

**THE
PARLIAMENTARY DEBATES**

OFFICIAL REPORT

IN THE SECOND SESSION OF THE NINTH PARLIAMENT OF THE REPUBLIC OF
TRINIDAD AND TOBAGO WHICH OPENED ON DECEMBER 17, 2007

SESSION 2009

VOLUME 8

SENATE

Tuesday, April 07 2009

The Senate met at 1.30 p.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Mr. President: Hon. Senators, I have granted leave of absence to Sen. The Hon. Bridgid Annisette-George and Sen. Lyndira Oudit who are both out of the country and Sen. The Hon. Dr. Emily Gaynor Dick-Forde who is ill.

SENATORS' APPOINTMENT

Mr. President: Hon. Senators, I have received the following correspondence from His Excellency the President, Prof. George Maxwell Richards, T.C., C.M.T., Ph.D:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

/s/ G. Richards
President.

TO: MR. NOEL GAYLE

WHEREAS Senator Bridgid Annisette-George is incapable of performing her duties as a Senator by reason of her absence from Trinidad and Tobago:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Prime Minister, in exercise of the power vested in me by section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, NOEL GAYLE, to be temporarily a member of

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the Senate, with effect from 7th April, 2009 and continuing during the absence from Trinidad and Tobago of the said Senator Bridgid Annisette-George.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 3rd day of April, 2009."

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

/s/ G. Richards
President.

TO: MS. ANWARIE RAMKISSOON

WHEREAS Senator Dr. Emily Gaynor Dick-Forde is incapable of performing her duties as a Senator by reason of illness:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Prime Minister, in exercise of the power vested in me by section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, ANWARIE RAMKISSOON, to be temporarily a member of the Senate, with effect from 7th April, 2009 and continuing during the period of illness of the said Senator Dr. Emily Gaynor Dick-Forde.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 6th day of April, 2009."

"THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

/s/ G. Richards
President.

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TO: MR. DAVID LAW

WHEREAS Senator Lyndira Oudit is incapable of performing her duties as a Senator by reason of her absence from Trinidad and Tobago:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Leader of the Opposition, in exercise of the power vested in me by section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, DAVID LAW, to be temporarily a member of the Senate, with immediate effect and continuing during the absence from Trinidad and Tobago of the said Senator Lyndira Oudit.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 6th day of April, 2009."

OATH OF ALLEGIANCE

The following Senators took and subscribed the Oath of Allegiance as required by law:

Noel Gayle, Anwarie Ramkissoon and David Law.

PAPERS LAID

1. Annual audited financial statements of the Youth Training and Employment Partnership Programme (YTEPP) Limited for the year ended September 30, 2006. [*The Minister of Trade and Industry and Minister in the Ministry of Finance (Sen. The Hon. Mariano Browne)*]
2. Annual audited financial statements of the National Entrepreneurship Development Company Limited for the year ended September 30, 2005. [*Sen. The Hon. M. Browne*]
3. Annual audited financial statements of the National Entrepreneurship Development Company Limited for the year ended September 30, 2006. [*Sen. The Hon. M. Browne*]
4. Audited financial statements of Export Centres Company Limited for the year ended September 30, 2007. [*Sen. The Hon. M. Browne*]
5. Annual audited financial statements of the Trinidad and Tobago Film Company Limited for the year ended September 30, 2007. [*Sen. The Hon. M. Browne*]

6. Annual audited financial statements of the Trinidad and Tobago Film Company Limited for the year ended September 30, 2008. [*Sen. The Hon. M. Browne*]

ORAL ANSWERS TO QUESTIONS

**East-West Maxi-Taxis
(Regulation by Government)**

2. **Sen. Gail Merhair** asked the hon. Minister of Works and Transport:

Would the Minister inform this Senate of the steps, if any, which are being taken to regulate maxi-taxis that work parts of the route along the East-West Corridor?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, the answer to this question is not available. I spoke with the Minister a short while ago and he has communicated that he would like a further two weeks for the questions for which he has some responsibility. Therefore, I am suggesting that this question will be ready within the next two weeks.

Question, by leave, deferred.

**Brian Lara Cricketing Academy
(Details of)**

5. **Sen. Wade Mark** asked the hon. Minister of Sport and Youth Affairs:

Could the Minister inform this Senate of:

- (a) the current status of the Brian Lara Cricketing Academy in Tarouba;
- (b) the total sum expended on the project as at December 31, 2008;
- (c) the estimated sum required for the completion of the project; and
- (d) the completion date of the project?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, the answer to this question is proving to be slightly challenging in the context of accurate data. We are also requesting another two weeks. This question was deferred on a number of occasions, but it is because of the verifications issues with which we are trying to deal.

Question, by leave, deferred.

**Dr. Rupert Griffith and Dr. Vincent Lasse
(Status of Debt Incurred in Judgment)**

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

With respect to the judgment in the matter involving the challenge by the Prime Minister, Honourable Patrick Manning of the Crossing of the Floor Act relating to Dr. Rupert Griffith and Dr. Vincent Lasse, could the Attorney General inform this Senate of the status of the debt incurred by him?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, the fact that the Attorney General is not here, I would like to request that we await the return of the Attorney General.

Question, by leave, deferred.

**Motor Vehicles and Road Traffic Act
(Date for the Full Enforcement)**

15. Sen. Wade Mark asked the hon. Minister of Works and Transport:

Could the Minister inform this Senate of the date for the full enforcement of the Motor Vehicles and Road Traffic Act with specific reference to the introduction of the Breathalyzer?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, the conversation that I referred to related to questions Nos. 15 and 16. I repeat what I said originally. Although these questions were deferred on the last occasion, there is a requirement for a further two weeks for completion of the answers.

Question, by leave, deferred.

The following question stood on the Order Paper in the name of Sen. Wade Mark:

**Upgrade of Old Piarco Airport
(Cost of)**

16. With respect to the proposed refurbishment and upgrade of the old Piarco Airport facility, could the hon. Minister of Works and Transport state:

- (a) The estimated cost of the proposed refurbishment and upgrade of the facility?

- (b) The names of the companies contracted to undertake the works and the values of the contracts?

Question, by leave, deferred.

**Manager of Communications in the Ministry of Health
(Details of)**

20. Sen. Wade Mark asked the hon. Minister of Health:

Could the Minister inform this Senate:

- (a) of the name of the Manager of Communications in the Ministry of Health;
- (b) of the terms and conditions of employment of the Manager;
- (c) of the currency in which the Manager is being paid, whether US\$ or TT\$;
- (d) whether the position was publicly advertised;
- (e) of the number of applications received for the position; and
- (f) whether the interviews were conducted in Trinidad and Tobago or overseas, if overseas, why?

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. President, Dr. Theomary Karamanis assumed duty on December 28, 2008, in the contract position of Director of Corporate Communications in the Communications Unit of the Ministry of Health for a period of three years. One of the main strategic objectives of the Ministry of Health's transformational plan is to foster a healthy and productive population through preventive care. This strategy is based on effective health communication which includes the population's exposure to information; public health messages and campaigns; risk communication and education on access to public health systems.

The Ministry considers this form of health communication strategy as a clear mandate in the development of personal and public health. In fact, it has been long recognized that disease prevention, health promotion, health education and effective lifestyle change throughout our population constitute the key to the sustainability of our system and the development of wellness for the people. Moreover, this broader strategy of communications creates a more client-based approach for the delivery of health care.

The Ministry recognizes that the field of public health communication is very much an outgrowth of contemporary social conditions and therefore, its broader strategy of health communications must focus on improving the health status and

personal health of our citizens, especially our youth. The use of appropriate information and communication technology and other communication technologies should strengthen the preventive approach to health care by empowering the younger persons of our society to make better health decisions and even seek to persuade others to change their behaviours.

Accordingly the post of Director of Corporate Communications was seen as a key pillar in fulfilling this mandate by leading the development of a comprehensive health communication strategy which will cater to both the internal and external communication needs of the ministry. The ministry has embarked already on new initiatives to reach the public directly with the aim of informing and influencing their health related decisions including direct mailing campaigns and internet based initiatives.

Consequently, the Ministry of Health approached the Cabinet to recruit a Director of Corporate Communications on contract for a period of three years on the terms and conditions to be determined by the Chief Personnel Officer and agreed to by the hon. Minister of Health. By Cabinet Minute No. 1260, Cabinet's approval was conveyed to the ministry. Subsequently, the Chief Personnel Officer developed the terms and conditions as applicable to the employment of Dr. Theomary Karamanis as a corporate communications director in the Communications Unit of the Ministry of Health on contract for three years as follows: Salary per month, \$25,000; transport allowance, \$2,500; housing allowance, \$5,000; duty allowance and special allowance, \$5,500 each and communication allowance, \$500. All other standard conditions in terms of vacation, transport facilities, gratuity and performance appraisal are also applicable.

1.45 p.m.

Dr. Theomary Karamanis is a non-national, recruited for the position of Director, Corporate Communications, in accordance with the guidelines for contract employment in government ministries, departments and statutory authorities, issued by the Personnel Department on May 18, 2006, where the terms and conditions as well as the standard terms are also applicable to non-nationals and nationals living abroad only when invited through advertisement to fill the vacancy.

Dr. Karamanis was retained as Corporate Communications Director to help the unit with a proposed corporate communications team of 14 officers. She is empowered with the responsibility to lead and give directions in the unit, to

design, develop and execute defensive communications strategies and plans for the Ministry's activities; to address, proactively, communication issues in the health sector, as well as to manage crisis situations.

The Director of Corporate Communications is currently responsible for:

- establishing strategic partnerships throughout the Ministry of Health, ensuring the integration of communication activities, including organizational communications, marketing communications, media and public relations, corporate relations/customer service and corporate image and branding;
- developing, leading and managing strategic communications, programmes and works with various agencies and contract resources to plan and execute communication strategies and tactics;
- leading the development, management and continuous improvement of new and existing communication processes and managing the internal communication channels, including the intranet, the Leadership Forum series, and other health sector events; and
- developing and implementing a behaviour change communication strategy, which is crucial in improving health and other development indicators of the country.

Furthermore, the expected values and benefits to the Ministry of Health that would be derived from Dr. Karamanis' employment as Corporate Communications Director are:

- an ability to facilitate cultural change within the Ministry of Health through communication and training so as to get buy-in from internal stakeholders for the transformation of the health sector;
- an appropriate organization structure and succession planning for the Corporate Communications Unit which will be sustainable through time;
- an application of international best practices and a respective transfer of knowledge to the communications staff of the Ministry and the Regional Health Authorities, senior officers at the Ministry of Health, as well as vertical services and special programmes in regard to communication, leadership, coaching and training;
- a customer service orientation in the health sector, starting from the Ministry itself, where customers' issues are effectively resolved in a timely manner;

- introduction of knowledge management as a function within the Ministry, where corporate communications will lead to and facilitate the gathering and dissemination of information and will maintain knowledge databases for all staff within the Ministry.

Dr. Karamanis holds a doctorate in Communication Studies, a Master of Art in Mass Communication, a post graduate Certificate in Telecommunication Science, Management and Policy and a Bachelor of Arts in Economics. She also holds certifications as an adult trainer and an online trainer. She has taught various communication courses both graduate and undergraduate as an Associate Professor in the United States and Europe. Moreover, she has extensive experience in organizational change and has worked as a consultant with a number of organizations in transition in the Balkans and the European Union.

Under normal circumstances, the Ministry would have hired a consultant with a team of technical persons, separate and apart from the existing Communications Unit to develop their entire client-based communication strategy in public health. However, recognizing the technical and professional background and experience of Dr. Karamanis, the Ministry of Health recognized a cost saving opportunity and, therefore, engaged Dr. Karamanis for a period of three years.

Based on the foregoing, her consultant expertise in developing the communications arm of the Ministry is critical in developing and repositioning the health sector.

The position of Corporate Communications Director in the Communications Unit of the Ministry of Health was publicly advertised using the standard recruitment and selection process within our public service by the Change Management Consultant, PricewaterhouseCoopers, who recommended that this position be included in the Ministry's proposed redesigned organizational structure to support the implementation of its transformational agenda.

The position was advertised in the *Trinidad Guardian* and in the *Express* on the weekend of June 07—08, 2008 and in the *Newsday's* Recruitment Supplement on July 09, 2008. The closing date for submission of suitable applications was June 23, 2008.

The consultant, PWC, indicated that they received 11 applications for the position, from which four candidates who closely matched the relevant requirements were selected for the interview. The selection was based on the following three main performance areas:

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Technical expertise, weighting 45 per cent;
Leadership and management, weighting 30 per cent; and
Personal characteristics, weighting 25 per cent.

Consequently, following these preliminary interviews on June 30, 2008, three candidates were recommended to the Ministry of Health for further selection. Subsequently, the Ministry interviewed the shortlisted candidates on July 29, 2008. The interviewing panel was comprised of the Chief Executive Officer of the Government Information Service, a senior management consultant of PWC and the Director of Human Resources of the Ministry of Health. The interviews for the position of Corporate Communications Director were conducted in Trinidad.

Sen. Mark: The Minister said that the director is a non-national. Would the Minister tell us what is the nationality of his Director of Corporate Communication?

Sen. The Hon. J. Narace: I think she is a Greek American.

TRINIDAD AND TOBAGO ELECTRICITY COMMISSION (AMDT.) BILL

Bill to amend the Trinidad and Tobago Electricity Commission Act, Chap. 54:70 [*The Minister of Public Utilities*]; read the first time.

EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL BILL

[Fourth Day]

Order read for resuming adjourned debate on question [February 10, 2009]:

That the Bill be now read a second time.

Question again proposed.

Mr. President: Hon. Senators, those who spoke on Tuesday, February 10, 2009 were Sen. The Hon. Jerry Narace, Minister of Health, who moved the Motion, Sen. Dr. Adesh Nanan, Sen. Corinne Baptiste-Mc Knight, Sen. Lyndira Oudit and Sen. June Melville; on February 17, Sen. Linus George, Sen. Helen Drayton, Sen. Mohammed Faisal Rahman, Sen. Prof. Ramesh Deosaran and Sen. Wade Mark, who spoke for eight minutes.

On March 03, Sen. Wade Mark completed his contribution. Sen. Dana Seetahal SC, Sen. George Hadeed, Sen. Dr. Jennifer Kernahan, Sen. Gail Merhair, Sen. Dr. Carson Charles spoke and the Minister was in the process of winding up. He has spoken for four minutes and has a balance of 41 minutes of normal speaking time.

Sen. The Hon. J. Narace: Thank you very much, Mr. President. Permit me once again to thank hon. Senators for their respective contributions at the last two sittings of this honourable Senate.

Before addressing the issues arising from the Bill, permit me to present to hon. Senators the overall picture to put this Bill in context which, I believe, will help to realize its significance and the integral part it plays in the effective functioning of our health care system. Firstly, we have declared that one of the strategic objectives of the Ministry of Health's transformation plan is to create and maintain a First World health care delivery system. The Emergency Ambulance Services and Emergency Medical Personnel Bill is a critical component which will help us to achieve this objective. I take this opportunity to explain to this Senate and to the national community exactly how it will do so.

Trinidad and Tobago's National Health Services Delivery System may be conceptualized as having two parts—the public health services and the private health centres. The public health services, which comprise hospitals, health centres, vertical centres, preventive care support to other health care services, Insect Vector Control, Chemistry, Food and Drugs; all those institutions constitute the public health services. The private health services comprise private hospitals, clinics, private practitioners, et cetera.

Both the public and private health services offered at any given time to our citizens are emergency care services or non-emergency care services. So when it comes to emergency care, the services are two-pronged; there is pre-hospital emergency care or emergency mobile care and emergency care upon arrival at the hospital and post-arrival emergency care. That is a whole area of mobile care.

In 2008, our A&E Department saw 370,000 persons receive medical attention. Of those, approximately 100,000 arrived in an ambulance; 70,000 through the public ambulance service and 30,000 through the private ambulance network. Of the 70,000 brought in by the public ambulance service, 28,000 were hospitalized for further acute treatment. The patients received at our A&E Department required quick lifesaving intervention, not only upon arrival at the hospitals, but also during their transportation to the hospitals. Their primary objective in any emergency is to reduce avoidable loss of life and the burden of disease and disability. This, Mr. President, is highly dependent on the quality of the pre-hospital emergency care services received and that, I dare say, is for every single citizen who receives this kind of care. We made the distinction between public and private and between emergency mobile care and emergency care in the hospital.

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The Bill really seeks to regulate pre-hospital emergency health care services. That is a whole big realm of services. In fact, with this Bill, we are taking emergency mobile care from a basic level to an advanced level. Currently, our ambulances offer only basic life support. In simple terms, ambulance attendants offer to patients oxygen, aspirin, charcoal for poisoning and CPR. They can also measure patients' glucose levels and advise on patients' medication.

With this Bill, our plan for emergency services, at large, to be enjoyed by every citizen in Trinidad and Tobago, is to move our system from basic life support to advanced life support. Advanced life support entails:

- advanced monitoring with advanced life support equipment to monitor heart rhythm and oxygen levels;
- defibrillation to restart the heart and establish normal rhythm;
- introduction of airway;
- more pharmaceutical agents such as Ventolin for asthma, atropin for poisoning, GTN, and epinephrine for allergies.

Of course, the next level of advanced life support is medical control of the situation in the ambulance by an emergency department specialist doctor directing the EMTs, through a communication system, on how to treat with the patient during his or her transport to the hospital.

2.00 p.m.

Sen. Dr. Nanan: Glyceryl trinitrate is not for allergies.

Sen. The Hon. J. Narace: I said it is for heart attack.

Sen. Dr. Nanan: You did not say that it is for heart attack.

Sen. The Hon. J. Narace: I said epinephrine for allergies. Let me repeat it. I said glyceryl trinitrate (GTN) for heart attack and epinephrine for allergies. That is what I said. In fact, such an advanced life support system is designed to sustain life, to prevent premature deaths and to modify health outcomes. I am trying to make the point that we are moving from a basic system to an advanced system.

In fact, many studies have demonstrated the potential benefits on patient survival of—

Sen. Rahman: The Minister is making a case for moving the service to a higher level, but my interest is in knowing how many of the 70,000 patients who have been brought in during the last year were afflicted by these conditions and how many of them would have died on the way from a lack of them.

Sen. The Hon. J. Narace: I note your point. [*Laughter*] Mr. President, as I said, of those 100,000 persons, 28,000 were, in fact, hospitalized. We have admitted that we need to move this system to a higher level and to international best practice based on policy and the work done in the past.

In fact, many studies have demonstrated the potential benefits on patient survival of early and specialized pre-hospital patient management. For example, many studies worldwide have proven that a rapid response time in pre-hospital settings, resulting from treatment of acute cardiac events decreases mortality and improves patient outcomes dramatically. In addition, other studies have shown that ECG performed during transportation increases available time to perform therapy effectively, thus preventing death and maintaining heart muscle function.

The reduction of all those high death rates is definitely achievable through strategies and measures which improve access to care, administration of pre-hospital care and patient monitoring techniques. Along that direction, a number of systems have developed internationally to allow for specialized pre-hospital care with the use of modern telematic technologies.

This Bill seeks to ensure the quality of emergency basic life support and critical care transportation of patients in Trinidad and Tobago. By the introduction of this Bill, we hope to reduce deaths and morbidity by providing timely and quality health care during the golden hour when time is of great essence.

This Bill is not about ambulances; it is not about committees and authorities; this piece of legislation caters to people's lives. I want to repeat that. What we seek to do with this Bill is to ensure that the people of this country get the best possible pre-hospital emergency care, and this Bill really speaks to the expansion of our emergency services to mobile medical services. So, the ambulance will not just be a transporter transporting someone, but it will be doing what is required to give you the best chance of survival.

Moreover, it ensures the continuum of care and integrates emergency care services into the whole health care delivery system—creating a seamless, integrated delivery system consistent with international best practice—and this constitutes a major policy decision for our health care system.

Now, more than ever, we need to pay attention to our emergency services since the demand for such services has unfortunately been on the rise in the past few years. More specifically, for the past three decades accidents and injuries have consistently remained the fifth leading cause of death in this country. Data from

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the San Fernando General Hospital show that traffic related injuries account for roughly 12 per cent of the total number of injuries seen at the Accident and Emergency Department. Among the younger population such injuries claim an even larger proportion of deaths.

Statistics from the Accident and Emergency Department from the Port of Spain General Hospital show that the number of injuries sustained from vehicular accidents has quadrupled in just one year's time. With an increasing number of vehicles on our roads, now surpassing the 500,000 mark, we are aware that this increasing number of vehicles can contribute to such trends. As a result, our Accident and Emergency Departments are being increasingly overburdened which, in turn, has an impact on our health system as a whole. It is not, thus, accidental that we propose this Bill at this time to respond to these trends and ensure the quality level of our emergency care. More than that, this Bill has been in the making for a very long time. It started with Dr. Hamza Rafeeq and, therefore, we want to make sure that we see it through the legislative path.

Mr. President, it is important to reflect on the current status of pre-hospital emergency care and its ramifications, the overall picture of our national health services delivery system which I painted in the beginning of my presentation. Both the private and public health care services are currently regulated, the private health sector is regulated by the Private Hospital Board, while the upcoming Accreditation Act will strengthen the monitoring and regulation of private health care providers; and the public health sector is regulated and monitored by the Ministry of Health; the Regional Health Authorities Act and the Public Health Ordinance.

At the same time, we are currently seeking to strength our grasp on this sector by introducing legislation to address other areas such as blood banking, et cetera. We are trying to regulate the entire thing and we are trying to make sure that each component is properly regulated.

We recognize that there is a gap in the regulatory framework relating to emergency health care services. In particular, there are currently no regulations governing pre-hospital emergency care. There is no one regulating either the licensing of private ambulance service providers nor the licensing of ambulances at large. Similarly, there are no regulations pertaining to the standards, quality and equipment of the ambulance. Anybody could purchase two ambulances and hire two persons and pick up anybody and drop them anywhere. There exist no regulations concerning the training, certification or continuing education of the emergency medical personnel. Further, there is no monitoring of the performance of ambulance service providers or EMTs.

This Bill before us seeks to rectify this situation and move our emergency medical services to another level, not just a level that will elevate our services to international best practices but, most importantly, a level which would ensure we provide the proper medical care to patients on the emergency site, and before they reach the hospital.

In cases of emergency, we know that time is of the essence. The value of the minutes it takes to transport a patient to the Accident and Emergency Department makes a difference. In some cases, it makes the difference between life and death; in others between living as a human being or as a vegetable; and yet in others it is the difference between a comfortable life and a life with disabilities.

Mr. President, it is perhaps necessary to reiterate what this Bill seeks to achieve. This Bill principally aims at two things: to regulate the emergency ambulance service providers and to regulate the emergency medical personnel. That is basically what this Bill seeks to do. One might still wonder: Do we really need to regulate the emergency ambulance service providers? I want to repeat that presently there is no regulation of emergency ambulance services. It is this absence of regulation that has led to complaints by the public about the state and quality of ambulance services and this is one of the reasons we have introduced this Bill. It will establish an Emergency Ambulance Regulatory Committee with the responsibility of advising the Minister of Health on matters relating to ambulance care.

Mr. President, one might be skeptical about regulating the emergency medical personnel, but let me say that the regulation of the emergency medical personnel is in keeping with the ministry's policy that all medical professions and other professions allied to medicine must be regulated in order to ensure efficiency and quality in health care service. This is further supported by the ministry's vision which is to empower people to live long, healthy and happy lives. We cannot lose sight of the fact that health is a primary goal to allow citizens to have an equal opportunity to achieve their life goals, promote productivity, contribute to the overall economic development through reduced sickness and, of course, to eliminate and significantly reduce the barriers due to disability.

We live in an era where global socio-economic circumstances and market developments have forced us to reconsider the costs and benefits of regulation. If we reflect on what has happened in the world in the 20th and early 21st Centuries, we will realize that we have moved from the absence of regulation, to regulation, to deregulation and now we are going back to re-regulation.

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In the absence of sufficient regulation of markets and societies in the early and mid 20th Century, governments realized that they needed to introduce regulation to protect the public interest, to provide a structure for industries to stabilize the economic environment, to provide a level playing field for market players and to safeguard areas such as national security, public health, public utilities, education, et cetera.

Later on, in the 1970s and the 1980s, we saw a major thrust towards deregulation, moved by liberal ideals and free market advocates, who felt that the liberalization of several sectors would increase productivity, boost economic results and, ultimately, benefit the nations. In fact, in the 1980s and 1990s, we have seen a vast economic deregulation of several industries around the world, which include, but are not limited to, airlines, railroads, energy, telecommunications and financial markets. In Trinidad and Tobago, similar deregulation initiatives included the liberalization of the trade regime, the foreign exchange, et cetera. That is when we changed our economic architecture in Trinidad and Tobago as the world moved toward deregulation.

And right when there was strong advocacy that economic and societal prosperity rested in deregulation, as we approach the end of the first decade of the 21st Century, we realize that the world has once again turned towards re-regulation. In the past two decades, we have seen an unparalleled rise in new health, safety and environmental regulations in industrial countries.

We are now witnessing efforts by many governments in the world to re-regulate finance systems, once the latter failed. Once the financial markets dropped and more and more citizens lost their life savings, their jobs, their life and medical insurances, et cetera, everybody asked one question: Where is the Government? Where is the regulator? Where is the regulation?

When two people got burned in an ambulance that caught fire over a year ago, the same question was asked: Where is the Government? Where is the Minister? But for the Government to be able to monitor providers, ensure a quality level of care and be true to its responsibility to protect the public, it needs the presence of effective regulation. Mr. President, that is why this Bill is before us today, to get that regulation.

Mr. President, we spoke earlier about the different parts of the national health care delivery system and how it is regulated and where the regulation gaps lie. As explained before, we have seen a gap as it pertains to emergency mobile care. As far as policy is concerned, the emergency medical personnel are no different from

other professions related to medicine. Doctors are regulated by the Medical Board Act, pharmacists by the Pharmacy Board Act, nurses and midwives by the Nurses and Midwives (Registration) Act, dentists and dental auxiliaries by the Dental Profession Act, opticians and optometrists by the Opticians (Registration) Act, veterinary surgeons by the Veterinary Surgeons (Registration) Act and, finally, physiotherapists, radiographers, medical laboratory technicians, nutritionists and dieticians, speech and occupational therapists and medical psychiatric social workers are all regulated by the Professions Related to Medicine Act. In fact, almost every single profession allied to medicine is regulated by an Act except EMTs. This is the most important part where it is a matter of life or death, and it is unregulated; both the vehicles and personnel are unregulated and that cannot be allowed to go on. I must say that Dr. Rafeeq had a good idea when he looked at it.

That is to say that as a community, as a nation, we have long recognized and accepted the value of introducing regulation for medical professions. EMTs cannot be and should not be exempted from that general rule, especially taking into account the life-or-death circumstances with which they are often confronted.

2.15 p.m.

One might raise the question: Why not include EMTs in the Professions Related to Medicine Act? One reason, which should be obvious by now, is that this Bill we seek to address is a whole new area of health care delivery; mobile emergency care services, because that could include services in a plane, other kinds. Additionally, the regulation of emergency medical personnel will not only increase the accountability of these professionals but it would also assist them in benefiting from international circumstances, which indicate that this is indeed a growing industry.

There is another issue, the issue of too many authorities and committees; it is too cumbersome; why do you want all those people. I want to set the record straight and clarify once and for all, that there are really two bodies that relate to the regulation of the emergency ambulance service providers and one appeals authority. The two bodies are:

- The National Emergency Ambulance Services Authority, which is governed by a board of directors, so it is one organization; and
- The Emergency Ambulance Regulatory Committee, which advises the Minister; it is an advisory committee.

Let me just say the difference between those two because the regulatory committee is not a statutory committee. A statutory committee is a body established in law by an

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Act of Parliament and it can operate outside the scope of the Act, that is why we cannot do that. In addition, a statutory authority can sue and be sued in its name, and so on, and it is subject to the Integrity in Public Life Act. A statutory committee—which is what the regulatory committee is—is a committee established in law by an Act of Parliament and its roles, functions and responsibilities are also determined by the respective Acts. A statutory committee is usually advisory in nature.

The emergency ambulance regulatory committee is similar, for example, the drug advisory committee, whose functions is to advise the Minister on matters concerning pharmaceuticals and so forth. So, the members of the statutory committee are not subject to the Integrity in Public Life Act.

I wanted to make the point that it is just two organizations: the Emergency Authority, which will deliver services, and the regulatory committee, which is the advisory committee regulating all the service providers, and so on.

So, this Bill also provides for the establishment of an appeals committee, which is a usual part of this process. It is to ensure that unsuccessful applicants have the benefit of a review process without incurring additional cost. We are all aware of the high cost one must bear when matters are initiated through the judicial system. We ought also to recall the inordinate length of time it takes if only one option is to seek redress through the courts. So, consequently, we are of the view that the committee is absolutely necessary.

So, Mr. President, we put an appeals committee in place so that people who felt that they had to seek some kind of review would not have to go through this big expensive system in the legal system. Secondly, there is only one organization that relates to the emergency medical personnel. It is the Emergency Medical Personnel board governed by a council; just like the pharmacy board is governed by a council, the medical board is governed by a council and so forth, and this is the second organization.

It makes no sense to regulate the service providers and not regulate the personnel, who constitute the most critical component of this service. Consequently, if they are not regulated, patient care would more than likely be compromised, as any untrained or inadequately trained person can perform these duties.

It would be negligent of this Government, the Ministry of Health, to allow the situation to continue as is, since it has come to our attention that some of the individuals operating within the private service are not qualified emergency medical technicians. It might be useful at this point to consider what other options

might have been available to us for the management of the emergency ambulance services. Is it a plausible thing to think of the following:—people must have asked you; I think Sen. Ramkhelewan is the question—

- a department in the Ministry of Health for the delivery of the service;
- a department in one of the RHAs or across RHAs to manage their individual ambulance service;
- why not put a special purpose state enterprise; or
- an ambulance authority, as we are proposing.

The first option, the creation of a department in the Ministry of Health to manage these services would have the following shortcomings:

- the department would have to overcome bureaucratic constraints within the public sector in terms of rules and regulations;
- the current public perceptions regarding the operating style of the public service might limit our ability to attract and retain the required professionals; and
- all operations of the department would be dependent on the procurement practices of the Ministry, which would impede its efficient functioning.

The second option would entail creating a department in one of the RHAs or across all RHAs to manage emergency services. This option has actually been tested in the South West Regional Health Authority (SWRHA) and was not successful, mainly due to management issues. Further, if we were to establish a department in an RHA, geographical constraints would hinder patient access.

Additionally, RHAs are not set up to share resources and it is administratively difficult to coordinate a single emergency ambulance service. Perhaps most importantly, the RHAs are responsible for providing health care services generally, not emergency ambulance services exclusively.

Therefore, each RHA agenda is loaded with a number of issues, which means that the emergency service may not receive the appropriate level of priority we are looking to give to this very important area of health delivery.

The third option would involve having a special purpose state enterprise as our national emergency ambulance company. We believe that such an enterprise would function in isolation, whereas an ambulance authority will function within an

umbrella framework covering all aspects of emergency ambulance services. So, we have examined the RHA, the special purpose, the department in the Ministry.

The fourth option is the one that we are proposing, an authority, which was deemed the most beneficial. Let me just share with you what some of the advantages are of this authority:

- It provides the ability to insert an expert-based independent board to manage the delegated functions of the Ministry of Health in terms of the availability of high quality, consistent, equitable and accessible emergency ambulance services;
- The authority and accountability of the board/authority is established by an Act of Parliament in a structure intended to ensure the sustainability of the emergency ambulance service;
- The management framework of the emergency ambulance is integrated into one seamless system;
- The Government continues to improve its administrative function of the emergency ambulance service, while maintaining the key principle of equity, universal access and public confidence of the service under an authority;
- The authority is mandated to create independent human resources, marketing, and finance operating structures, which removes the bureaucracy in the public service and allows for more improvements in planning, coordination and monitoring of the emergency ambulance service;
- The authority provides a dedicated system to coordinate and monitor the entire emergency ambulance service with approximately 100 ambulances and 500 EMTs across all providers, public and private;
- There will be a separate procurement and administration system and therefore the decision-making and the auditing process will be more efficient than the public service;
- There will be more accountability than the existing arrangement in the Ministry of Health with service providers through licenses, reporting mechanisms and complaint reviews;
- The authority will have the flexibility to engage single or multiple service providers or provide the service itself;

- We can obtain value for money as finance is structured and timed to support the organizational, developmental and health care objectives set by the Government;
- There will be increased access of emergency ambulance service to all remote areas throughout Trinidad and Tobago by deploying ambulances in a more efficient and effective manner;
- The authority will be able to respond faster to changes in the external environment affording easier improvement of the ambulance service regarding communications, quality improvement and continuing education;
- Last, but not least, the creation of an authority can afford revenue generation through the provision of services to private organizations and even cost saving opportunities through a dedicated system.

A host of benefits for every single citizen and indeed the Government. Clearly, Mr. President, all different options have been carefully considered for the management of emergency mobile services, but the creation of an authority was deemed the most viable and beneficial to all.

Mr. President, I have listened to all of those Senators who contributed, and I am attempting to raise all issues raised in this debate, but I would like to particularly respond to the distinguished Sen. Prof. Deosaran, not only because of his clear understanding of the intent of the Bill, but because of the support he seemed willing to give the Bill and also because of his sterling contribution.

The hon. Senator asked seven well-placed and to-the-point questions which I wish to address one by one. Let me also say from the onset that the answer to all of your questions, through you, Mr. President, Sen. Prof. Deosaran, is indeed "yes", on every count.

Your first question was: "Will this Bill help ensure that ambulances are properly located across the country?" Let me re-emphasize that the primary purpose for the introduction of this Bill in this Senate, is to regulate the practice of emergency medicine, and in this respect, one of the functions of the National Emergency Ambulance Services Authority (NEASA) as provided by clause 8(2), is to develop and monitor a system of optimal fleet management.

Further, the National Emergency Ambulance Services Authority also has the function of ensuring that there is the provision of continuous and uninterrupted emergency and ambulance service. Accordingly, this Bill will help ensure that ambulances are properly located across the country.

Your second question was: Will this Bill help ensure that the ambulance is properly equipped to provide the three levels of service with respect to Schedule 3? I want to remind this honourable Senate that, as provided by clause 4(3), one of the duties of the Emergency Ambulance Regulatory Committee in respect of emergency ambulance services, is to define and recommend to the Minister the minimum medical equipment and medical consumables to be carried on board an ambulance in the provision of an emergency medical service.

Further, clause 65 of the Bill makes provision for the making of regulations prescribing inter alia, the standards of service for the holder of an ambulance services licence. In addition, when we first laid this Bill before this honourable Senate, we clearly stated that regulations have been prepared and will be laid in Parliament. I think we agreed that those regulations will come 30 days after its proclamation.

The third question: Will this Bill help to ensure that such ambulance services be readily available for an emergency call? Again, the answer is yes, Senator. As I earlier indicated, one of the functions of the National Emergency Ambulance Services Authority is to ensure that there is the provision of continuous and uninterrupted emergency and ambulance service. Accordingly, this Bill will help to ensure that ambulance services are readily available for an emergency call.

The fourth question: Will this Bill help to ensure that ambulances respond quickly? Again, I want to state that the National Emergency Ambulance Services Authority is vested with the functions at clause 8(2) of developing a communication system for the national emergency ambulance services as well as developing a co-ordinated trauma care system through the integration of emergency care facilities into the emergency medical services system. These two functions will help to ensure that ambulances respond quickly upon receipt of an emergency call.

The fifth question: Will this Bill help ensure that ambulances would be able to deliver the required emergency services with due care, diligence and competence? The Bill establishes an Emergency Ambulance Regulatory Committee, which will be responsible for advising the Minister of Health on matters relating to emergency ambulance care and so on, and this involves annual licensing and all of that. Therefore, the answer to that question is also yes.

Your sixth question was: Will this Bill ensure that systems would be put in place to ensure that the emergency ambulance services are properly monitored and evaluated in a professionally independent manner? I have already stated that the Emergency Ambulance Regulatory Committee will be responsible for advising the Minister of Health on such matters. Monitoring is a major function of the Ministry of Health.

Accordingly, this Bill will ensure that systems are in place to ensure that the emergency ambulance services are properly monitored and evaluated in a professionally independent manner. When we say ambulances, we must remember that there are public ambulances and private ambulances.

2.30 p.m.

Finally, the last question: Will this Bill help ensure that a properly run system will be put in place to ensure that public complaints would be dealt with quickly, fairly and resolutely? Let me remind this honourable Senate that the National Emergency Ambulance Services Authority is vested with the responsibility to, and I quote from clause 8(2)(d):

“establish a complaint review committee for the effective management of matters that may give rise to a risk to health or safety of patients,”

So, I want to repeat, will this Bill help ensure that ambulances are properly located? Yes. Will this Bill ensure that the ambulance is properly equipped to provide the free levels of service? Yes. Will this Bill help to ensure that such ambulance services are readily available? Yes. Will this Bill help to ensure that ambulances respond quickly? Yes. Will this Bill help to ensure that ambulances would be able to deliver the required emergency services with due care, diligence and competence? Yes. Will it ensure that systems will be put in place to ensure that the emergency ambulance services are properly monitored and evaluated in a professionally independent manner? Yes. Will there be a system for complaints? The answer is yes. This is what citizens of Trinidad and Tobago would benefit with this Bill and that is what this Government is trying to do, continually move things to the next level.

Mr. President, the issue of governance and the extent to which the Minister has power over the appointment of a board. Senators, it was a recurring one during the debate of this Bill. This is quite surprising, as in all Commonwealth countries Ministers bear the responsibility of their portfolios. Accountability for all matters pertaining to one's ministry rests with the Minister. As such, the law also affords the respective authority to the Minister so that he/she performs his/her duties effectively and with the proper support. This is not new; this is not unique to this Bill; this is not unique to Trinidad and Tobago and this is in fact common in all Commonwealth countries.

Under the Ambulance Services Act of 1990 of New Brunswick, Canada, the Minister is the one who appoints the Director of Ambulance Services, inspectors and the Ambulance Advisory Committee. Under the Emergency Health Services

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Act of Alberta, Canada, the Minister appoints both the Registrar and the appeals committee. Under the Ambulance Services Act of 1990 of New South Wales, Australia, the Minister issues, revokes or suspends licences, and the Minister inspects and evaluates ambulance services. Under the Associations Incorporations Act of 1985, which regulates ambulance services in South Australia, the Minister issues, revokes and suspends licences, as well.

So, hon. Senators, this is to provide evidence that the Minister's authority under this Bill is no different from what pertains in other Commonwealth countries, as well as in terms of the respective regulation. In fact, this governance structure is a basic component of our political and statutory system. [*Desk thumping*] Any questions or concerns about our governance structure or our Constitution, although that is very important and perhaps even relevant to any policy discussion, those matters are really outside the scope of this debate, and therefore, they can be addressed separately.

What is of essence here is that health care of each individual citizen in this country is within the remit of the Minister of Health; it is the Minister's responsibility to cater to the health needs of all citizens. This Bill seeks to give the Minister the legal framework within which he can carry out his duties as effectively and efficiently as possible. Moreover, the Bill seeks to create a transparent and efficient structure that will allow the Minister to protect the health of the people and at the same time protect the rights of the citizens through a properly established and administered system.

Mr. President, what we are seeking to do here is to establish transparency, to establish a proper system, and therefore, to discharge our responsibility in a proper way in consonance with that which obtains in the Commonwealth, other developed countries and in accordance with international best practice.

Sen. Mark sought some clarification as to whether persons accessing the National Emergency Ambulance Service would now have the right to choose to be taken to a private hospital—

Mr. President: Hon. Senators, the speaking time of the hon. Senator has expired.

Motion made, That the hon. Senator's speaking time be extended by 15 minutes. [*Hon. C. Enill*]

Question put and agreed to.

Sen. The Hon. J. Narace: Let me thank hon. Senators for their kind permission to continue. Sen. Mark spoke about whether they will be able to go to a private hospital. It will now give us greater flexibility and one of our policy expectations is that this will indeed be so. He also raised the issue of the authority of the Minister to fix salary. Let me indicate that this measure is to ensure that salaries are approved by the Public Sector Negotiating Committee. A similar provision exists in the Regional Health Authorities Act. Consequently, all proposals valuing in excess of \$150,000 annually, are submitted to the Ministry of Health for approval. These proposals are then sent to the office of the Chief Personnel Officer for consideration and approval. Let me assure Senators and other Members that the same system will obtain for persons employed in the National Emergency Ambulance Services Authority.

Issue No. 3 was the—I think this was again raised by Sen. Mark—issue of personal liability of any member of the Emergency Ambulance Services Board or personnel of the Authority at clause 9. We are of the view that the State must protect these individuals from attracting personal liability in the exercise of public functions where such actions are done in good faith.

Sen. Mark also raised the issue of appointment of inspectors by the Minister of Health. I am sure that this honourable Senate is aware, the Minister of Health is charged with the responsibility for the proper delivery of health care to all citizens of Trinidad and Tobago. The emergency health care services constitute a major component of our health care system. As we all know, responsibility, if it is to be taken seriously and carried out effectively, must be accompanied by authority. Therefore, inherent to the responsibility of the Minister to deliver proper health care to the citizens, is the authority to appoint persons to carry out the purpose of the Bill. As such, the Minister of Health can make the appropriate provisions and this by no means insinuates that the Minister is overtaking the role of the Public Service Commission or the Statutory Authorities Service Commission.

He also raised the issue of the absence of standards and protocols to be observed by the EMTs. Let me state that these will be provided for in the regulations. He also raised the issue of the inability of nurses to administer intravenous medication. I take this opportunity to advise the Senator that nurses can in fact do so, as long as this is done under the supervision and/or direction of a registered medical practitioner, as provided in section 23(2) of the Medical Board Act. Additionally, the EMTs will be performing their functions under the direction of a registered medical practitioner, ideally one who is a specialist in emergency care.

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Mr. President, Sen. Seetahal SC asked whether there is currently a problem with our emergency ambulance service and our emergency medical personnel which necessitates the introduction of this Bill. I feel I have adequately addressed this concern in my introduction, but I made the point, anyone could go and buy two ambulances, hire two persons and transport people up and down and really that would not do. Sen. Seetahal SC also sought clarification as to whether this Bill will only address the Government's ambulances. The answer to that, as I indicated previously, is no.

Sen. Dr. Kernahan raised the issue about why we need the interim council? And of course, the interim council is required as an interim measure so they can hold their elections and then move to a more permanent council. Therefore, we do need it rather quickly.

As regards the issue of training and accreditation raised by Sen. Dr. Kernahan, let me say that this is the responsibility of the Accreditation Council of Trinidad and Tobago and the National Training Agency of Trinidad and Tobago. Let me assure Senators that all our emergency medical technicians have been properly trained at the basic level and the National Training Agency of Trinidad and Tobago has certified the training programme.

Sen. Merhair raised the issue of the future of the present cadre of EMTs working under the Global Medical Response of Trinidad and Tobago. Let me assure you that they will continue to work with the authority. Of course, we made the point, by establishing the authority does not mean that we could not outsource the service from the very same company. We made that point.

I must also thank Sen. Dr. Charles for his contribution wherein he recognized the importance of health care and the need to not use health as a political football. I commend him for that approach. He asked an important question, though, "What is the system that we are using here in Trinidad and Tobago?" He therefore alluded to the fact that the system we are using is one where we simply pick up the patient and as quickly as possible we get the patient to the nearest public hospital.

Let me assure Sen. Dr. Charles, hon. Senators and the national community, that we have moved away from this system. The new system is one where treatment starts when the patient calls the emergency service. Advice is given on the telephone and a unit is immediately dispatched to the patient. In most instances, this communication is maintained until the ambulance reaches the patient. Clinical treatment begins at the scene of the incident and is maintained by the EMTs during the transport of the patient until the patient is taken over to the emergency room of the hospital. This is one of the principal reasons we need to regulate this service.

I want to emphasize that the emergency health care system comprises the mobile emergency ambulances and the emergency medical technicians who are routinely in contact with emergency centres, hospitals and so on. The EMTs are under the supervision of emergency-trained doctors and it is a very complex system to make sure—and we want to make sure that every single EMT follows the system. Further, our emergency health care system is our core response to all disasters to which the national health system has to respond. The emergency health system is linked to primary, secondary and tertiary health care services and is the conduit through which all our citizens are afforded health security on a 24-hour basis.

Moreover, in cases of national disasters, and as part of our disaster preparedness, the Government needs to have available all the resources. If there were a disaster right now, there are commercial considerations with our arrangements with GMRTT. We want to have a system in place that in the event of a national disaster you have an authority that can commandeer all of the services for the benefit of the national community. Therefore, as a disaster preparedness mechanism this is most important.

As much criticism as this Bill has received, in November 2008 the Pan American Health Organization hosted the First Regional Colloquium on Organization and Management of Medical Emergency Services which consisted of a team of experts in medical emergency services organization and management from countries within the region together with the PAHO regional advisers. One of the objectives of the team was to consider legal frameworks and policies for emergency medical services in the countries of the Americas. To this end, they reviewed the existing legislation within the region and found that Trinidad and Tobago had one of the best proposed legislative models. As such, the legal representative of the Ministry of Health was invited to attend the said colloquium to make a presentation on Trinidad and Tobago's Emergency Medical Services and Legal Framework. So, PAHO thought that we were doing quite a good job in that regard.

In closing, I wish to reiterate that the ministry's plan for the country's emergency health care services entails:

- An efficient ambulance dispatch system to separate emergency from non-emergency cases, dispatch ambulance and give emergency instructions until the ambulance arrives;
- Trained and registered EMTs to provide emergency care and transport;
- A well equipped and sufficient ambulance fleet;

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- A reliable communication system from the ambulance to the emergency room physician for online medical control and treatment and for seamless patient transfer to the emergency room;
- An efficient emergency room triage system to maximize patient care;
- A well equipped emergency room and trained staff to meet patient needs;
- A full service hospital for definitive care.

As we are taking all the necessary steps to advance on this plan, we are now looking at addressing more specifically pre-hospital emergency care and we are confident that this Bill fulfils the nation's need in this area.

This Bill is about every single citizen, rich or poor, living in whichever part of Trinidad and Tobago, being able to receive timely care and if there was a chance that he would live or die, he must be given that chance; if there was a chance that he would become a vegetable or not, he must be given that chance; or if there was a chance that he would have to live with a disability or not, he must be given that chance, and this Bill seeks to give every single citizen of Trinidad and Tobago that chance. [*Desk thumping*]

2.45 p.m.

We have noted the concerns raised by the Members of this honourable House. Even though we all agree on the noble intentions of this Bill, it seems that there are some amendments which need to be made. Before I go there, permit me to say, "I beg to move".

Question put and agreed to.

Bill accordingly read a second time.

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. President, I beg to move that the Bill be referred to a special select committee of the Senate and this committee be empowered to discuss the general merits of the Bill, along with its details, and be mandated to report back to the Senate within 21 days.

I also beg to move that the following Senators be appointed to serve on the committee: Mr. Jerry Narace, Sen. Hazel Manning, Sen. Laurel Lezama, Sen. Dr. Adesh Nanan and Sen. Dana Seetahal SC.

Question put and agreed to.

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ADJOURNMENT

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, I beg to move that this Senate do now adjourn to a date to be fixed. I propose, unless otherwise directed, to return to the Senate on April 28, which will be Private Members' Day, but it is my intention, at this point in time, to adjourn to a date to be fixed.

Mr. President: Hon. Senators, leave has been granted to Sen. Mark to raise one matter on the Motion for the adjournment.

Establishment of Revenue Authority (Dislocation of Public Officers)

Sen. Wade Mark: Mr. President, the matter deals with the Government's decision, through the Minister of Finance, to establish a Revenue Authority and, in the process, dislocate thousands of public officers.

This particular decision on the part of the Government has virtually caught thousands of workers unaware and, in the circumstances, they feel that they have been deceived; they feel that they have been misled and they feel that they have been misinformed.

This development is not only an assault on the trade union movement, but it is also an attack on the Public Service Commission of Trinidad and Tobago. It is clear that the Government of Trinidad and Tobago is seeking to privatize the Public Service of Trinidad and Tobago. In so doing, they are, in fact, gradually removing the various institutions that were traditionally established to separate the Executive, which is the political directorate, from public officers.

The Government, through the Minister of Finance, has put on the table a forced separation of employment package that would affect over 2,175 public officers who are currently employed in the Board of Inland Revenue, the VAT Administration Office, as well as the Customs and Excise Department.

Of course, the Government has advanced the case of corruption and misallocation of scarce revenue resources for its decision, for advancing this particular model called the Revenue Authority Model. The jury is still out deliberating on the efficacy of this particular model that the Government is seeking to impose on the country.

It will, in essence, represent a radical departure from the way we have done business in this country over the years. What is more important is that in a climate of worsening economic conditions, in a climate where you have looming unemployment,

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this decision on the part of the Government is only going to contribute to further high levels of unemployment. Already the Trinidad and Tobago Manufacturers Association is predicting the loss of some 10,000 jobs within the next year.

We have done our own analysis, and given the state of play in this country, it is our view that within the next two years we could be faced with close to 70,000 persons being placed on the breadline in Trinidad and Tobago.

What is even more disconcerting, and I believe that the Government owes the Parliament and the workers an explanation, is that we have been informed that the Government offered to these workers and their trade union three options, when this particular authority came into being or was to be established. The first option they offered was a voluntary kind of retirement arrangement from the civil service. Then they offered transfer from these particular authorities or boards to the Revenue Authority. The final option was for them to remain within the ambit or purview of the civil service.

The Government has actually told these workers that they are not concerned any longer with the three options; they will only effect one, and that is called the forced separation of employment package. It is not voluntary; the Government claims it to be voluntary; it is forced separation.

That is a complete violation of the principles of collective bargaining. It is an assault on proper and good industrial relations practice in our country. Therefore, the Government has a duty and a responsibility to indicate to this country whether it has the authority to fire or to dismiss public officers. I do not think so.

There is some something called the Public Service Commission. I believe the Government has to be very careful how it is going down that particular path, because I am sure there will be court challenge to this particular experiment that it has now embarked upon. You cannot just dismiss a career public officer, as how the Government is seeking to dismiss 2,200 public officers; there is a process involved. The Government is telling these workers that they have no option, but to go.

What is even more alarming is that this new Revenue Authority is going to be responsible for collecting some 90 to 95 per cent of the revenues of Trinidad and Tobago. Do you know what, Mr. President? This Government is proposing, in place of an independent Board of Inland Revenue, an independent VAT Administration Office, an independent Customs and Excise Department— independent in the sense that the politicians cannot control these officers—a Revenue Authority similar to UDeCott. It will be a body corporate of a commercial nature in which the Prime Minister and his Cabinet will be able to

appoint all the directors to this authority. The board of directors will now be able to employ its own management body. It is that management body which would be charged with the responsibility of hiring persons on contract.

What the Government is seeking to establish is an environment in which contract employment will be the name of the game. Therefore, you will have the possibility of victimization and discrimination in the rehiring of these workers. Therefore, we have to be very careful that we do not transform the Board of Inland Revenue, the VAT Administration Office as well as the Customs and Excise Department into a PNM party group, that will now be in charge of 90 per cent of this country's revenues.

I want to serve notice on this Government, and I want to warn them, that they are playing with fire. They are now about to overthrow the Public Service Commission and all it stands for. They are undermining and eating away gradually at that particular Public Service Commission. After they destroy these institutions, they are going at the Licensing Authority and the Central Statistical Office. They are going at all public institutions, because the Prime Minister and his Government want direct control over the employment of personnel in the Government's operation today.

They have this difficulty in the insulation that now exists, that protects public officers from direct political control by the directorate in this area.

3.00 p.m.

Mr. President, this is a betrayal by the Government of these workers. It is the same betrayal that took place at BWIA when they brought Caribbean Airlines into being, which is a total waste of time. We no longer go to London and maybe just now British Airways will tell this Government that because of the worsening economic climate it will no longer be able to fly people from Port of Spain to London. We no longer go to Washington because this Government has destroyed BWIA and put in its place some kind of thing called Caribbean Airlines which has never made a profit and never submitted any financial audited statements.

Mr. President, the Government did it with Caroni (1975) Limited; it destroyed Caroni (1975) Limited and placed 10,000 workers on the breadline and it did it at TTT which was known as NBN; it destroyed it and brought something called CNMG which is making more losses today than ever before.

So, Mr. President, we are very concerned about this implementation plan. Can you imagine a Minister of Finance whose credibility has now been shattered in this country telling this country that the implementation plan for this transition

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from the BIR, VAT Administration and the Customs and Excise Department will cost this country \$350 million? So you are now prepared to spend \$350 million to destroy institutions.

Mr. President, no one can deny the fact that there may be and maybe there is some element of corruption. Who is going to argue that? But the reality is: Can the Government not find more creative ways and means of tackling corruption at the level of these institutions rather than destroying them? When you destroy institutions, you weaken your democratic fabric and that is what the Government has been doing and it continues to do and it is very difficult for us to associate ourselves with that kind of trust on the part of the Government of Trinidad and Tobago. I believe this matter is going to be tested in the courts of this country because I do not believe that the Government has any legal legs to stand on to do what it is proposing to do.

Mr. President, this is going to cause a fireball in this country because when you attack public officers who are middle class citizens and you put them on the breadline, you are calling and causing trouble and, therefore, I believe that the Government must make a categorical statement this evening that it intends to review that decision which it took and it intends to meet with the union and the workers to find a reasonable solution so they can come together, put their heads together and find a way forward that will not result in the massive dislocation that is now contemplated.

I therefore now call on the hon. Minister in the Ministry of Finance and hon. Minister of Trade and Industry to tell this Parliament and this country whether the Government is prepared to reconsider and review its position that it has originally taken as it relates to the retrenchment and forced separation of 2,175 public officers from the BIR, the VAT Administration Office and the Customs and Excise Department.

I thank you very much.

The Minister of Trade and Industry and Ministry in the Ministry of Finance (Sen. The Hon. Mariano Browne): Thank you, Mr. President, and I must thank Sen. Wade Mark for giving me the opportunity to clarify a matter which seems to require some further elucidation. The Government has said in this Senate through me, that it is going to take whatever action necessary to ensure and to minimize the impact of the changes that are taking place everywhere in the world, if only by maintaining its expenditure profile and also maintaining its commitment to its social programmes, and I think I answered that matter clearly.

The issue at the heart of Government business is the manner of how we organize and treat with our revenue. One of the fundamental tenets of business is that we need to manage and do so efficiently and, therefore, we need to arrange the revenue with the least cost possible.

That is at the heart of the argument for the establishment of a Revenue Authority and it is not without precedent. In fact, there are 45 other countries in the world that have done this, so Trinidad and Tobago does not stand alone, and there has been a lot of experience on which we can draw and we have actually been using consultants for some time now to establish the basis of a Revenue Authority and a number of committees have been hard at work since 2002.

Those developments and committees have actually done a lot more work in the recent past as the deadline for the establishment of the Revenue Authority approaches. The idea was to put the Revenue Authority in position for the year 2010.

As a result of that, there are clearly a number of options which were faced by the Government of Trinidad and Tobago. There were approximately six options and perhaps it would be useful if only for the purpose of emphasis to identify what the objectives of establishing a Revenue Authority are:

1. To improve efficiency and effectiveness;
2. To overcome inefficient and ineffective human resource management policies;
3. To modernize the management and administration of our tax authorities;
4. To address integrity issues to which Sen. Mark had alluded;
5. To improve our relationship with our customer base and that is all taxpayers in the country; and
6. To introduce some private sector discipline in the management of the agencies.

At the moment, our revenue function is distributed between three arms of the Ministry of Finance which does not speak to one another. Essentially, there is the Inland Revenue Authority which is responsible for the collection of corporate taxes; there is the VAT Office which is responsible for collection of VAT; and there is the Customs and Excise Department which is responsible for the collection of taxes on visible goods and services, on visible goods which are imported into the country.

So the purpose here is to bring together these three units under one head. Clearly, there were a number of options in terms of how this can be handled and

there has been precedent. It has been handled differently in different countries. As I indicated before, there are 45 countries that had done this, in our region there is Jamaica; there is Guyana; there is Canada; the United Kingdom; Spain; South Africa and there are a number of other countries that have done what we are seeking to do.

The six options that are available to the Government are as follows:

1. All existing positions at the Customs and Excise Division and the Inland Revenue to be abolished and a management of the Trinidad and Tobago Revenue Authority (TTRA) be allowed to conduct a full recruitment process;
2. Existing employees to be automatically transferred to the TTRA;
3. To allow existing employees to request a transfer, and that the Government will do the screening and determine which of those who are applying have the relevant competencies and who will come across;
4. Existing employees may request a transfer or alternatively request a transfer into the civil service generally;
5. Or existing officers request a transfer to a comparable position which is dependent on the availability of such a position; and
6. Of course, availability is a critical issue.

These options were explored and there were several difficulties that were identified following any of these options, not the least of which would be the issue of judicial review on the same matter which Sen. Mark suggests will follow, and in fact, that we will be subject to challenge in court.

So the Government was placed in the position of what method, what rubric, what formula could be used to transfer, re-employ, or to bring across all employees and by the same token, one must remember the purpose identified before the creation of a new institution which has emphasis on efficiency and appropriate management practices, and a new and revitalized employee base, and on the question of integrity issues.

One needed to ensure that one gave the new institution the opportunity not merely to survive, but to start off on a fresh foot. The opportunity to build a business culture, the opportunity to build an organizational culture that spoke about efficiency and performance.

How does one do that by simply transferring across two new organizations, all the employees and all of the practices that existed in the former one? By definition, that is a methodology that would lead to failure and in point of fact, I was just asking my colleague, the Minister of Health with reference to the Regional Health Authorities, how many of the existing staff still belong to the Regional Health Authorities as distinct from belonging to the public service, and I think that the Regional Health Authorities were set up in the 1990s and we still do not have a full transfer of all the staff in the Regional Health Authorities from the public sector into the regional authorities and that is an example of how things can go horribly wrong where even your intent is to operate on the highest motives.

Eighteen years later we still do not have all the employees moved across to the Regional Health Authorities, some of them are still public sector employees. That creates a huge difficulty in terms of managing a new enterprise. On that basis therefore, the Government had been in discussion with the union and there were a number of options which, in fact, considered the same transition arrangement which had existed before in terms of the Regional Health Authorities.

Having regard to our management experience in terms of what had actually happened, it was determined that the same methodologies which were used to bring us to this current location and condition with regard to the health authorities could not be used if we wanted to do the same thing or achieve objectives as had been set out in terms of our Revenue Authority.

What therefore gave you the keenest option that allowed you to move forward? Herein lies the rock. One has to understand that organizations have no memory. I made this point in the Lower House and I make it again. People have memory and skills, organizations have no skills in themselves but they have skills insofar as you organize people to behave and work in a particular fashion. It is therefore important to establish a culture of performance, a culture of efficiency, a culture of execution. To do so therefore, one needed to make a radical departure from the past. What therefore are we doing?

The issue is not to put 2,175 persons on the breadline, but to find a methodology to ensure that you employ the best to build an organization which will do what we require—moving forward. We clearly understand, and this country understands, that there are some priorities and some difficulties in moving forward. We are well aware that our revenue situation is not what it once was, resources are always scarce; it is therefore very important that we expend our energies in the most efficient fashion. I repeat, the intention is not to put 2,175

persons on the breadline but to find a mechanism to filter across and to allow the best foot and the best people to be employed in the new dispensation to fit the new jobs that are being built in this new institution.

Let me say the organizations that we currently have, have done well with the resources that they have. For us to arrive at a more efficient organization we need to build a new institution which places greater emphasis on technology. In other words, it will be one which will carry out the same functions that have been performed in the past by the VAT Office and Customs and Excise Department, but will have a more efficient manner in executing those functions.

How then do we avoid the issue and the charge of bias in moving the employees from the old institution across?

How do you also ensure that you give the organization the opportunity to start afresh on a good footing and to enable it to achieve its objectives? The only way we thought and we see fit—and we see this as being the solution—is to ensure that you draw a line and to migrate employees on the basis of competence, experiential capacities and capabilities.

3.15 p.m.

It is well known in the literature and human resource management in the Caribbean and in Trinidad and Tobago, that if we simply go by the human resource files that exist on individual employees, invariably we would make the wrong decisions. Therefore, it is important that we start afresh; it is important that we look at every employee who is looking and applying for a job in the new institution; that we look at him from a zero-based position. That is the basis on which new employees will be migrated.

To say that we are putting employees on the breadline is not true. Employees will have the opportunity to select a voluntary separation of employment package (VSEP); employees will also have the opportunity to avail themselves of the other mechanisms which exist in the public sector regulations, those are transfers or employment elsewhere. Those options will not be removed and cannot be removed in law.

The Government stands ready and committed to live in accordance with the legal principles and to be a good and honest employer. We give that commitment; we have given that commitment; we will live by that commitment. Our purpose here is to ensure that we establish a new authority, a new institution, that will live and that will give us the sort of efficiencies in the collection of our revenues.

I make that point in the light that revenues are at the heart of any organization. You cannot survive if you do not have money to pay your bills. And, by definition, therefore, given the fact that these are live organizations, the movement and transfer is critical. We must ensure that the new organization, when it starts off, runs and it must run from day one.

So at the moment, the committees that we spoke about are in the business of developing the specifications for the different job positions for the new organization, to organize the procedure flow and the work flow to determine what those jobs are; what the skill sets are and in the process to determine who best will fill those options. The way to do that, to ensure that we are not involved and we are not going to be charged with the issue of bias, is to start with a fresh slate and to give everybody the opportunity to demonstrate their competencies and to meet the opportunities which are available here.

I make the point, and I make the point repeatedly, organizations have no memory; people do. Therefore, the skill sets required of a revenue authority is largely to be found in individuals in the existing institutions, but, by definition, we must also train them to operate in the new one and we must give the new organization the opportunity to survive.

It is unfair to say, at its worst, that the Government is putting people on the breadline. That is not true; that is not what happened and the majority of people will be reemployed.

Thank you, Mr. President. [*Desk thumping*]

Easter Greetings

Mr. President: Before you go, allow me, on behalf of the staff of the Senate, to wish all of you a very happy and a holy Easter vacation. I hope it will be safe. So I leave you with those words. We will meet at a date to be fixed.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 3.18 p.m.