated by the Law Association of Trinidad and Tobago.

The other subclauses address administrative issues, such as:

- the term of the council;
- the way in which members are elected;
- the quorum of a meeting; and
- the frequency at which meetings must be held.

Mr. President, because EMTs are not regulated at this time, there is no register of EMTs, and therefore, provisions had to be made for an interim body to act in order to invoke clause 39. So in order for us to have some body, we had to put in an interim body. As such, clause 40 provides for an interim council to be appointed consisting of:

- two medical practitioners, one of whom must have experience and training in emergency care;
- a representative of the National Training Agency;
- a representative of the Accreditation Council; and
- a representative of the Ministry with responsibility for health.

The interim council shall within one month of being appointed, commence registration of all persons who hold qualifications as:

- Emergency Medical Technician—Basic;
- Emergency Medical Technician—Intermediate;
- Emergency Medical Technician—Paramedic; and
- Emergency Medical Technician—Instructor.

So just for one month, we are putting in this interim body and then of course, thereafter, the full body will be elected by the profession.

Subclause (4) provides that within four months the interim council must convene a meeting for the purpose of electing members to the council, in accordance with 39(1), thereafter, the interim council will cease to exist.

Clause 41 details the manner in which a member of the council shall vacate office.

Clause 42(1) provides that the council shall elect from among its members a President, a Vice-President, a Secretary-Treasurer and such other officers as the council may from time to time consider necessary.

Clause 43 provides that the council shall have the power to:

- register emergency medical personnel;
- keep a register of emergency medical personnel:
- add to or remove names of persons to that register; and
- regulate the emergency medical personnel profession.

Clause 46 mandates the council to convene an annual general meeting of the board, during which it will report on all matters connected with the management, control and activities of the council and of the board.

2.15 p.m.

Clause 48 allows for the making of rules for the following purposes: The regulation and good governance of the emergency medical personnel board and of the members and affairs of the board and for prescribing a code of ethics and rules for discipline in respect of the holding of meetings of members of the board.

Clause 49 sets out the functions of the registrar who shall, on the direction of the Council, establish, keep and maintain the register set out in section 51; issue certificates of registration; add and remove names from the register set out in section 51; receive fees for use by the board, and keep open the register for public inspection, at all reasonable times, on the payment of the fees set out in Schedule 2.

Clause 50 prohibits a person who is not registered as an EMT from conducting emergency medical services. The clause goes on further to detail the process one must follow in order to be registered as an EMT.

Clause 53 provides that if it appears to the Council that the EMT, by reason of mental or physical disability, is unable to perform his professional duties satisfactorily, the Council may, by notice, require the EMT, at the expense of the board, to submit himself for examination by a medical practitioner named in the notice.

Clause 53(3) provides that:

"If a notice in writing has been served on an emergency medical technician under subsection (1), but the (EMT) has not, by the time specified in the notice, submitted himself for examination by the medical practitioner named in the notice, the Council may, after considering all relevant circumstances and after giving the (EMT) a reasonable opportunity to be heard, suspend the (EMT) from practice..."

Clause 54(1) provides that:

"If a complaint is made to the Council, or the Council has reason to believe that any Emergency Medical Personnel has been:—

(a) guilty of infamous conduct or negligence in a professional respect;

(b) convicted by any Court in Trinidad and Tobago of any offence punishable on indictment;

(c) convicted by any Court outside of Trinidad and Tobago of any offence which, if committed in Trinidad and Tobago, would render such person liable to conviction on indictment;

(d) convicted of any offence under this Act, the Council after due inquiry may—

(a) censure or reprimand the member;

(b) suspend the member for any period not exceeding two years; or

(c) by resolution, declare that the member is in its opinion unfit to be a member of the Board and may give a written order to the Registrar to remove the name of that member from the register and the Registrar shall comply with the order forthwith and send a true copy of the order to the member by fully prepaid registered post, addressed to him at his last known address."

Clause 55 provides that any person who is directly affected by any decision of the Council and is aggrieved by the decision may, within six weeks, appeal to a

judge in chambers. The judge may then give such directions in the matter as he thinks proper, including any direction as to the cost of the appeal.

Mr. President, hon. Senators, this Bill seeks to regulate emergency ambulance service providers, as such, we recognize that an ambulance used to transport non-emergency patients will not be covered by this Bill; this is our intent. However, we are cognizant that some providers may want to escape the legislative requirement of this Bill and, as such, refuse to seek a licence to operate. They may claim not to be involved in the transport of emergency cases. Consequently, we are of view that it is necessary to make clear distinction between the two services. Therefore, we are proposing that the Motor Vehicle and Road Traffic Regulations be amended to only allow ambulances, which are licensed as providing emergency ambulance service, to carry any spot, rotating, flashing or other lights.

Consequently, clause 63(3) provides that the Licensing Authority shall authorize in writing the carriage and use of any siren or warning instrument on any vehicle.

Schedule 1 will contain the certificate of the inspector. Schedule 2 details the fees payable for both the service provider and the EMTs. Schedule 3 speaks to the categories of ambulance services licences which may be issued; and Schedule 4 is a list of the assets to be transferred to the authority.

As indicated earlier, the National Emergency Medical Services Board of Trinidad and Tobago will be established by law as a body corporate, and the board thereof shall be appointed by the Minister of Health. An Emergency Ambulance Regulatory Committee shall be established to advise the Ministry of Health on matters pertaining to the national emergency medical service. This mechanism is to ensure that the operations, administration and maintenance of the national emergency medical service adequately meet the needs of the people of Trinidad and Tobago.

It is our intention to proclaim this Bill six months after its passage through the relevant Chambers. This is to allow the sector to become compliant. We intend to work closely with the present providers and provide whatever assistance is needed in order for them to meet the objectives of this piece of legislation.

Mr. President, it is our vision that the National Emergency Ambulance Services Authority will provide appropriate emergency and non-emergency medical service for persons who become ill or injured, and this includes

emergency pre-hospital care. This may range from minor first aid to advanced life support in various environmental settings, and transportation to the nearest available health facility.

The Ministry of Health will have the responsibility to ensure that this authority is adequately funded to allow for the necessary training and communication systems, the medical director's personnel, systems development, vehicle and equipment, data collection, quality improvement and research. The Vision 2020 for health in Trinidad and Tobago is a nation empowered to live long, healthy, happy and productive lives. Achieving this goal requires a true transformation of the health sector and its upgrade to the level of global leading practice. To this end, the Ministry of Health now has a clear plan towards the transformation of the sector.

More specifically, we shall improve the quality of health care through the introduction of a sector wide comprehensive, continuous, quality improvement programme aimed at ensuring effectiveness and efficiency. Key elements of the continuous quality improvement programme includes standard setting, accreditation and licensing, monitoring and audit, training and capacity building, risk management, system reengineering and evaluation.

The Ministry's transformational plan has identified nine strategies as essential to the success of this transformational agenda. These involve leadership, institutional strengthening of both the Regional Health Authorities and the Ministry of Health, skilled development and availability, upgrade of infrastructure and services, information and communication technology, health care financing, quality service, continuous development and improvement, key stakeholder commitment. The regulation of emergency ambulance care is one of the activities which will ensure that quality health care is provided to the citizens of Trinidad and Tobago and will thus contribute to our transformational plan.

Hon. Senators, in closing I wish to indicate that comprehensive supporting regulations have been developed and will be laid in this Chamber shortly after the enactment of this legislation. We are confident that once enacted, this Bill will help meet the emergency medical needs of our population more effectively. It would ensure that the services provided to victims of vehicular accidents or victims of sudden illnesses or injuries, would not only be of the highest possible quality, but will also be provided through a structured framework. This means

that EMTs will operate in a professional manner when responding to scenes of medical or surgical emergencies, within the parameters of responsibility, accountability and care. Moreover the EMTs will now be recognized as a genuine profession allied to medicine.

Mr. President, I beg to move.

Question proposed.

Sen. Dr. Adesh Nanan: Mr. President, I rise to make a contribution on this Bill.

Consultation and participation by the people constitute the bedrock of any meaningful and democratic civilized process. There is an apparent democratic deficit here. [*Desk thumping*]

From my knowledge, and I am sure the Minister will correct me, there has been little or no consultation with the relevant stakeholders: the Medical Practitioners Association of Trinidad and Tobago; the Nursing Council; the workers' representative; the fire service. It is important here; the Minister made reference to the fire service, but the fire service is the only body that has the equipment when there is a serious accident to be on the scene to assist. At least, the Minister should say in his winding up if they have had consultation with the fire service, because it is critical that when we are dealing with the Emergency Ambulance Service—[*Interruption*]

Sen. Narace: Clearly the Member is making a point of which I should just bring him up-to-date. The committee that was established included the Ministry of Health, the Office of the Attorney General, the Fire Services Division, which developed the draft National Emergency Services Bill.

I am just respectfully suggesting to you that whoever gave you your information, gave you wrong information. The Bill was sent to all organizations, including PAHO, and comments were received from the stakeholders. We have all the comments.

I just wish to correct you on that, Senator; thank you for giving way.

Sen. Dr. A. Nanan: Could I ask the Minister if the Bill was sent to MPATT or the Medical Association of Trinidad and Tobago?

Sen. Narace: I could not say for sure about MPATT, but I can tell you that it went to all stakeholders, and I am advised that in terms of the fire service, they sat on the committee.

Sen. Dr. A. Nanan: Mr. President, in my list I mentioned the fire service, and the Minister is harping on that link with the fire service. I am asking the Minister directly, "What about the workers' representative; have you had consultation with the workers representative?" I will give way for you.

Sen. Narace: Mr. President, MPATT is not a recognized body, just for the record; we treat them as a stakeholder. My direction was that every stakeholder received a copy. If you are asking if I personally checked or if it is possible that they may not have received this; it is quite possible, but as a matter of course, whatever we do at the Ministry, we collaborate with all the stakeholders. My instructions were quite clear on this matter.

Sen. Dr. A. Nanan: Mr. President, Mr. Minister could you say, just with respect to NUGFW and the PSA, specifically, if there was consultation.

Sen. Narace: As I said to you, my instructions were to send to all of the stakeholders which include: MPATT, NUGFW and the PSA. In fact, only this morning I had a two-hour meeting with the President of the PSA discussing all these matters. I can tell you that this morning I had a two-hour meeting with the President of the PSA.

Sen. Dr. A. Nanan: The Bill started on the wrong footing. I am serving notice: We on this side intend to make recommendations for the hon. Minister's consideration to make this Bill more workable. We clearly see a democratic deficit here, with respect to this Bill and consultation.

2.30 p.m.

Mr. President, when the Minister was speaking I wrote down some things and I do not want to aggravate the Government, but I made this observation when the Minister made reference to a number of high-tech ambulances and I wrote this down: Hospitals are leaving patients in ambulances to cope with an overcrowded emergency department.

I put that in the debate because it is very important when we are dealing with emergency medical services and the state of our hospitals, and I am very happy to hear the Minister of Health acknowledge the good work of Dr. Hamza Rafeeq, however belatedly, but I am sure the Minister of Health will pay tribute not only to Dr. Rafeeq for his great work in health, but to the entire UNC government under the hon. Basdeo Panday. [*Desk thumping*] Because the country has seen the best government in terms of governance by the hon. Basdeo Panday administration, and I am sure he will be paying tribute to the entire government, not only the Minister of Health at that time.

Mr. President, the Bill gives information on the emergency ambulance regulatory committee, the setting up of a National Emergency Ambulance Services Authority; an Emergency Medical Personnel Board and an interim council for the same emergency medical personnel.

Before I forget, may I make a recommendation to the Minister of Health? Because when I made reference to patients remaining in ambulances because of an overcrowded emergency department—I go to the People's Manifesto—Building a Better Nation UNC-Alliance, and in terms of health: We will create an extra 2,000 hospital bed spaces through building new hospitals and upgrading existing ones to cut waiting times for medical operations, and primary health care facilities shall be upgraded and opened for extended hours so that they are available at times more convenient to citizens and to reduce out of hour demands on hospitals.

I do not know if the hon. Minister is aware of the conditions of these health centres.

Sen. Narace: That is precisely what we are doing. In fact, only this morning I had a meeting with the President of the Public Services Association where we were discussing that we wanted to open a number of our facilities particularly in outlying areas between 6.00 p.m. and 10.00 p.m., and we would want nurses to work on shift rather than use overtime, and, therefore, with it came some conditions. You would notice in the last few months we have opened more than 10 facilities and, therefore, it is consistent with what we are doing. We have given a commitment that before the end of May, we hope to start at least three brand new hospitals.

Sen. Dr. A. Nanan: Mr. President, I will not be giving way any more. The Member likes too much camera time. [*Laughter*] I urge the Minister of Health to utilize his public relations department to do that kind of work, and also, I am sure the Minister has a number of advisers here who will take notes for him so he can reply in his winding up.

Mr. President, I made that observation because of the state of our hospitals and health centres and I was saying that the Minister must be aware that in our health centres there are clinics that are run on a regular basis, but a person who wants to see a doctor has to make an appointment. What happens now is if that person needs to see a doctor, he/she goes to the hospital and there is where we have the system of overload at our hospitals.

I was going to make that recommendation when the Minister jumped up to respond. The Minister of Health and his advisers need to consider the situation at the hospital at the emergency department. Yes, you are going to have high-tech ambulances in terms of your authority and regulatory committees, but what will happen when these patients leave the high-tech ambulances and arrive at the hospitals?

You need to have an emergency operating theatre available and a dedicated trauma surgeon on call at all times; you need to have a team of surgeons led by consultants who must be on call only for emergencies for a specific period of time. Those are simple recommendations that you may consider.

Mr. President, this debate can go to the extremities when you consider the state of the country, anarchy and the crime situation. In terms of the crime situation, these ambulances would be transporting victims of crime. It is a fact, but as I come to that in terms of the legislation before us, there is no interaction between your legislation and the coroner because normally in other countries one would see there is interaction between that legislation and the coroner.

If a person dies in an ambulance you may need to have people to give a statement or an account, and there needs to be interaction between the coroner and this legislation. So you may need to look at the interaction between this legislation and other pieces of legislation with respect to that situation. This legislation does not talk about any matter with respect to that particular situation of people having to give statements and disclosure with respect to people working on ambulances.

You also need to look at the situation now because if I recall, you have only two attendants on an ambulance—and you did not say it—but you are opening up this legislation in terms of a new era, something new to Trinidad and Tobago in terms of what is going to happen here and paramedics are going to be introduced. So we need to have some guidance in terms of interaction between legislation and how the framework will operate.

When I made reference to the trauma surgeon and the victims of crime, we have to monitor the situation very carefully because we are now going into a situation where we will be facing a large influx of visitors in the upcoming months. The Minister talked about national disasters, emergency medical personnel and the expansion towards national disasters, but we have to be very careful, Minister of Health, in terms of our upgrade.

You reminded us of the upgrade of our hospitals, but we have been hearing that under the PNM administration for years and we continue to see a shortage of beds day in and day out in our hospitals. I know that you went to the Point Fortin Hospital and it was reported that you had no discussions with anybody there with respect to the state of the hospitals, but you may need to go incognito because there are too many reports concerning the state of our hospitals coming out, and when you report to Parliament, you give a glowing picture of the hospital environment.

We have to get a realistic view and you may need to go in disguise, or do not inform anyone when you are coming so that—

Mr. President: Senator, with all due respect, the state of the health care and hospitals is not part of the question that I put. The question before us deals with emergency ambulance services and emergency personnel to operate that service. While the health care system is related to this and certainly you can make a comment in reference to this, there is no question for this Senate to decide on the state of health care in the country. The question is on the ambulances and the personnel, and that is what you should speak to.

Sen. Dr. A. Nanan: Thank you, Mr. President, I will go to clause 39(1) of the Bill. This clause speaks of setting up a council of the board, that is the Emergency Medical Personnel Board:

"There shall be a Council of the Board which shall consist of—

(a) five emergency medical service personnel elected by the Board;

(b) one emergency medical service personnel;

(c) one medical practitioner nominated by the Medical Council under the Medical Board Act;

(d) a representative of the Ministry with responsibility for health;

(e) an attorney-at-law nominated by the Law Association of Trinidad and Tobago; and

(f) a person nominated by the Council for Nurses and Midwives established under the Nurses and Midwives Registration Act."

And clause 39(2):

"The members listed at subsection (1)(b) to (e) shall be appointed by the Minister."

So what we are seeing in this Bill is that the Minister has control from subsection (1)(b) to (e) Where is the independence? One can argue that the Minister may undermine the board; we need to have independence. The Minister should be isolated from this board so that is one view with respect to the independence of the board.

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

Mr. Vice-President, the Emergency Medical Board's function is to register emergency medical personnel and the Minister said there are 265 emergency medical personnel, so we are going to have them making up the emergency medical personnel board and out of this board there shall be a council of that board and that is the Council to which I made reference in terms of the Minister having his hands in this particular structure. So we need that kind of isolation and quarantine from the Minister with respect to this board.

2.45 p.m.

This National Emergency Ambulance Authority that is being set up and the regulatory committee—there is another area that is of concern and it may be that this piece of legislation requires a constitutional majority. The reason I say this is that in clause 15 of this Bill you are appointing inspectors. Clause 15(1) states:

> "The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team to visit and inspect an ambulance service provider licensed under this Act and to submit a report to him upon any inspection."

I want to go to clause 19:

> "Where a Magistrate is satisfied by information given on oath by a police officer, that there are reasonable grounds for believing that an offence under this Act has been or is about to be committed, he may issue a warrant authorizing the police officer—
>
> (a) to enter at any time the place named in the warrant with force if necessary, and inspect that place;
>
> (b) to detain a person found in that place in respect of whom there is reasonable suspicion regarding the commission of an offence under this Act; and
>
> (c) to seize anything which may be of evidential value in a prosecution for an offence under this Act or any other enactment."

Enter with a warrant with force; detain a person with reasonable suspicion and to seize anything. That is infringing on the rights of an individual. That is why I said a constitutional majority may be required, in terms of the powers given to the inspectors. I will be dealing with a few key clauses and I am sure my colleagues will deal with the other clauses with respect to this Bill. That is with respect to clauses 15 and 19.

I want to go to Schedule 3 which gives an idea of how this particular structure will function. We have to work with clause 40 and Schedule 3. Clause 40(5) states:

"(a) Emergency Medical Technician – Basic;

(b) Emergency Medical Technician – Intermediate;

(c) Emergency Medical Technician – Paramedic; and

(d) Emergency medical Technician – Instructor."

So here we have the word that will be appearing in the vocabulary of the citizenry, that is "paramedic", and we have to look at the functions of a paramedic. But before I go to look at the functions of the paramedic—

Sen. Narace: What is your basic complaint with this?

Sen. Dr. A. Nanan: I already complained about the constitutional majority that is required; I am now dealing with Schedule 3 and if you look at Schedule 3 you will see in terms of the ambulances and what they will have on board.

I just want you to look at Schedule 3 in terms of "Basic Life Support; Advanced Life Support, Level 1 and Advanced Life Support, Level 2", because when we look at the different services being offered—in fact, if you look at this legislation you will see that whoever is on an ambulance—the registered paramedics—their names will be listed. When we look at Schedule 3, we have to look at Basic Life Support and Advanced Life Support and the Minister made reference to the various problems in terms of the hierarchy of reports, but you are putting manual defibrillators in ambulances; you are allowing endotracheal intubation; a central venous line; cardiac pacing; chest decompression; surgical airway; intraosseous line and I think we need to explain to the population what are these things, because you just put them in the particular Bill.

I need to explain to the population with respect to the categories that we are now—what is going to happen with our new ambulances and what we are putting in. I do not know if the Minister knows what is cardiac pacing. I hear the Attorney General saying he does not have to know. Well, apparently you do not know, Minister.

Sen. Browne: You know! Would you know? Tell us.

Sen. Narace: Since you know, tell us.

Sen. Dr. A. Nanan: Mr. Vice-President, when I look at cardiac pacing—I will come to that because I am dealing from (A) to (G) on Schedule 3 because it is important. You see, I want the public to know that we are dealing at a different level in this Bill. What we had were people who just had some basic CPR training on ambulances before, now we are going to have—

[*Sen. Narace stands*]

No, I am not giving way, because I do not think I will get injury time.

Sen. Browne: You are getting injury time all now. Call the ambulance.

[MR. PRESIDENT *in the Chair*]

Sen. Dr. A. Nanan: Mr. President, I think the population needs to be aware because it is on Schedule 3 and it is important, because it is a major plank. Probably the Minister did not understand the role—

Sen. Narace: You are making a good point and I wanted to support you. Let me support you.

Sen. Dr. A. Nanan: No, I am not going to give way. You like too much of camera time, Mr. Minister. [*Laughter*]

Sen. Mark: "Jerry, boy, doh get back up; doh get back up, please."

Sen. Dr. A. Nanan: Mr. President, when I was preparing for this Bill, I had very little knowledge of the chemical and medical importance, but it is important in terms of how these paramedics are going to operate on these ambulances, and people need to know because you need to have consent. If these patients are conscious, you will have to get consent for a lot of these procedures.

I want to deal with the invasive procedures first. Chest decompression is an invasive procedure. What happens in chest decompression is if you have a collapsed lung, you may have air in the thoracic cavity. What the paramedic has to do is insert a needle at the second intercostal space, if I recall, at the mid-clavicular line. That is to tell you how important this Bill is, in terms of what these people are now going to—

Sen. Narace: I was going to tell you but you refused to listen.

Sen. Dr. A. Nanan: So if somebody comes in with what we call pneumothorax, that is air in the thoracic cavity, the trained person is supposed to be able to do that invasive procedure. The question to the Minister which this Bill does not say is this: Will that procedure be approved by a licensed physician or will that particular paramedic be operating on his own based on his training? That is very important because in other jurisdictions you have licensed physicians who take the paramedics through these procedures.

The Minister talked about a mobile system and linkage. We do not know if that will be operational in terms of the ambulance having that facility and the linkage to these licensed physicians to take the paramedics through the procedure, although they have had much training with respect to the contact hours. It is a very difficult procedure, that particular insertion of that needle to remove the air from the thoracic cavity and let the lung inflate.

The other one that is very important too, is the central venous line, another invasive procedure. That central venous line has to go in the subclavian vein or the jugular vein and the jugular vein or the subclavian vein, if you are inserting a needle there, you have to be extremely careful, because if you make a mistake you could puncture the lungs and you could have a fatal situation on your hands. So inserting that needle into the subclavian or jugular vein takes a certain amount of training. That is with respect to the central venous line.

The intraosseous line is another invasive procedure. The intraosseous line is really for children, where you put the needle straight into the bone and you run the solution.

The surgical airway, you could either go through the nose, the mouth or the trachea. That is important because if you are going through the nose or the mouth or if there is a situation developing where there is trauma to the face, that particular individual, the paramedic, who is on that ambulance has to go through—to put it simply—the trachea and he has to go through it at a specific area, through the crico-thyroid membrane. So he has to know the anatomy of the head and neck region. That individual has to have that information, because what we are dealing with in this Schedule is advanced life support, a matter of life and death. I do not know if the Minister is aware of a condition called anaphylactic shock.

The reason I mentioned anaphylactic shock is that this could occur in minutes and be a fatal situation. The remedy for anaphylactic shock is giving epinephrine intramuscularly. So this is why this Schedule is so important, with respect to the

advanced life support system. This is why I am going through the Schedule in detail so that the country would be aware of what is going to be available on the ambulance.

Anaphylactic shock is not here but I just drew the reference in terms of the life threatening situation. But, you see, the paramedic must be able to administer epinephrine. In fact, if you are doing that intubation, sometimes you may need to use narcotic analgesics; IV. The paramedic must be able to give this particular drug to relieve some of the symptoms.

3.00 p.m.

When I was looking at cardiac pacing, it took me back to 1791 and that famous experiment that Galvani did when he put electric current across the heart of a dead frog and there was a myocardial contraction. That particular experiment has been translated through the years and that is why there is this particular system that you see on television where they put electrodes on a person and shock the heart. You have electric current of a certain magnitude that would stimulate the heart. Cardiac pacing has to do with that. You must be aware of the heart and the intrinsic pacemaker mechanism when we are dealing with cardiac pacing. [*Interruption*] Mr. President, I will direct my attention to you.

You are using two large electrodes on the chest to have this current. What is very important is that in terms of consent, a number of these procedures, even defibrillation, you have to shave some of the hair off the patient to ensure that the electrodes can be placed in the right position. If you place those electrodes in the wrong position, the patient can have contractions. There is a big word when dealing with that particular process which is transcutaneous electrical stimulation. That means that you can put electrodes, produce a current and it would go to the heart nerve for stimulation.

The main point in this cardiac pacing is the intrinsic pacemaker in the heart. If there is a situation where a paramedic on an ambulance encounters reduced heart rate, there are sophisticated monitors that can record the heart rate and the electrocardiogram which is the graphical representation and the person would know when to intervene. That monitor will be able to tell the operator that he or she needs to set the machine for 80 beats per minute and then you would have these regular pulses.

When I spoke about Galvani and his experiment, it is to draw reference to the particular situation in terms of current and the heart. We are dealing with an external source. I am sure that many Members are aware of the pacemaker that is

being introduced by surgical intervention—the current Prime Minister has a pacemaker. We are dealing with external monitoring of the heartbeat.

In 1952, an experiment was done where in two milliseconds using 120 volts, a very short time, the electrical stimulation was put. That small time interval will stimulate the heart. As you go through the years the time is increasing. It is now 20 milliseconds. With an unconscious patient the paramedic on the ambulance will have to know that he has to use the maximum voltage. As the heart comes back the voltage would be reduced. You have that electrical stimulation of the heart. That is cardiac pacing.

The other one I will deal with on the particular Schedule is the endotracheal intubation. That is important. With patients who might have drunk gramoxone, you would have serious vomiting on the ambulance and you may need to have another way to utilize an airway in the patients. In some restaurants they have shown some clips where when somebody is choking, the only way to get in is to take a pen and puncture in the region of the Adam's apple to create an airway so that the person could breathe and then be taken to the hospital. It is very important when that procedure is being done there is extreme care because that area is filled with arteries. If you puncture any one of them you would have complications in terms of bleeding. This Schedule tells us about the importance of these paramedics; the level of training involved with these procedures and the supervision that is required.

In terms of the current situation, there are two technicians on an ambulance. The Minister made reference to the Regional Health Authorities and transfers. As the system is operating now there are transfers from the Regional Health Authorities from hospital to hospital. I am sure that the Minister is aware that if there is a life-threatening situation in Point Fortin and the ambulance takes the person there, there can be no real treatment. The person has to be transferred to San Fernando. We need a system—if you are setting up a system to deal with emergency situations and national disaster situations you have to consider trauma hospitals. The simple situation of having a burns unit in Couva because of the industrialization of the area should be a priority.

That was on the People's Manifesto, UNC Alliance. A burns unit would be constructed at the Couva Health Facility to respond to industrial accidents and emergency. The EMS would be restructured in order to respond in an effective and timely manner. Minister of Health, we agree that you are dedicated to the cause, but when you look at the facts in terms of what is happening around you in the health system, we have very little confidence in any improvements.

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

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

Question put and agreed to.

Sen. Dr. A. Nanan: Mr. President, I thank all Senators for extending my time. I presume that I will get injury time because I have some very important areas with which to deal. I am sure that the Minister would extend my time even further.

I was dealing with the current situation because it is important to look at what we are putting forward and what we have now. When we hear policies coming from the Ministry of Health—the Minister gave kudos to Dr. Hamza Rafeeq who was minister of health in the UNC administration, but we have not seen much development under the PNM. We built so many health centres and upgraded the hospitals. We cut down the time for surgeries, but in terms of what the PNM administration has done, when you compare it with the UNC we have little confidence in any improvements in the health care system.

I will deal with the situation of the ambulances and what we are putting in them. According to the legislation before us when we look at the regulatory committee their mandate is to look at the condition of ambulances and make recommendations. The committee should define and recommend to the Minister the minimum medical equipment and consumables to be carried on board ambulances. Why is that necessary? That is standard practice. The ambulance will be outfitted with medical equipment, unless you want something extra. Medical consumables are the drugs you carry on the ambulance. You may have to get rid of that unless you have something extraordinary that you want to carry on the ambulance. I do not know if you want them to carry cocaine as drugs. With respect to medical equipment you might need to get rid of that.

They have to evaluate applicants and recommend to the Minister the issue of licence to be issued under this Bill. I know that the Bill says that regulations will be coming. We are suggesting that you bring affirmative resolution for these regulations.

Define the minimum interior and exterior designs specifications. [*Interruption*] Negative resolution means that we have 14 days. We want affirmative resolution. If my memory serves me right, initially, there was very little consultation for the Regional Health Authorities Act. There is a trend with respect to consultation. I will get on with the matter at hand.

They have to define the minimum interior and exterior design specifications and structural statutory requirements that will be used in ambulances. Why do we need that? Why do we need all those things? This Bill is too cumbersome. There are too many things in here. We need to dissect this and you will surgically dissect this particular piece of legislation.

3.15 p.m.

We support the spirit of the legislation and we want to make it workable. In that respect, the recommendation coming from this side, before my time runs out, is a joint select committee. You have the power to strike someone off the register. We need to have some clarity here. This gives you too much power. We need to examine that. We are suggesting that this Bill goes to a joint select committee to make it workable. I thank you.

Sen. Corinne Baptiste-Mc Knight: I thank you, Mr. President, for giving me the opportunity to express a few views on this Bill. I listened quite carefully to the Minister's introduction and he seemed to lay some emphasis on the fact that the purpose of the Bill is to provide emergency ambulance services and emergency medical personnel. But, as he unfolded his presentation, there seemed to be some confusion as to whether the various levels of bodies, boards and committees to be put in place would be dealing specifically with ambulance services and the emergency medical personnel, or whether they would also have functions to deal with the coordination of the emergency health services. There was an interchangeability among national emergency services, emergency medical services and emergency medical services system. I feel that these things are separate entities which need to function in a coherent and coordinated form, in order to have the sort of health service we hear we want to have by 2020. But this Bill cannot accommodate the sort of coherence that is required.

Let me address the Bill clause by clause, specifying those areas that provide me, personally, with the greatest problems. It starts with the regulatory committee, which seems to be the core body that is going to advise and support the Minister on the whole matter of the delivery of an efficient and effective emergency medical service. An emergency medical service, to my mind, is far more than the ambulance service and the personnel attached to it. It involves what happens after the ambulance has dropped off the person in the hospital. Some clarity needs to be introduced right here. That is clause 4.

Let us continue on clause 4. Clause 4(2) identifies the people who will integrate this committee. When you look at clause 4(3), in conjunction with clause 4(2), one realizes immediately that there is no proper fit between the

persons to be on the committee and the tasks that these persons are to perform. Of the four people mentioned in clause 4(2), which of them will have competence in the area of vehicle and equipment maintenance? Vehicle maintenance may reside in the Ministry of Works and Transport or elsewhere, but there is nobody on the committee who can deal with that. Equipment maintenance is an entirely different area, because you have specialized medical equipment that has to be in these ambulances. If they are going to be giving proper service, they need proper calibration and specialist people to attend to the maintenance. It is no point not having people on your committee who can advise you on that and yet give them the responsibility, especially as later on you are going to absolve them from any responsibility from anything that they do or fail to do. It cannot work, Mr. President.

Further, this committee has to define the minimum interior and exterior design specifications, et cetera, at clause 4(3)(d). This is the job of a specialist engineer, not anybody who comes out of UWI with an engineering certificate; somebody who knows specifically about ambulances and this sort of specialist equipment. Would it not make more sense to identify the knowledge and skill sets that you need in order for your committee to be able to provide the task that you want it to provide and then decide what personnel you want to fit into that area? I hope that is a little clearer than what the Minister tried to explain to us. In other words, instead of identifying a representative from here, a representative from there and a representative from elsewhere, say that you need people with this specialized knowledge, who should come from the Ministry of Health, the Ministry of Works and Transport, the Regional Health Authorities, et cetera. The Minister seems to be a little confused. I am still on clause 4.

I will now go to clause 6. This deals with the seal and who will keep the seal, but at clause 44 one of the boards needs to have a seal. Is it the same seal? [*Interruption*] It is not the same seal. There are various seals. If you have two seals, you cannot say in clause 6, "the seal" and elsewhere "the seal". It could be that it is an arctic situation, but those seals are a dying breed, so we cannot have them here.

Let us move on to clause 8—the functions of the Authority. This Authority is responsible:

> "…from time to time, for the delivery of a national emergency ambulance service"

My question is: In between "from time to time," who is responsible for the delivery of the national emergency service? It is either they are responsible or they are not; they cannot be responsible from time to time. That is sounding like rap.

Clause 8(2) goes on to say—is this law?

"Notwithstanding the generality of…"

Come on, that is normal? [*Interruption*] Please make this a little less general. "From time to time" is just too general.

It goes on to talk about:

"…have the following functions in respect of the delivery of emergency health care services…"

It is one aspect of the delivery of emergency health care services that we are dealing with here and not the entirety of, because what goes on from (a) to (j) deals more with general health services, rather than specifically ambulance services.

It says at clause 8(2)(a):

"develop a communication…emergency ambulance services;"

This is what the Bill leads us to believe is required. When at (b) you want to:

"develop a co-ordinated trauma care system through integration—" note carefully—"of emergency care facilities into the emergency medical services system…"

I submit that this is not emergency ambulance service; this is the job of your hospital management. That is where that must reside. This needs considerable trimming, in order to make it refer to what you need. It continues:

"(c) monitor the quality of the emergency medical services purchased or provided;"

This is not for ambulance services; far too wide.

"(d) establish a complaint review committee…"

This is especially for matters dealing with the ambulance service, not the entire health service for patients. They would not have time to deal with ambulance if they had to deal with everything else.

Let us look at (e):

"develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of the vehicles;"

In a system that is suggested at Part IV, where you are not going to have a fleet that belongs to government—a lot of it is going to be outsourced—how is this authority ever going to be able to tell Harry, James and Mary Blinkieye exactly what their fleet management has to be? Who is going to supervise that? This is not a job for these people. [*Minister Narace stands*] No, take notes and answer later. I am not going to let you eat into my time like my colleague.

This group is also going to:

"(f) develop, monitor and implement disaster preparedness programmes;"

This is not their business. Their business is to liaise with the ministry involved, to ensure that their ambulances are a part of that system. Here, again, we need some serious tidying up. It continues:

"(g) ensure the provision of continuous…service;"

Yes, that is their function.

"(i) develop quality improvement programmes and risk management systems;"

for the ambulance and nothing else.

Let us move on to clause 9. This clause makes me feel very at home, because you invite people to accept positions for which they are not qualified and then you tell them: Do not bother, you are not responsible. No, Mr. President.

3.30 p.m.

Mr. President, I think we are sophisticated enough by now to expect anyone who accepts a position of trust and authority to accept responsibility for his or her action or inaction, because therein lies a choice. If you sit on a committee and you are prepared to keep your mouth shut when you are in doubt or when you know that something is going wrong, then you are culpable for the result of that decision. I cannot accept this clause.

Now, moving on swiftly to the inspectors, in clause 15(3), these inspectors have to take their instructions from the committee and this is the committee which advises the Minister. This is the only committee that is here. I am wondering if they are responsible to the authority. Do they go straight to the committee? That

is strange. Perhaps, that matter needs to be looked at, probably in the select committee that has been suggested by my learned friend. We are on the same side for a change.

At clause 16, I note that an inspector is required to produce the certificate to the occupier or owner upon request. I think that upon entering anybody's premises that these inspectors should be required to produce identification. In this day and age, harm could come to them before they manage to show their little certificate. You should show your identity card immediately.

Now, Part IV, which I think is the meat of the matter, I note at clause 24 that these licences are going to be good for one year. Now, I can understand that there is need to watch these guys very carefully, but it means that every year each one of these premises needs to be inspected and given a certificate of good health in order to get a renewal. Is this reasonable, given our propensity for not providing human resources as required? Mr. President, if these guys are working around the clock like the people at Petrotrin, the doctors and the nurses, I do not think it is possible. One may need to look at the period of one year at the same time that you are building into the process, the inspection, in order to ensure that they continue to perform.

In clause 25(1)(c) it is prohibited to assign a licence. Are you giving them more than one licence so that they could assign one and maintain the rest?

Clause 27 makes provision for the renewal of a licence. I am a little disappointed that nowhere in this clause the standard of service is mentioned as a criterion for renewal. I thought that would have been at the head of the list. If they are not giving good service or if you had to talk to them or reprimand them more than once, then that must be taken into account.

In clause 28, I am a little concerned with the discretionary nature of this clause. The authority says to the Minister that "X" needs to have his or her licence revoked or suspended, but the Minister may or may not comply. Well, in this case, do away with the committee. Where the committee recommends, the Minister may—[*Interruption*] That is in clause 28(1). In clause 28(2), where the committee recommends, the Minister may; and in clause 28(3), the Minister may also revoke or suspend a licence. It is either the Minister has work to do or he does not have work to do.

Sen. Seetahal SC: I just want to assist my colleague in this regard and to point out that this is fairly the norm. The committee may make a recommendation, and during the time of the recommendation the Minister may have to make a

decision—there might be correction or something of that kind—the legislation does not mandate the Minister to do so. If he does not, then there could be some action for him failing to do that and acting appropriately. So, it is not normal and not considered good law to say that the Minister shall do it.

Sen. C. Baptiste-Mc Knight: I thank my learned colleague. Mr. President, let me assure the Minister that I mean no disrespect by allowing my colleague and not him to respond. I think that she is into the law more than he is. [*Laughter*]

I want to move on to clause 34(4) where it gives the Minister the right at any time to restore a name to the register. Now, I do not think that it is right for the Minister to be able to do this without consulting with the committee, because he could only do it on the basis of new information or some information that he has that they do not have. I feel that it is proper in a matter like this that he consult with them with respect to whatever doubts he may have as to their recommendation.

With respect to clause 34(5), I would like to suggest that an updated list of these registers be available at all local government authorities throughout the country so that people could have an easy point of reference where they can go and check to see who is on the register, and keep a note of the nearest person to them on the register.

Mr. President, I want to turn to clause 39 where the Council of the Board is defined. Now, I note that on this council there are 10 persons; six of them are emergency medical service personnel and there are four other persons. A quorum is five members and one of those five members must be one of the two persons appointed by the Minister.

In clause 39(9) it says that every question shall be determined by the majority of members present. It means that of the 10 persons on the board, three persons could make a decision. I do not think that is really what was intended. [*Interruption*] If a quorum is five out of 10, then the majority of those persons present could be three—that is simple Mathematics.

I note at clause 40 that the Interim Council which is the body that is going to start-up the board has a representation that is totally different from your board. I cannot understand why you see the need for the National Training Agency and the Accreditation Council on your Interim Council, but not on the Council of the Board, when part of the function of this board is developing competency programmes, et cetera. It falls right into what I think these two agencies would

do. Would it not make better sense to have three emergency medical personnel plus the one that the Minister appoints, and then add the representative from the National Training Agency and the Accreditation Council to the board to maintain some consistency in what the Council of the Board is meant to do?

3.45 p.m.

My next area of worry is at clause 53. I would just like to ask you to have a close look at clause 51(3) and compare it to clause 52(5). I think there is something there that I have missed and if it is not me then the two of them are identical. Is there a need to have the two of them say the same thing?

Clause 51(4), I find particularly amazing and akin to clause 9. Now why would we want in a piece of legislation to absolve a registrar who is intransigent or recalcitrant from doing his job and simply say, well, if he or she does not register the person after a certain period of time then the President of the Council would do it? Hello, something is not right there. You cannot tell me that somebody is not doing their job and all you do is say, well, if "A" does not do it, "B" will do it, and what you do is to bump it up. The registrar is not doing it so the President will have the job of doing it. No! Let us look at that again. It needs not be there.

In clauses 53 and 54, I think that perhaps there is need to have some provision for notification of the public when persons or providers are suspended.

In clause 54(4), I would just like to try and understand what the particular reference is in prohibiting someone who has been taken off the register from operating a pharmacy. Why not?

Sen. Narace: Which part?

Sen. C. Baptiste-Mc Knight: Clause 54(4). I do not quite get the connect there. I am sure that it is something very deep. [*Laughter*] I would like to have that explained. If it cannot be explained I think then we would have to excise it.

Now in clause 60, I am wondering whether, here again, this is where the legal language kicks in. Where it says that:

"The Council may make Regulations…"

Hon. Senator: Yes.

Sen. C. Baptiste-Mc Knight: Good! And then in clause 65—now I am prepared to understand the legal discretion, but in clause 65, if the Minister does not make these regulations for the prescribed matters then the Act cannot be implemented, so why do we make it discretionary?

Sen. Seetahal SC: Could I answer that for you?

Sen. C. Baptiste-Mc Knight: Yes, please.

Sen. Seetahal SC: Usually in every single piece of legislation where regulations are prescribed, it is drafted with a "may" because you are not going to penalize the Minister. He is not going to be charged with any offence, so that is why you do not use "shall". Maybe that should happen but it has not and the fact of the matter is, you do not want to tell him next week you must make it, so you give a "may make it" because it is the business of the Minister to want to have the legislation effective, and usually in time they do it.

Sen. C. Baptiste-Mc Knight: I thank my colleague very kindly and recommend to the listening public that we find some means of encouraging the Minister once we get this bit of legislation properly sorted out, to make all his regulations as early as possible.

I thank you, Mr. President.

Sen. Lyndira Oudit: Good afternoon, Members of the Senate and thank you, Mr. President. On June 18, 2008 at the launch of the 811 emergency ambulance service, the Minister of Health, Sen. The Hon. Jerry Narace had this to say and I quote:

> "Medical knowledge indicates that existing accident and emergency survival rates are greater when patients are appropriately managed on site and transported to the health institutions in well-equipped and well-staffed ambulances."

He went on further to explain that:

> "of the 31 units…currently existing and…currently used, some 25 of them may be on the road at any one time and operate from 13 bases"—the bases identified were—"Port of Spain, St. James, Arima, Sangre Grande, Toco, Chaguanas, San Fernando, Gasparillo, Princes Town, Point Fortin, Siparia, Rio Claro and Mayaro."

The Minister of Health further identified that destinations for these units included all hospitals as well as health facilities at Arima, Chaguanas, Couva, Rio Claro and Toco.

In your presentation today, Minister of Health, you did indicate that of the 14 new units that were ordered—by October of last year they were here.

Mr. President: Senator, speak to me please.

Sen. L. Oudit: Thank you, Mr. President. All 14 units were expected in the country as of 2008 and they were all equipped or supposed to be equipped with advanced life support equipment.

My contribution deals with issues relating to these statements, matters relating to the interpretation of terms as well as some areas that I feel should have been included in the legislation to ensure a more comprehensive and far-reaching legislative policy.

I refer to Part I of the preliminary section, clause 3. Your interpretation identifies an emergency ambulance call and it says here:

> "A request that is not prearranged for assistance requiring an ambulance unit to be dispatched to provide immediate pre-hospital care to a patient who is sick, injured or otherwise medically or psychologically incapacitated;"

In light of the statements of the Minister of Health at the 811 launch that our units currently transport patients to hospitals and other health facilities, I feel some wording should be to the effect, "facility authorized to provide emergency care" should be included in the wording. As we all know, not all—

Sen. Narace: Which page is that?

Sen. L. Oudit: This is referred to in the wording of emergency ambulance call.

Not all health facilities are equipped, authorized or even capable of handling emergency care. The Massachusetts Department of Public Health Emergency Medical Services System 2007 identifies Emergency Medical Services as a, and I would like to quote:

> "…pre-hospital assessment, treatment and other services utilized in responding to an emergency or provided during the emergency or inter-facility transport of patients to appropriate health care facilities."

It further went on to define what appropriate health care facilities were and it states:

> "An emergency department, either physically located within an acute care hospital or…in a satellite emergency facility..."

All emergency personnel must be aware of each and every facility that is equipped to handle this specific emergency at hand. Too often precious time is lost as patients are transported to one facility and then to be told that they now have to be moved or relocated to another and so this time is often life-threatening, and in many cases this critical thing need not be. This then begs the question of

the readiness and the capability of our existing, all our existing health care facilities to handle a broad range of medical emergencies.

The Minister of Health in his 2008 launch outlined what some of the emergency calls entailed and I will quote:

> "Breathing problems, chest pain, unconsciousness, road traffic accidents, assaults, pregnancy and miscarriage, seizures and falls."

With such an extensive array of emergencies and by specifically addressing existing facility limitations, certainly the next step would be to look at improving the entire health care system and in particular the emergency systems and facilities of these institutions. In fact, my colleague Sen. Dr. Nanan referred to the requirements for burns units and these are very critical especially in the industrial estates, Point Lisas, Point Fortin.

Continuing to look at Part I of the Bill, there are two consecutive terms which I feel need review. The terms "medical direction off-line" and "medical direction on-line", and I will just like to read here what it says these two terms mean:

> '"Medical direction off-line' means a system of medical support which includes the reviewing and monitoring of pre-hospital emergency services by physicians experienced in the conduct and delivery of pre-hospital emergency services;"

and "medical direction on-line" continues with the same thing except it includes:

> "supplying professional support through radio, telephone, written or oral communication..."

Again, I will refer to the Massachusetts Department of Public Health Medical Service System for 2007, which is a very highly comprehensive and thorough document and it defines medical direction and I quote:

> "…authorization for treatment established in a Statewide Treatment Protocols provided by a qualified medical control physician to EMS personnel, whether on-line, via direct communication or telecommunication, or off-line, via standing orders."

Medical direction, therefore, does not only refer to the support systems, but rather to the procedural protocols that must be followed. It follows or refers to a set of exact measurable indicators that must be used and followed if you have to ensure the highest safety and efficiency in the process.

Today the Minister of Health, Sen. The Hon. Jerry Narace indicated to us that strict protocols are adhered to in the delivery of service, but in its present wording

for medical direction this is not here apparent as there is no reference to protocols and procedures to be followed. So, while we do not doubt that systems are in place, the procedure to be followed is not here at all.

At the Annual Conference of the US National Association of Emergency Medical Services Physicians, in 2006 held in Tuscon, Arizona, Nadine Levick from the Department of Emergency Medicine identified the protocol measures to be used; communication or dispatch, the patient, restraining device, transport device, paramedics, doctors, nurses, family members, patient monitoring equipment, clinical care and intervention, protective equipment, the vehicle, the driver and driving skills, other road users and the road. These measures or checklists, it is not only to provide safety for the patient but also for the safety of the emergency personnel as well as other road users.

4.00 p.m.

My contribution here deals with the wording, as I would like to remind the Senate, rather than the intention of the Bill. According to Adam Ray, as identified in the Arizona Conference, some 302,969 emergency vehicles were involved in road accidents in the United States, over the period 1999 to 2000. Those involving multiple fatalities amounted to 1,565 vehicles. What we must remember is that in this instance, the vehicle is the workplace. The workplace of these personnel is their vehicle. As such, certainly as with other workplace requirements, vehicle safety, sound design, skilled driving, road conditions, protective equipment including seatbelts, helmet, protective headwear are all serious concerns for persons involved. Therefore, by following protocol, one may be somewhat assured that the safety and efficiency are constant factors in any response procedures of emergency personnel to an emergency call.

The Bill identifies the regulation of services and I quote:

"and for matters connected therein."

Mr. President, while the Bill is certainly a step in the right direction, the limitations in its current form would allow for only partial success and effectiveness later on. In light of these safety issues, I would like to suggest that clause 15(2), which identifies appointments of inspectors and inspection teams should have the inclusion of an automotive engineering consultant familiar with vehicle and safety equipment, testing and standards of development to be included on the inspection team.

It is no longer acceptable for emergency medical services to be functioning outside of automotive safety and industry standard safety for prevention of and protection of emergency medical services providers and the public at large from

injury. Under issues relating to the interpretation, I wish to point again, to the definition used of "emergency ambulance call", and in particular the last two words, "psychologically incapacitated". According to the Oxford Dictionary of 1992, psychological refers to "of or arising in the mind".

I feel, Mr. President, while I infer the need to include a state of consciousness, either being alert or awake, or being unconscious as being not awake or alert, it is extremely difficult to imagine that medical emergency personnel will be able to determine the level or form of psychological incapacitation of a patient. Further, consciousness or unconsciousness is merely symptomatic of an injury or an illness. The Bill constantly refers to persons being ill or injured and so, in keeping with this consistency in language, my suggestion is that those two words be removed with no fear of losing the definition of the original form.

Throughout the document, there is no basic mention of any record of information. The aviation industry refers to it as the "black box". The United States National Association for Emergency Medical Services physicians refers to "driver behaviour monitoring and feedback device".

Clause 34(1) certainly identifies ambulance services register, but this is simply a list of registered licenced ambulance providers, and not anything to do with registration of information from dispatch to the actual call. The Massachusetts Department of Public Health defines what we call a "trip record" and explains it as:

> "A report or other written record, generated by all services to document every response to an emergency medical services call, including each time an EMS vehicle is dispatched, whether or not a patient is encountered and ultimately transported by an ambulance service."

Mr. President, this becomes very critical when you are determining the success of the system, as well as the effectiveness of its operation. All emergency calls may not translate to an encounter with a patient. Many people who make the calls actually use private vehicle to carry patients, depending on the length of time. The critical elements of response time and the translation of a call to an encounter are then measurable factors that could be used to determine efficiency.

My final point in this contribution, has to do with the fact that there is no mention anywhere in the Bill of unprotected exposure of medical personnel to infectious diseases, and more specifically, to blood borne infectious diseases dangerous to the public health. Exposures may arise through puncture wounds, needle piercing, blood to blood contact, mucus membrane contact. Some of the fluids include blood, sputum, oral and nasal secretions.

My suggestion is that there should be a standardized document or form, which is developed in collaboration with public health that addresses key issues including the source and symptoms of infection, the names and addresses of not only the patient, but the medical personnel exposed, the exposure level, as well as the name of the receiving facility to which that vehicle or unit is reached. This form must be filled out by emergency personnel upon arrival at the health facility, which is then used in accordance with State laws and can be used or required by agents of public health, who are thus responsible for any containment of infectious diseases.

In closing, I would like to quote once again, the Minister of Health, hon. Jerry Narace, when he pointed out to the importance of emergency services and he says:

> "Emergency ambulance is much more than transport. It is about providing optimum patient care, ensuring proper service and saving lives."

Ambulance transport is just the part of a wider system that should not be seen as a weak link, but rather one that ensures that the very first response is a good response.

This Bill should be comprehensive and more exact, if we are to improve and strengthen our entire health care system. Any cost of addressing these issues is certainly dwarfed or minimal in contrast to the tremendous burden of not doing so in financial cost, let alone personal, societal and potential litigation cost. And with that, I thank you, Mr. President. [*Desk thumping*]

Mr. President: Sen. Drayton. Senator, let us have one from the Government side, if you would give way? I recognized you first, would you give way?

Sen. Drayton: Yes.

Sen. June Melville: Thank you, Sen. Drayton. Thank you, Mr. President. Good afternoon to Members of the Senate. I am particularly pleased to be supporting a Bill to regulate emergency ambulance services, to provide for the registration of emergency medical personnel in Trinidad and Tobago, for the establishment of a National Emergency Ambulance Authority and for matters connected therein.

Mr. President, as I read articles relating to this Bill, it brought back a great deal of memories for me, because I am a former health care worker. And I would have actually dealt with many medical emergencies, especially obstetric emergencies, where the saving of two lives were dependent on early intervention by trained emergency medical personnel and suitably equipped ambulances.

In most developed countries, you now have a government funded emergency medical service, and especially—Let us look at the United Kingdom where there is a national network of an ambulance service. In essence, this provides care for anyone who needs the service. We must remember that a medical emergency is in essence an injury or illness that is for the most part acute, and it poses an immediate risk to a person's life, and early intervention is very important. In fact, it is paramount to the success, in terms of the person's life and getting better, getting well. So, the response by an ambulance that is suitably equipped and an ambulance crew that should be adequately trained is very important.

In an article I read recently, it mentioned that people who are trained to perform procedures like first aid can act within minutes. They must act within the boundaries of their knowledge. First responders are persons who are important in an emergency medical situation. This is something that we cannot underestimate at all.

Sen. Dr. Nanan mentioned that there was improper use or inadequate uses of our health centres, and we did not have enough hospitals and so on. But what he fails to remember or what he has not mentioned is that there is an ongoing programme where our nationals are being educated in the use of primary health care, and how to manage their health. The issue now in terms of health, is not just someone who is sick and has to go to a hospital. The main issue right now is taking care of yourself in a way that you would reduce even the number of visits to a hospital.

In terms of an Emergency Ambulance Authority, what I have noticed even in our scenario in Tobago is that we have a very good ambulance organization and this is managed by the Tobago Regional Health Authority (TRHA). We have six ambulances.

In some of my research, I have found that in Australia, it was mentioned that for every 1,000 persons in the population, you need one fully staffed ambulance, and the fact that we have five to six ambulances in Tobago—we have five and one is now being commissioned, a very new ambulance—is that we are within that range. The hon. Minister of Health would have mentioned earlier, that we have 45 ambulances in Trinidad, and in another survey I read that one ambulance to every 30,000 persons in the population is extremely good. So we are within that range in terms of the number of ambulances here both in Trinidad and in Tobago.

4.15 p.m.

Mr. President, Sen. Dr. Nanan would have also mentioned some big medical words. Something that struck very well was the fact that he mentioned that you could use a pen to dislodge an item when someone is choking. I think he should have given note to the Heimlich maneuver, which is a much easier procedure. This is where training is important.

I spoke to someone from the ambulance personnel over the past 24 hours in Tobago, and he mentioned that annual training was very important to the general set up of the systems in Tobago. Mr. President, CPR—we all know cardio pulmonary resuscitation—is something in which each member has to be recertified annually and, of course, in the basic use of oxygen. But what I have realized in this case where we have this national system is that we will have personnel who would not only be just basic EMTs, but paramedics of a higher grade or more experienced.

When Sen. Dr. Nanan mentioned that you may have to do various invasive procedures, these are persons who would be trained in advanced life support. For the most part in Trinidad and Tobago, you would find persons who have been trained in the basic EMT.

The system that we use here in Trinidad and Tobago is called a "scoop and run" method, which is practised in countries like the United Kingdom (UK). Basically, the scoop and run method is that when someone calls the dispatching department, an ambulance is sent out as quickly as possible, you deliver as quick emergency care as possible and get them to the hospital or health centre in the shortest possible time.

You have another method, and Sen. Dr. Nanan dealt with that particular method, called a "stay and play" method. That is, you are called out, the dispatcher sends out the ambulance with persons who, of course, are suitably trained, and you attend to the person on the ground as much as possible; so you, more or less, treat them on site for as much as they need emergency care, then you get them to the hospital. Here in Trinidad and Tobago, we deal with the scoop and run method; we just pick them up and move.

I know for a fact too that with the scenario in Tobago, when I spoke to some of the ambulance personnel in the EMS Department, they were definitely looking

forward to this National Emergency Ambulance Authority system, because they felt it would be beneficial to the service already provided.

Let me just mention something about the service that is provided right now, in terms of the emergency medical ambulance service. In Tobago, as I mentioned earlier, we have five or six ambulances. We have a dispatch area in Lowlands; this is the main area where an individual would call and the ambulance would be dispatched. The ideal locations would be much more than we have right now.

The locations where the ambulances are kept until they are needed are at Delaford, Canaan and, of course, at Scarborough. Ideally, because of the terrain in Tobago, there should be one—and there will be, we have been informed—in Charlotteville, Roxborough, again at Canaan, because of the airport, Moriah, and Scarborough. During our recent election, we were also promised that at Charlotteville we would have a 24-hour health centre facility where the ambulance would be located. The same goes for Roxborough, Moriah, Canaan, and, of course, at Scarborough.

Our Minister of Health mentioned also that the response time so far in Trinidad was about 31 minutes. I have been informed that in Tobago the response time on average is about 20 minutes to get to the patients; then you scoop and you run. That may take a little longer to get to Scarborough.

Basically, I am especially pleased with our system, and I was quite surprised too, that the manager of our EHS system in Tobago also seemed to be quite content with what we have, and he appreciates where we are going. He said to me that the fact that we are getting new ambulances, they are getting the training—there are 31 persons who are employed as EMTs—and that we know in the near future the locations will be increased, we will have ambulances located to meet the needs of the people, he is pleased with that.

He mentioned that in terms of the needs of persons in Tobago, our recent "Know Your Numbers Campaign", a campaign we have in Tobago right now—has greatly reduced the number of persons who are accessing ambulances. That campaign is based on this: The TRHA is encouraging persons to just drop in at the health centres; have your blood pressure checked; have your blood sugar checked; have your cholesterol checked and, of course, your weight, and if there are any concerns, then there is a follow up system.

The manager also told me that in January he dealt with 10 cases of unconscious patients; there were 10 callouts for unconscious patients. Out of those 10, there were seven diabetic unconscious patients. It is quite ironic,

because we know that it was Christmas time and New Year, so persons would have eaten more. He mentioned that after each holiday, especially after Christmas, there is an increase in the number of persons who call the ambulances, because they would have eaten more ice cream, cake and so on, so those persons who did not know that they were diabetics would have the negative effect from all that increased amount of sugar. Our Know Your Numbers Campaign is very significant in the Tobago health care scenario and in the use and access of ambulances. I think that was very important.

One of the things he mentioned too was the fact that ambulance attendees, the EMT, the driver and, of course, the technician, had annual recertification. This means that patients who suffer cardiac arrest, and so on, would have a better chance of survival. We know, on the whole, that patients who have had cardiac arrest and CPR do not usually have more than 21 or 22 per cent survival rate; it is not very high. Once somebody has been trained and recertified it gives the patients a better chance of survival.

Mr. President, I believe that this Bill will greatly benefit the people of Trinidad and Tobago as we move forward towards Vision 2020. Let me not forget this: even though we have the land ambulance system, with the Tobago scenario there is also the air ambulance system, because there are a significant number of persons who have to travel from Tobago because a particular specialty would not be available in Tobago, so patients have to come to Trinidad. It is prudent that we have persons who are suitably trained and ambulances or the helicopter, that are suitably equipped to meet those needs.

I know that this is something that would be a part of our National Emergency Ambulance Authority system, because this is crucial to the Tobago scenario, even though we know that there is going to be a new hospital, but we will not have enough specialties to deal with a lot of the serious emergencies that arise, especially when you think of the number of persons who suffer in cases such as road traffic accidents and, again, the diabetics and the cardiac patients.

Mr. President, I am pleased to support this Bill. In fact, I am looking forward to knowing that both in Trinidad and Tobago we would have an authority that would help to provide better health care in terms of early response. Even moreso, because we are an energy related economy too, where we have persons who would be suitably trained, not just at the basic level, but at the more advanced level, to meet the needs of our people in both Trinidad and Tobago.

With that, I thank you.

Mr. President: Sen. Drayton, when we come back at 5 o'clock, I believe the Motion for the Adjournment will be taken at that point. I do not know if you want to spend four minutes and have to come back on another day or if you would rather that I suspend now for tea. Would you rather that?

Sen. Drayton: Yes.

Mr. President: Very well.

Hon. Senators, we will suspend for tea and resume at 5 o'clock. The sitting is now suspended.

4.27 p.m.: *Sitting suspended.*

5.01 p.m.: *Sitting resumed.*

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

ADJOURNMENT

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. Vice-President, I beg to move that the Senate do now adjourn to Tuesday, February 17, at 1.30 p.m. when we will continue deliberations on the matter before us today.

Mr. Vice-President: Hon. Senators, leave has been granted for two matters to be raised on the Motion for the Adjournment of the Senate by Sen. Wade Mark.

ILO Measures
(Government's Failure to take Action)

Sen. Wade Mark: Mr. Vice-President, the matter on the Motion for the Adjournment deals with the failure of the Government to take action to give effect to certain International Labour Organization measures to enhance the fundamental freedom of association and the rights of workers to organize in Trinidad and Tobago.

Mr. Vice-President, the committee of experts on the application of recommendations and conventions located in Geneva, Switzerland has over the years been lodging complaints with the Trinidad and Tobago Government to address certain fundamental issues relating to two ILO (International Labour Organization) Conventions namely: ILO Convention No. 87 which deals with Freedom of Association and Protection of the Right to Organize which came into force in 1948, and ILO Convention No. 98 dealing with the Right to Organize and Collective Bargaining which came into force in 1949.

The rights of workers and employers to form and join organizations of their choice are integral to any free society; it is at the core of ILO values and it is also proclaimed in the Universal Declaration of Human Rights. It is a basic, civil

liberty that serves as a building block for social and economic progress. Linked to this is the effective recognition of the right to collective bargaining. Now, sound, collective bargaining practices ensure that employers and workers have an equal voice in negotiations and the outcome will be fair and equitable.

Mr. Vice-President, sad to say that the restrictions on the right to strike remain firmly in place in spite of the advice offered and the recommendations made by the committee of experts on ILO conventions and recommendations. We still have under the Industrial Relations Act (IRA) today essential services and this particular provision prohibits workers from joining more than one essential service. For example, if you belong to TSTT, the very union that represents TSTT workers—in this instance—the Communication Workers Union would not be able to represent workers at Trinidad and Tobago Electricity Commission (T&TEC) because the IRA separates those two sets of workers.

In those circumstances, the International Labour Organization and the committee of experts have been calling on the Trinidad and Tobago Government to take measures to enforce and to ensure that the IRA is amended so workers would be able to exercise freedom of choice in being part of an organization that they would want to be a part of. It is only when there is a breakdown in negotiations—or what are called interest issues, terms and conditions—that workers and their trade unions are allowed to take strike action. When it comes to matters of violation by the employer of any of the provisions contained in a collective agreement you have to go first to the employer, if the matter is not resolved you go to the Ministry of Labour and Small and Micro Enterprise Development, if the matter is still not resolved you go to the Industrial Court, but the workers and their unions do not have the right to strike which is contrary to basic human rights and principles and which is contained in most progressive countries in their labour legislation.

Mr. Vice-President, another backward step that we have taken that the committee of experts at the ILO has been calling on this Government to address is recognizing workers as workers; in the teaching profession and those who are employed with the Central Bank of Trinidad and Tobago. Today in 2009, under the Industrial Relations Act, teachers are not defined as workers, and workers employed at the Central Bank of Trinidad and Tobago are not defined as workers and this is a matter which the International Labour Organization has been calling on this Government to address.

These represent outright violation of human rights and workers' rights and constitute a breach of both Conventions 87 and 98. What is more serious is when teachers who are not defined as workers take strike action in order to press home their demands for better terms and conditions of employment, they are threatened by the Government through the Minister of Education to take appropriate legal action against them which includes being sent to jail for 18 months with hard labour. A teacher who takes illegal strike action in this country can be sentenced to 18 months of hard labour.

Mr. Vice-President, that is a law I do not believe any civilized society would want to have on its statute books, and even in the face of all the interventions made by the International Labour Organization's committee of experts on the application of conventions and recommendations, this matter has not been addressed at this time by the Government of Trinidad and Tobago. And, therefore, we are calling on the Government of this country to take steps to address this matter as it affects the working people of this country.

I would also like to indicate to you that domestic workers are not defined as workers; they cannot join a trade union because that is outlawed under the IRA. Gardeners, chauffeurs and others are not entitled to join a trade union in this country because under the current law, drivers, gardeners and domestic workers are not defined as workers under the Industrial Relations Act. I believe this matter is one in which the Government has to take action to address very rapidly. It is not in the interest of a modern civilized society to have your teachers described as criminals, or if they take legal strike action they can be sentenced for 18 months in jail according to the law of this country. I believe that the Government has a duty and a responsibility to address this deficiency in the legislation.

Mr. Vice-President, today less than 22 per cent of the workers are in trade unions and we have a workforce of close to 630,000 or just above or under that amount. It is against this background that I have raised this particular Motion to call on the Government to take action. Take an example again where there is a situation where workers are employed at the Water and Sewerage Authority (WASA), and because WASA is defined under the IRA as an essential service, sometimes it takes the workers 16 to 18 months of negotiations before they can arrive at a collective agreement.

In many instances, collective agreements expire. In fact, under the IRA, the maximum period for a collective agreement is five years, the minimum is three years. In civilized countries and in the Nordic States like Sweden, Switzerland,

Norway and Austria you have collective agreements for one year, and under the IRA you have a maximum of five and a minimum of three years. So we are very backward in many respects when it comes to labour relations and the modernization of the labour regime in Trinidad and Tobago. And if we are to keep up-to-date with trends both in terms of the revolution in information technology, globalization as an example, and, of course, the emergence of a universal market economy, there is need for us to address these deficiencies as I have identified this afternoon.

5.15 p.m.

I therefore look forward to the hon. Minister of Labour and Small and Micro Enterprise Development providing this honourable Senate and through the Senate, the population and the working class, with what measures the Government will be taking to adhere to the committee of experts on the application of ILO Conventions and recommendations to address these matters that they have been repeatedly advising the Government to address so that the workers of this country can have more equity, equality and justice as they relate to the workplace and to their human rights.

So I thank you for giving me this opportunity to articulate this perspective and to seek the Minister's intervention, clarification and guidance as they relate to the future of the working class and the amendment of the IRA and other oppressive pieces of legislation that shackle the workers of this country.

Thank you very much, Mr. Vice-President. [*Desk thumping*]

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. Vice-President, I think I have to start by acknowledging that it is a pleasure to be a guest in this Senate.

It is quite interesting to hear the perspective as laid out by the Senator and I think we can sum it up by suggesting that the Senator is saying to us that there is a body of thought coming from outside this country, that he agrees, should classify us as less than civilized; that he agrees should classify us as being less than progressive and that the practices of another group of countries in terms of the time taken for arriving at a collective agreement and the concept of the term for agreement, et cetera, are all based on the views of those people. I think I could say clearly that I do not subscribe to those thoughts and neither does the Government of Trinidad and Tobago. [*Desk thumping*]

You see, the acceptance that freedom of association is a fundamental human right of all workers also extends to this being a freedom for all employers and, certainly, freedom of association is also extended to every citizen of Trinidad and Tobago. But I think we forget that our legislation, the Industrial Relations Act, is one of the few pieces of labour legislation in the world that agrees that the arena for concern when workers face employers also includes the comfort and benefit of the citizenry of this country.

Therefore, when we take into account what we have to consider in terms of the framework of the law, we start by agreeing that freedom of association is a fundamental right, but enjoyment of all the rights and all the comforts that you should expect as a citizen, is also a fundamental right and the first cannot impinge on the second. Further, we are suggesting that the fundamental premise of a sound industrial relations system is the recognition and existence of freedom of association accorded to both workers and employers.

We are therefore suggesting that in another time it might have been disturbing to hear the Senator put forward his perspective, except that we are quite clear that there is no infringement of the right of workers to organize and there is no obstruction to the process of members in associations or trade unions.

In 1948, member states of the ILO adopted Convention No. 87: Freedom of Association and Protection of the Right to Organize Convention. The following year, 1949, Convention No. 98, the Right to Organize and Collective Bargaining Convention was adopted. These two conventions have been encapsulated in the network of conventions that now govern and are looked upon as the basis of what has been defined by the Director General of the ILO himself, as the bedrock for the "decent work" concept, in which "decent work" has been defined as the objective of any framework for work in the world at this time and which has certain dimensions. Among these dimensions is the concept of productive work for women and women in conditions of freedom, equity, security and human dignity.

Decent work involves opportunities for work that is productive and delivers a fair income; provides security in the workplace and social protection for all workers and their families. In other words, the root of the legislation in Trinidad and Tobago is now being reached for by the international conventions; is now being reached for by the international society in which these tripartite discussions are occurring.

Decent work is now offering better prospects for personal development and encouraging social integration. It gives people the freedom to express their concern, to organize and to participate in decisions that affect their lives and guarantees equal opportunities and equal treatment for all. In a sense, they are suggesting that a modern, industrial, stable society requires us to look at the three dimensions.

It certainly does not encourage activities, for example, as we would have witnessed yesterday in this country in which one group of individuals in the country felt that they needed to go and demonstrate in a hospital in pressing their claims. Certainly, the right to organize and the right to collective bargaining and the right to press your claim cannot lead to that level of impingement on other people's rights and other people's comfort. Certainly, a balance has to be struck. The role of the Government is to attempt to do that and the rule of law is to make sure that we protect ourselves even as we facilitate.

Conventions Nos. 87 and 98 seek to promote the right to organize and bargain collectively. This Government recognizes the evidence that these rights has impacted on working conditions, also on living conditions and, by extension, the growth and development of our social and economic systems.

Let us see what these conventions propose. And incidentally, this year is the 60th anniversary of the adoption of this convention. It clarifies that workers or employers, without distinction, have the right to establish and join organizations of their own choosing for furthering and defending their interests without previous authorization. I am sure that right exists in Trinidad and Tobago.

Workers' and employers' organizations have the right to establish and join federations and confederations. Certainly, that is exercised in Trinidad and Tobago. They have the right to draw up their own constitutions and rules; to elect their representatives in full freedom; organize their administration and activities and formulate their programmes. Certainly, as a country which has ratified that convention, we submit to those.

Convention No. 98 suggested that workers must be protected against acts of anti-union discrimination and particularly in respect of acts calculated to make their employment subject to the condition that they shall not join a union or shall relinquish membership thereof. We seek to strive to support that.

We should not cause the dismissal or otherwise prejudice a worker by reason of union membership or because of participation in union activities outside working hours or, with the consent of the employer, within working hours. They should enjoy adequate protection against any act of interference by each other:

> "Measures appropriate to national conditions shall be taken, where necessary, to encourage and promote the full development and utilization of machinery for voluntary negotiation…"

Certainly, the concept of voluntary negotiation is quite important because negotiation cannot be said to occur where there is not that voluntary participation.

These two conventions were among the first to be ratified by Trinidad and Tobago on May 24, 1963 and we note that that was within a year of this country becoming independent. These conventions were ratified at a time when our industrial relations system was in turmoil and I think you would remember we had second, the IRA, which resulted from discussions around the Industrial Stabilisation Act. I can remember in 1960 we had a proliferation of strikes with 75 of them recorded in the year we attained independence. Certainly, there is no gainsaying that there was a direct relationship between some of these strikes and the political pathway that we were taking at that point in time.

Therefore, the instability in our industrial relations system led to certain responses to ensure that we were able to go forward as a country. When in 1972 the Industrial Stabilisation Act was repealed and replaced by the IRA, one condition was that it was designed to make better provision for the stabilization, improvement and promotion of industrial relations in Trinidad and Tobago.

We are still suggesting that the IRA of Trinidad and Tobago is still considered a landmark piece of legislation which explicitly protects the rights of workers to join trade unions free from victimization and discrimination. Today we are being accused of inaction to give effect to certain ILO provisions. We seek, in their view, to maximize that. But what is the truth?

In the 97th session of the International Labour Conference held in Geneva in June last year, we should note that the argument was made that a legislative framework which provides the necessary protection and guarantees institutions to facilitate collective bargaining and address possible conflicts and an efficient labour administration system and strong and effective workers and employees' organizations, are the main elements of a conducive and enabled environment.

It further noted that the role of governments in providing for an enabling environment is of paramount importance. But it also suggested that the coherence of a society; the enjoyment of the benefits of productive systems of the society, as well as the sharing of the social benefits in the society, are critical to ensuring that the society progresses.

What exactly are we being asked to change? This country is being asked by a committee made up of 20 members who are supposedly legal experts at the national and international level, and these people—of which there is one from Latin America or the Caribbean, specifically from Belize—are suggesting to us that we should change some things in our legislation. They are dealing with your specific situation in your country.

We believe that these changes may be injurious to our system and, therefore, we do not agree with those recommendations. We are quite clear in that. They have been asking us to change section 49(4)(a). What would that do? That would enable a simple majority of voters in a bargaining unit, excluding those workers who are not willing to take part in the vote, to call a strike. In other words, it does not require a body of workers all participating to decide on a strike; it requires those who are willing to participate in that vote to call a strike. We want to suggest that that might be injurious to our system.

They are suggesting further that we should not be able to go to the court of the country to have the court restrain either an employer or an association of workers from prosecuting a strike. They want to suggest further that we should not have the authority or exercise the responsibility to define "essential services" in our country. Certainly, we could not agree with that.

Therefore, it is in this context that we are suggesting that with the full knowledge and the full appreciation of our responsibility to treat with both workers and employers fairly and to ensure that neither impinges needlessly or unnecessarily on the public welfare, that we hold to the fact that our law is still appropriate.

5.30 p.m.

We go further. We suggest that at no time have we received any such proposal either from the employers or body of workers. We are willing, using the mechanism of the tripartite committee, to review the IRA and as we mentioned earlier, to continually keep the IRA under review for matters which are for the benefit of the people of Trinidad and Tobago.

Thank you.

Labour Market
(Upgrade of)

Sen. Wade Mark: Mr. President, the next matter deals with the need to upgrade the labour market through new legislation aimed at promoting greater productivity and competitiveness. In an environment of a universal market

economy, globalization and the information technology revolution, it is absolutely necessary for any country striving towards achieving meaningful social development, as it seeks to promote greater productivity and competitiveness to look at the modernization of its labour legislative environment. Social dialogue is critical if not essential.

The global economic crisis promises to be severe, protracted and extremely challenging for the working class people. It has already been predicted by the international labour organization that 15 million workers will be placed on the scrap heap of the global capitalist economy and system in 2009. Retrenchment has already begun to haunt Trinidad and Tobago and it will come because the global economic crisis is protracted, severe and would be brutal. There is an urgent need for the development of social dialogue and articulation of a social compact which the Government has been speaking about loosely and taken no action to effect in the country. They are always committed to knee-jerk reaction, but never proactive in dealing with matters.

They have spoken loudly about the establishment of a productivity council, but today, that council has not yet been established. "Ol' talk" on the part of the Government. In the meantime, instead of being proactive and anticipative of what is going to unfold and how it would impact on workers, the Government continues to fiddle whilst the country's economy is heading toward chaos and crisis.

The Industrial Relations Act (IRA) needs to be upgraded and enhanced, specifically as it relates to the Registration Recognition and Certification Board (RRCB). That particular aspect of the IRA needs to undergo radical and urgent amendment and revision. It took the Oilfield Workers' Trade Union 10 years before it was told by the Registration Recognition and Certification Board that it could not represent the workers of the British Petroleum Company of Trinidad and Tobago (bpTT). That is unacceptable.

In the case of my former union, the Banking, Insurance and General Workers Trade Union, it took five years for them to gain recognition at the Central Bank.

In the case of the Contractors and General Workers Trade Union, they were trying to organize a Chinese company involved in construction. It took so many years for that company to get recognition at company level, that the workers were never given recognition, the company closed shop and left the country. That is the extent of the brutality that working people face in this country.

This RRCB and the length of time it has taken to give the workers and their trade unions recognition for representation for collective bargaining purposes, we believe that the time has come to revisit that particular institution and organization. You must do what they are doing in Grenada. Little Grenada, do you think that they have something called the RRCB? No. When workers want to get trade union representation, a poll is taken at the workplace and thRough the majority of people at the workplace who vote in favour of being in a trade union, it is granted immediately. That is once they have 50 per cent or more. They do not take 10, five or three years. That is done within a week. The Government needs to take action to address this matter. In other jurisdictions internationally, 23 per cent constitute an international benchmark for recognition of trade unions and not 50 per cent and above.

We are saying that for us to enhance our productivity and competitiveness, we must create a modern legislative framework for the workers and employers in our country. Take for example, a worker in good standing—you may have a worker in a company but it does not have recognition status. If that worker is victimized and goes to any trade union for representation, they say that worker must be in good standing. What does that mean? That means you have to tote all your books to the board so that it could examine whether that worker paid dues for eight consecutive weeks, if the money was banked and where it was banked before he or she could gain recognition status to be represented.

The President of the Industrial Court in a recent judgment, in a matter involving the National Union of Domestic Employees and St. Albans, ruled that the Government should take steps to amend that part of the Act so that workers can gain rapid and automatic recognition to deal with their grievances or challenges with which they are faced. If the Government is serious about this so-called 2020 vision and developed nation status, it has to amend, update and upgrade the legislative framework that governs labour laws in the country. I am dealing with the archaic and outdated Retrenchment and Severance Benefits Act.

The time has come for a new piece of legislation which we had piloted and Mr. Larry Achong had also promoted—until he was kicked out of the government—called the Termination of Employment Benefits Act.

Recently, I brought to your attention that the 100 workers who were employed at the Clico Investment Bank have been kicked out of their jobs. The company has been taken over by the Central Bank. Two days ago, there was a big advertisement where the Central Bank said that they would offer the workers

professional advice; how to look for jobs and career management. People do not want to know about that. The workers want jobs, alternative employment either within or outside the group. If they cannot get alternative employment, the least that this Government can do is to ensure that the workers are given severance benefits.

The Retrenchment and Severance Benefits Act—once a company goes into receivership or liquidation or is closed down, as it is closed down by the Central Bank, those workers have nothing to get. With what is taking place in the economy, the Employers Consultative Association is warning about retrenchment ahead of us, it means to say that the Government has a duty to urgently amend or repeal or revise the Retrenchment and Severance Benefits Act in order to give these workers an opportunity to get severance benefits if the company that they work for ends up closing its doors.

The matter of employees' injuries compensation is another big piece that we need to focus on in terms of modernizing the legislative framework in terms of labour laws in this country.

I am calling on the Government in a period when we are seeking to become competitive and enhance productivity, it cannot allow a section of the workforce or a segment of the national economy to be operating with their hands tied behind their backs. The most important segment of this economy is the working segment. Without workers there would be no progress or creation of wealth. Therefore, you must give the workers the legislative framework where they can excel. I call on the Government to stop pussyfooting on the issue of social dialogue.

If you want to know how to go about establishing a framework for social dialogue, go to the Prime Minister's office and take from the shelf the document that we created bringing the labour movement, business people and the government together. It was shared by my good self when I was in the government and we brought out a social compact. It was signed by the employers, labour and the then prime minister, Basdeo Panday. The framework is there. You do not have to reinvent the wheel. A social dialogue compact framework is already there. All you need to do is take it up and run with it.

In this period of productivity, competitiveness and a grave economic social crisis on a global scale, we need to take on board the workers' interest, modernize the legislation governing the workers' rights and interests and move towards building a society in which all are treated fairly and equitably. I call on the Minister of Labour and Small and Micro Enterprise Development to give a

commitment this evening as to when the social compact will start; when he will establish the productivity council and modernize the various labour laws through some tripartite committee that is always in abeyance.

Let us take the decision to move forward so that when the time comes and the situation becomes worse, the workers would have their rights protected; their interests preserved and whatever severance they are entitled to they would be given at the end of the day.

Thank you.

5.45 p.m.

The Minister of Labour and Small and Micro Enterprise Development (Hon. Rennie Dumas): Mr. Vice-President, I am quite gratified; I was distressed on the first Motion, to hear the approach in this one, because the willingness of Sen. Mark to discuss what, by definition, is a wholesome view of what constitutes the bases for productivity and development in the labour force and economy, is quite interesting.

I want to start by suggesting that it is not the function of the Legislature to simply interfere with the legal system. That has to be put in the context of policy and what are the social and economic issues we face, et cetera. Yes, I am agreeing that some suggestions are that there is an urgency, at this point in time, to treat with the issue of social and economic compact. We would be the first on this side to argue that the basis of an effective industrial relationship system that treats with all of that is at our advantage and in our interest.

I want to start by suggesting that all of this is based on dialogue, the willingness and the attitude with which we come to the table. I want to remind Sen. Mark that yes, the UNC had the opportunity to put together the social and economic compact under themselves and they were able to get all these players to sign. I also want to remind Sen. Mark that immediately the UNC was out of office, the UNC moved from an appreciation and understanding of the need for such a compact to create that certain kind of social capital required to move the country forward to a position in which civil disobedience became the name of the game. We conveniently forget that. For six years, that was the advocacy. If the UNC is saying today that they are willing to walk back into the social compact, we would be the first to welcome them. We are suggesting that we have looked at all that you have done and we are willing to work with that.

We are quite clear; the review of the Industrial Relations Act is required and is ongoing with a living tripartite committee. It is not dead; it is alive and working. The recommendations are on the table and discussions are ongoing. The issue

that is relevant, in terms of recognition and examination of the mechanisms for that, guaranteeing collective bargaining, the rate at which you bring people on, the relevant majorities required, or the degree to which people are signing into a particular union are all to be taken into consideration. One has to understand that where you have three teams, one of the team is the government. Many times the unions or representative organizations for the unions and the representative organizations of the business sector do not agree; the government is playing referee. Every time you seek to impose your will, you would be accused of violating the principles by which you come to the very table; that principle of dialogue and agreement. Therefore, we would be quite happy to see greater agreement.

Sen. Mark gets up and says that for a worker to be represented by a union, that union must demonstrate that the member is in good standing. The Industrial Relations Act of Trinidad and Tobago ensures that the party to a matter is the union; the other party is the employer. For their own protection, when the IRA was built, unions agreed that the way in which you ensure the union continuance and the union's control of its membership, is if you are going to avoid poaching, then you should have that level of protection. That exists. I am suggesting that Sen. Mark may believe that he may have the voice of the trade unions and he may believe that he has the ears of the trade unions, maybe he can convince them that they could make the proposal that they are willing to give up that position of the union being the party and the protection of the union rights and the access of the worker to the union and maybe we will agree with them. I want to suggest that has to come from that quarter, otherwise we may be accused of violating the rights of the union.

The recognition status is something that is won dearly and some of it has been won historically. There are a number of public sector organizations for which the rights of the unions have been inherited, as it were. Whenever you are seeking to build a new public sector institution, you recognize that. If you do not recognize that—my good friend, Sen. Annisette might want to tell me: How could I come on the port and set up a new institution and not allow the Seamen and Waterfront Workers Trade Union workers to maintain their traditional place as representative group of the Seamen and Waterfront Workers Trade Union? If we go into the public service or the schools, the same thing might arise. Therefore, these are issues that are not as simple as Sen. Mark would like to have us believe. We are quite willing to simplify the process and we are discussing that. We have made a commitment.

It is ironic, but the productivity centre and productivity council is not a matter of law. Legislation is only one of maybe 15 factors that have been internationally acknowledged as playing some part, in terms of the productivity of a country. Certainly, in this country we have seen action on many fronts that relates to factors that improve our productivity. We can speak to the education of our workforce. We can speak to the infrastructure system of this country and we could keep on going; all of which has been highly rated by all international measures. We need to consider that maybe work has been going on there. The workforce of Trinidad and Tobago matches with the capacities we have. The institutional framework, et cetera, has led us to a certain place. We have been going to the extent of treating with individual and collective workers, in terms of OSHA and other matters. We said today that we are looking at that matter and we are willing to look at that matter. Certainly, the issue of compensation, we know that we are treating with it.

I listened to Sen. Mark say: "I am calling on the Government." Sen. Mark is reading, as it were, if he is not actually doing it, virtually from the legislative agenda that the Attorney General holds as the proposals coming out of labour. I am suggesting that every single thing that you have put on that table, plus, is in the hands of the Attorney General. I want to suggest to you, Sen. Mark, that we thank you for supporting us, but we are saying to you that the agenda is set and is very much a labour agenda.

I thank you, Mr. Vice-President.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 5.53 p.m.

WRITTEN ANSWER TO QUESTION

Missing Persons
(Details of)

18. *The following question was asked by Sen. Wade Mark*:

(A) Could the hon. Minister of National Security provide this Senate with:

(i) a list of the steps taken by police and the immigration authorities to locate persons reported missing for the year 2008; and

(ii) a detailed list of missing persons for the year 2008;

(B) Could the Minister state whether any investigations have been conducted by the police service into allegations of human trafficking in Trinidad and Tobago?

The following reply was circulated to Members of the Senate:

In recognition of the immense trauma and anxiety suffered by persons whose loved ones go missing, the Trinidad and Tobago Police Service has implemented a number of administrative and operational initiatives aimed at enhancing the entire process from reporting to investigation and resolution. Among the more critical initiatives introduced are the amendment of the definition of a "missing person" and the institution of specific procedures for receiving and closing a report.

In 2006, the police service amended its definition of "missing person" by removing the 24-hour waiting period that was previously required to elapse before the police could classify a person as "missing". This amendment essentially allowed for more immediate action by the police, thereby increasing the potential for more successful outcomes. Currently, therefore, a "missing person" is defined as "a person who has not been seen or heard from and who has been reported missing by a person interested in or responsible for that other person's welfare, notwithstanding the time that the person has not been seen or heard from or expected to have been seen or heard from".

The police service has also mandated that the Anti Kidnapping Unit (AKU) become involved at the start of the investigation into a missing person report and developed specific procedures that must be followed by all officers receiving a report. These are outlined at the attachment.

Further, all divisions are mandated to continue investigations into missing persons and keep updated the status of all reports of missing persons. Statistical data must be continuously reviewed to ensure that a proper count of the number of reports is maintained, with reports classified based on the circumstances surrounding the report and location of the missing person. Comprehensive profiles are also compiled on the missing persons, with a view to having their names and photographs published in the print and electronic media, as and when necessary.

In addition to its internal mechanisms, the police service also collaborates with a number of strategic partners in their investigations. These include the Immigration Division, the Elections and Boundaries Commission, Telecommunications Services of Trinidad and Tobago, the Trinidad and Tobago Electricity Commission, the Water

and Sewerage Authority, Board of Inland Revenue, the National Insurance Board, the Trinidad and Tobago Prison Service and health institutions.

In the case of the Immigration Division in particular, while that division does not directly receive reports of missing persons, it plays a key role in monitoring the movement of persons and provides critical information to the police service, through its Integrated Border Management System (IBMS), in ascertaining whether such persons have travelled out of the country. If there is no evidence of travel at the point of time of the inquiry, an alert is sent to immigration officers at all ports of entry to monitor departures, with a view to locating the person or persons in question.

When a missing person is located, there is also a set procedure that the police service follows, which includes interviewing the person and recording a statement and ensuring that the administrative records are updated and the updated information is forwarded to all relevant departments. It should be noted that a missing person report can be cancelled/closed only on the written instructions of a first division officer in cases where:

a) the person has been located and a criminal offence is disclosed; and

b) the person is located and no criminal offence is disclosed.

The TTPS has advised that it would be inappropriate to disclose the identities of all missing persons as there are certain cases that are sensitive. However, provided in the table hereunder are the details of the age and sex of missing persons for the year 2008:

MISSING PERSONS FOR THE YEAR 2008 BY AGE GROUP AND SEX

Sex	Age Group					
	0-12	13-25	26-38	39-59	60& over	Total
Male	16	95	59	55	20	245
Female	25	280	32	16	10	363
TOTAL	41	375	91	71	30	608

Of the 608 persons reported missing for the year 2008, 573 or 94.2 per cent of them were accounted for, while 35 cases remain outstanding.

With respect to the issue of human trafficking or trafficking in persons, reports from the Trinidad and Tobago Police Service and the Immigration

Division indicate that there is no evidence available to suggest that persons are being trafficked out of the country. However, there have been cases where the Immigration Division has had cause to conduct investigations on persons being trafficked into the country, based on information obtained from anonymous sources, as well as reports made by other governments.

In all cases where persons, based on the circumstances, are determined to be victims of human trafficking, such persons are placed in safe houses and a travel document is obtained through their respective government representative, to facilitate their return home. Upon receipt of the travel documents, the Immigration Division ensures their safe departure to their homeland.

Given the increasing global and national attention to the issue, the Immigration Division has taken steps to ensure that the organization and its members are adequately equipped to treat with the issue, by undertaking the following initiatives:

- Sensitization of Immigration Officers to human trafficking and smuggling, as part of their induction training, as well as an introduction to basic techniques of victim identification, investigative interviewing, profiling, impostor detection and fraudulent document identification. Manuals prepared by the International Organization for Migration (IOM) outlining procedures for combating human trafficking and smuggling are also utilized by both Immigration authorities and the TTPS.
- The conduct of joint exercises with agencies including TTPS, the Special Anti Crime Unit of Trinidad and Tobago (SAUTT), the International Criminal Police Organisation (Interpol) and the Trinidad and Tobago Defence Force, among others.
- The conduct of several training exercises aimed at creating an awareness of the pertinent issues and equipping officers with the requisite knowledge and tools to assist and guide them in the identification and treatment of matters relative to human trafficking. Exercises have been conducted by the Immigration Division in partnership with the IOM, SAUTT, US Customs and Border Control and Interpol. Topics included:
    - Migration Management
    - International Migration Law
    - Investigative Interviewing and Intelligence Gathering
    - Combating the Trans-national Crime of Human Trafficking and Smuggling

- Trafficking in Persons
- Victim Identification and Interviewing Techniques

The Immigration Division has also developed a relationship with Colombian authorities with a view to facilitating the safe and secure repatriation of Colombian nationals identified as victims of human trafficking in Trinidad and Tobago. This arrangement occurred as a result of a 2007 exercise in which 72 Colombian nationals were detained for being in the country illegally.

Hon. Senators are assured that both the TTPS and the Immigration Division view missing persons and human trafficking as very serious issues, and have committed to utilizing all available resources to dealing with them. The Chief Immigration Officer has indicated that the use of the Advance Passenger Information System (APIS), in particular, would increase the immigration division's capacity to detect such crimes and the full implementation of its Exit Control System at all ports of entry would better enable the authorities to fight these phenomena.

The Procedure adopted by the Police Service in processing a missing person report (Authority SO No. 51)

a) Record the report on the incident/crime report forms and station diary which should include:
   - Name and address of the person making the report
   - Name, address and description of the missing person
   - A description of the clothes the missing person was wearing when last seen
   - When and where the missing person was last seen
   - Places or relatives frequently visited by the missing person

b) Obtain a photograph of the missing person where practicable.

c) Inform the second division officer in charge of the station, the SDO in charge of CID Office, the officer in charge of the Anti Kidnapping Unit and the Homicide Bureau of Investigations.

d) Transmit the description of the missing person to the SDO in charge of police control for circulation throughout the service.

e) Appointment of an investigator by the SDO in charge of the respective station, CID and AKU, who would be responsible for:

- Ensuring that the administrative records are properly filled out and that the information is circulated throughout the Police Service and forwarded to the relevant departments.

f) The officer in charge of the Criminal Records Office shall submit to the Assistant Commissioner of Police responsible for Crime, a photograph, description and pertinent information of any missing person, which he thinks should be circulated through the news media.