

*Leave of Absence**Tuesday, July 28, 2009***SENATE***Tuesday, July 28, 2009*

The Senate met at 10.00 a.m.

PRAYERS[MR. PRESIDENT *in the Chair*]**LEAVE OF ABSENCE**

Mr. President: Hon. Members, I have granted leave of absence to Sen. The Hon. Dr. Lenny Saith, Sen. Laurel Lezama and Sen. Dr. Sharon-Ann Gopaul-Mc Nicol who are all out of the country, and to Sen. Annette Nicholson-Alfred 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: DR. FUAD KHAN

WHEREAS Senator Dr. Sharon-Ann Gopaul-Mc Nicol 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, FUAD KHAN, to be temporarily a member of the Senate, with immediate effect and continuing during the absence from Trinidad and Tobago of the said Senator Dr. Sharon-Ann Gopaul-Mc Nicol.

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 27th day of July, 2009.”

Senators' Appointment
[MR. PRESIDENT]

Tuesday, July 28, 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: DR. ROLPH BALGOBIN

WHEREAS Senator Annette Alfred is incapable of performing her duties as a Senator by reason of her illness:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, in exercise of the power vested in me by section 40(2)(c) and section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, ROLPH BALGOBIN, to be temporarily a member of the Senate, with immediate effect and continuing during the period of illness of the said Senator Annette Alfred.

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 27th day of
July, 2009.”

OATH OF ALLEGIANCE

Senators Dr. Fuad Khan and Dr. Rolph Balgobin took and subscribed the Oath of Allegiance as required by law.

Mr. President: Hon. Senators, I am holding the Instruments of Appointment for two other temporary Senators who are not yet with us, so we will take that later in the proceedings.

MEDICAL BOARD (AMDT.) BILL

Bill to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice medicine in the public sector, for the recognition of diplomas granted by certain institutions and for matters related thereto, brought from the House of Representatives [*The Minister of Health*]; read the first time.

Motion made, That the next stage be taken at a later stage of the proceedings.
[*Hon. J. Narace*]

Question put and agreed to.

PAPERS LAID

1. Report of the Statutory Authorities Service Commission for the period October 01, 2007 to September 30, 2008. [*The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill)*]
2. The Eighty-Ninth Report of the Salaries Review Commission on a General Review of the Salaries and Other Conditions of Officers within the Purview of the Commission. [*Sen. The Hon. C. Enill*]
3. The Annual Report for the fiscal year 2008—Ministry of Information. [*Sen. The Hon. C. Enill*]
4. The Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the Mayor's Fund of the Chaguanas Borough Corporation 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)*]
5. The Report of the Auditor General of the Republic of Trinidad and Tobago on the financial statements of the Mayor's Fund of the Chaguanas Borough Corporation for the year ended September 30, 2007. [*Sen. The Hon. M. Browne*]

ORAL ANSWERS TO QUESTIONS

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 Sport and Youth Affairs (Hon. Gary Hunt): Mr. President, I would like to take this opportunity to bring clarity to the nomenclature associated with the sporting infrastructure currently being put in place at Tarouba,

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San Fernando. The terms “Brian Lara Cricket Stadium”, “Brian Lara Cricketing Academy” and the “Brian Lara Sporting Complex” have in the past been used interchangeably in the public forum, and are often misunderstood to mean the same. They are in fact very different infrastructural elements, all contained on the Tarouba Sporting Complex.

The Tarouba Sporting Complex, which at times is incorrectly referred to as the Brian Lara Sporting Complex, is located on a greenfield site. By definition, a greenfield site implies that no infrastructure and utilities are located at this site. The Tarouba Sporting Complex is located in an area of 281 acres and forms part of a larger estate that consists of an area of approximately 627 acres. In order to accommodate any edifice, infrastructure development included civil works, roads and drainage; utilities infrastructure development included services for electricity, natural gas supply, water supply and storage, sewerage and communication technology.

The 627-acre site at Tarouba is now ready for development and will accommodate the Tarouba Sporting Complex and an energy and technology park. The Tarouba Sporting Complex will cater to the high performance and elite sporting development needs nationally, with the possibility to attract revenue opportunities regionally and internationally.

The proposed Tarouba Sporting Complex will include:

1. The Brian Lara Cricket Academy;
2. The Brian Lara Cricket Stadium;
3. An elite centre of excellence for sports science, sports medicine, biomechanics lab, testing and conditioning;
4. An aquatic centre;
5. A cycling velodrome;
6. A centre for field house sports. For example, basketball, volleyball, netball and badminton;
7. A boxing and martial arts centre;
8. A centre for field sports. For example, football, rugby and hockey;
9. A running track and field;
10. A gymnastic centre;

11. A tennis centre;
12. An administration centre; and
13. Hotel accommodation.

Mr. President, as part of the country's development, the rationalization of infrastructure and structured sustainable development is being promoted with the implementation of plans for this site. It would reflect the development and sporting goals of the Government for the people of the country in a diversified and industrialized economy.

The Brian Lara Cricketing Academy is but one of the components of a conceptual master plan for the 281-acre Tarouba Sporting Complex, and is envisaged to be housed within the Brian Lara Cricket Stadium. This academy will be a finishing school for high performance and elite cricketers and will consist of the following units:

- player development;
- education and training;
- information and resource centre;
- administration and curator development.

The academy will conduct national programmes for male and female cricketers, and will co-ordinate and implement specialized programmes for the sport of cricket. It will be a hybrid for the planned high performance centre in the areas of sports science and sports medicine.

It is envisaged that the academy will ultimately be a centre for the hosting of Caribbean national teams, for specialist and advisory training, and services. When fully operational, the Brian Lara Cricket Academy will make a significant positive contribution towards the development of the game nationally and regionally.

The Brian Lara Cricket Stadium represents the first phase of development of the Tarouba Sporting Complex. The stadium includes:

- capacity seating for 15,000 people;
- majority covered seating;
- 79 metre radius or 19,610 square metres playing field, encompassing six pitches on the main playing field;
- 4 outdoor practice pitches;

- state-of-the-art sport lighting;
- electronic scoreboard;
- canopy;
- officials and team locker rooms;
- facilities and operational equipment which form part of over 43,560 square feet of covered floor space;
- club lounge;
- 2 car parks located in the north and south to accommodate a total of 1,760 cars;
- facilities for concessionaires and retail spaces;
- 12 suites;
- President's box;
- 3-storey state-of-the-art media broadcast and press facilities;
- cricket academy for elite development.

Mr. President, with regard to part (a) of the question, the Brian Lara Cricketing Academy is currently in its planning stage and is being developed in collaboration with an academy for sport and leisure of the University of Trinidad and Tobago.

With regard to part (b), no funds to date have been expended on the Brian Lara Cricketing Academy because it is still in its planning stage.

10.15 a.m.

Mr. President, with regard to part (c) of the question, it is not practical, at this stage, to provide an estimated sum for the completion of the Brian Lara Cricketing Academy since the brief has not yet been completed.

With regard to part (d), it is estimated that the user brief will be completed by the end of 2009 and implementation is projected to commence in 2010.

Thank you.

Sen. Mark: Seeing that there was a lot of confusion with respect to the term, could the hon. Minister be willing to tell this honourable Parliament what is the current status of the Brian Lara Stadium, because that is what he said it was made up of? I am wondering if he could give us the cost of the Brian Lara Stadium at this time. Apparently that is the area that is in progress at this time.

Mr. President: Your supplemental question is that you want to know what is the cost of the Brian Lara Stadium.

Sen. Mark: Yes.

Hon. G. Hunt: Mr. President, that is a different question entirely; if the Senator poses that question in the normal way, I will provide the answer.

**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 answer to that question is not now available and will be available on the next occasion.

Sen. Mark: In a week's time? The next occasion?

Sen. The Hon. Conrad Enill: Yes.

Question, by leave, deferred.

**Nation's Judges
(System of Monitoring)**

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

Could the Attorney General outline to the Senate the system of monitoring that is in place in respect of assessing and evaluating the performance of the nation's judges?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, question No. 36 follows question No. 13 and will also be available on the next occasion.

Question, by leave, deferred.

**National Academies of Performing Arts
(Details of)**

40. Sen. Wade Mark asked the hon. Minister of Planning, Housing and the Environment:

With respect to the construction of the National Academies of Performing Arts in Port-of-Spain and San Fernando, could the Minister provide the Senate with:

- (a) a detailed status report on the construction of the National Academies of Performing Arts;
- (b) the original estimated cost of construction of the National Academies;
- (c) the initial projected completion dates for both Academies;
- (d) the current estimated cost and new projected cost of the construction of the Academies; and
- (e) the new projected completion dates for the National Academies?

The Minister of Planning, Housing and the Environment (Sen. The Hon. Dr. Emily Dick-Forde): Mr. President, unfortunately we are not ready with this answer. The information has been received from the Urban Development Corporation, but not yet sent to the Cabinet sub-committee for consideration. We, therefore, beg the indulgence of the Senate for a further deferral of three weeks, please.

Question, by leave, deferred.

Rental of Cruise Ships (Details of)

47. Sen. Mohammed Faisal Rahman asked the hon. Minister of Finance:

Could the Minister provide the Senate with a detailed account of the cost of renting the two cruise ships to be used as floating hotels for the forthcoming Summit of the Americas?

The Minister of Trade and Industry and Minister in the Ministry of Finance (Sen. The Hon. Mariano Browne): Mr. President, we have the answer in final form, but it is not yet in approved format. We will provide the information on the next occasion.

Question, by leave, deferred.

National Test Results (Details of)

91. Sen. Dr. Adesh Nanan asked the hon. Minister of Education:

- A. Would the Minister indicate to the Senate whether all primary schools in Trinidad and Tobago have received the June 2008 National Test results?

- B. If the answer to (A) is in the negative, could the Minister inform the Senate of the reason(s) for the delay?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, this question was deferred for an amendment and will be available on the next occasion.

Question, by leave, deferred.

**Maqueripe Beach Upgrade
(Status of)**

105. Sen. Dr. Adesh Nanan asked the hon. Minister of Planning, Housing and the Environment:

- A. Would the Minister indicate to the Senate any cost overruns on the Maqueripe Beach upgrade?
- B. Would the Minister also state if there was planning approval for the said beach upgrade?

The Minister of Planning, Housing and the Environment (Sen. The Hon. Dr. Emily Dick-Forde): Mr. President, again, the information for this question is still being compiled by the Chaguaramas Development Authority (CDA) and we request a further two-week deferral, please.

Question, by leave, deferred.

**Ministry of Information
(Details of Port of Spain Property)**

141. Sen. Gail Merhair asked the hon. Minister of Information:

With respect to item 2.72 under Head 57-Ministry of Information at page 110 of the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the financial year 2007/2008, could the Minister inform the Senate:

- (i) What is the address of the property located in Port of Spain for which \$138,000 was paid in rent during the period December 18, 2007 to September 30, 2008; and
- (ii) Whether the property was ever occupied during that period?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, this question was received, deferred and will be available on the next occasion.

Question, by leave, deferred.

**Gang Violence
(Details of)**

150. Sen. Dr. Sharon-Ann Gopaul-Mc Nicol asked the hon. Minister of National Security:

- A. With respect to gang violence in Trinidad and Tobago, could the Minister provide the Senate with the details of the model being used to combat the problem; and
- B. Could the Minister also provide the Senate with any evidence of the success of the model being used in other countries, particularly in the Caribbean, Britain, United States of America and Canada?

Mr. President: We will defer question No. 150.

Question, by leave, deferred.

**Red Mite Disease
(Details of)**

151. Sen. Lyndira Oudit asked the hon. Minister of Agriculture, Land and Marine Resources:

- (A) Could the Minister indicate to the Senate the measures which have been put in place, implemented or proposed to stop the spread of the “red mite” disease that has plagued coconut producing areas in Trinidad, and in particular the South West peninsula of Cedros and Icacos since 2005?
- (B) Could the Minister also indicate the extent of the devastation in financial and non-financial terms of the “red mite” to coconut, bananas and ginger producers of Trinidad and Tobago?

The Minister of Agriculture, Lands and Marine Resources (Sen. The Hon. Arnold Piggott): Mr. President, the answer to this question is in its final stages and should be ready by the next session.

Question, by leave, deferred.

**Health Surcharge
(Current Value of)**

153. Sen. Lyndira Oudit asked the hon. Minister of Health:

Could the Minister indicate to this Senate:

- (i) The current value of the health surcharge contribution to the national Treasury since 2006; and

- (ii) The ways in which the health surcharge has been used to improve health care in Trinidad and Tobago since 2009?

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. President, we still have not received the information so as to properly answer this question. We request another deferral.

Question, by leave, deferred.

**Contracts Re: Office of the Chief Parliamentary Counsel
(Details of)**

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

Could the Attorney General outline to the Senate for the period January 01, 2008 to May 31, 2009:

- (i) the names of the various private law firms and/or attorneys-at-law who have been contracted by his office to perform legal drafting duties for or on behalf of the Office of Chief Parliamentary Counsel;
- (ii) the number of contracts issued or entered into between the parties and the detailed character of these contracts; and
- (iii) a breakdown of the cost of each of these contracts?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, I am in a position to say that the answer is not yet ready. It has not been received from the agencies.

Question, by leave, deferred.

**Drafted Legislation
(Detailed Account)**

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

Could the Attorney General provide the Senate with a detailed account of the various pieces of legislation drafted and submitted by the Chief Parliamentary Counsel as well as those drafted by private law firms or attorneys-at-law during the past three years that is 2007 to 2009?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, 162 follows that of 161, it was also not received. We will undertake to have it available on the next occasion.

Question, by leave, deferred.

**Inspection of Electrical Installation
(Status of)**

163. Sen. Gail Merhair asked the hon. Minister of Health:

Could the Minister indicate to this Senate:

- (i) the date of the last inspection of the electrical installations at the Port of Spain and San Fernando General Hospitals; and
- (ii) the date(s) of the next or future inspection of the electrical installations at the institutions mentioned at (i) above?

The Minister of Health (Sen. The Hon. Jerry Narace): Mr. President, that answer has been sent for approval. We have not received the approval as yet; I am sure we will be able to answer it on the next occasion.

Question, by leave, deferred.

**Domestic Violence Cases
(Details of)**

164. Sen. Gail Merhair asked the hon. Minister of Community Development, Culture and Gender Affairs:

With respect to the issue of domestic violence in Trinidad and Tobago, could the Minister indicate to the Senate:

- (i) the number of cases which have been reported to the police within the last five years;
- (ii) the number of persons who have died as a result of abuse suffered through domestic violence; and
- (iii) the steps taken by the Government in the last two years to combat this scourge?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, the answer for that is being prepared. It is not now available; it will be on the next occasion.

Question, by leave, deferred.

**Guns and Ammunition
(Status of)**

165. Sen. Gail Merhair asked the hon. Minister of National Security:

Could the Minister inform the Senate of the number of guns and ammunition which has been voluntarily turned in to police stations throughout Trinidad and Tobago during the last five years?

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, I am in a position to answer that—the Minister would be here shortly.

Hon. Members are advised that over the last five years no guns and ammunition were voluntarily turned in to police stations throughout Trinidad and Tobago.

WRITTEN ANSWERS TO QUESTIONS

The following question was asked by Sen. Lyndira Oudit:

**Non-carnival Festivals
(Money Used for)**

- 32.** With respect to the Ministry's budgetary allocation for the years 2003 to 2008, could the Minister inform the Senate what sums of money were used directly or indirectly to promote the following non-carnival festivals:
- (i) Eid-ul-Fitr,
 - (ii) Divali,
 - (iii) Shouter Baptist Liberation Day,
 - (iv) Santa Rosa Festival,
 - (v) Shiv Ratri,
 - (vi) Eid-ul Adha; and
 - (vii) Other festivals of a similar religious/cultural base?

Vide end of sitting for written answer.

The following questions were asked by Sen. Gail Merhair:

**Ministry of Energy and Energy Industries
(Details of Contracted Employees)**

- 133.** With respect to persons employed on contract in the Ministry of Energy and Energy Industries, could the hon. Minister provide the Senate with:
- (i) a list of contracted employees for the period 2007/2008;
 - (ii) the terms and conditions of employment; and
 - (iii) the salaries of each of these officers?

Vide end of sitting for written answer.

Medical Board (Amdt.) Bill
[SEN. THE HON. J. NARACE]

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Rapid Rail Project
(Details of Feasibility Study)

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

Could the Minister provide the Senate with:

- (i) details of the financial feasibility study in support of the Rapid Rail Project; and
- (ii) a copy of the Report on the Feasibility Study?

Vide end of sitting for written answer.

TOBACCO CONTROL BILL

Bill to prevent tobacco use by young people; enhance public awareness of the hazards of tobacco use and ensure that consumers are provided with information to make more fully informed decisions about using tobacco; protect individuals from exposure to tobacco smoke; prohibit or restrict promotional practices; prevent illegal conduct, including but not limited to smuggling; provide for regulation of tobacco products to mitigate against the harmful effects of tobacco; provide for sufficient regulatory flexibility to respond to new technological and scientific innovations and findings and to changes in consumer behaviours; create a national co-ordinating institution for tobacco control and provide for other related matters and purposes [*The Minister of Health*]; read the first time.

ARRANGEMENT OF BUSINESS

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, today is normally the day that we would have Private Business. By agreement we would provide this on the next occasion that we meet.

I, therefore, beg to move that the Senate proceed to deal with Government Business instead of Private Business.

Agreed to. [Interruption]

MEDICAL BOARD (AMDT.) BILL

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

That a Bill to amend the Medical Board Act, to provide for the establishment of a panel to issue special temporary licences in cases of shortage of persons available to practice medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto, be now read a second time.

Mr. President, this Bill seeks to amend the Medical Board Act, Chap. 29:50. This has become necessary because of the impediments posed by a few members of the Medical Council who are now causing the entire council to be unable to register foreign medical personnel, to address the shortfalls in the staffing of the public health system.

This occurred once before in 2003 when the Government, because of a severe shortage of doctors in the sector, adopted a policy of recruiting foreign doctors. The Government at that time sought doctors through the UN, as well as other countries, including Cuba and the Philippines. The Medical Council in 2003 refused to license them to practise in Trinidad and Tobago. Today we are faced with a repeat of that situation. What is different on this occasion is that it is a few members of the Medical Council that are, in fact, refusing to license the foreign medical practitioners.

In order to overcome this hurdle, the then government brought to Parliament the Medical Board (Amdt.) Bill, 2003, which sought to, inter alia, establish a panel to issue special temporary licences. The Parliament, by Act 2003, amended the legislation which was subsequently implemented by the Ministry of Health, and a panel was set up to grant special temporary licences to foreign doctors. It is important to note that those licences were limited and the foreign doctors were restricted to practise medicine only within the public health system. The legislation contained a sunset clause and, of course, it expired in 2007.

Mr. President, no one can deny today that there is a need for more beds, better services and a reduction in the waiting time in accidents and emergency wards. We need to increase access and availability in the primary care facilities, particularly in the rural communities like Penal, Debe, Mayaro, Toco and in Tobago, Castara and Cocorite. The Ministry approached Cabinet and got an approval to further augment a cadre of medical professionals with 119 specialist medical officers and 450 nurses.

To ensure that no locals were displaced by our foreign recruits, we placed advertisements in the newspapers for all medical professionals. We invited all medical professionals in Trinidad and Tobago. It was a big advertisement, [*Minister Narace displays newspaper page*] saying all the various areas, both in nursing and pharmacy as well, asking them to write to the Ministry, as an expression of interest, so that we could have a sense of all the persons in the country that would be given the first option, so that we would not displace any local medical professionals for foreign recruits.

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In the case of doctors, only eight qualified and registered doctors applied, six of whom were already employed in the public health sector. We knew that local professionals were not being displaced.

I also want to inform this honourable Senate that all recent national graduates who applied to the public sector have already been placed and commenced work on July 01; 91 last year and 102 this year in the public sector. All our graduates have been absorbed into the public health system. So all Trinidad and Tobago doctors, graduates and professionals, who applied, were qualified and registered, were, in fact, employed, with the exception of two. For those two, their assignments are now pending. We are going to deploy them as well.

What is interesting is that we see the numbers of graduates increasing, 91 last year, 102 this year.

10.30 a.m.

With the investments that we have been making in training all over the years, we are now seeing that they are paying off. We have quite a number of these and I will talk about that later. You are seeing the increase. In the short-term we need the services of foreign doctors most desperately. I will be the first to admit that we have to ramp up our services to meet the expectations of rightfully deserving patients and people seeking medical attention.

For the last 70 years, people whose first language was not English have been registered by the Medical Council. They have included nationals of India, Nigeria, the Philippines, Venezuela and Cuba. When we approached the Medical Council in 2009 to register the additional doctors, however, our efforts were stymied. Doctors are a scarce resource globally. It is estimated that 57 countries have an absolute shortage of 2.3 million physicians, nurses and midwives. The developing world is inadequately served as a result of the acute shortage of available physicians. For example, the WHO African region experiences 24 per cent of the global burden of diseases while having only 2 per cent of the global supply of physicians.

Let me say from the outset that I understand the value of this very scarce human resource. Recognizing the value we made every effort to treat doctors with due respect and appreciation and to partner with them in improving the health sector. I am convinced that without a partnership of the minister, the ministry, administration, doctors and all other medical personnel, as well as all other stakeholders, the health care

needs of the country will not be adequately served. It is most painful for me to be confronted with this kind of behaviour from a few individuals. I remain assured that the vast majority of medical and health care personnel are committed to the same goals as the ministry and this Government.

You will hear about doctors leaving and people forcing them out. Let me talk about the emigration of doctors internationally. A difficulty in the Government's efforts to meet public health service medical human resource needs internally is inextricably bound to the issues of emigration and internal migration. Between 2004 and 2008, an average of 85 doctors per year graduated from UWI's Faculty of Medical Sciences. Of these, approximately 45 per cent were employed in our public institutions and the other 55 per cent migrated to other countries and this is where the problem intensifies. There is also the phenomenon of internal migration when professionals leave the public sector for the private sector and those in the public sector express marked preferences for employment in the urban centres at the expense of rural areas.

The people living in the rural areas of Trinidad and Tobago suffer the most. This issue of emigration and migration is by no means unique to Trinidad. In most OECD countries there has been a continuous increase in the proportion of their foreign trained doctors. In the United Kingdom the proportion is 33.1 per cent; New Zealand, 35.6 per cent; Ireland, 27.2 per cent and in the United States, 25 per cent. Trinidad and Tobago has contributed significantly to the United Kingdom's core of foreign doctors. These valuable medical graduates, the finest products of our education system did not leave with the intention of emigration. Some, after gaining experience in the public sector go abroad to pursue postgraduate training and simply elect to remain in their host countries. Some meet someone, get married and stay there and all kinds of different reasons. I am sure that most people would be aware of those circumstances.

In addition to the major investment and other initiatives for human resource development, particularly doctors, Government committed to invest a further \$100 million in all medium and long-term solutions. Government did not sit idly by. Apart from all the other tertiary education and GATE, it committed \$100 million to ensure that in the longer term we could meet our requirements. This current recruitment initiative sought to deal with only the short-term solution. Week after week we hear people asking for beds, shorter hours for A & Es, better primary care service and rightfully so. Given the facts as I have laid

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them out, no reasonable person could argue that at least in the short-term we have a distinct need for foreign doctors and the Government has done everything in its power to meet our short, medium and long-term needs.

The reason we are here today disrupting this recess is because the lives of the people of Trinidad and Tobago come first to this Government and therefore, we would do what we have to do. We have a major responsibility to the national community. Ministers and a government must come here honestly and say that they have done the best they can and there is nothing more that they can do. When something happens they have done what they ought to do. That is the unfortunate and regrettable reason that I am here today.

Sen. Mark: When you are not performing go home.

Sen. The Hon. J. Narace: The point is that some people will put impediments in the way and some other organization—I am calling no names, I do not want to impute any improper motive; I want to ensure that the population understands what the obstructionist arrangements are doing to them. It is my intention to bring it to their attention.

As we sought to increase our cadre of doctors from as early as 2008, we commenced holding several discussions with the Medical Council, the Cuban Ambassador and the Accreditation Council indicating to them our desire to continue to supplement our cadre of doctors with foreign doctors and therefore, the need to have special temporary licences granted. After near nine months of discussions, more than nine months, it is now clear to the ministry that the temporary registration we sought from the Medical Council would not be forthcoming. What makes this situation unique is that based on discussions held with the council, a few members—and I daresay, led by the president of that council—sought to frustrate the efforts of the Medical Council and the board to register these doctors.

Sen. Mark is saying that a man who prevents people in rural areas from getting medical attention is a great man. I hope that the national community is listening to what he considers greatness. Preventing people in rural areas from primary care services, accident and emergency from getting services, he is a great man. I do not consider him a great man, respectfully and regrettably.

Let me tell you when the cat came out the bag. Let me tell you about our discussions. From March 2008 to July 20, 2009, there have been no fewer than 18 occasions of official communication written and face to face between the Medical

Council and the Ministry of Health. There have been six occasions between the secretary of the council and the CMO; one occasion between the president and the CMO; three occasions between the Permanent Secretary and the secretary of the council and 10 occasions between the office of the Minister and various members of the council, including the secretary of the council and the president, in addition to three face-to-face meetings.

I sought several meetings with the council and was continually frustrated. I requested a meeting with the council on April 24, 2009. On April 27, 2009, Dr. Smith responded that no council member was available for the meeting. On May 05, 2009, a meeting of the council was scheduled for May 08, 2009. It was cancelled. On May 08, 2009, I requested a meeting with the council on May 11. Again, it was cancelled. I could go through all the correspondence with all the efforts we made to try to say, let us meet; come to an agreement; do the people's work and discharge our responsibility to the national community. Regrettably, that was not forthcoming.

Let me say what ultimately happened. On July 07, I got a letter from Dr. Neil Singh. The highlight of this letter is:

It is clearly evident that council members are sharply divided with respect to registering Cuban medical practitioners and painfully obvious, that the President's views conflict with the secretary and other council members, thereby not allowing for any compromise on this issue.

The current status with respect to registering Cuban medical practitioners remains same as for Medical Board's letter dated 8th May 2009.

This is the important part of this letter. This is Dr. Neil Adrian Singh, the secretary of the council.

In light of the above, I believe that there is no alternative for you but to proceed with your stated intention to implement a parallel board in order to register your Cuban medical practitioners.

I must confess that this initiative was something I believe was not in the best interest.

Basically he is saying proceed. In fact, not only did he write me, but he also made this letter available to the media and this is now public knowledge.

While we were trying to reach out, meet with them and get that council to cooperate with us, as Dr. Singh said, let me read from the *Newsday* dated July 17, 2009. He said that his support for an amendment to allow Cuban doctors to be

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licensed to practise in Trinidad and Tobago and do a medical proficiency exam after one year was to give the medical council power to discipline. He went on to say that in his private capacity he wrote to me and indicated that a few council members are unwilling to compromise with regard to the registration of Cuban medical practitioners. This happened despite members being informed about the Caricom arrangement.

Let me tell you what the board also sought to do. The board also sought to indicate that the whole issue had to deal with Caricom. They wrote letters showing that the Bahamas and Jamaica had indicated that if they allowed these people to be registered, it would be in contravention of the Caricom arrangements. I promptly took up this matter with Caricom to find out the facts of this matter because I have been advised by Caricom or by other Member States that that was not indeed so.

I now read from a letter written by Dr. Edward Greene, Assistant Secretary General of Caricom. It says:

The Caricom Ministers of Health at their caucus on May 18th 2009 in Geneva, Switzerland discussed and agreed on the following. With respect to the issue of registration of Cuban and other medical practitioners serving Caricom governments within the confines of bilateral agreements, Ministers supported the recommendation for a model approach to professional registration of Cuban and other medical practitioners serving within bilateral technical cooperation agreements as follows: That provisional or institutional or special registration be utilized to register Cuban and other medical professionals as they do not automatically qualify for full registration in the subregion. The requirement of English language proficiency will remain in place to be determined by the local authority.

At every stage of the game, we said to the Medical Council that we were prepared to allow COSTAATT to do the English proficiency examinations as that was a requirement. We said that we wished to adhere to the arrangements that obtained within Caricom. This too, varied from what the President of the Medical Council was saying.

10.45 a.m.

This must have led to what would subsequently appear in the *Express* of July 24, 2009. As you know, a vote of no confidence was unanimously passed against that President of the Council and it is contained in an article. I understand that the

other members would have been embarrassed. Here it was that the Minister and the Ministry of Health were attempting to fill a short-term arrangement, having planned our medium- and long-term development of human resources requirements for the country, and here the President of the Council of the Medical Board was frustrating and blocking the efforts of the Minister and the Ministry at giving services this country so rightly deserves. As good professionals, they obviously would have been embarrassed. They said they were in agreement with the approach we are taking today so that we could ensure that this arrangement would be satisfied.

Mr. President, let me tell you some more about the board's impediments. Let me tell you what happened with the Grenada arrangement. I can cite specific examples of these impediments. When the Medical Council objected to registering graduates from the St. George's University in Grenada, the Ministry paid for members of the Council to visit and assess the facilities and to review its curriculum. The Council members expressed satisfaction with what they saw in Grenada and consequently agreed to register the graduates. As such, the Ministry proposed that the Council follow the same process with Cuba. They said that Grenada was a problem; they wanted us to deal with it. We said we would send them to check it out; they did that and they said fine.

Now there is a problem with Cuba. We invited the Cuban ambassador, the Accreditation Council of Trinidad and Tobago (ACTT) and members of the Medical Council to visit Cuba and do a similar check. They agreed to send a delegation to Cuba, comprising three members of the Council in conjunction with the ACTT. Plans were well advanced when the President of the Council, in a telephone conversation, indicated that it was no longer prepared to participate. However, the ACTT subsequently visited Cuba and several Cuban institutions have been duly recognized. During its visit, the ACTT delegation met with the Ministry of Higher Education, the Ministry of Education, the Ministry of Public Health and the meetings included formal presentations and extensive question-and-answer sessions.

The ACTT is satisfied that they met with the standards they were looking for in terms of the universities' programmes and we agreed that the English proficiency test would be kept in place to treat with the issue. At any rate, Caricom took a decision that bilateral agreements, particularly where these people would have been supervised in the public sector, would have been for the benefit of the people of Trinidad and Tobago.

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The ACTT had this to say about the assessment of Cuba:

“The Cuban system of education is highly structured and organized to ensure the holistic development of students.”—from secondary school—“Students are well prepared for university where undergraduate programmes are of five years in duration.”

UWI and British universities offer a three-year undergraduate degree and US institutions a four-year degree. Furthermore, the report states that:

“The systems of both institutional and specialized (programmes) quality assurance...of tertiary education in Cuba are especially rigorous in the context of international standards.”

Mr. President, there is no secret about the capability of the Cuban medical system. That is a well-known fact. There is no secret about the capability of Cuban doctors. That is a well-known fact. Mr. President, I know that you yourself, if I may be permitted with your leave to say, have had your own good experiences and have indicated them to the Ministry of Health.

The report continues that there are 68 universities with about 3,000 branch campuses and:

“Cuba boasts approximately 770,000...students in higher education. The pride of Cuban higher education, medical education, boasts of over 75,000 doctors graduated, with some 25,000 Cuban doctors having spent time working in countries around the world.

The medical undergraduate degree...is awarded after six years of study before they are allowed to practice...most graduates continue to study for another two years to complete a specialty among the 41 specialties available. By far the most popular specialty is in primary health. Most Cuban graduates then complete a second specialty.”

This means that a Cuban specialist doctor has been through eight and 10 years of schooling, which is comparable to any system in the world.

I am shocked at the utterances of my good friend, Sen. Wade Mark. *[Interruption]* I would not want to repeat it. You said that Dr. Smith is a great man for preventing doctors from serving people in Trinidad and Tobago. That, in essence, is what you said.

Notwithstanding the ACTT’s visit to Cuba and its favourable report, the Council then began to propose an additional qualifying medical exam for the foreign doctors and a language exam. I have the letter here from Dr. Smith. I need not read it. In fact,

let me read it. It is important that I read it. He wrote me on July 20. He intimated that he was responding on behalf of the Council and said that this is what they were requiring:

“All original documents pertinent to these applications must be enclosed. Most important in this latter regard is:

1. Proof of success at the English Language Testing System...”—with which we have no problem, a proficiency test in Trinidad and Tobago—

“2. Proof of success in Part I...”

Then he wanted them to do the CAMC, which is the Caribbean Association of Medical Councils, the PLAB, the Professional Linguistics Assessment Board, the USMLE, the United States Medical Licensing Examination, and the MCCQE, the Medical Council of Canada Qualifying Examination. In other words, he wanted them to go back and do all the exams again. Of course, the Cuban authorities were operating in all the Caricom Member States, all the Caricom Member States agree and they would not allow that. Understandably, and as I said already, medical doctors are, in fact, a resource that is scarce around the world.

The President of the Medical Council indicated that was their view and he also said that Caricom was doing this. When I showed him the letter that this was not the arrangement, he said he was not concerned about that and that is when all hell broke loose.

I indicated to them that I am a Member of a Government whose concern is the people and bringing quality service to the people. I told him and the Medical Council, and I could say this publicly, that if they did not seek to put the national interest in its proper context, the Government would have no fear in seeking the parliamentary authority to serve the people of Trinidad and Tobago as they deserve to be served.

The Ministry's policy is that we are always willing to listen and to take advice. Despite our care in ensuring that doctors recruited are proficient in English, we agreed that the doctors be subject to an English exam, and the Cuban authorities were insistent that any other testing would have been a problem.

I have read that communication from the Accreditation Council speaking to all of that and we agreed with the approach to ensure that any medical professionals coming, where English is not their first language, should have English proficiency testing done. We want to assure the public that the practitioners licensed by the panel are of the highest quality. To date, there have been no reports of involvement in any adverse events by these licensed foreign medical practitioners.

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Of even greater importance is that we have had petitions from various citizens, including one from Point Fortin who was really prominent, asking to keep the Cuban doctors. I have letters from people begging us to keep the Cuban doctors. Really, they are trained in a particular way.

Despite the Ministry's efforts at collaboration, it appears that the agenda of a few members of the Medical Council is dubious. This Government recognizes its responsibility and we will take all necessary action that is in the best interest of the national community.

Permit me now to go through the Bill clause by clause. As I previously mentioned, the amended Bill reflects the provisions contained in Act No. 22 of 2003, which established a panel for the issue of special temporary licences. The provisions of this Act expired on July 31, 2007. Consequently, the provisions contained in this Bill have been tried, tested and proved to be very effective.

Clause 3 of the Bill would insert several new definitions. Clause 4 seeks to amend section 9 by inserting two new sections, 9A and 9B.

Section 9A(1) establishes the panel, whereas 9A(2) speaks to the appointment of members of the Panel. Consequently, the Panel shall comprise the Chief Medical Officer, three medical practitioners and one lay person representing the interest of the public. Let me reiterate that the practitioners will have at least 10 years experience. This level of expertise, we feel, offers some security that the Panel would ensure the quality of physicians allowed to practise in Trinidad and Tobago.

Section 9B speaks to the functions of the Panel, which will have the power to consider applications to issue special temporary licences and reject unsuitable applications. Where the Panel rejects an application, it must give reasons for so doing.

Clause 5 provides for the repeal of section 12 of the parent Act and substitutes a new section 12. The new section 12 enables the council to recognize diplomas granted by institutions which may not be recognized by the General Medical Council of the United Kingdom.

Clause 6 provides for the amendment of section 13 by providing two new subsections that is, (1A) and (1B). Subsection (1A) provides that:

“...where the Minister is satisfied that there is a shortage of persons available to practise medicine in the public health sector, the Minister may request the Panel to consider applications for the issue of special temporary licences.”

Consequently, the Panel can only be invoked when there is a shortage of persons available to practise medicine in the public health sector.

Subsection (1B) provides that:

“The Panel may, after considering an application...issue a special temporary licence to any person who establishes to its satisfaction that he holds a diploma—

- (a) in respect of which he is entered or entitled to be entered on the Medical Register of the General Medical Council;
- (b) granted by an institution listed in the Schedule; or
- (c) granted by a recognized institution approved by the Panel...”

Further, clause 6(c) provides for the substitution of subsection (2), which provides that:

“(2) the Council or the Panel, as the case may be, shall determine the nature and extent of a temporary licence...including—

- (a) the time during which the licence remains in force;
- (b) the area to which it extends;
- (c) the nature and character of the work which may be performed...; and
- (d) such other terms and conditions the Council or the Panel may deem expedient to impose.”

Pursuant to this, all the 207 special licences issued between 2003 and 2007 restricted their holders to practise in the public sector.

Subsection (2A) provides that:

“A special temporary licence shall not:

- (a) remain in force for more than three years;
- (b) be renewed unless the holder of the special temporary licence performed satisfactorily during the period covered by the licence; and
- (c) be renewed more than once.”

As I previously indicated, we had a performance appraisal conducted on all individuals who held these licences.

Clause 7 provides for the maintenance of a book to be known as the Book of Special Temporary Licences to contain the name and address of every person issued with special temporary licences, the date of issue of the licence and a description of and dates of the diplomas the person has acquired.

11.00 a.m.

This book is available for public inspection between 8.00 a.m. and 4.00 p.m. and members of the public are entitled to extract from it, in accordance with the Freedom of Information Act.

Clause 8 of the Bill would amend section 14 of the Act to exempt holders of special temporary licences from the payment of fees under the Act.

Clause 9 would amend section 16 of the parent Act to require persons applying to the panel to furnish to the Chief Medical Officer, the same type of information that is currently required by the Council in respect of persons applying for registration.

Clause 11 would amend section 19 to require annual publication of a list of persons holding special temporary licences. This will allow for a degree of transparency and accountability. The public would have knowledge of the names of persons registered by a special panel.

Clause 12 of the Bill would amend section 24 of the Act. The amendment to subsection (2) would give the Council the power to investigate and make recommendations to the panel where a holder of a special temporary licence is convicted of an indictable offence or guilty of infamous or disgraceful conduct. Further, the amendment to subsection (5) would make clear the circumstances in which the holder of any temporary licence shall be deemed to be guilty of infamous or disgraceful conduct. This is to ensure that only fit and proper persons are allowed to practise medicine in Trinidad and Tobago.

Clause 14 provides for the indemnification of members of the panel for anything done in good faith, pursuant to the exercise of the functions and powers of the panel. This section would also exempt members of the board from liability with regard to acts or omissions of the panel and holders of a special temporary licence.

This Government is of the view that it is necessary to offer a level of protection to persons performing public functions, as long as their actions are done in good faith. Cognizant that the Council of the Medical Board will not be issuing special temporary licences, we have sought to protect the Council of the Medical Board from any liability that could flow with respect to the holder of a special temporary licence. In light of our training programme and our retention policy, we expect that by 2015, we will have a full complement of medical personnel.

Clause 15 will limit the duration of the provisions of this Act as they relate to the special panel. Consequently, the panel will only be valid for a period of six years after the passage of the Bill.

Clause 16 provides for the insertion of a Schedule which details the names of universities whose students would be granted automatic registration.

Mr. President, you will recall that the 2003 amendment provided for a Schedule which enlisted universities which qualified for automatic registration of the students. The list contained the University of the West Indies, Trinidad, Faculty of Medical Sciences; and the University of the West Indies, Jamaica, Faculty of Medical Sciences. We have now included the University of the West Indies, Barbados, Faculty of Medical Sciences. It is our intention to compile a list of universities recognized by the Accreditation Council of Trinidad and Tobago. Subsequently, the Schedule will be revised. The need to protect UWI graduates arose in 2003, when the General Medical Council of the United Kingdom took a decision to deregister a number of universities, including our own, all over the world. Unfortunately, because of the insertion of a sunset clause, the entire Act expired in 2007. To this end, we intend to remedy this defect by reintroducing section 5 and the Schedule and by retaining the said provisions beyond 2015. Consequently, by virtue of clause 15, section 5 will survive beyond the life of this panel.

I take this opportunity to give an account of the work of the special panel, which was established in 2003. The panel, as I said, consisted of the CMO, three medical practitioners; all of whom have had at least 10 years experience and of course, one senior counsel. The panel was said to only be invoked in cases of shortages of medical practitioners in the public health sector. The panel performed the following functions: it considered applications for the issuance of special temporary licences, which were requested to do so by the Minister pursuant to section 13A; and it issued special temporary licences and rejected unsuitable applications. When the panel rejected an application, it gave reasons for doing so.

Further, by amendment of clause 6(b) at section 13, the panel also reconsidered applications from graduates from institutions recognized by the panel. An amendment to section 29 ensured that rejected applicants have no right of appeal. The special licences issued by the panel were valid for three years. The professional-issued special licences were subject to a biannual review, that is every six months and the licences were renewable for one three-year period only.

The panel developed stringent review guidelines, which included communication skills and the use of English, professional skills in clinical competence, deportment and attitude, attendance and punctuality and evidence of continued professional development. The Ministry of Health conducted periodic performance appraisals of all foreign doctors in collaboration with the RHAs. All performance appraisals

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suggested that the foreign doctors' work, professional department and general conduct were clearly satisfactory. During the life of the now expired panel, 210 special temporary licences were issued. A meticulous applicant pre-screening procedure ensured the high quality of considered applications. Therefore, the panel rejected only two applicants. The panel also renewed 175 applications out of 210 applications. That is a report on how it worked.

Briefly I need to speak about the expansion of our health care services. The need for foreign doctors must be considered in the broader context of our health care sector in Trinidad and Tobago. In the past years, our country has seen a rapid increase in the demand for health care services to which several factors have contributed. The factors include the rise in accidents and injuries and the increase in chronic non-communicable diseases. The report of the Caribbean Commission on Health and Development 2006, indicated that in the Caribbean, five times as many people die from CNCDS than all other diseases combined. In Trinidad and Tobago, the five leading causes of death have clearly been identified as heart disease, diabetes, cancer, cerebral vascular disease and, of course, accident and injures; the clearest indication of this growing need is visible in the use of our emergency ambulance service, which is used by a steadily increasing number of people.

In 2000, 20,000 people used our ambulances for emergencies. This year we anticipate 70,000; from 20,000 to 70,000. The Ministry of Health has responded to this increase in the demand for health care services in a number of ways and it has made it part of the underlying factors of its strategic plans. Inherent in our strategies, of course, are health promotion and disease prevention, infrastructure development and strengthening of our primary care network and most important, our human resource development.

Let me talk quickly about primary care. We believe that a strong primary health care system, which encompasses community health care, is central to improving the health of the citizens of Trinidad and Tobago and ensuring, of course, universal access. Good primary health care takes responsibility for meeting the needs of the people served and working closely with local communities. Apart from responding to people's needs when they are worried or sick, primary health care services also educate and support people to improve their health, prevent illness and guide them to look after themselves and their family; critical, central and the most important plank in trying to prevent people from requiring tertiary care and all of that.

I do not know if you have noticed that the statistics on cancers and a number of these diseases is frightening. It is really prevention, good primary care and point-of-care testing. We are working diligently to bring that. That is why we

need more doctors out there to see people before the storm arise, so that we can treat with them. That is why we are here today to try to look after that. We are committed to providing citizens with a broad spectrum of primary care services, which includes health education, disease prevention, support for self care and taking responsibility for your health. This is very important in Trinidad and Tobago. Citizens must take responsibility for their own health. We would provide the education, the support, the prevention, curative and all of that, but you must have a stake in it as well. You must want to find out, through our various channels of communication, how you can do that—early intervention, diagnosis, treatment, ongoing care, rehabilitation and referral.

Infrastructural plans—to improve our health outcomes and indicators as a nation, we are putting more emphasis on health promotion and disease prevention, as I have said. Our goal is to promote it throughout the population and the best avenue to accomplish it is through primary health care. We are going to put mobile caravans in every area in Trinidad and go out and encourage and educate people. We are going to Beverly Hills, Cacandee in Couva, or whatever the name is. We would go to all those areas and engage people, so that we can treat with our responsibility in a serious manner that will meet with their approbation.

Our vigorous infrastructural plans show our commitment to improving both our primary and secondary care. In the last year alone, we have launched a new oncology and dialysis centre in Sangre Grande. We are rolling out the support to the communities. We have refurbished health centres in Debe; Ste. Madeleine; La Romain; San Juan; Oxford Street; a new mental health centre in Barataria; a new ward in St. Ann's and a new therapeutic centre for cancer in St. James—state-of-the-art, complete range of services including support and transport back to your homes if it is really required. We are looking very seriously at treating people. That is all part of our Vision 2020, a caring society, a society that cares for the aged, the indigent, the ill, et cetera.

Let me continue. We have a neonatal ward at the—[*Interruption*]

Sen. Ali: I would like to ask the Minister, having given that long list, what is the status of the National Oncology Centre?

Sen. The Hon. J. Narace: Thank you very much, Mr. President, an RFP is out and on August 07, we would have received an approved bid. I will be approaching the Cabinet, so that contract can be awarded along with several other pieces of infrastructural development. I am not going to talk about that today, because it would take too long.

Mr. President: One second. Hon. Senators, if you wish to make an interruption that is not a point or order, you should rise, yes, but address me and say: "Mr. President, is the Minister willing to give way?" or else, we would not know why you are interrupting, whether it is a point of order, or whatever. The Minister would be gracious and if he does give way, it is normally a courtesy to thank him for giving way before you ask your question.

Sen. The Hon. J. Narace: Mr. President, I thank you for that procedural instruction. I want to take all Senators into my confidence. I want to collaborate and work with them and I wish to ensure that health is a matter in which I would seek your advice and guidance and I would take it very seriously on board, because with health there can be no compromise. There must be no politicization of health. As I said, health is not a political mission, it is a humanitarian intervention. It is very important. Therefore, I thank you very much, Mr. President, for your guidance.

Let me continue. We have a neonatal ward at the Port of Spain General Hospital; a new pediatric specialty and A&E unit at Mount Hope; a new orthopedic ward at the Port of Spain General Hospital and the Pembroke Wellness Centre in Port of Spain. I am giving a commitment that as soon as we get those doctors and those nurses, I am going to open 40 to 50 more beds in Mount Hope and we are working on all those things. It is about bringing service to people. The mandate of the Prime Minister and of this Government is to do our best to serve the citizens of Trinidad and Tobago. That is all we are trying to do. The Government recognizes that any expansion in physical resources needs to be matched with an equal expansion in human resources who would be able to deliver the services needed by the population.

11.15 a.m.

Let me just talk a bit about human resource. For effective human resource management in the RHAs, we took steps to remove the dual track arrangements which existed. The Government implemented a VSEP transfer initiative which allowed public officers to transfer to the RHAs, sever their services completely or remain in the public service. This exercise was very successful and resulted in a total of 1,687 public officers who were employed by the Ministry of Health but worked with the RHAs having accepted the VSEP. A further 709 officers opted to transfer directly to the RHAs. This means now, almost all persons working in the RHAs will be directly employed by the RHAs.

Mr. President, what we are doing is institutional strengthening now. We are building the institutions. We had the idea but they were dual arrangements not working. We brought the regulations here and the RHAs now have a management

tool that they can use with clearly laid out procedures and the public officers now have clear arrangements where, they too, can make sure and ensure that all of the HR arrangements are properly done and to ensure that there is transparency, accountability, efficiency and quality. That is what was required and they now have their regulations, they have now been transferred. We have a few to transfer again, maybe about less than 100.

Let me just talk about our nursing programme. Our efforts were not directed to doctors alone, a number of basic and post-basic training programmes were developed to address the shortage of nurses and to augment the skills of the already qualified nurses. In all, 1,510 nurses are enrolled in the programme and with the present rate of attrition we anticipate that the need of our institutions would be met by 2015, nurses as required throughout our institutions. In response to UWI's increased intake in 2004, Cabinet agreed to increase the intake of medical interns from 76 to 176, more than 150 per cent. As previously mentioned and consequent to this, in June 2008—as I said—91 medical interns came on and then another 102 for this year.

Notwithstanding UWI's increased intake, the Government determined that more doctors were needed to meet our demands locally and quicker. Therefore, the Government in 2004 granted 124 scholarships to St. Georges Medical School in Grenada. Five have already returned and the rest of them—we expect three in 2009, 35 in 2010, 30 in 2011, 27 in 2012 and 25 in 2013; clear efforts of trying to ensure that we continue to build on all of those pillars that will give us that First World health care system that we think—

We recognized these initiatives would not have had short-term effects; it will take five years for a student to graduate. Therefore, to meet our human resource needs in the short-term we are forced to use foreign medical professionals—and let me just say the number of vacant positions in our major public hospitals increased from 215 in May 2008 to 275 in May 2009. This represented an increase of 28 per cent. It is important to clarify that foreign doctors cannot hold any established positions in any of the RHAs. Given these circumstances, we resorted to the recruitment of foreign doctors from Cuba and the Philippines. Two hundred and ten doctors were recruited and of these only 66 are currently employed in the system. This programme has had a significant beneficial impact on the delivery and quality of health care.

Mr. President, I need not remind you of the 119 SMOs and the 450 nurses that Cabinet approved for us. The number of doctors in the system from 2000 to 2008 improved from—I believe—1,100 to 1,700; significant number of doctors and we want to ramp that up. We need to get to about 2,400 and when we get to that we will be able—

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Mr. President, I am sure you and all Members of this Senate will agree that the Bill before this Senate is of crucial importance to the health care services of this country. It is important to all of the people, particularly in rural areas and, therefore, I need not pursue this.

I just want to make one point before I close. I do not know if people have taken note of what is going on with the Swine Flu internationally. In England they are expecting 65,000 deaths. Last month it was reported that there were 100,000 cases. In Buenos Aires, they have declared a public health state of emergency for something equivalent to that and there are issues—in fact, check in the Cayman Islands, they have recorded their first death.

Given this pandemic and not knowing what it can mutate to, this Government cannot afford not to do all within its power to get medical personnel here for, not just those circumstances but all of the other circumstances. I have come to this honourable Senate to implore hon. Senators to see the needs, not just of the people, but of the Ministry of Health in discharging our duty to every citizen, near and far; rich and poor; whoever that person may be, and I ask kindly for your support in this Medical Board (Amdt.) Bill.

I beg to move.

Mr. President: Hon. Senators, before I put the question I will revert to the matter of the Oath of Allegiance of two temporary Senators.

SENATORS' APPOINTMENT

Mr. President:

“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. FOSTER CUMMINGS

WHEREAS Senator Laurel Lezama 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

Senators' Appointment

Tuesday, July 28, 2009

Republic of Trinidad and Tobago, do hereby appoint you, FOSTER CUMMINGS, to be temporarily a member of the Senate, with effect from 28th July, 2009 and continuing during the absence from Trinidad and Tobago of the said Senator Laurel Lezama.

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 24th day of July, 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: MR. NOEL GAYLE

WHEREAS Senator Dr. Lenny Krishendath Saith is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, acting in accordance with the advice of the Prime Minister, in exercise of the power vested in me by section 44 of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, NOEL GAYLE, to be temporarily a member of the Senate, with effect from 28th July, 2009 and continuing during the absence from Trinidad and Tobago of the said Senator Dr. Lenny Krishendath Saith.

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 24th day of July, 2009."

OATH OF ALLEGIANCE

Senators Foster Cummings and Noel Gayle took and subscribed the Oath of Allegiance as required by law.

MEDICAL BOARD (AMDT.) BILL*Question proposed.*

Sen. Dr. Fuad Khan: Thank you, Mr. President. Before I start, I would like to thank this honourable Senate for having me here this morning. I would also like to thank the Leader of the Opposition for inviting me here to this debate on this very important legislation, the Medical Board (Amdt.) Bill, 2009.

Mr. Speaker, I have been a Member of the honourable House in the other place for 12 years and over that 12 years we had a couple—

Sen. Dr. Dick-Forde: Mr. President.

Sen. Dr. F. Khan: Mr. President, sorry, thank you. Old habits die hard. When a Minister partakes in a debate, he or she is supposed to come to the House and put the truth on the table and not bend the truth to suit their own interest of what that Bill really purports to be.

You see, Mr. President, I am not going to call the Minister a liar.

Sen. Narace: Mr. President, on a point of order?

Sen. Dr. F. Khan: What is the point of order?

Sen. Narace: Standing Order 35(5).

Mr. President: Minister, I am waiting, he has not called anybody's name as yet, let us see where he goes.

Sen. Dr. F. Khan: Thank you, Mr. President. What I am saying, I am not going to stand here and say that the Minister is liar. What I am going to do is to try to ask whether, if somebody at the level of a Minister misleads the Senate, that person is supposed to be called before the Privileges Committee, which I think sometimes is supposed to be.

You see, Mr. President, certain things have occurred in the presentation and it was done deliberately as far as I could see. Just for a little housekeeping, the Minister indicated that the Medical Board indicated that the Cuban doctors had to write the proficiency of English, the CAMC licence exam, the Canadian exam as well as the USMLE exam—

Sen. Narace: Would you give way?

Sen. Dr. F. Khan: No, sit. I am not giving way. You had a whole hour. *[Interruption]* No, you said that. I want to read mine and I will give you way after.

Mr. President, I am going to read and put on the record a letter, written to the Minister by the same Dr. Neil Adrian Singh. It was written on the letterhead of the Medical Board of Trinidad and Tobago, December 24, 2008.

Sen. Narace: Standing Order 35(5).

Sen. Dr. F. Khan: “Mr. Jerry Narace, hon. Minister of Health, Office of the” —why are you so jumpy? [*Interruption*]

Mr. President: Minister, what exactly is the imputation?

Sen. Narace: If I be allowed, Mr. President? I believe that the Senator is imputing improper motives, because he started by saying, “when a Minister misleads the House” and then when he said, “in his presentation”, he is making all of these allegations. All I did was to read from a letter that was written to me by Dr. Steve Smith. I said what he wrote in his letter and I detailed it for the benefit. In fact, I can circumstance that letter to the Chamber. So, if he is trying to say that I sought to mislead the House by reading from a letter, that is imputing improper motives.

Mr. President: Minister, the Senator is sailing very close to the wind in my opinion, and I would just caution the Senator that it is out of order to impute improper motives and to suggest that a Minister or any other Senator is deliberately misleading the Senate. It is an entirely different thing to say that the Minister is in error, but to suggest that a Minister or any other Senator is deliberately misleading the Senate is out of order and may not be done, so watch your language very carefully and let us proceed with an orderly debate. Thank you.

11.30 a.m.

Sen. Dr. F. Khan: I am so guided, Mr. President. The Minister indicated that he has a number of pieces of correspondence from Dr. Neil Adrian Singh, Dr. Steve Smith and members of the Medical Council of Trinidad and Tobago.

Sen. Rahman: "Oh Lord, give him a chance, nah man. Give him a chance, nah man, the man now start."

Sen. Dr. F. Khan: Mr. President, I am reading a letter from Neil Adrian Singh to Mr. Jerry Narace—that is you, right? You got this letter?

Sen. Narace: I have seen it.

Sen. Dr. F. Khan: It is written to you, and is stamped received.

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"Hon. Minister of Health
Office of the Minister of Health
Ministry of Health
#63 Park Street
Port of Spain.

Dear Mr. Narace,

Reference is made to our meeting of Tuesday 23rd December, 2008. I am directed by the Council of the Medical Board of Trinidad and Tobago to inform you that Drs. Neil Singh, Peter Baggan and Professor Zulaika Ali have been nominated to visit Cuba to pre-assess Medical Practitioners graduating from Universities in that country." [*Interruption*]

Sen. Narace: I said that.

Sen. Dr. F. Khan: "Wait nah!" Wait! Wait, wait, wait! That is not imputing improper motives.

"Please note that ordinarily, graduates from Cuba are not registrable with the Medical Board of Trinidad and Tobago. However, if Medical Practitioners are desirous of obtaining registration they are required to submit satisfactory evidence of being successful in any of the following examinations..."—any of the following examinations.

You did not say that? I continue:

"before consideration of Temporary Registration.

1. Caribbean Association of Medical Councils Examinations (CAMC) parts 1 and 2; OR
2. United States of America Licensing Examination (USMLE) parts 1 and 2; OR
3. The Professional and Linguistic Assessments Boards (PLAB) parts 1 and 2."

And I can put in for you, "or the Canadian Medical Council of Canada Qualifying Exam." No, you said to this Senate—not a letter, by ad-libbing and you should stick to your script—that the President of the Medical Board of Trinidad and Tobago said, this was, through you, Mr. President, that they had to do all these examinations.

Sen. Rahman: Yes, I heard that. [*Desk thumping*]

Sen. Oudit: Misleading.

Sen. Dr. F. Khan: You said that.

Sen. Narace: I said no such thing.

Sen. Dr. F. Khan: You said it. It is on record.

Sen. Mark: I heard him.

Sen. Dr. F. Khan: And you said because of that, you had to go and form this parallel board. That is nonsense! You had to do one or the other. You still kept the proficiency of the English examine. No problem with that, and while this was being done—

"Attached, please find an estimated cost to be incurred for the trip to Cuba as well as a list of the requirements for Temporary Registration.

Sincerely,

Dr. Neil Adrian Singh.

Secretary"

So what I am saying to you, Mr. President, is that the Minister stood up and ad-libbed to this Senate that the reason this panel was formed was because these poor Cuban graduates had to do a proficiency exam and all these other exams as said by the present Medical Board. So that in a sense is wrong.

Sen. Narace: Mr. President, Standing Order 34(b).

Sen. Dr. F. Khan: You said that. [*Crosstalk*]

Mr. President: Senator, my recollection was that he was reading a letter from a Dr. Smith. That is what I got. Continue, the Minister will have a chance to respond, and please address your comments to me.

Sen. Dr. F. Khan: Thank you, Mr. President. He read the letter, then he ad-libbed and he said—I was listening and I have it written down here—that the President of the Medical Council wanted them to write all these exams. They want them to write all these exams. So that is why we had no other choice, thanks to Dr. Neil Adrian Singh who said we had to go and form this parallel board.

Mr. President, when the President of the Medical Council was responding to the Minister of Health, he was doing it in a capacity determined by the laws of this country. There was a sunset clause you said in 2007. You are writing him in 2008/2009. You did not have a panel yet. The Ministry had no panel. You are now doing it. So in-between there he had to abide by the law of Trinidad and

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Tobago which was the Medical Board Act, Chap. 29:50 of Trinidad and Tobago. [*Desk thumping*] This is what he had to abide by. So when you wrote to him as a Minister, trying to bulldoze your way through and say to them, that you have to give these Cuban medical practitioners registration, he had to abide by the Laws of Trinidad and Tobago and the Medical Board Act passed in this honourable House in 1961, I think, Chap. 29:50—September 21, 1961. What you could do since you all have the special majority or the majority so far—

Mr. President: Senator, talk to me, please. Thank you.

Sen. Dr. F. Khan: Mr. President, I am so accustomed to being in the other place, I am so sorry. I am so sorry. I apologize for not addressing you directly. [*Crosstalk*]

Mr. President, I am not familiar with the Standing Orders, but he is 35(5). I want your guidance. He is telling me I will settle for a trinket. He is imputing improper motives to me.

Mr. President: I am afraid I heard no comment at all. Please, continue. I will check the *Hansard* and deal with that. Please, continue.

Sen. Dr. F. Khan: You see, Mr. President, the gentleman cannot take as he thinks he can give. I will advise him the next election, fight a seat and do not parasite yourself inside of here and then you will understand the debate in a different place.

Sen. Manning: We do not debate like this in here.

Sen. Dr. F. Khan: Trust me, you do "Ma'am". One of these days you might find out. When you are Prime Minister you will find out because that is where they are heading you.

Mr. President: Senator, I realize that you are very keen and you have come from another place with a different experience and so on, but we do treat one another a little bit differently in this House and it is really improper to refer to the Minister, "to parasite himself" in this honourable Chamber. We are not parasites here. We are Senators and we are duly and properly appointed and sworn under the Constitution, doing all our duties, and I would ask you to keep that in mind.

Sen. Dr. F. Khan: Thank you, Mr. President. Would I be getting injury time? [*Laughter*] I seem to be getting a lot of injuries here. [*Crosstalk*] Mr. President— [*Interruption*]

Sen. Narace: And the public is watching you.

Sen. Dr. F. Khan: I am glad, that is why I am saying it. [*Interruption*]

Sen. Narace: And the public is watching you.

Sen. Dr. F. Khan: I am glad because somebody has to tell you all—Mr. President, sorry. This is the Medical Board Act that the President of the Medical Board, Mr. Steve Smith was working with because we are now in the process of setting up a panel to register doctors. So between the sunset clause, 2007 and now, he had to abide by these rules or else face the consequences of litigation, which he would have been subject to, and I could say so because I was once a vice-president on the Medical Board.

Section 12 states:

"Any person who establishes to the satisfaction of the Council that he holds a diploma in respect to which he is entered or entitled to be entered on the Medical Register of the General Medical Council and that he is of good character and a fit and proper person to practise medicine shall"—not may be—"upon application and upon compliance with the requirements of this Act be entitled to be registered as a member of the Board."

Section 13 says:

"(1) Notwithstanding section 12, the Council may issue or authorize to be issued, a temporary licence to engage in the practice of medicine during the..."—and I will save you the rest.

"(3) It shall be lawful for the Council, upon the expiration of the period fixed for the temporary licence and upon being satisfied by a majority of members of the Council representing not less than two-thirds of those present and voting that the other conditions therein have been duly met by the person named and that person is in all respects a fit and proper person to practise medicine, to grant registration to that person as a member of the Board."

Section 16 says:

"An applicant for registration or for a temporary licence shall furnish to the Secretary-Treasurer—

- (a) satisfactory evidence of his qualifications;
- (b) satisfactory proof of his identity;
- (c) such further and other information as the Council may require.

The Council shall cause to be erased from the Register any entry...incorrectly or fraudulently made."

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[MR. VICE PRESIDENT *in the Chair*]

Section 19 goes on to say:

- "(1) The Secretary-Treasurer shall not later than 31st March of each year cause to be printed in the *Gazette* a true and correct list of the names of all persons who are registered at such time and also a true and correct list of the names of all persons to whom a temporary licence has been granted.
- (2) A copy of the *Gazette* containing a list referred to in subsection (1) shall, in the absence of proof to the contrary, be evidence in all Courts of the registration of, or of the issue of a temporary licence to, any person therein named, as the case may be, and of the qualifications of such persons and of the non-registration of any person who is not therein named."

Mr. Vice-President, this is the Act that the President of the Medical Council had to work with when the Minister was writing to him those letters, and if he saw it fit to abide by the regulations therein, and ask that qualifications be met based on that Act and that he could not and should not—could not and should not—register these doctors based on the law of Trinidad and Tobago, and the Minister was trying in his 101 meetings—

Apparently, Mr. Vice-President, he made a couple friends on the board that way, after looking and seeing in-between who wrote what and where and how.

Sen. Narace: You are accusing the members of the board like that.

Sen. Dr. F. Khan: I am not accusing anybody.

Sen. Narace: They are listening to you.

Sen. Dr. F. Khan: I do not mind who is listening to me. I came here and took an oath without fear or favour and I think you did the same thing too.

Sen. Narace: [*Inaudible*]

Sen. Dr. F. Khan: Well, you should practise it. [*Laughter*] [*Desk thumping*]

Sen. Narace: Mr. Vice-President, Standing Order 35(5).

Mr. Vice-President: Senator, you are bordering on Standing Order 35(5). Please, in this Chamber here, we are honourable people and we do not make those kinds of accusations. Please, watch what you are saying and you can continue.

Dr. F. Khan: Mr. Vice-President, I am so guided. So are you saying in the other Chamber they do something different?

Hon. Senators: Yes.

Sen. Dr. F. Khan: Mr. Vice-President, thank you, I will go with your guidance.

I started off my contribution by saying that the hon. Minister—I would use the word hon. Minister to kind of withdraw the remarks—started off and did his presentation and indicated that the reason why all of this was occurring and why he wants to have rural doctors and this doctor and that doctor, is because of a simple thing, that we have a lot of need for doctors. And I agree. I agree with you. We have a need for a lot of doctors in this country. We need more doctors, we need more specialists, we need more nurses, we need more everything health wise. I would not fault him for that. What I do fault him on, is that in the haste, the haste of the Government to discipline a group of doctors which they perceived to be opposition, that they ran forward in 2003—

I remember when I was in the other place and Minister Rahael came. They were getting a lot of problems with the medical fraternity at that time and what happened, the Minister came and he decided, parallel board, new registration, bring in the UNDP doctors. We welcomed it, but we asked a simple matter that we check the registration, the good standing of these doctors coming in.

11.45 a.m.

I am going to swing to an anecdotal story. When I was Vice-President of the Medical Board of Trinidad and Tobago at one time, after about two years, there was an instance where about four or five children died in the Sangre Grande Hospital from gastroenteritis. A couple months afterwards in Tobago, there was the same problem. The babies were not dying in Port of Spain or Mount Hope or different places. When we checked into it, two doctors had left the Sangre Grande Hospital and had gone to Tobago based on questionable circumstances. Dr. Lennox Pierre was the hospital director at the time. The Medical Board was written to, to investigate the qualifications of those persons.

We went through the files and found that there was a discrepancy in the photocopies we obtained for the doctors' registration and certificates of good standing. We wrote to the Medical Council of that area; one was from India and one was from Africa, so it was not just one place; it was a husband and wife team. We found out, upon writing and getting information from those medical boards and councils, that these persons were not bona fide doctors. We tried to call them in after, but they skipped the country; they have since disappeared.

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The President and myself said that we had to find a policy where we could protect the citizens of Trinidad and Tobago; it was as simple as that. We came up with the idea that we should have the processes and handling fee; that anybody who applied for registration must send all their documents up front and then the Medical Council would write the various institutions, as well as the medical boards, and then put in place letters of good standing and qualifications. That was where that part of it came into being, where the Medical Council wanted proof of letters of good standing as well as letters from the Medical Council determining the proficiency and efficiency of these doctors.

When we are faced with a situation that the Medical Council has to register doctors from a country that is not accredited by the World Health Organization or there is not the established fact of proficiency or specialist qualifications, questions must be asked.

When the Minister stood in this honourable House and said that the Medical Council required all these exams, as well as an English proficiency exam, that was far from the truth. The CAMC exam came about as a result of the need to establish an over the board efficiency exam in the Caribbean, because Cuban graduates were coming and applying. Our nationals were going to Cuba and they became doctors. Persons were coming from Guadalajara and different offshore medical schools, like St. Georges and whatever, so there had to be a process where we could have standardization of those coming in. So the CAMC exam, (Caribbean Association of Medical Council exam), after a lot of meetings with the medical boards in different areas, came into being, Part I and Part II.

Anybody wanting to practise could have written that exam; the PLAB exams from England, the USMLE I and II and also the Canadian equivalent exam. When we were in charge of the Medical Council, a lot of doctors, Trinidadian nationals, had gotten into programmes abroad in different places. The University of the West Indies could not have accepted everyone, however, they had gone to non-WHO accredited schools, so we had to find a way, because this was their home, to allow them to practise in Trinidad and Tobago, in some form or fashion, even if they did not come from schools recognized by the General Medical Council of England, under which we fell.

A decision was taken by the Council that no national should be denied access to practise in the country of origin, which is Trinidad and Tobago, but they must go into the public health institutions under specific consultants who would then sign off on them after each rotation. That was how the Trinidadians from Cuba came into being in our system.

Mr. President, standards need to be kept, because there are a lot of horror stories coming out of the medical institutions. Recently somebody lost their twins. I understand two nights ago—because I am part of the medical fraternity—that a young lady went into one of these institutions, and she is now in intensive care because someone misdiagnosed ectopic pregnancy. You have children having problems when they go to doctors, because of poor diagnosis and negligent medical actions, which are not being brought into the public forum.

Recently a lawsuit was filed against one of the Regional Health Authorities; somebody went in there after head injuries were not recognized, came from Sangre Grande to Eric Williams Medical Complex and was sent back home. An 18-year-old boy died as a result of the non-recognition of what was present.

The Minister stood and said that there was no litigation, so everybody was good. He said that he did not know of any litigation brought against the foreign doctors, so they were good, and that persons were begging him to keep them. They may be the ones who stayed after having three years of assessment under our senior doctors here.

Our senior doctors have been trained in the British and American system, as well as the University of the West Indies system, to be able to teach, recognize and manage all types of complications. Unfortunately, the senior doctors, as well as the local doctors, are being forced out of the system.

I noticed that the Minister has gone. He indicated, and I come to it again, at the start of his discourse, that:

"To ensure that no locals were displaced by our foreign recruits, we placed advertisements in the newspapers for all medical professionals."

They had interviews, and here he said, "To ensure that no locals were displaced".

Mr. President, I could cite an example of myself. I am a consultant urologist; I worked in the Sangre Grande Hospital, managed the surgical part of it in urology; worked in Eric Williams, managed that; worked in the Institute of Urology in London under 16 of the finest consultants in the world, and I could go on. I applied to the North West Regional Health Authority to start to work on laparoscopic urology and percutaneous urology, something that was not being done in the north-west region. I went up to the University of Strasbourg in France and spent time and learned the process.

There was an advertisement. I responded to the advertisement; I was interviewed by Mr. Winston Welch, Mr. Jack and another lady, and I never heard about it again. However, in my private office I started to receive patients who

were coming for second opinions or those who were having problems after having surgery at the Port of Spain General Hospital. After investigating what type of surgery was done and who did it, I came to the realization that the post was given to somebody who was not qualified as an urologist, somebody who was incapable of doing that type of surgery, but was practising it and continued to do it. I decided to stay quiet, because fixing problems in urology is much more lucrative than fixing them initially, but I decided against it.

A lot of other local doctors, not just Indians, started to complain in the different common rooms in the different private institutions, that they were being forced out, intimidated and pushed out by one senior person, and it pointed to Mr. Winston Welch, in the Port of Spain General Hospital. I have letters that I am going to read. Also, when approached, the Chief Executive Officer, Ms. Agatha Carrington, in that area, refused to listen.

So when I hear the Minister of Health say that no locals were displaced, and we go to the end of his presentation, he said:

"Mr. President, the Regional Health Authorities regulations were passed in this House, and now to ensure that this exercise was harmonious the Ministry developed regulations..."

Those regulations were developed under the Ministry when I was there, Mr. Hamid O'Brien and Dr. Hamza Rafeeq, so I know it; we did it. He continued:

"This environment under these regulations would promote transparency and accountability. Every employee now has a right, a clearly established process and procedure, and the management can now manage with a tool that can ensure efficiency and accountability."

Accountability and transparency are not being practised in the North West Regional Health Authority; the Minister is aware of it. Why has an investigation not been done?

Dr. Tim Gopeesingh stood in the other place and indicated that this was some sort of ethnic cleansing, and people had an uproar in this country, "Ethnic cleansing, Trinidad and Tobago does not have a problem with race." Of course we do not. We have a problem with political discrimination, [*Desk thumping*] not with racial discrimination. But when we see, rearing its ugly head in one pocket, like a cancer, the elements of racial discrimination, victimization and possibly ethnic cleansing, one has to take a look at it and stop it in its tracks. I am telling you from my personal experience and what was the result of that personal experience.

We have an unqualified doctor as a consultant urologist who worked as a junior doctor under Dr. Sawh, who is incapable of doing the upper level surgeries. First you do your MBBS, five years, then you do one year of internship, then you spend about three to four years as a house officer under different disciplines, as well as the surgical discipline. You write your fellowship of the Royal College of Surgeons—I did mine in Edinburgh; after that you then go and do a sub-specialty in urology and write the exams in that. You come home or you come under a consultant and you work for a couple of years, where he could determine if you are ready to be a consultant.

You do not take somebody, because you do not like another person, and put him in a situation where he can operate on people of this country. The Minister of Health said that he loved the people of this country, that was the reason he was bringing this Bill to the Parliament; he loved them so much. He said that the Government was, in fact, bringing the doctors here because of the love and whatever, and he wanted support for this Bill. Nowhere did he speak about the problems of the North West Regional Health Authority, the gag orders of the South West Regional Health Authority, the gag orders on the dengue; nowhere did you hear about that. Everything is hunky-dowry in Trinidad and Tobago.

12.00 noon.

I take offence to it because the last time I looked at it, my birth certificate said that I was born in Port of Spain. I was not born in India. Some of my colleagues in Port of Spain were not born in Africa. They were born somewhere in Trinidad and Tobago. We are nationals of Trinidad and Tobago. Right now in the Port of Spain General Hospital there is one of my colleagues. He did not tell me this. You do not have to victimize him. Dr. Dexter Thomas has been there languishing for his consultancy post for years. Mr. Winston Welch is holding on to it and not giving it to him. This is what is happening. Why does the Minister of Health not investigate that?

We want doctors in this country, and I would endorse everything he says, but for God's sake, let us put a system into place that we can check their qualifications. What is wrong with that? [*Desk thumping*] What is wrong in asking that the doctors you are bringing must be checked by people who know how to check them? The panel that the Minister wants to bring in there are the Chief Medical Officer who shall be the chairman and ex officio member, three medical—I am afraid to use the word "tree". I use "three" practitioners each having at least 10 years experience as a medical practitioner; one layperson of good standing in the community representing the interest of the public. Not bad.

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Very good idea. The three medical practitioners of 10 years experience as what? A GP? Why do you not define it? What is the qualification? Ten years as a general practitioner working where? In the district health system? This is ambiguous. When they could bring three persons who are afraid as we have seen many doctors are afraid to come out and talk. We saw it when Dr. Gopeesingh made his comments about certain doctors. They said so and so to him and 99.9 per cent said that they did not want to be part of that.

The Minister shall appoint, not anybody else, the Chief Medical Officer whom I know is Dr. Anton Cumberbatch and three medical practitioners. From where? From where, you pick it off the bench next door where you have doctors? From the Independent Bench? From where are they coming? They will determine the 110 specialists and the Cuban doctors' registration certificates whether or not they are good or bona fide. You do not have to reinvent the wheel. We did that in 1997 when we found out the ways and means of deciding whether or not somebody is bona fide and of good standing.

Are you going to say that it is the Cuban doctors because they come from a good system, which they do? I was in Cuba in 1997 and I saw the system. Are they the doctors that are coming here? Who is going to determine from where the doctors are coming? The only way you can determine that is to find out from proficiency exams. If I want to go to the United States of America to practise urology, I cannot. I have about 15 years as a urologist. I have done most of the most intricate surgeries they have, but I cannot go there. Why? They have to find out if I am capable. I have to write USME I, II and III. Then, I have to work under a senior urologist for a year and then he would determine if my hands are proficient enough; if I speak to patients good enough; whether or not I am an aggressive person and then they would sign me up to write the fellowship exams of that country.

The same thing happens in Canada. It happens in England but we have a link with England because of our degree. It happens in Europe, Australia and New Zealand. It even happens in the University of Ibadan in Nigeria and they have some very good graduates coming here. There are many medical schools in India which we have not agreed upon because they churn out medical graduates. At one time, St. George's University was doing the same thing and has one policy. They started with an offshore medical school. Their one policy is to graduate medical doctors from the United States who could not get into the other places and send them back to the United States to do internship. They train their doctors to write the USME I, II and III.

When I was in Barbados some of them came to do some part of the internship. One of my good friends, Dr. Vishnu Narinesingh—who is now deceased, was trained in St. Georges, Grenada, but he went to London where he stayed for a couple years then came back to Trinidad to be more proficient. They did not recognize him in Trinidad at that time. That was not under the UNC or the NAR government.

We had much work trying to change the ideology of the medical board, the medical council, the medical system. By doing this he is saying, "If ah doh like you, ah go bring in him. If ah doh like him, ah go bring in you." Do you know why? Because I want to get my way. I have the majority. People put us there to have the majority. The only way the people put them there is because UNC and COP "fightin".

Sen. Narace: That is why you gone back UNC?

Sen. Dr. F. Khan: What I do is my business, Mr. President. "Yuh frighten ah come back or what?" You seem to be afraid. You might lose Barataria/San Juan again. Ross better try. For your information I won it four times, three times in opposition. It would not be hard to do it again. I understand—anyway, I would not go there. I toned it down, Mr. President. I was very quiet talking to you. I did not say anything. He attacked me. Could you ask him to stop attacking me? Minister Narace is my good friend, believe it or not. But they say, keep what?

I am going through this discourse on the Medical Council because I believe deep down inside, Dr. Smith has his way of doing things, but he means well. [*Desk thumping*] I have my way of doing things and I mean well. I could understand what he is doing. At the end of the day we are here to determine what is best for—

Sen. Narace: What is best for the people.

Sen. Dr. F. Khan: Excellent. Said by the Minister for the first time today. Mr. President, you, anyone here or I, God forbid—all of us who could afford private medical care, some could go to Cuba, the United States—we could be driving down the highway in the middle of the night after a usual discourse and we could end up in a situation where somebody decides to fly across the road in a van and bounce you. You are driving good. I am not imputing improper motives to the driving habits of the PNM people. "Martin, yuh reach. Ah thought yuh seein about de crime. Anyway, doh have no senior moments here today."

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Somebody jumps across the road and mashes up the car. Your family is inside it. You call somebody on the road and the person calls the EHS. Is it faster than Kentucky? [*Interruption*] "Yuh sure? Doh lie in de House yuh know." Okay. Our EHS is faster than Kentucky. Call EHS and you have to call Kentucky before.

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. [*Sen. W. Mark*]

Question put and agreed to.

Sen. Dr. F. Khan: Thank you, hon. Senators for allowing me the extra time. You could be a victim picked up by the EHS and it only carries you to public health institutions. They do not carry you to private. I would like you to change that.

Sen. Narace: I just passed the Bill last week.

Sen. Dr. F. Khan: Thank you. You would end up in an institution like in Port of Spain, San Fernando, Sangre Grande or Mount Hope where you are going to be serviced by the same doctors you are bringing. You want to ensure that these doctors know what they are doing. You do not want to find out what is being found out by many people right now in Port of Spain General Hospital; somebody comes in from an accident with a little blood dropping from the urethra which is the penis or vagina, they stick a tube up in you and rupture the whole thing. You never really ever get it fixed completely. You may get 90 per cent. You do not want that to happen to you, your family or the people of Trinidad and Tobago. You have to decide on standards.

Sen. Narace: Quality.

Sen. Dr. F. Khan: Standards, training. Quality is one thing. You could have quality with no standards. If you have a low standard of quality—what happens in the middle of the Amazon is not the same thing. In our country the health care system could compare in some instances to that of developed countries. We did it.

Sen. Narace: I know. [*Desk thumping*]

Sen. Dr. F. Khan: "I wonder if we could lime after this boy?"

Sen. Narace: "Just vote for the Bill and go home nah."

Sen. Dr. F. Khan: "Ah not voting for the Bill." You could be subjected to the problems of the institution by means of people who are present in the North West Regional Health Authority. I am telling you straight on. I want you to investigate this. Stand and tell me that you will investigate that hiring practice.

Sen. Narace: Thank you very much Senator. Through you, Mr. President, send me a letter and I remain firm to my commitment. If there is any breach of any kind requiring any kind of intervention, I give a commitment and I would cause it to be investigated.

Sen. Dr. F. Khan: "We now cookin wit gas." I do not have much time. I want to go to something that I need to clear. I backed Sen. Dr. Gopeesingh on his claims. It is outside there. What I was speaking about was not a matter of a race thing. What I am saying to them is that when I see the word "ethnic", I do not see myself as coming from India or Africa. Trinidadians were being displaced out of the system by people and it was done deliberately. I will tell you why, Mr. Minister.

I have in my possession, I will not read it, but if you want me to, I would. I would give it to you after. In my case I was replaced by a Nigerian doctor who was not qualified. If I were replaced by a Nigerian doctor who was just or better qualified than I and I could learn from, I have no problem. Let me say that upfront. You do not put people who are not ready in places. There is a doctor in the ophthalmology department who was the secretary of MPATT. She was supposed to be acting as a consultant when Dr. Robin Hosein was a member of the panel before. He was a member of the panel that brought in the doctors before. He asked that she handle his unit when he is not there because she is the most senior and qualified. Mr. Winston Welch decided against that and he has to be moved from there.

12.15 p.m.

He is writing as himself, as the Executive Medical Director, the Medical Chief of Staff, the Consultant Surgeon, keeping back Dexter Thomas. He is jumping around the place and cursing people.

This is a letter written to Mr. Winston Welch by one Dr. Robin Hosein where he said that he left:

“and the service did not have the benefit of a consultant service during his absence and this, as you know, is not acceptable.”

He goes on to say:

“I recommended more than once that my registrar”—whom he trained—“should be allowed to act as a consultant during my absence. You objected strongly to this suggestion, said that you would appoint Dr. Mamoo, a UNV doctor assigned by the Ministry in the capacity of a House Officer, to act as a consultant.”—That is what he did to me.

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“I pointed out to you that Dr. Mamoo could not be appointed to act as a consultant as the regulations governing that status of these officers required them to function under the direct supervision of a consultant skilled in the specialty to which they were assigned.

Your rejoinder was that Dr. Mamoo was an experienced officer, more experienced than your registrar...

When you apparently decided to proceed with this arrangement, I advised you that I would have no recourse but to express my objection to Dr. Mamoo's appointment as acting consultant in writing. You then went on to say that it was okay to talk about things if they were going to put things in writing and that I had better be careful of what I wrote down otherwise I could regret it and then cited an example of what happened.”

He goes on to say, at the end of the letter:

“You then quite rudely and impertinently said to me that who was going to act for me was none of my business and that my leave was approved and that I must take it and go and enjoy myself.

I am therefore requesting of you an explanation of the bizarre and perverse state of affairs. It should not require any prolonged or profound introspection on your part to proffer reasoned, cogent and plausible justification of what occurred in respect of the above.

Signed Robin Hosein”

A copy was sent to the Permanent Secretary and the Chief Medical Officer.

It goes on, but I will not even say who it is but I will give you to read. A senior legal person in this country wrote on behalf of the then lady, who was dispossessed.

“My client is fearful that the trail of correspondence is designed to build a case on paper in order not to renew her contract of employment. I have accordingly advised...that she has a legitimate expectation (based on the, or a practice, promise or undertaking by the Ministry of Health and/or the (NWRHA) that her contract would be renewed as and when expired...on a timely basis, and any failure to so renew would be, inter alia, an abuse of power, unreasonable...irrational and susceptible to judicial review under the Judicial Review Act, 2000.”

It goes on to say:

“In June, you appointed another person to act in the department with the same qualifications as my client and obtained on the same date. Moreover, my client was employed in the government service one year before the appointment of the said officer and as such it would have been reasonable for her to be considered senior to him as is consistent with public service policy of fairness, transparency and seniority. This was a clear instance of discrimination, victimization and unlawfulness in the legal and factual sense...

In fact, ‘to rub salt in the wound’ I am instructed that you had considered appointing a UN doctor to act over my client and which was reviewed only after objection...”

This is a letter to Ms. Agatha Carrington. This is the lady now resigning. She is a very good doctor who apparently pioneered the corneal grafting at the Port of Spain General Hospital. She resigned because of forced intimidation by Winston Welch.

“Continuous harassment by the Acting Medical Chief of Staff, Mr. Winston Welch, who has engaged in a plethora of letter writing to me since I started my employment with the North West Regional Health Authority and who has continuously tried to coerce Junior Doctors to write letters against me. These Doctors have since rescinded their letters but Mr. Welch still continues to use this means of victimization and continues to encourage such letters from Junior Staff....

I have also had cause to seek legal advice and action against Mr. Welch to protect myself...”

Sen. Narace: I think the times you are quoting there would be before the passage of the RHA Regulations and, in the absence of RHA regulations, you will admit that it would have been an environment without clearly laid out procedures and processes and there would have been no proper, professional approach to resolve conflict. What you now have is every individual with a right in any regard because of the RHA regulations. That was the importance of those regulations and I reaffirm by commitment that even with all that, if they are not satisfied, the Minister remains available to intervene.

Sen. Dr. F. Khan: I thank you for intervening. I am not satisfied with what happened to me. This keeps going on about the victimization and the unfair attacks. If you read the letter by Dr. Sawh, he said the same thing. It keeps going on about the gentleman, Mr. Winston Welch. He is doing all this.

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I am not insinuating anything about the Prime Minister, but someone told me yesterday that Winston Welch's brother knows the Prime Minister quite well and knows how to wiggle his way. If it is true, I would like the Prime Minister to intervene and tell this man not to be like that. He is a law unto himself.

Another thing is that he has a file. Rosters were signed and \$5 million paid off and investigations were supposed to have taken place. It has not been done. It has been swept under the carpet. This is a Bill about bringing doctors inside; about people's health and safety. It is also a Bill about treating people with fairness. We do not have anywhere else to go. I can go and do something else because I am a specialist. England has shut its doors. That is why we, senior doctors, are in the process of trying to produce the DM programme to the extent and the level it is in the United States and the United Kingdom. They are shutting the doors on a lot of external doctors. The European Union has caused that shut down in England. The United States is taking junior doctors; Canada is doing the same thing. So where do we go? South America? We do not speak the language. *[Interruption]* I will tell you why. They only responded because of the same nonsense that is occurring in regional authorities. They feel that they are being victimized, attacked and unfairly treated. I call it the axis of evil.

Agatha Carrington, William Jack and Winston Welch need to be disciplined. That is why I came here. I did not come to attack you, but because I am angry that you are not doing anything. I was a former Minister of Health. When there was nonsense in the regional authorities, who went after it? I did, because at the end of day, people's lives and businesses, patient care and the internal customers—doctors are your internal customers and people on the outside your external customers. You have to treat your internal customers well. You do not displace them because they give a little trouble. At the end of day, you will get a bunch of people coming into the country who cannot make it on their own.

I am not saying we will not give them the benefit, but do you think that Cuba is sending doctors here who are the best? They are not. They need to be checked. I know the Prime Minister—I mean no disrespect—went to Cuba and got his kidney surgery done. That is a good place. They are not going to send doctors of the best calibre. We have to go there to learn from them if we want to learn. One has to decide where to go from here.

Is this Bill going to be passed because the PNM has to pass it to look good and the Opposition talk and at the end of the day, the Opposition will have its say and the Government will have its way? Think about what I am saying. You can be the

next victim in that hospital; not me. Your family, your daughter or grandchildren may be the next victim in that hospital. One has to be very careful about maligning people.

I thank this honourable Senate for giving me the opportunity to speak. I thank the Senators for listening, although we had a tussle at the beginning. It is just the politician in me from the last 12 years, which I am trying to get out of my system. I hope something is done and we can come to some consensus.

I thank you.

Mr. President: Hon. Senators, I am sure that you join me in welcoming Sen. Dr. Fuad Khan and in congratulating him on his maiden speech. [*Desk thumping*]

It is now 12.26 p.m. and we will suspend the sitting for a luncheon break and resume at 1.30 p.m. This sitting is now suspended until 1.30 p.m.

12.26 p.m.: *Sitting suspended.*

1.30 p.m.: *Sitting resumed.*

Sen. Basharat Ali: Thank you, Mr. President, I join the debate on a Bill to amend the Medical Board Act. I would like to read the long title of this Bill.

“An Act to amend the Medical Board Act to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice medicine in the public health sector, for the recognition of diplomas granted by certain institutions and for matters related thereto.”

That is the identical long title of Act No. 22 of 2003, word for word. As we all know, that Act which was assented to in July 2003 expired, basically, on July 31, 2007. We have a Bill now before us, which is really a rehash of what was there before. I would like to say that it must be that this thing worked very well, but there is no evidence of that.

The hon. Minister, in very general terms, spoke about it, but without any concrete evidence in support of what he said, he said that Act No. 22 has been tried and tested. I would like to know how that Act has been tried and tested. I ask a number of questions in that respect, because I still have this feeling that it is really a rehash and something done in quick time. My reason for saying so is going back to 2003. I was not here in this Parliament at that time, so I went back to the *Hansard* to find out what was the rationale for this panel in place of the council. I listened to the hon. Minister speak of the conflict then between the

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council as existed then and the Ministry and that, he said, was the basis. I did not see that when I went through the Bill, which was laid and debated here in the first instance. I have the *Hansard* of Wednesday, July 09, 2003. The Minister of Health then was Hon. Colm Imbert. This is what he said in one paragraph:

“Recently we also entered into a technical agreement with the Cuban Government. This agreement was signed last week and out of this initiative we are expecting approximately 35 medical doctors and 45 nurses to arrive in Trinidad and Tobago in this year, 2003. In fact, the first batch of medical professionals are scheduled to arrive on July 23, 2003, with the advanced party coming on July 10, 2003.”

Even while this Bill was being debated, already plans were afoot for the Cuban medical nurses and doctors to arrive here. This is why I say that this original Bill was passed in a rush. To draw an analogy, I say that there was probably a late diagnosis of conception and there was a premature delivery, which meant you really had to rush it through to get it into the law and for it to be implemented.

As everybody knows now, on Friday, July 31, 2009, two years would have elapsed since this Bill expired. There was a sunset clause and the entire Act went into oblivion. Some parts are coming back separately, which were not intended to disappear at that time. This is why I was asking for the hon. Minister to tell us in greater detail what the nation would want to know and how well the system of recruitment had worked in the four years that the Act had been enforced. I want facts and figures to back up any claims that the Minister would make. Instead, we have heard, in the other place that the shortage of medical practitioners in the public service is now 1,200 out of a doctor population of 2,400. That is 50 per cent, compared to 2003, where it was 250 out of 600 for the total medical population, which is 42 per cent. In fact the situation has deteriorated. If you are following a curve, then we will be getting more and more shortages of doctors as against those who are coming in by virtue of additional people who are graduating out of our university locally. What has caused this to happen then? I think this is something I would like the Minister to address, because if we are on this downward curve then we will never get out of it. We will never catch up. We will always be in the backlog position. That is a concern about how well this Act has operated.

It refers particularly to how the accreditation process has taken place with this panel which was there until that date in 2007. I would like to know who the members of that panel were. We know the chairman was an ex officio, Chief Medical Officer, whoever he was at that time. We know that there were three

medical practitioners with over 10 years' experience. We do not know who they are. They could have been anybody within the sector, a DMO, a health officer of some kind; maybe a specialist or two. Then for this layperson, we do not know who that would be. In effect, we have a panel which has a quorum of three. They are the chief and two others. Theoretically, we can have a quorum which has a chief, an employee of the Ministry and you can have a DMO with that experience—he may be from Cedros or somewhere—with 10 years experience. The layperson might be a community leader, as they call them. We have these three people there as a quorum making very big decisions which affect the health, welfare and lives of the people of this country.

Through you, hon. Minister, I would like to get a feedback of how that has worked. Without a panel, how are we doing it? How many Cubans, for example, apart from the 35 which were identified in 2003, were there in 2004, 2005, 2006, 2007, 2008 and 2009? In that period, this interregnum of two years, how have they been recruited? What basis, if any, was there? It should not have been a panel. It is possible, of course, there are many of the Cuban doctors who would have had extensions of their contracts and they would have been able to be on three-year terms as holders of special temporary licences. If, for example, in June 2007, one of those was extended for another three years, he would be going to June 2009, just about now. Please, I ask for those things, because that is the only way I can assess the efficacy of this programme. That is what I require to make my own judgment as to whether I can vote for this Bill as it is before us now.

The Law Revision Commission has helped a great deal by printing in italics the amendment which would have no effect on July 31, 2007. Those were in the red books, the *Revised Laws of Trinidad and Tobago*. All of them are in italics. It is very easy to see what they were and what would have been removed in 2007. Now, what we have in this new Bill before us is exactly all those italics coming back as part of the text into this Act, every one of them. Apart from clause 5 of the Act, which is different, everything else is in this Act with a lifetime of four years. At the end of the Bill, it would be sections 1 to 4 and sections 6 to 14, which will have no effect six years after the date of assent of any Bill that may be passed here. This is the situation which we face; a very similar situation that we have now.

There are a couple of points I would like to make. I have gone through, in detail, the Bill before us and I would like to comment on some of the items. When I go to clause 4, it refers to new section 9A(2) on the appointment of the panel. In my view, this panel is not large enough to start with. If you have a panel of five

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people of whom four are doctors and one is a layman and the quorum is three, to me, it is not sufficient for anything to happen to be in place and to provide that opportunity for whoever is there to use it to recruit people into the system. I would like to suggest that we have a bigger panel, which will include certain specialties.

There are two things about this Bill. First of all, the 2003 Bill came before we had the Accreditation Council Act. That was in 2004. The second item is that there was Act No. 31 of 2007, which was in fact assented to on September 28, 2007, which, I believe, was when the Eighth Parliament was dissolved. This Bill before us seems to pay little attention to that. That 2007 Act is important because that is the first time we have introduced the concept of a specialist register. That is the first time that has been introduced. I would not go and read all of it, but I would say one thing that section 10A(2) of Act No. 31 of 2007 states that:

“Any person whose name is not entered in the Medical Specialist Register shall not be deemed a medical specialist.”

That is a strong statement. Therefore, I ask now: How do we deal with that? As I have said, there is little notice taken of that particular one in this new Bill which is before us. I have never seen the words “Medical Specialist Register”. I would come to that, because what you still have there is what was there before for the panel. I will come to that, to discuss that aspect of it.

1.45 p.m.

Similarly, I will come back to the Accreditation Council in respect of the effect it should have in terms of the people who are deemed to be competent to be medical practitioners in this country; wherever they come from, they should be. They should satisfy the Accreditation Council requirements, so I will come to that in due course.

Looking then, I better come to it right away. I have this question in front of me. [*Interruption*] I have very many questions and few answers and I will say so all along. What criteria did the panel use for approval of institutions before the Accreditation Council Act, No. 16 of 2004 came into being and also since the commencement of this Act one year later? What did they do? If you look at what the panel requires—and it is a short item—the functions and ways of dealing with applications, and that comes under 9B.:

- “(a) consider applications for the issue of special temporary licences, where requested to do so by the Minister, pursuant to section 13(1A); and
- (b) issue special temporary licences; and

- (c) reject unsuitable applications.
- (2) Where the Panel rejects an application, it shall give reasons for so doing.”

Then in that same 9B(1):

- “(3) The Panel shall have such power as is necessary for the discharge of its functions under this Act, including the power to make Rules to regulate its own procedure.”

So, has the panel ever made any rules or regulations to determine how they performed their function? It is a straight question and is one that requires an answer, otherwise whether they are doing it on an ad hoc basis, where are they getting their data from to decide whether these people are qualified otherwise?

I go on in this one and it goes like this:

- “(4) In the exercise of its functions and in the execution of its powers, the Panel may be guided by any Rules or Regulations made by the Council under section 20.”

Section 20 in accordance with Act No. 31 which had been amended in fact, and the last two items in that section relate to continuing education and specialist register. So, the powers of the council for carrying out, and without restricting, the generalities thereof for all of or any of the following purposes and added to that there is a new:

- (j) for establishing standards for continuous education and training of medical practitioners; and
- (k) determining whether a person is a specialist for the purposes of this Act.

So these are items which are added as the powers of the council and it relates to this item 9B(4) where it says:

“In the exercise of its functions and in the execution of its powers, the Panel may be guided by any Rules or Regulations made by the Council under section 20.”

It says, “may be” but if in the absence that they are not following it, I would like to know what they are following. Then (5) says:

“No Rule shall come into force or have effect until it has been approved by the Minister.”

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So these are some items which I have had to grapple with for which I have not found any solution that I can think of.

Mr. President, I have spoken already about the number in the panel and I have no suggestion as to how many there should be in the panel. I would expect that one would go to the medical specialist register and pick out some more people who can come on this panel, including for example, I believe family medicine is now an established specialty, so you should have some people like that and for this lay person I think we should be more specific as to who this person is or whatever he may be. So, if you want to have this system running parallel to the council, and I still do not see why the council cannot do the job, I stand to be corrected on that.

I go to the question of language proficiency. I think the subject is one that has been aired a number of times and language proficiency applies particularly to people who come from non-English-speaking countries or whose curricula have been in language other than English. For example the Cubans will be in Spanish. I believe more important than that language proficiency—technical people always find a way of speaking to each other. I have been in the situation; I have been to China, I have been to Japan, I have been to Germany, wherever it is, and technical people tend to speak the same language.

I have been to Cuba also, talking geology with a Cuban guy many years ago. So, we speak the same language in one to one conversation, but there is a difference with the professional there interfacing with the level of person as a patient and there are many more patients who are not as literate as the people that they would interface with as their peers. So the question arises as to what kind of language proficiency do you require? More importantly, in people coming here, how do they communicate in our vernacular?

It is important because, we know for example, somebody may go to the doctor and say they have a bad feeling; what does that mean to a foreign doctor who is here and who is not familiar with the parlance? He would be a bit at sea to decide, because a doctor diagnoses by asking questions. He asks you one question; you say I have a bad feeling, a Trinidadian will say, “What kind of bad feeling do you have?” A bad stomach, are you vomiting or whatever it is you might have? So you start diagnosing on the basis of questions and answers to the patient. But if you do not understand what the bad feeling is, then you are in trouble to start with.

There is another one for example, “belly operating” somebody says “meh belly operating”, would a foreigner know what somebody’s belly operating mean?

It is quite possible that you will get referred to a surgeon and the surgeon if he is also a foreigner might decide to do an operation on you when you do not need it. [Laughter]

Mr. President, I have a prime example, it sounds laughable but it goes back to the '70s when Point Fortin Area Hospital which was originally Shell was handed over as Point Fortin Area Hospital—I would like the Minister to listen to this—as a pilot project and it was manned by a chief who was well qualified as a surgeon and spent some time in Jamaica lecturing and had a couple of quite young Indian practitioners in their medical practice. One day one of the guys—I had a social relationship with them—came and he said to me, I do not understand what people say here and he explained to me; this one patient came and sat in front of him and he tells the patient to “cuff”, the patient does not react at all; he tells the patient again to “cuff” and still no reaction; and the third time he says to “cuff” and the woman gave him a big “cuff” to the chest. [Laughs] What he was trying to do is to tell the lady to cough. [Laughs] That is the question of dialect and vernacular and the poor doctor suffered as a result, because Point Fortin has hefty women so he may have suffered some chest complaint, himself, and would have had to be referred to the doctor. [Laughter]

Sen. Narace: You want to explain hefty?

Sen. B. Ali: [Laughs] That is true and the man himself came and told me this. It is not that I heard it third hand or otherwise; so there it is.

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

The same kind of matter came up under the Pharmacy Board Act when we were doing the Pharmacy Board (Amdt.) Bill in 2006, because that is the time when all the Philippino pharmacists were coming in here en bloc; we suddenly had this deluge of them and this question of accreditation came up. In fact, it went to the Accreditation Council, but the question also was the ability to interact with the local people, and in this case it was less critical. In fact, in the case of pharmacists reading prescriptions from doctors and then prescribing by measurement, it was a less critical situation, but it was addressed by this Senate and an amendment was made to provide for that. Let me say what it was; in the Pharmacy Board (Amdt.) Act, No. 18 of 2006 there is a section there under section 18(2):

“The Registrar shall issue a temporary licence to an applicant to practise pharmacy at an approved pharmaceutical establishment for a period of three months where the applicant is a national of a non-Caricom Member State and

where the applicant—

- (a) satisfies all the requirements listed in paragraphs (a) to (c)...; and
- (b) is a holder of a valid licence to practise pharmacy in another jurisdiction.”

So, for a three-month period this special licence was granted to these pharmacists in order for them to be under supervision of the other Trinidad licensed pharmacists. There is also a provision of the three-month period of supervision referred to in the previous subsection, “may be extended for such further period by the Pharmacy Board Act upon recommendation by the Chief Medical Officer”.

So, we have encountered the problem and we have made provisions for it, but today I do not know what provisions we have for it, and this is why I say it is a much bigger problem there where you have doctors interfacing with patients and making decisions on the basis of what they appear to hear from the patients, so that question needs to be addressed. I do not know how you can do it but if you do not tell us who this panel is going to be composed of—because these are the ones who are handling it. Have they got all of the competency tests? As you know under the Accreditation Act you have accreditation of the institution, you have accreditation of programmes, you have accreditation of the award, so you have all of these accreditations through the Accreditation Council and, as I understand it, they have a network of Accreditation Councils so they can work on it.

2.00 p.m.

So, is that being used here? It should be used both by the council and this panel. But this panel—I do not know, you have to have the people who can react to those kinds of situations and I am not sure we have that at the moment within the panel as constituted under the proposed Bill and which has been in operation for four years. I do not know what has happened in that period of two years because it did not have a panel. So who is supervising any doctor who was here during that period and who has looked after them, who has mentored them? I do not know because there is nobody in the panel, so have there been free agents there and if there have been any, that is for the hon. Minister to answer for me.

Mr. Vice-President, I have to be very thankful to the Chairman of the Law Revision Commission for providing me—as she says as a Member of Parliament, she can provide me with the Consolidated Laws of Trinidad and Tobago as of now. It is not published as yet, but it is all here, ready to be published soon, I would expect. So this is a document which has taken out all of these italicized texts and things like that, and which now stands as the document which should be the base from which we should make any amendments. But what worried me

most, is a note on this document which says, "Note on Act No. 31 of 2007, amended the Medical Board Act, but up to the date of the publication of the first supplement, December 31, 2007, similar amendments were not effected to the Medical Board Regulations, so as to bring the regulations in conformity with the Act.

Mr. Vice-President, I have checked with our library and within this period there have been no amendments, no regulations provided, and we are going by guess as a result. If you do not have those amendments, you are opening up yourself to legal challenges and we will have one soon because the legal notice which comes out with these amendments—and all of this is already there in the Act. There is a legal notice for registered, but I understand there is a medical specialist register in place. I asked. I have a few friends in there and I asked them, "Are you members?" They said, yes, they are members. So that is in place, but it does not reflect anywhere within those regulations. Those regulations are so old, I was horrified really when I looked at the regulations as they were in the 2004 Revised Laws and the fees have been altered. The fees were altered in 2006 and those were the only regulations in this whole period. The medical fees listed there under the name of Dr. Smith, in fact in May 2006. You can check it here. But the general regulations, the last time that was amended or updated I should say, is I think 1980. Yes, that is what is said here, if this is correct and I am pretty sure this is correct. So, all these changes that were effected by Act No. 31 of 2007, which I considered a very important Act, because that is an Act which brought into effect really, the new medical council of 11 people. I am sure the hon. Minister is very familiar with it. So if anybody wants me to read it, I can read, it is there:

"There shall be a Council of the Board which shall be appointed by the Minister and shall consist of—

- (a) the Chief Medical Officer;
- (b) two medical practitioners;"

Those are your appointees.

- "(c) four medical practitioners elected by the Board;
- (d) one person nominated by the Inter-Religious Organization;
- (e) an attorney-at-law with at least five years experience nominated by the Law Association of Trinidad and Tobago;"

I understand you all have great problems with that, according to your Leader of Government Business in the Lower House, who is saying, all these people, if you look at the Council of the Law Association, he says—and it is there—look at the

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names, it is Daly and then a whole series of names which appeared to be Indian—I think he probably knows that Mr. Fitzpatrick is an Indian also, because Mr. Fitzpatrick probably cross-examined him in the Uff Commission. But what he says there is so ridiculous. He says none of these people are PNM members. Is that the criteria now for being there? So basically he says before the Law Association is political and now he is saying, these people are the same because they would not vote for the Government in any matter, which I find very much against what we all swear to do. We do not swear to follow a party. I do not believe so. Precedence is what we swear here and I am sure every legal person does the same. *[Interruption]* You can reply to me in a little while. Let me finish. I am almost finished here. In the same vein you have:

- “(f) an accountant with at least five years experience nominated by the Association of Chartered Accountants; and
- (g) a medical practitioner nominated by the University of the West Indies.”

And that is the constitutional board. But when anybody asked, the first thing they will say is the Law Association does not have any PNM members.

Hon. Minister, you must know that was said last Friday in the Lower House. I will give you half a minute.

Sen. Narace: Thank you very much. I would not take half a minute. First of all, I understand the point you are trying to make. I think the context in which he said it was that the President of the Council was a known UNC Senator, he was a UNC member and based on what was happening in the council, there appeared to be an effort to obstruct the Government from doing its work. I take the points that you made, but I think he was trying to look at it from a political activist interfering with the work of the Government, and therefore, he said the reason he knew that they were not members is because he had a list, and those were people who were advocating openly. I think that is the point he was trying—*[Interruption]*

Sen. B. Ali: Well, that is your explanation and I do not accept it because that particular Minister has said otherwise when somebody wrote a letter about the non-proclamation of the Breathalyzer Act in the newspaper, a non-proclamation, person happened to be Kirk Waithe of Arrive Alive. The Minister replied in that newspaper, saying that these people, Arrive Alive and Mr. Waithe are anti-the Government. Now, I was there when the Breathalyzer Act was passed in this House and I read all the verbatim from the joint select committee at that time, and there at the very beginning and in the Minister's presentation here, he

acknowledged that these people who are such great help to him because they brought breathalyzers and showed them how it worked and everything, Mr. Kirk Waithe and his Arrive Alive team.

I was not on that joint select and I do not know whether any—the only person who might have been here at that time—[*Interruption*] [*Sen. Dr. Nanan acknowledged*] You were there. Okay, I am sure Sen. Dr. Adesh Nanan can corroborate that these people were very helpful and now they have become anti-government, anti-PNM, purely because the person was asked, well, why is it not yet proclaimed. Maybe I am anti-PNM, because I keep saying why it is not yet proclaim? It is over two years now since that Act was passed and it is not proclaimed. What is happening? People are dying. Anytime somebody dies at 3.00 a.m., 4.00 a.m. in the morning, what are they dying from? Either speed—not speed that affects your brain—kilometres per hour or alcohol of some form.

So I do not accept that and I think it is a bogus way of putting that. I use the word bogus and I use it without any reservation because I do not like to think that is what Parliament does here, that when on a board, they are on a council that they come with their political leaning taking precedence over what is good for the people. That will be a terrible situation. I am not familiar with it because: (a) I am not a doctor member; (b) I am not a member of any party; (c) I am independent and I say what I want, how I feel and I am always open to be corrected. But that is what I swore to be in this place. The same thing I said, I have sworn to be an engineer according to an Act, when I say something with respect to engineering, I am conscious of the fact that I have sworn to do those things.

So those are items which bother me. This particular one about the regulations, I have to say it is a serious indictment of the Ministry of Health, Medical Board and Council. I would wish that we would get that corrected.

Mr. Vice-President, do you know in the amendments before us, they wanted to put in Secretary-Treasurer. There is no position as Secretary-Treasurer. There is no position of Secretary-Treasurer in the Act again. But you read the amendments and you will see a whole series of them that referred to Secretary-Treasurer to be put in; Secretary-Treasurer shall do this and the other. In fact, right now your council might be having a problem because there is no Secretary-Treasurer and that is a position which carries an honorarium of \$500 a month. I do not know whether the Secretary or the Treasurer is collecting that or they are splitting it or what. You tell me. You see that is the problem. That is a simple one that comes and the same thing applies now because of the fact that so many of these amendments do not mean anything because—I did not even bother because

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I could see them all there inserting after "Secretary-Treasurer" the words "et cetera, et cetera, et cetera." Somebody has not read Act No. 31 of 2007, somebody has not read the Consolidated Edition of the law, and only lay people like me must want to do that, and somebody has not made any attempt to draft regulations which will bring up-to-date—All these items are there. Secretary-Treasurer is there. All these items are there and there are no provisions for it in the regulations, and we need to have you—if we want to, as you are always saying, we want to be there in 2020, that is not so far away. If it passes an Act, it will go on till 2015, six years, so we will not be too far. I am appealing to the Government, the Attorney General, Minister and the Members of the Board and the Council to do something about it.

The last thing I want to say is that it has been said time and again that we have antiquated health laws. If you read some of the statements from 2003, they said the whole Medical Board Act is antiquated and we need to redo it. It is in *Hansard*, you said so, but six years later, no action. I know personally for another one the Opticians Registration Act. It is so obsolete, it is not funny. I know they have drafted—

I am sure the Minister would have had a whole draft—apparently it has been going through legislative review committee or whatever it is, LRC and it is an Act that is very comprehensive. I have been asked to do it, but I keep saying I will not be promoting that because I am a Member of Parliament and I have interest in a business, which is an optical business but I am saying so now. The Pesticides Act, all of these Acts have been there for so long. That is only in the medical field, when we look outside of there, Pilotage Act, Shipping Act, all of these things. They are all really antiquated and should not be there. There should be a special commission to look at that and just for them to sit down and work through all of those things.

Mr. Vice-President, as I said, I have many questions and few answers. I hope I will get my answers before the vote comes.

Thank you very much. [*Desk thumping*]

2.15 p.m.

Sen. Mohammed Faisal Rahman: Mr. President, this Bill to amend the Medical Board Act, Chap. 29:50, to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practise medicine in the public health sector and for the recognition of diplomas granted by certain institutions and for matters related thereto, is very significant, in my humble opinion.

Sir, I did not believe, while I originally contemplated, about a week or so ago, participating in this debate, having a great deal to say, because it is always my belief and feeling that a government acts, particularly in matters of public health, in the best interest of the people. I was taking it quite easily. As a matter of fact, the major point I had in my mind to contribute to this Bill was the question of the rubbishing of the Registration and Accreditation Bill, which was passed very recently, because in my view this Bill throws that into the bin, with regard to qualifications for doctors in Trinidad and Tobago. I did not understand why we should have gone, to that great extent, to pass such a Bill relating to education, when here we were contemplating, happily and freely, bringing in persons whose qualifications could have been very suspect. That was my major focus.

I really did not have a clue as to what was going on within the North West Regional Health Authority, until I spoke to a very keen, intelligent, articulate young doctor. I mentioned to him very casually that I had this matter to debate, then he started to pour out to me some of the woes of the Port of Spain General Hospital and the health sector there. I was aghast.

This morning I came here and when I heard the Minister of Health deliver his part for the debate, I felt nonplussed really, because what he was telling us was that he was facing a very recalcitrant Medical Council, which did not seem to care anything more than to trip up the Government and to frustrate the Government in its efforts to look after the health of the people. Thank God my political leader had the foresight to recall someone who he termed to me was an expert. The contribution of temporary Sen. Dr. Fuad Khan today convinced me that the notes which I had prepared to deliver in this debate were on target, absolutely on target. I had the way opened up to me to deal with what the Minister of Health has said.

The first thing I want to say is that I am referring to the Bill, Sir, in case you might forget later when I am told that I have not referred to the Bill; I have had this happen before quite often. Clause 5 would repeal section 12 of the Act and substitute a new section to enable the Council to recognize diplomas granted by institutions which may not be recognized by the General Medical Council of the United Kingdom. Mr. Vice-President, that is a damning clause.

It says that here we are going to lower the bar, in this critical matter of life and suffering, for the citizens of this country. We are going to lower the bar and we are going to entrust it to a panel of five, or whatever, people, whose yardstick was not going to be made clear to us and whose only concern is to fill positions with persons who have not been formally examined and whose competence we will

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have no reassurances about, simply to say that we have all the positions filled, notwithstanding our recalcitrant medical personnel in Trinidad, who really do not care about the health of the people. Sir, it is beginning to unfold.

Do you know what I call this Bill, Sir? I call this Bill, "a political cutlass". You know that the Prime Minister had said, "Sharpen your political cutlass"; this is a Bill I will term a political cutlass. Its purpose is to prune, not ethnically, but politically; it is to cleanse politically the ranks of the people who have been told—and I saw this on the television.

I heard the Leader of Business in the Lower House telling them, "You think we so stupid to put all yuh there, so you all could frustrate the plans of the Government; yuh think we so stupid?" He was very, very clear about that. There is a political position that the Government is taking, flagrantly in our faces—if that is not an example of it, I do not know what is—to say that if you are not aligned with the political views of this country's Government, you are not going to get jobs from this Government. This is a serious matter, Sir; I am not making this up. The Leader of Business in the Lower House said those words and it is the Prime Minister who spoke about the political cutlass.

The whole matter of identifying partisanship came up when that Law Association moved a motion of no confidence in our worthy Attorney General. Even though people from their political persuasion voted in a particular way, they were condemned as being partisan.

Mr. Vice-President: Senator, you are being irrelevant; so it is either you get back to the Bill or you remain seated.

Sen. M. F. Rahman: Mr. Vice-President, I want to draw your attention to a letter written in the *Daily Express* of Friday, May 22, 2009. It was signed by Mr. Michael J Williams, a former President of the Senate. I am not accusing you of anything, Sir, and I am willing to go by your ruling. I want to be relevant, because I am discussing the clauses of the Bill and what this Bill is doing to the detriment of the people of this country. If I am not allowed to make my point, in the way I can, I do not know how I am going to do it.

This is what the letter written in the newspaper said:

"While driving home I was listening on the radio to the debate in the Senate on the Integrity Commission (Amdt.) Bill. I had never heard this voice before, but every thought, every word, every illustration flowed so effortlessly from the Senator. He was obviously not reading his speech. In his tirade against

government corruption I deduced he was either an Opposition Senator or an Independent Senator. His speech totally embodied my own sentiments, but I could not put a name to the voice."

Sir, this was written by—*[Interruption]*

Mr. Vice-President: Senator, again relevance. I cannot see the relevance of that to this debate. If you want to persist with that line of debating, I will have to ask you to take your seat. Could you please continue to debate on this Bill.

Sen. M. F. Rahman: Very well, Sir, I will not read Mr. Michael Williams' letter further, where he condemned the Chair for stifling the Senator. I will not go further. He was referring to me, but I will not go further. I will not say anymore, because clearly, we cannot express—Freedom of speech is what is the most prized possession in these Houses, in both the Upper and the Lower. What others may not view as stifling, others may do and see. This is a Bill that is inimical to the welfare of the people of this country, the entire Bill. We have had persons stand here and say that we have a duty to support the Government. This Bill cannot be supported, because it is doing damage to the people of this country.

Mr. Vice-President, Sir, there are positions in the health service that are not being filled, and this is causing the shortage in manpower. In the Port of Spain General Hospital, we have no head of medicine. In the Port of Spain General Hospital, we have no head of obstetrics and gynaecology. In the Port of Spain General Hospital, we have no head of pathology, right now as I speak. In the Port of Spain General Hospital, Sir, we have no head of surgery. Who is handling all of this? The Chief of Staff, that is the gentleman named Mr. Winston Welch, mentioned by Dr. Fuad Khan. There is a definite programme to emasculate a certain political shade within the medical ranks. It is not an ethnic thing, you know, but because it seems to affect more of one ethnic group, it is being misidentified as an ethnic thing. But this is a political cleansing.

The Chief of Staff is handling all those heads of departments as the head simultaneously. He must be a superman or he must not give very much concern to the public. So this is the situation where we have a shortage of medical personnel. Persons are being offered VSEP and told that they would get a good package. They are not shown the package and they are forced to take the Voluntary Separation of Employment (VSEP). When they receive their contract offers, it is, "Take it or leave it, if you do not want it, go."

I hope I am tying this to the Bill. Persons are being forced out of the medical practice at this level.

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Animals transfer information by genetic transmission. We transfer information by communication. In an earlier Bill that we had discussed a few months ago, I brought up the matter of the Cuban nurses and the Spanish-speaking nurses operating in the Port of Spain General Hospital, who are causing havoc. There is no benefit to be got from persons whom you cannot understand.

I know somebody who went to New York and asked for a map. She wanted to get a map to find her way, so they went and brought her a mop, because for mop they say map; this is in English-speaking countries. I know the one about the cuff. I was on a trip once when a Trinidadian lady fell on a plane, and she said, "I get a lash." When she said that, the BA representative said, "What is a lash?" So we have a communication problem with persons who are speaking English, and you are going to bring people who are English illiterate, language challenged, put them in this country and not be agreeable to giving them a language test? And then you are saying that the council is frustrating you?

The council was working within the law at the time, your stopgap thing that you did in 2007, and Sen. Dr. Khan said that they were obeying the law. You were bullying them to bend the law. You bully them to bend the law and you want to criminalize and demonize them, and say, "We need this situation now where we have to fill the ranks, so we are going to bring in Cuban doctors and nurses who do not know how to speak English."

2.30 p.m.

This is a continuing travesty on the people of the country. We make a beautiful ambulance Bill and we have a hospital that cannot deal with it. We are having an increasingly complicated and compounding the problem situation.

Self-preservation is the first law of nature and every political party that goes into administration has a right to protect its position. The way to protect its position is to serve the people in a competent way and not to violate their interest under the guise of serving them. This is the problem. We want to have a situation where the government deserves to be returned to office not because when the Opposition is in fracture, you get to slip in. You get 46 per cent of the votes cast.

Sen. Gronlund-Nunez: Mr. President, on a point of order, Standing Order 35(5). I have sat back here and heard the hon. Senator impute all sorts of things, political and otherwise, cutlass, violence against the Government. *[Interruption]* Could you ask the Opposition Members of the Senate to please have some manners?

Sen. M. F. Rahman: Thank you. This Bill has a sunset clause. I am still dealing with the Bill. Its predecessor had a sunset clause. The Government had hoped to solve the problem by the end of 2007. It did not. It is like the Municipal Corporations Act. It expected to finish it by a certain time and we had to come for extension, now we have to come for a resurrection. We have to bring a new Bill to do the same thing that they could not get done in the four years that went before. What is the assurance that they will get the position solved in six years time? Any Bill that the Government brings that purports to seek the interest of the public, logically should be supported, unless the Bill is shown to be misguided in terms of its assessment of the real problem.

The real problem goes deeper than simply shortage of doctors in the country. It is a shortage of doctors whom the Government is prepared to employ in the positions that it wants to employ them. Why does the Government have a six-year sunset clause? We come to a related matter. We have secret scholarships being given to people and we are told that it is private information. The Government is developing many scholars overseas to come back and fill the positions that it is not filling now, because once you fill these positions on a permanent basis, the "fellas" would be there until retirement. This is an aspersion against professionals. If you are telling a professional "we eh so stupid to appoint you because you will vote against the Government," you are telling a doctor that he or she is going to be unfaithful to his Hippocratic oath. You are telling the doctors that you are a bunch of hypocrites. You are not going to follow your Hippocratic oath to look after people so we cannot trust you doctors to be even good in your profession. You want to pick up Cuban doctors about whom you know nothing.

I have had family who emigrated to Canada and other places and when they seek jobs, the employers write to the university in Trinidad and ask for their transcripts to ensure that the certificates that they present are genuine. Today, you could print a certificate on a computer. You could bring a bank draft. That is why you cannot get a bank draft cleared the same day. They have to call and verify that it was issued. I am talking finance now. I am making a point about fraudulent documents. They will jump on the idea of a bank draft and say that I have gone to banking and they would not understand the relevance of the reference. Certificates can be fraudulently prepared. You heard that two "fellas" ran away when five children died in Sangre Grande. This happens all over the world.

If you do not have accreditation, cannot get your transcripts and do the formality, it takes years to become qualified. There was a movie about a "fella" who used to pose in different professions and he was an airline pilot, flying planes

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without anything. These guys go through their lives doing this. Many years ago a guy came to Trinidad and bamboozled all the upper class people and got the biggest amount of fame and eventually Scotland Yard came looking for him. I forgot his name. Sometimes it is hard to understand the relevance of what I am saying because they do not understand the metaphor, the linkage.

The point is that we are addressing a symptom and not a cause. We cannot bring ourselves to employ certain people so we say that we do not have people to employ. I hate to say this. If it is not their intention, this whole Bill is the gateway to accomplish political hegemony by ensuring that you have your political cleansing, so that the only way to get a job in the public service is if you have a party card. If we were doing it that would have been my objective. My objective would have been to push them out so we alone could rule. "Ah" sorry to say that they are as human as I am. I am not ascribing such a thing to them. [*Crosstalk*] You could spin it however you want.

The Minister got up and told us that they exchanged hundreds of letters with the Medical Council without telling us that the law was in effect. He called them recalcitrant. No, he did not use the word "recalcitrant" but they out to frustrate the Government. Well, I out to frustrate the Government here today. This is not the way to solve the problem. Do you know what to do? Advertize this. In the whole world of English-speaking people, do you know what they are trying to do here? They are trying to make people in Trinidad speak Spanish. When you get sick—that is going to be our second language. We would have the roads named in Spanish and English. When your life is on the line you have to speak Spanish. That is what you are telling us. Fast-track the Spanish language learning and make them learn Spanish because they will have to tell the doctor if they want a mop or a map. They would tell him in Spanish. I do not know how to say it. I never learnt to talk Spanish.

I do not want to see any Spanish doctor attending to me in Trinidad. If I am going to Cuba I would carry an interpreter. I will not have a Cuban doctor come here who has not been accredited and whose transcript we never saw and of whom we know nothing and put my life in his hands. Right now we have junior doctors playing the role of specialists, ophthalmologists and eye specialists doing operations and sending people blind in this country.

The mortality rate is something we need to have. People are always dying. We do not live all the time. What has not been measured is the morbidity rate in this country. The suffering of the people in this country has been increasing because while you seem to be doing a lot to try to bring doctors, you are violating the

people's rights and telling them in the words of the young doctor who spoke to me, they bamboozling the public, this is the best that we can do. If I send you to dig a trench and I give you a small spade, that would be the best that you can do. That is what he would be working with. I cannot blame him. This Government has the means and all it has to do is to remove what appears to be—I am not ascribing anything. As a matter of fact it has been articulated by the Leader of Government Business in the Lower House: "We eh so stupid to employ all yuh, so yuh frustrate the Government fast."

They need to start to trust other people to be true nationals in this country. I just heard a little voice in the back say something. Dr. Williams did not want proportional representation because he said that that would be the end of the PNM. This is important. It is the political purpose and consequence of this Bill I am addressing. It is an important Bill. To open the job opportunities to non-PNM and non-party members without the party card, they are afraid. This is the problem. They have to start to trust people and believe that people as Trinidadians are loyal as they are.

The council is working within the law. You are appointing people to a council without giving them the yardstick for determining the bona fides of the doctors that they want to employ. They are addressing a pretend symptom because this is not the thing. We have the doctors. Advertise the posts in the English-speaking world. Be prepared to employ our local specialists without trying to second-guess their political affiliation by the colour of their skin or the type of hair they have. If you do that, you would be able to fill your positions without having to resort to the Cuban resource.

I know a young doctor in Port of Spain. He told me that this happened to him with a batch of Cuban doctors. He went to the senior Cuban doctor and asked him for some information and advice. The guy pulled out his dictionary and he literally showed me how his question was answered. You use a dictionary, the aide memoire and the little Spanish book to get the phrases when you are going on a trip overseas. You do not do that when you are dealing with people's lives. This is not a simple Bill that is being brought to us today. It is serious and important. The little vacation we got has been broken because the Government considers this important enough to discuss.

I swear to God, I stand before you here today, two weeks ago I did not know what I was going to say about this Bill. When I met this young man who told me the malaise in the system, I was fired up. It is my duty to speak today on this matter. It has turned out to be a can of worms. It is a Pandora's box. I say "bax"

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now. It is a Pandora's box. What would happen when the Spanish man gets excited and mispronounces his language? More bacchanal. We cannot understand the Spanish that he is speaking properly, we will understand what he is not speaking properly even less.

I tend to lighten up the moments but this is a very serious Bill. If we were to say to the Government that we are not passing the Bill they would be forced to advertise the positions internationally for English-speaking people and those whom the general Medical Council of the United Kingdom will not frown upon. We would then be validating and justifying our accreditation, registration and Bill. We would be making sense and be consistent. How can you say that you are dealing with people's lives and people are suffering and you are concerned about them? I am not going to talk about the other things where people are disadvantaged in so many ways. This is too critical an issue. You bring a Bill that is asking us to remove the—oh good God, just now you would say bring all the interns from all over the world, let them complete internship here and we would use them.

2.45 p.m.

We cannot allow that gentleman, Mr. Winston Welch, to continue in his own monarchy. That is the problem. That is the term that was used to me by the good doctors. He is running a monarchy and does not care what he does. At his level, he is dealing with doctors, but at the real level, he is impacting the population who are in pain, suffering and dying. So it is not a matter of what is going on up there, but a matter of what caused this down the line.

I am speaking in an impassioned way because to me this is very important; it has to be with all of us. It is important because my eyes have been opened to what is happening and the political scene today is telling us that there is more in the mortar than the pestle. It is not a matter of looking after the good of the people, but of seeming to look after the affairs of the people. Maybe they have the best intentions. If they do, they are misguided in trying to bring into this country people who cannot speak English. It is a disgrace that we were presented with an argument today that left out the accuracy of the objections raised by the Medical Council and that we were not advised of some of the basic problems that really face the Government in terms of why senior positions are not being filled.

Sen. Dr. Fuad Khan has given a tremendous insight into what is going on. We cannot be driven by a sense of loyalty to the Government and say that it wants to push ahead and do the right thing. We will be doing the people and the

Government a favour by telling them no. We do not want non-English-speaking people and those who have not been proven qualified. We have no problems with the Cubans, if they can speak English. Do not bring them here to teach us Spanish. They must come here and speak English. This is the crux of the matter.

I am not going to beat up the point too much about political hegemony. I am telling the Government that is how it looks and, with the clear intent of the Government to hire certain people, that is how it looks. The deck is being stacked against the Government. Have some common sense and withdraw. There is another way to solve the problem.

All the people that you have given secret scholarships may very well, at the end of the day, take jobs elsewhere in the world and you may have to take another 10 years to solve the problem. You are continuously promising the people, when it comes to murders in the country, that the next year will not be as bad, but it will be worse for the next three years.

Mr. Vice-President, who are they fooling? Can they fool all the people all the time? That does not work. It is bluff, bluff, bluff; hope, hope, hope; take a little, put up some buildings, give them a promenade on which to walk, and they will forget that they are suffering like blazes down the road.

This is a Bill that is inimical to the health and welfare of the people of the country and I am begging the people on this side of the divide to send it back because we cannot afford to perpetuate a situation where, every cycle of three and four years, we go into a morass and the morbidity rate and the suffering are rising and we are having additional calamities. I implore Senators, please, wake up. Do not say it is not our duty to oppose the Government. Of course, the Prime Minister is very happy to get support, but this is not something we can support. This is something that we have to condemn and to throw away. I am begging. Please do not let us permit this to happen today.

There is a consequence to every action. That is a little note I have. For everything you do, there is a consequence. This Bill has become necessary in their minds because of the intrigue that has taken place in the health service. Perhaps it is without any intention on the part of the government officials.

I am quite happy to concede that. Maybe the Prime Minister and the Ministers never intended for this to happen. Maybe Mr. Welch decided to put the pressure on and discriminate against this one and that one. Maybe the Prime Minister does not have any political cutlass. Maybe he is totally innocent of all the things that

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have been crowding my mind, but the bottom line is that it is happening. So they have the onus to address the real situation and roll it back. If they do not do it, they are wreaking calumny on the people.

I want to repeat this: junior doctors being given senior posts is wreaking havoc through their lack of experience. One of the amazing things is that there is another person in the general hospital, not a doctor this time, but I see her name has been called, one Agatha Carrington, who is acting for the CEO. She is not a medical doctor. That is not bad, but her attitude is. She makes rules that she does not observe herself. She passes the law, then she breaks the law when it relates to her own family, who have been brought into the hospital. This is a terrible thing. *[Interruption]* This is provable. I am talking about the health service with which we are dealing right now and you want to get in doctors who cannot speak English to work under this lady.

I had here, “name withheld”, for both her and Winston Welch, but when I heard my colleague boldly name the names, I think that the freedom of speech here permits me to do that. We have a duty to perform to the people. The Minister of Health is sincere, but he cannot handle the whole thing. Maybe they have to break up the Ministry of Health into sub-ministries, but right now he does not understand what needs to be done. This Bill is evidence of that. Do not talk about army as well. That is more stuff again. You know the battle that was.

We come to the situation where the temporary appointment of these people, whether Cuban or otherwise, seems to be part of the time to fill the ranks with the people that expect to come back at the appropriate time, who may very well decide, as the rest of the people getting married overseas, not to come back. We are digging the hole deeper.

We are not doing anything positive to get out of the morass in which we have found ourselves and the inefficiency does not confine itself to those areas. I do not want to go there, but the Chronic Disease Assistance Programme (CDAP) and the drug supplies at the hospital pharmacies—doctors are told not to give patients prescriptions if we do not have it; give them a substitute from the dispensary; whatever you have, use.

We have ad hoc health services and this is a stop-gap measure that we are being asked to give here today that is dangerous for the health of the people. They say something is not good for your health; this is what we are talking about. All we have to do is to change the approach. Take another six months; advertise properly and get English-speaking doctors whose credentials we can affirm and we will not have the continuing situation.

Another thing we have to do is to start to make appointments and forget the question of people's political affiliation. You can have in the contract that if anybody is found to be sabotaging the medical effort of the services, you can revise it summarily. You do not have to ask somebody who is on your back—to tell the truth, no non-PNM medical specialist can do worse than Mr. Welch is doing right now to them. You talk about sabotaging and frustrating the efforts of the Government, well Mr. Welch has been, single-handedly, doing all that they fear so-called UNC doctors would do. They are shooting themselves in the foot. If we do not understand that this Bill is the terrible thing that it is, we may end up with a majority today. This Bill will be passed and we will have a whole influx of Cuban doctors and all the attendant problems that come with grand immigration because families will have to come with them. But that is another matter.

I remember when we were dealing with something concerning the Caribbean Single Market and Economy (CSME) and the laws people were trying to change, the matter of Haitian doctors speaking French was dealt with. We had to deal with that as a matter to be ironed out like people trained in French universities and speaking only French coming to Trinidad. All the objections raised then and explanations given, because there is a requirement to make people conform to the language, are being thrown out of the window now.

What sense does this make? The Haitian situation is the other side of the coin to the Spanish situation. This demands the sincere attention of every Senator today. I would go so far as to say that Government Senators—I know this will never happen until hell freezes over—should examine their consciences on the basis of what I have said and what Sen. Dr. Khan has said and decide whether they can really push ahead and support this Bill to the detriment of the nation. You will only be doing injustice to the people.

This whole thing about a parallel body to accomplish the ends of the Government is very similar to the special purpose companies that the Government has. The Government wants to skin a cat but in a different way. If you do not work with the system that you have, you will never overcome the problems that the system produces. You want to solve a problem, you have to deal with the problem that the system produces and adjust the system, but do not run parallel organizations. This is what is happening here again, just like those special purpose companies that the Government sets up as a matter of course.

While the Government has its eye on the pot of gold at the end of the rainbow in 2020, it is not paying attention to the terrain through which it is dragging the entire population. We are being dragged through crevices, bogs and swamps and

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into a situation where they believe they will reach 2020 with the pot of gold under the rainbow. But that pot of gold is going further and further because they would not make it through the minefield they are passing right now. Right now, they are using systems to get around problems and those systems are themselves experiments and theories. You have to ask yourself: Is this just and fair to the population? I submit that it is not.

I have covered most of what I wanted to say and I do not think I want to be frustrating. If I have not convinced the Independents already, I will just be speaking in vain for the rest of the time. It will be a waste of time. If I have done it already, praise the Lord and we will send this Bill back. If I have done it and they are convinced that they should send this Bill back, praise the Lord. If I have not done it, I give up right now because I have nothing more to add that will get them to change their minds.

Thank you very much and I thank you for your time.

3.00 p.m.

Sen. Corinne Baptiste-Mc Knight: I thank you, Mr. Vice-President, for giving me an opportunity to intervene into this debate. I would like to introduce the perspective of the consumer in this debate, because I consume medical services from the health facilities at Port of Spain General Hospital, Arima Hospital and Mount Hope, so I have a little bit of experience of the public sector and I must admit that I have come to the conclusion that private medical care is the growth industry in this country.

Why? In the public sector, some of our health care deliverers suggest to the client, or in this case it might be the victim, that quicker and better care would be available in the private sector. This is aided and abetted largely by various administrations which have been paying for services from the private sector, delivered by the very doctors who should be working for them in the public sector. Wrong? No, this is what happens, so, it is a growth industry. Is it then a surprise that, in 2009, I could be sitting in a debate on the problem of vacancies? How do we fill vacancies in the public sector?

As a fledgling Foreign Service Officer in 1965, that was in the very first of our administrations as an independent country, I was serving in London at the time and our then Minister of Health came up to what was the first Conference of Ministers of Health of the Commonwealth. One of the problems that were being discussed at that meeting was the shortage of medical personnel in the hospitals. The Minister of Health of Canada said to our Minister at the time who was hon.

Minister Teshea, a blessed memory: “You have a problem? I had that problem and when I leave here I am going to Taiwan to bring a ‘plane load’ of over 300 doctors with me back to Canada. You might have a language problem getting them from Taiwan, but I have also got a number of excellent doctors from the Philippines, so I suggest to you that you recruit from the Philippines.” That became my chore. At the time, the number of vacancies to be filled was the mighty number of 30. That was the number of vacancies we had. They needed 30, because some of the vacancies would have been temporary vacancies to allow nationals to go to specialize. What did we do? We said: Okay, it might be difficult to fill all the 30, so we will advertise for 20. The Minister from India also said that India could supply doctors, so we set about recruiting from India and the Philippines.

This would sound very funny to everybody here, but the salary at the time, which our doctors thought was totally insufficient, was \$400 per month. When we sent the advertisement to India, the Indian High Commissioner sought an appointment with my High Commissioner to explain to him, very sorry and very apologetic, that they could not put that advertisement out in India because it would decimate their public health system. The salary that was being offered was higher than the salary of their then Chief Justice, so they would not put that advertisement out in India. We were left with the Philippines. Their Minister of Labour sent his ambassador to our embassy to find out whether, in fact, the salary that was advertised was the correct salary. In those days it was less than £100 because it was \$4.80 to the pound. *[Interruption]*

Hon. Senator: What year was that?

Sen. C. Baptiste-Mc Knight: That was 1965. He said: Yes, were they really paying a passage for the officer and family? Yes. Were they really giving them housing for 10 per cent of the salary? Yes, okay, they allowed it but they would have to vet the contracts; not a problem. Would you believe that we got over 400 applications for those vacancies? Of course, there was a problem. How do we deal with it? Call up the British Medical Association. “Hi, I have a problem, how do you recruit doctors from the Philippines?” “Oh, easy, we have excellent doctors from the Philippines but we only recruit graduates from five medical institutions.” We got the five medical institutions and the first shortlist was to discard anybody who was not from one of those five institutions. Do you think that really solved the problem? We had almost 200 from those five institutions. Eventually, how did we recruit? Where there was a husband and a wife who are both doctors, you were getting two for the price of one since you have to pay the two passages anyhow.

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The references that we got for the people whom were recruited were heartbreaking. We had a Chief of Police writing to say: “I am recommending my friend with a heavy heart because he has been my family physician for X years, but I cannot stand in his way of this opportunity.” Now, what happened when these Filipino doctors arrived here? There were problems, because would they understand English? Would they fit in? They formed a little Filipino Society that is still going on today. They went to Sangre Grande, Tobago and Point Fortin, where our urban people did not want to go. What problem did we have with them? We had a gigantic problem when it was time to rotate them, because you do not want to leave somebody in Sangre Grande for that long. The people in Sangre Grande were marching, as were the people in Tobago saying: “Why do you want to move the doctor when we getting good medical treatment for the first time in a long time?” *[Interruption]*

I want to draw this Senate’s attention to the fact that this is the first time that Sen. The Hon. Narace is agreeing with anything that I have said. I do not know whether I am doing anything wrong.

Sen. Narace: Thank you very much.

Sen. C. Baptiste-Mc Knight: It is a matter of, perhaps, having lived too long, so that you have these experiences. From lacking 30 doctors in 1965/66, now we are lacking hundreds and we do not know how to go about getting them because we have a medical council, which rightly dictates the norms. But, I am wondering about what is really going on in the minds of this Medical Council. Let me tell you why. I listened particularly carefully to Sen. Dr. Fuad Khan and if I am not mistaken, I think I recall that he said when he was a member of the council in 1997, they appointed three members to go and have a look at what was going on in Cuba—*[Interruption]* No?

Sen. Dr. Khan: That was not what I said. In 1997, we never appointed anyone, it was the Minister of Health who did that.

Sen. C. Baptiste-Mc Knight: Very well, I stand corrected. The Minister of Health sent three members of the council to look at what was happening with medical education in Cuba. I think the hon. Senator did say that they found there were excellent institutions in Cuba offering good training. Am I right, Sir? *[Assent indicated]* Good.

Having personal experience of good institutions offering worthwhile training, how come no recommendation could be made to say: Subject to language proficiency, we can take doctors from Cuba from institution A, B and C? That is

all that would have been necessary. Instead, having said that, one gets the impression that there must be a reason why the Medical Council does not want any Cuban doctors here. It is inconceivable that worldwide, Cuba could be recognized as having some of the best health care, but because they do not teach that health care in English it cannot be good enough for us in Trinidad?

No, I have a problem with that. When as the patient, I am on a bed or a gurney and I tell my doctor: "I have a pain here." Do you know what invariably happens? The doctor depresses the point where I have the pain until I say ouch. Guess what, any doctor in any language understands ouch, because it means that is where the pain is and they know exactly where else to hit and if they get the same response they could find out sooner or later what your problem is. Let me back up, I have not heard anybody on the Government's side object to a language proficiency test. If the problem is the language, this is not it.

3.15 p.m.

Mr. Vice-President, I think I have made my point, we need doctors and I would not be me if I did not have a problem with this Bill. You know I always have a problem with your Bills. You know what my problem with this Bill is? Section 15. Now, if with a rhythm of 100 persons coming out from your medical schools a year; let us say you get lucky and coming from there and everywhere else you get 130 coming out every year, allow a bit for attrition, allow a bit for those that you are going to be sending to do post-graduate work, because we have to build into this system the various levels of expertise that we need—it means that in six years time you are still going to have vacancies and judging from what I have heard today about the Medical Council, you still would have a problem with them.

But in the interest of letting this go through I am not going to ask you to amend it today but the next time you come with it, if I am around, or if I know anybody who is around here, I am going to tell them leave it, just let it ride until the "fellas" decide, well, look, it is either we go back into the system and let the Government pay our taxes, because I assume that the salary they are getting from the Government is barely enough to pay their taxes because most of the time is spent on—I guess—lucrative practice; it must be or otherwise they would be in the hospital. My interest is in having people like me, the clients, the victims, the consumers looked after and that cannot happen while we have hundreds of vacancies in the hospital system. So, I am sorry, Sen. Rahman, I cannot vote with you today. [*Laughter*] I would like to suggest that you vote with me and fill some of these vacancies.

I thank you, Mr. Vice-President.

Sen. June Melville: Thank you, Mr. Vice-President. While I rise to support the hon. Minister of Health on the Medical Board (Amdt.) Bill, 2009, it is absolutely crucial to the people of Trinidad and Tobago that there is a reputable process of accreditation for all of our doctors, foreign and otherwise.

I believe that the Minister of Health will not jeopardize the health of the people of Trinidad and Tobago by not taking care of that business. Presently in Tobago there is a shortage of doctors, both at the Scarborough County Hospital and at the health centres. I am here to plead for more doctors and knowing that there will soon be a cadre of well-qualified Cuban doctors, I am looking forward to seeing these doctors in Tobago again. [*Desk thumping*]

Let me share some of my experiences of yesterday. Previously, I worked in an environment where the majority of the population was Arabic speaking and in that particular health care environment the majority of the workers from doctors to the cleaners were English speakers. Most of us were called expatriates, and you would be amazed at many wonderful and very positive challenges, because in that particular health care environment, we had what we considered to be the best health care services in the world. It was in the Middle East, and having worked in places like London in some of the private institutions, where we worked in the Middle East the standards there were extremely high. I am talking about an environment where English was not the major language.

Over the past week I have listened to the discussions about the concerns with the Cubans doctors who may or may not be able to speak English. It dawned on me that health has no barrier in terms of language. The word pain in Spanish, *dolor* and in Arabic it is *waja*, and if I have a pain in my stomach I would point to my stomach and I would say, *y waja* or *y dolor*, because it is pain.

[MR. PRESIDENT *in the Chair*]

If I am asking a patient how are you? Como estas usted? Kaaf Haalak?— Arabic. You actually challenge yourself in that type of environment. I know for a fact that over the past years when we had Cuban doctors in Tobago they did an extremely good job. [*Desk thumping*] Do you know what, Mr. President? I believe that in most medical schools around the world even a small amount of English is taught and even more so right here in Trinidad and Tobago, is Spanish not the second language?

Sen. Dr. Dick-Forde: The first foreign language.

Sen. J. Melville: Yes, the first foreign, so the second.

Mr. President, in Tobago we have our old county hospital up at Scarborough, up at the Fort and we are currently awaiting the completion of our new hospital. We have a shortage of medical personnel, and yesterday I received some information from the Acting Chief Executive Officer; we are short of a specialist medical officer, orthopedic surgery, child psychiatry, anesthesiology; we are short of registrars in the accident and emergency department in the OBGYN department, in pediatrics, in internal medicine and we are specifically short of doctors in the primary health care setting in the health centres.

Currently we have a number of doctors in training, but is it a case that whilst the grass is growing, indeed, the horse should be starving? Does it mean that we have to wait until these “would-be doctors” are trained before we take care of the health of the people of Tobago and by extension Trinidad and Tobago? No.

Currently in Tobago we do not have a Medical Officer of Health, someone who deals with the primary health care team. We know that these processes take a very long time so I doubt we will have that position filled for the rest of the year. So, I am urging that Tobago urgently needs to address the situation in terms of its doctors and we need to address it now. I am looking forward to the very near future when the Minister of Health will invite these Cuban doctors to come and take care of the health care needs of people in Tobago.

Tobago has 19 health centres. We have the largest number—we can boast about that—of health centres per population. Mind you, I must state that there is one at Charlotteville that is being renovated for the past two years and it is taking far too long. The contractor is a Tobagonian and what tends to happen, there are a number of complaints from Tobagonians that they do not get the contracts but when they are given the contracts they are not doing the work in a timely manner and as efficiently as they should do it. So that is a complaint right now.

But quite similar to Trinidad, Tobago is plagued with the diseases such as diabetes, hypertension, cardiac disease, cancer, HIV, and it is tremendously important that these services are provided at a convenient time. Most of our health centres are closed very early in the day; some at 4.00 p.m., we only have one health centre that opens up to 8 o'clock and that is the one at Canaan. The only other health care facility after 8.00 p.m. is at the Scarborough County Hospital. When a patient arrives at Scarborough County Hospital, depending on the severity of the medical problem, if it is an emergency, the emergency patient must take preference. So there are times when a patient with a very minor complaint has to wait for up to six to eight hours for treatment. So, I am saying, bring in the doctors.

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If they are Cuban doctors bring them in to Tobago, we need them right now. Bring them so that they can take care of the needs of patients with the minor concerns, because in the near future the THA is hoping to have 24-hour facilities at Charlotteville, at Roxborough, at Canaan and at Moriah. As I mentioned earlier, we are simply short of a significant number of doctors and these Cuban doctors would be able to work with our other doctors—because you just do not leave them by themselves. There is teamwork going on. Usually there should be a team—and they would be able to provide the necessary health care in these 24-hour facilities. This is absolutely important. We are hoping to reach developed nation status by 2020 and we simply cannot do things the same old way. We cannot do it.

During my research about Cubans, because there was a special concern when I listened to the many discussions about the language proficiency about the Cuban doctors and what I realized was that up to today Cuba has about 20,000 doctors in about 70 countries around the world. And I thought to myself, if, as we have heard and as we have read that Cuban doctors are so proficient, why is it that they cannot or should not be allowed to come to Trinidad and Tobago to take care of our health needs? Why not? I think we should take a cue from our Prime Minister, because he recently had health care in Cuba and what was most amazing was that he was back on his feet in the shortest possible time.

3.30 p.m.

So that says a lot for the Cuban doctors. It says a lot about them, about their standards. It surely says so. What I would like to see is some of those very doctors coming here to Trinidad and Tobago to help us. I was reading the *Sunday Express* dated July 26, 2009, when I read that there were foreign patients seeking medical treatment in Trinidad and Tobago and I thought well, there are foreign people coming here, we are looking at bringing the Cuban doctors here as well and you know what, in the Tobago scenario, I thought about it.

Tourism is the mainstay of the Tobago economy, and why can we not bring in these doctors and encourage medical tourism in Tobago? Why not health tourism in Tobago? Just imagine a tourist on a dialysis machine—and we have increased our number of dialysis machines in Tobago—listening to the steelpan music on the radio whilst watching the sunset. What could be better than that? Whilst at the same time we are going to get some money because there will be revenue generated as a result of this medical tourism.

Mr. President, I know that—during my research again, I was amazed to read in certain countries where the Cuban doctors were working, that the locals were very, very impressed with their standard of work. I read where there was an earthquake in Pakistan some years ago, and of course, a number of Cuban doctors were sent to Pakistan, and their work was absolutely excellent. What I read was that the Cuban doctors were so down to earth. They were sleeping in tents whilst the First World doctors were sleeping in the so-called five star hotel.

So you have Cuban doctors who are committed to their work, who know about hard work and even though they work so hard, it is not just about the money. Here we have a situation in Trinidad and Tobago I also read on Sunday, where 80 per cent of our doctors are Indo-Trinidadians. I know in Tobago it will be far less—yet there are so many complaints about what Sen. Rahman called "political cleansing" and using the "political cutlass". How many doctors would you have to remove from that 80 per cent to have this cleansing? [*Desk thumping*] What kind of nonsense, for want of a better word? What are we saying here?

Mr. President, one of our concerns in Tobago is that we have embraced persons from all around the world—and as you know, Tobagonians are very friendly and hospitable people—and this type of behaviour where you are talking about ethnic cleansing and racial problems would finally reach our shores. This is something we do not want at all. Because when you talk about medicine and you talk about ethnic cleansing, it creates a kind of fear in the population which is extremely, extremely poor, extremely bad, extremely reckless and it cannot do. It does not augur well for racial harmony and in Tobago we are very, very harmonized for want of a better word and we do not and will not accept that kind of behaviour in Tobago.

Mr. President, I was amazed when I listened to Sen. Rahman and he actually advocated political cleansing. He said that he would do it if he had the chance. [*Interruption*]

Sen. Narace: Yes, irresponsible. Reckless!

Sen. J. Melville: How dare Sen. Rahman think that on this side—the People's National Movement, a very caring and all-inclusive party and Government would do something like that. [*Desk thumping*] How could he? [*Interruption*] No, I just

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want to finish something, thank you. I would just like to finish, thank you. This is not what happens with this Government. Sen. Rahman also said that this Bill is a disgrace. It is not. It is not a disgrace. It is a means of trying to take care of the health of our nation. [*Desk thumping*]

Sen. Narace: Yes, tell them.

Sen. J. Melville: Mr. President, what is wrong with that?

Hon. Senator: Nothing.

Sen. J. Melville: Sen. Rahman has also implied that there is, and he used the words "sabotage by the UNC doctors". I hope not. I hope not, Sen. Rahman. I really, really hope not. You also said that the morbidity rate is rising.

Sen. Rahman: Not true at all.

Sen. J. Melville: So for heaven's sake, if Sen. Rahman thinks it is rising, why in heaven's name would he not support the Bill to encourage more doctors [*Desk thumping*] into Trinidad and Tobago? Why would you not support the Bill? Mr. President, one thing Sen. Rahman said early in his contribution was that it is a very significant Bill. You said that and you also said that the Government—

Mr. President: Senator, speak to me. You may talk about what the Senator said, but speak to me.

Sen. J. Melville: Thank you, Mr. President—acts in the best interest of the people. He is so right because this is exactly what this PNM government is doing. [*Desk thumping*] It is acting in the best interest of the people of Trinidad and Tobago.

I believe it was Sen. Rahman who also mentioned something about fraudulent certificates. Having worked overseas in London and so on, the Middle East, do you know that there were nationals in London who also had fraudulent certificates? I knew, in one of the hospitals I worked, where a trainee doctor failed his exam then decided to be a doctor. So, he did all the necessities, certificates and everything and he was actually operating on patients. Apparently, what he did—it was found out later—he would read up all the information. So if he is doing an appendectomy, he would read up the night before—because you always have a list of the operations you would do the following day—all the instructions and how best to do it, and apparently his sutures were the neatest in the hospital.

Just amazing, but he was a fraudulent doctor. Do you know what? They are all around the world. Fraudulent doctors are all around the world, so I would not

doubt that there are some right here in Trinidad and Tobago. I will not doubt that for a minute. It does not make us any different from other countries.

So, Mr. President, I am saying that this Bill is timely, we need more doctors. The Cuban doctors have proven their worth around the world. We need, in Trinidad and Tobago, some way to break what I consider to be a monopoly where health care is concerned, where a certain section of doctors probably believe that they can control what the Minister of Health wants to do for the people of Trinidad and Tobago. We have to say in this Senate that the health care of the people of Trinidad and Tobago comes before politics, the health of the people of Trinidad and Tobago comes before any cleansing of whomever, partisanship of any kind, thank you. And we need to address this situation as soon as possible and I say bring the Cuban doctors. We need them yesterday.

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

Sen. Lyndira Oudit: Thank you very much, Mr. President. It seems as if Sen. Melville is sadly misinformed. The reason I say this, is that there was nothing in any contribution, including that of the hon. Minister who indicated that there should be any reason why we should not have Cuban doctors. So the question here is not whether we should have Cuban doctors. So your entire presentation was based on the fact that you need Cuban doctors. But that is not the issue. The issue is neither Dr. Neil Singh as reported by the hon. Minister of Health, nor the Medical Council, nor Dr. Steve Smith, nobody indicated that the Cuban doctors should not come. [*Crosstalk*] No, exactly. It seems as if there is some misunderstanding on the other side of the language by one and the other. There is no question that there is a need for doctors in Trinidad; there is no question that there are shortages in human resource staffing; and there is no question at all that we have to find the doctors from somewhere. What is of concern here is what is before this Senate, and this Bill is seeking to establish a panel to issue temporary licences, and I think that is what we have to understand. The purpose of today's session is not whether it should be Cuban or not, because there is nothing in this piece of legislation that refers to Cuban doctors.

The question is—[*Interruption*]

Sen. Dr. Dick-Forde: Ask Sen. Rahman.

Sen. L. Oudit: I am not asking any other Senator. I have listened, I have heard, I have tried to figure out why it is that the Minister referred—and in his presentation he made mention that there was a team, the Medical Council, the Cuban Ambassador and their Accreditation Council. Now, if you are seeking to

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get foreign doctors to fill the gap, why choose the Cuban Ambassador? Why was he on a path to make sure that you fill the vacancies? But anyway, I will come to that—[*Interruption*]

Sen. Narace: Do not stay long.

Sen. L. Oudit: No, just a minute. Let me get my contribution going. The Minister's comment was the phenomena of internal migration and he referred to this as the movement of doctors from rural to urban centres. My question to the Minister, through you, Mr. President, is how is this Bill going to address the question of the internal migration of doctors? How is it going to assist rural communities? This Bill seeks to send foreign doctors to public health sectors. In my mind, the public health sectors are the San Fernando Hospital, the Port of Spain Hospital and Arima, maybe Chaguanas and a few areas elsewhere. Those are the public institutions.

3.45 p.m.

Sen. Narace: Far more than that. You left out Sangre Grande.

Sen. L. Oudit: We have a number of smaller ones, unfortunately they do not reach in the rural communities; that is a given; that is why we have such tremendous problems at the San Fernando and Port of Spain hospitals. There are too many demands placed on those institutions and, as a result, really and truly, I cannot see how the filling of this is really going to affect the rural communities. [*Crosstalk*]

Sen. Dr. Khan: She is correct!

Sen. Narace: She is not correct.

Sen. L. Oudit: The Minister referred to two letters. He said that his first letter came from Dr. Neil Singh, acting as the Secretary of the Medical Council, and the other by Dr. Steve Smith, acting as the President of the Medical Council. In both letters the Minister referred to the advice given by the two doctors in their capacities both as secretary as well as president. They gave advice on how to ensure that persons required were merely and appropriately trained or assessed. They were giving advice on how to ensure that these doctors were capable of dealing with the Trinidad and Tobago population.

At no time did I hear, I do not know if it was said anywhere else, that any one of those doctors said that there should be no doctors from Cuba, so to give the

impression that Dr. Neil Singh did not want Cuban doctors—I feel this is where the misunderstanding by the Government Senator, Sen. June Melville, took place. [Interruption]

Sen. Narace: Will you give way?

Sen. L. Oudit: Just let me make my point.

The fact is, there was no mention in the letters by the Council Secretary or President that indicated the doctors should not come from Cuba. I cannot understand why we have this issue recurring in all the discussions that we should not have the doctors. They were advising that you had to have things in place if you had decided to bring the doctors. [Interruption]

Sen. Narace: Would you allow me?

Sen. L. Oudit: They indicated a series of one of three. One of three things that they suggested was that [Interruption] [Sen. Narace rises] in addition to your proficiency exam you either go through the Canadian, American or Caricom testing area. To me it seems reasonable.

Sen. Narace: You are wrong!

Sen. L. Oudit: You should have said that in your presentation. [Crosstalk]

Sen. Dr. Khan: You have to wind up. When you are winding up, you could say that.

Sen. L. Oudit: It seems as if, given the information that came to the Parliament, as well as what came out in the news—in fact, there is a letter dated July 22, written by Dr. Steve Smith, a letter given to the editor. This was in the *Newsday*. There is nothing that says here they were giving advice on anything else except the laws of the land. They were going according to the Medical Board Act of 1961.

Sen. Narace: You are wrong.

Sen. L. Oudit: Is the law wrong? Well then I challenge you, Mr. Minister, if the law is wrong then—Mr. President, if the Minister is saying that they are wrong and that they were acting on the laws of the land, then certainly we need to bring the legislation, the Medical Board Act of 1961, and make amendments and revise, and have discussion on how we can upgrade that.

Sen. Narace: On a point of order, Standing Order 34(b).

Sen. L. Oudit: I suggest to the Minister that instead of repeatedly wasting the time of the Parliament, using the resources of this country, we need to bring proper legislation, [Desk thumping] not just bits and pieces of legislation. This is

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the second. How many times are we going to bring legislation to this House where you are asking to exempt 30, 60, 70, 80, 100 doctors at a time? Then you have four years, three years, two years; this is really sad and it is wasting time and resources. You need to deal with the appropriate legislation. The appropriate legislation is the Medical Board Act of 1961. I strongly suggest that you go back to that; focus your expertise to bringing that piece of legislation up to this century, not any other piece. [*Desk thumping*]

I have a concern; the Minister referred to the language proficiency testing to be done by the College of Science, Technology and Applied Arts of Trinidad and Tobago (COSTAATT). In my questions to medical practitioners and in my research, I have a big concern with that, because I want to know why. If in all the years prior to this, the testing agency or institution for the language proficiency was the University of the West Indies, why are we now telling the country that this select group of questionable, I would say, doctors, are now to be given a proficiency testing, not by the established institution, but we are now going to COSTAATT.

What was the criterion given to COSTAATT? Was UWI even approached to give this type of testing? Why are we moving? Not only are we establishing a parallel panel for the Medical Council, but we also have parallel testing institutions that go against the established protocol. We have been doing testing of doctors from foreign institutions for years, and we have always used the University of the West Indies. Are we saying then that maybe UWI is Opposition? Is the University of the West Indies anti-PNM? Is that why we have not gone to the established body? This is the thinking. I am wondering why we are now bypassing UWI and going straight to COSTAATT.

Clause 12 seeks to amend section 24 of the Act. This gives the council the jurisdiction to investigate and make recommendations to the proposed panel, if a temporarily licensed doctor is convicted of an indictable offence or guilty of infamous or disgraceful conduct. My question here is, and it was echoed by several other Senators, what systems do you have in place to check on the backgrounds of these doctors, not after they come here, but before? Are we going to bring foreign doctors who may have elsewhere, and anywhere else in the world, possibly acted in an infamous or disgraceful manner.

The Minister spoke so generously, time and time again, about services the country so rightly deserves. Is the Minister seeking to bring persons here who have not been endorsed by our duly established Medical Council? They are not to be determined as language proficient by our established testing institution and they are not even to be governed according to the laws of our Medical Board Act

of 1961. Is this what he sees as what our citizens rightly deserve? We would be failing our citizens, if that is what you are saying, that our institutions are not good enough, so we have to do all these things. Therefore, what are we doing here today, why are we negotiating and renegotiating on standards that have been set by the Medical Council and the Medical Board Act? Why are we renegotiating? Why authorize a parallel panel to bypass the strict background checks that would have been done otherwise by your duly constituted Medical Council?

It seems to me, from what has been happening recently in the news, that this current administration unfortunately sees tyrants and opponents around every corner: the Law Association, the Medical Council, and the Medical Board. Anything that seems to not go according to my point of view, and "my" referring to the PNM, anybody who does not agree with or does not abide by, even if those suggestions and advice are good, they are simply seen as anti-PNM. In the words of the Minister, they are obstructionists.

Sen. Narace: I was referring to you all. [*Laughter*]

Sen. L. Oudit: It seems as if anybody who does not agree with the PNM is seen as an obstructionist. Based on what it seems as for years, employment practices, both in this House as well as in the other House, have come out clearly. All the court judgments and rulings in matters against the employment practices, we are seeing here that obstructionists are seen to be anti-PNM.

These are dangerous scenarios that we are painting. Sen. Melville spoke of sad and dangerous times. I would like to agree with her, but it is not now that those times are sad and dangerous. It is only when you are on the other side of the fence, then you seem to understand what is sad and dangerous, because it was for years, 1950s, 1960s and 1970s. We are only now getting things coming out, but for years persons on the other side have been saying that you need to watch your employment practices. Now you are hearing it.

I would like to refer every member on the other side to your very own, Dr. Eric Williams. He says here on page 265 of *Inward Hunger*, and I quote:

"I call upon all party members to stop once and for all this infuriating nonsense that every Indian is anti-PNM. Every Indian is not anti-PNM, nor is every white. Some of the worst enemies of the PNM are as black as the ace of spades." [*Desk thumping*]

This comes from your founder, and so what we have to do, we cannot sit back here—[*Interruption*]

Sen. Narace: "You gone with Jack!"

Sen. L. Oudit: You cannot allow in this place and at this time persons who are educated to believe that everything that is said—*[Interruption]* No, I have never defected; I will not defect, but I have educated myself. I have educated myself reading the works of your founder, because it is important. *[Crosstalk]* It is important because we have to understand how far you have deviated. *[Crosstalk]*

The current administration in its policies and practices has deviated so far from the principles outlined by its very founder; this is why in 2009 you would have so many cases coming out, not now, for the years gone by. You are going to see cases of blatant discrimination, because, again, the perception is that as long as I do not see your point of view, then you are against me or you are anti-PNM, and that is not the case.

I would make reference to statements that I made here in this very Parliament, where I referred to President Barack Obama in indicating that when he was inaugurated he said that we have to find a place and we have to find the time to understand that not everyone who opposes us is against us. We have to understand that. *[Desk thumping]* Not because I oppose what you say, means that I am against you. It means that as an individual or as one, you may have ideas, they may not always be perfect, but there is nothing wrong in understanding that, as they say, two heads are better than one. If we have to get this piece of legislation right and as the Ministry and the Minister keeps repeating, if we have to get legislation right, for the benefit of this country, it cannot be us and them. It cannot be we say and they do not. It has to be where we come together. It has to be where information is taken.

4.00 p.m.

Clause 14 of this amendment Bill is particularly disconcerting. It seeks to insert a new section 29A to exempt members of the panel from personal liability. The section will also exempt the members of the board from liability and of holders of a special temporary licence.

This Bill will have to be worded differently, if my layman's understanding of this is not what maybe thousands of people may interpret it as. If you would allow me it says:

“The Board, or a person holding a temporary licence other than a special temporary licence shall not be liable for the acts or omissions of—

- (a) the Panel; or.
- (b) a holder of a special temporary licence.”

That could mean several things. For clarification I would like the Minister to make it clearer. *[Interruption]* You sound like a spoilt child, Mr. Minister. I did not give you piece of the lollipop so you are not talking to me. *[Laughter]* I am going to ask that for purposes of exemption we have to be very careful that we—

Mr. President: I am going to plead protection.

Sen. L. Oudit: I thank you very much, Mr. President. I suggest that you identify very clearly those persons you are exempting from liability. This Bill should be clearer because we do not want to make it a *carte blanche* sort of exemption from liability. There are three groups at which you are looking. You are looking at the panel made up of the Chief Medical Officer, three medical practitioners with over 10 years experience and one layperson. Then, you are referring to the board. You are also referring to holders of a special licence.

Section 13 says that the person to be given the licence should have a diploma, entered on the medical registrar of the General Medical Council granted by an institution listed in the Schedule and recognized institution approved by the panel. In this information you also have that he must be of good character, a fit and proper person to practise medicine. How are you classifying the panel, the board and temporary licensed doctors in one category and giving personal exemption of liability to everybody? Nobody is accountable. Is this what the Minister is referring to as what our citizens so rightly deserve? No liability for wrong diagnosis, inaccurate treatment or even death as a result of, and we have several Senators who talked about the misinterpretation of language?

We have to be so careful that we do not misdiagnose. This is not publicized but there are numerous cases. People simply tell you that the doctor did not understand what they were saying. We have to be so careful. This involves life and death. When we talk about no personal or exemption from personal liability we have to be very careful. We are talking about exempting doctors. Are we exempting doctors? While the Minister may wish for me to understand that it is only the panel, the wording of this, I suggest to the Minister, does not state this. If that is the intention of the Minister, then it needs to be revised.

Sen. Narace: Read it.

Sen. L. Oudit: Does this exemption go into medical negligence? Do we exempt doctors given special temporary licence? These are questions I am asking the Minister. I am asking these questions based on my reading of the legislation. Is your information not supposed to be clearer and better worded to avoid

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ambiguous statements? Here it is you are not stating that it is only the panel. In the current wording, this legislation seems to be moving away from what the Government proposes as full accountability.

There seems to be an innately troubling precedent. We seem to be setting a dangerous precedent. [*Interruption*] Minister are you ready? I will proceed. Sen. Piggott? Okay. It seems to be that we have a troubling precedent being set in the establishment of what I see as parallel boards. We are hell-bent on getting our way. Why are we setting up parallel bodies in legislation that has been brought forward in the Senate for the last couple months? To reiterate my point, we have had several parallel bodies being set up for water, T&TEC, and now we have the Medical Council. Local government talked about a local government council. We had a series of parallel organizations being set up within ministries and established agencies.

Why are we doing this? Does a parallel service, agency or institution mean that there are two groups of people in society who require two different types of services? How many Members of the Government will use or have used the services these very public hospitals at which these special licensed doctors would be practising? Is it that we are lowering the standards required by the public health services because we do not use them? Is it that by lowering the standards required by the hospitals we are exempting these doctors from a standardized assessment by the Medical Board? Is it that the people who use the current institutions cannot make a choice, so we say, I have the money to go to Cuba; I am a Minister or a Senator and I will get the best care. Because you have to use the public health institutions in Trinidad, I am not going to get the same assessment for you. Those doctors who are coming here cannot speak English, so you would have to battle your way when you reach them and are in pain or near death of telling them.

I do not believe that "ouch" is sufficient to say or make my diagnosis or treatment any better. I do not agree with that because I may not be in a position to say "ouch". I might be unconscious. [*Desk thumping*] Who will speak on my behalf? How are you going to present your case if it is that the people who are assigned to dealing and cutting you open to do brain, kidney and all the other surgeries, if a basic thing like English is not a part of your first language? It is not even a required language in Cuba. Why are we going to Cuba in the first instance?

Several other Senators spoke about going to other countries and communities. We have Latin America. We have other countries but we did not take the Indian, Brazilian or any other ambassador. We took the Cuban ambassador as a team to

look at filling this shortfall. This seems to be a question of accountability. In light of that, I do like the Minister of Health and his approach to bringing legislation here. Since I have been a Senator I have seen the Minister bring legislation here more often than any other Minister. That is a good thing because in my mind, I may be naive, but at this point it tells me that the Minister is serious about looking at things. As to the way in which it is done, there is where we differ. The fact that he is bringing it means that he is bringing it out in the public.

To help the Minister I would like to propose several suggestions to the Minister. The first suggestion to the Minister is to deal with the speedier registration of locally trained doctors to fill the gaps that are very obvious and glaring in our local institutions. Do not try to bring the doctors from foreign. Locally, we have a number of doctors. The Minister indicated 100, 200, 300. The problem is not that we do not have them but the registration of those doctors which is a tardy process.

The second suggestion is to bring the Medical Board Act of 1961 to Parliament for amendment.

Sen. Narace: It "comin".

Sen. L. Oudit: Right, that is good. It means that we are on the same page with that one. We need to bring that to Parliament.

The third recommendation is that there are gross inadequacies at the existing facilities. This as you say is short-term. The Minister referred to short, medium and long-term. He said that this was a short-term solution. I suggest that we deal with the infrastructural inadequacies that exist in this country, so that the citizens would not have primitive conditions. The doctors and nurses have primitive conditions under which to work. We need to improve the working conditions of the doctors and nurses as well as the patients. I suggest that we increase the number and type of equipment and resources that are given not only to Port of Spain or San Fernando as the major hospitals, but all health facilities in the country.

My other point is that if the Government is so impressed with the Cuban health care training systems and institutions, then I suggest to the Minister that maybe, on a yearly basis have a team of interns to send to Cuba for specialist training. In that way we would be investing in the human resources of our country because they would be Trinidadians being sent to Cuba at an intern level. They would be trained and specialize in Cuba and brought back. What we are doing now is simply fattening the pockets of the Cuban Treasury and doctors. I suggest

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that on a yearly basis we implement the system of sending a team based on merit not party or any other thing. Send this team of interns to be trained in Cuba and in that we would certainly be investing in the human resource development of Trinidad and Tobago.

4.15 p.m.

This amendment Bill cannot be passed in this particular manner. We have to be very careful. I think the Minister really has a task on his hands. This political affiliation talk seems to be out of place here because we are dealing with something that is very important and very dangerous. I suggest that this Bill should not have come. This amendment Bill, to identify a panel should not have come and we should have taken a little more time and dealt with the Act to benefit the doctors.

My final point is that if the President of the Medical Council, Dr. Steve Smith, is no longer—and he was supposedly a thorn in the side of the progress of the Ministry—what is the problem of dealing with a medical council that you can now give the charge of responsibility, that you can say: Hear what, we need to fill these gaps and I need some form of accreditation, and go through the Medical Council. So there is no need for this piece of legislation. [*Desk thumping*]

Sen. Prof. Ramesh Deosaran: Mr. President, there are four major issues that have erupted from the debate so far. I use the word “erupted” advisedly.

The first is the question of bringing in foreign doctors, including Cubans, predominantly. The second is the establishment, through this amendment Bill, of a panel against the wishes of the Council and the procedure it would wish to adopt under Act No.35 of 1960, the Medical Board Act. The third has to do with the repeated allegations that doctors are forced out and victimized. I see that moreso as a problem for human resource management.

This question of victimization and forcing out doctors—some doctors more than others—has to be dealt with frontally because there is no strong evidence to suggest that, but there is a deep perception and emotional feelings attached to that claim. It has to be dealt with properly by the Government and, apart from the denials by some prominent doctors about the charge of racial discrimination, the Ministry should do some proper analysis to satisfy public curiosity if not public grief.

The last speaker mentioned the word “perception”. We should avoid repeating this particular problem. I find it intriguing, not only in this particular case, but in similar cases to which I would refer at a later time, that the Minister of Health is of East Indian descent. I would hate to think that he is taking part in discrimination against what we can call his own ethnic group. I doubt it.

That is the point. In the crosstalk, we seem to confuse political manoeuvring with ethnic discrimination. That was one of the points that senior doctors had made. Yes, things have been mismanaged; they did not get what they wanted through industrial relations procedures, but they are of East Indian descent apparently and that connection is not always valid. I have always found it strange, if you speak about public service discrimination, that one of the longest serving members of the Public Service Commission and the Police Service Commission was also of East Indian descent. I do not know at what point in the system the discrimination takes off far apart from what the chairman and members of such service commissions require. It means that the perception is way ahead of the facts, unless you align the facts with the perception. It disturbs the national community, especially on matters of crime, health and education, to have the substantive issues dislodged, distracted by claims and counterclaims of racial discrimination.

We have to do something proper about that, if not through the Equal Opportunity Commission, in some other way. It does not do any one of us any good, except where it can be properly established. There is some hurt and I think that we ought to deal with it.

The other issue is the question of doctors leaving and the reasons. That is what led to this Bill, I well imagine. I do not think we can stand still with a severe shortage of doctors and do nothing about it. The question is: what are you doing appropriate? I would want to deal with that at some length.

It seems that you are taking doctors from different parts of the world, for example, Cuba. Cuba is relatively poor. They need their doctors. The Philippines is a very poor place and they need their doctors. You have said, and quite rightly, that we also need doctors. Drawing from the marketplace, I am happy that you have put in a time limit in certain parts of the legislation that a temporary licence, in the first instance, will be applicable within a three-year period and subject to just one renewal.

So you are hoping to pick up as time goes by, but the question remains whether the conditions for accommodating these doctors are proper and of a sufficiently high standard for the service you expect them to do. However, the

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haemorrhaging is much more than that. You are training doctors at great public expense and I have not heard from the Minister—I hope that he will accentuate that particular point—I have not heard it from any other government spokesperson as to whilst you are training them and giving them scholarships what are the contractual obligations to remain in the country. If it is in the contract, I would like to hear it voiced, in the public interest. I would hate to think that the taxpayers and those who need medical care are subscribing to such scholarships and there are no contractual obligations properly and vigilantly applied to see that they serve their community.

More than that, in this day and age where medical service is so necessary, it is not a matter just of staying in Trinidad and Tobago to fulfil your contractual obligations, the Government should reserve the right, with proper consultation through the association, to put them in rural communities. That is what medicine is all about—serving those that need the help. That is the prime consideration of the oath they have taken. The country waits to see much more of that kind of service.

I cannot stop doctors from politicizing their issues or from taking industrial relations action, but those considerations should come after they give service to the poor and needy amongst the community. Here again, I know I will have no great audience to hear this. This is the age in which we live and I believe that I am just sounding an ideal by which several other professions, including the medical profession, should abide.

I am aware that there is a shortage in health. I must tell you, following on the very enlightening speech by Sen. Oudit, I am happy that she made the remark that you appear to be a tireless Minister; always busy, not showing a dint of tiredness; always looking fresh and ready for the next challenge. Whether it is from many voices or just one voice, it is remarkable to see you silent even one voice with the public relations strategy that you seemingly so brilliantly apply.

There is no TV show or talk show that you do not listen to. Sometimes I wonder how many ears you have. You always intervene very proactively.

Mr. President: Senator, speak to me!

Sen. Prof. R. Deosaran: I am speaking to you, Sir; I am just not looking at you. Some say you are one of the best, if not the best public relations officer. It is good for him to know that there is some encouragement for him to continue work in this very important field of health.

As I listened to the debate, I myself wondered whether I should speak because so many things have been said and if you add it up, there is a little bit of truth here, there and somewhere else. If only we had a formula to put all these different pieces together, we would come up with the right formula.

You are right, Sen. Rahman, Sen. Oudit and particularly you, Sen. Dr. Khan for your experience and so too, Sen. Melville and, of course, the hon. Minister. It is the nature of the system in which we operate that people come to this debate with one eye closed hoping, perhaps, to win the popular opinion. That is the name of the game.

I always wonder when we say we should not politicize crime, we should not politicize health, we should not politicize education, what we should politicize. If there are two sides to a Parliament each trying to vie for power, it cannot mutualize itself or become political eunuchs in this game of adversarial politics.

Be that as it may, a young lady came to see me yesterday, Sir. It is very relevant because she wanted to work in the health sector. She was trying to see me for many months and yesterday she came to my office and presented her résumé and explained the list of problems she has been having in getting a job in the appropriate ministry. The list was long and I was pained to know that here was somebody who was telling me that she would return to the United States if she did not get a job. When I looked at her résumé, it was quite proper, appropriate to the needs especially of psychiatric care. I asked for her résumé. I promised to bring it today. I explained that to my family this morning and I explained to my staff that I would try to help and send it to one of the Ministers, in this case the Minister of Health.

I brought the résumé with me and a note: “Dear Minister, Can you at least help to arrange an interview for this particular person. Her résumé is attached.” I signed my name. I am raising this for another reason, Sir. I took the résumé to the washroom and left it on the counter. I left to take my seat and five minutes after when I returned to the washroom the résumé and my note had disappeared. I saw three or four people entering the washroom because where I sit I could see the door. I enquired from two of them. They said they did not take it. The Orderly also confirmed that; I sent him to look. So the résumé is lost and the girl may well return to the United States. Who has taken—I use the word “taken”—

Sen. Hadeed: Senator, I found the résumé in the washroom and I passed it to Sen. George so that he could give it to the Minister. I realized it was from you to the Minister. [*Laughter*]

Sen. Prof. R. Deosaran: Mr. President, this is one of the rare occasions when my speech has borne fruit and with such immediacy.

Mr. President: As you mention food, we will suspend the sitting for the tea break and resume at 5 o'clock.

The sitting is now suspended until 5 o'clock.

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

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

Sen. Prof. R. Deosaran: Thank you, Mr. Vice-President. What I would try to do now is to go through the points raised in the debate on both sides and also use some reference to existing circumstances and some logic to arrive at my conclusion, as well as my vote in this evening's proceedings.

I note, and it was said on both sides, that the Minister has tried very hard to persuade the council to the Government's point of view, in terms of satisfying the programme to heal the shortage. I counted, as you have mentioned, about 20 or more attempts, some successful meetings. In my view, they danced you around. I wish that did not happen. They made an appointment and cancelled the appointment. I do not think that is respectful to a Minister of Government, whichever Minister it might be. I find that rather unbecoming, if there is no proper justification given for it. You must have some civility, though we endure disagreements.

I also notice that the council is now divided on the issue which, again, is rather unfortunate. The division seems not to be based on any particular argument or evidence. It seems to have a political taint to the division and people have political rights as well, but we must look at the implications. I, therefore looked in passing, on the Medical Board Act, in terms of the regulations, because it seems as if the President's name, Dr. Steve Smith, has been mentioned here quite often, unfortunately but, perhaps, necessarily. When I hear Dr. Steve Smith, I remember a rhyme in my early school days: Mr. Smith's Ship Sink. You had to say it several times to test whether you would pronounce each word discreetly. It looks as if Dr. Smith's ship sink in this particular incident.

When I look at the regulations, I see in section 14 that the Secretary-Treasurer shall request of the President to convene all meetings of the Council at such place and with such object as may be specified by the President. I would want to ask, so as to avoid another protracted circumstance, whether this particular regulation was properly applied, so as to have Prof. Zulaika Ali as President.

Section 15 states that:

“The Secretary-Treasurer, at the request of the President or on a requisition in writing signed by at least four members of the board, shall summon all such meetings of the board as he may be required to summon as aforesaid.”

With particular reference to section 14, perhaps the Attorney General might wish to advise the Minister, as a matter of expediency, so that he can give an explanation, so that we can all come to our conclusion on this matter. Who is the duly elected bona fide President of the council as of now? That is the question with respect to section 14 of the regulations.

Mr. President, the matter of Cubans has arisen in the other place and it is raised here this afternoon. Sen. Oudit is quite correct, I noticed that myself, nowhere in the Bill it says “Cubans”; it says foreign doctors. The Bill applies to several other countries, but I do not know how the question of Cuba crept in. It is fortunate, because it will set a precedent and we will clear up the debris wherever they are and also see light where there is light in the example set by Cuban doctors.

Let me, with respect, give my take on this issue. One thing I know is that the health system in Cuba is about the best in the world. That is at the top of my own thinking, so you have gone to a right place in that particular criterion. It has not been proven, as evidence from the panel indicates, that public complaints that the Cubans who have been here so far have been negligent or inefficient, either through communications or through physical care. Again, that criterion of competence, if based on this piece of evidence, is also satisfied. In fact, when I look at it, I feel that the Raúl Castro Government should be commended for extending that hand of service to a fellow Caribbean country.

We would be coming to the qualification just now. I understand that is the biggest bugbear. There is the accreditation issue, English language, English proficiency, which you have said and I think it is acceptable. COSTAATT is a tertiary education place. It has programmes in health management, public administration and security administration, so the level of competence through statute is that it is an incorporated body and by law it has the power and competence, in my view, to execute and adjudicate such literacy tests. It is not only a matter of English, it is also a matter of understanding the basic medical terms in a convertible manner from English to their Spanish comprehension. It is not only a literacy test, it is a matter of knowing basic medical terms, at least an understanding of those terms. If you read the manual for the X-ray machine or

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matters of such sort, the Cuban doctor will be competent. I think that test should also be included, apart from the English proficiency test. Matters like “lash, ouch, bodow and ah fall dong bodow on de step”, you must remember this is not exclusive to Cuban doctors.

We have a lot of American and British consultants who come here and would find the same language disposition. We might make a case against the Cubans if we are against the principle, but we must also understand it is of wider applicability to all other consultants and experts who come here and, perhaps, might be accused of the same deficiency. The COSTAATT test is, to me, valid and with whatever cut-off points you use, I think you can put that with the other criteria, which have, so far, been commendable to support your programme.

The question of Prime Minister Manning going to Cuba has tremendous symbolic merit in confidence in the Cuban health system as a whole. We are not talking about specific doctors as Sen. Dr. Khan mentioned, which is another lower level of the problem. His going to Cuba is a commendable venture on the Cuban part, but it seems to imply a sad commentary on our local medical profession.

In this debate, it gives us an opportunity to come to the point of a matter, which is on the agenda and which bears great relevance to the medical profession, in terms of technology exchange and joint seminars, learning one from the other and in terms of having Cuba being brought closer to the rest of the Caribbean. You cannot, at the higher diplomatic level, say you want Cuba to be included in Caricom, without having machinery, even here and there, in terms of institutional connection and exchange programmes, be it on technology and expertise, especially on a matter like medicine, cultural and professional exchanges. This is a venture that is fitting into that broader picture. I think we should, rather than condemn it, try to see where the loose ends need to be smoothed out to have it more accelerated to fill this wider policy arena.

In fact, I would look at it on the other side too. I recently took a course in Spanish at COSTAATT. I am quite modest, but I got an A in the course. I am stepping forward to make Spanish, although I did it in high school, I want to upgrade my knowledge in a conversational way, so I took the course. Why am I saying so? I do not want to give advice to other people, which I do not take for myself. I want to advise the doctors and nurses in this country to try and learn Spanish. Perhaps, one day, they too would go to Cuba and perform a reciprocal service. That is in the context of the Caribbean spirit, as it were. We cannot be isolated from Cuba. That is why I am happy the Cuban example was raised. We can no longer afford to be isolated and merely talk about Caribbean integration

and bringing Cuba closer to us and vice versa, without making the institutional linkages in a pragmatic and in a mutually beneficial manner as this one, once the other criteria are satisfied.

Let me emphasize the point to doctors, nurses and other professionals like myself. There are one or two colleagues here who know Spanish. I would not point them out, they might be a little embarrassed. This is the way to go. This is the future. What you have done here, hon. Minister, is to set a strategic step towards the future, because I am quite sure, whatever complaints we have about the Cuban doctors, the doctors in the medical position here should be anxious to go and benefit from the Cuban technology as Mr. Manning recently experienced, not only in terms of cardiac issues, but in terms of diabetes, neurosurgery and so on. A telling point in his presentation was the fact that he advertised locally. That is one of Sen. Oudit's strong points; that you should include all the doctors here and make some movement towards getting them incorporated in the medical service. I agree with that, but when you tell the country and the Parliament that you have advertized prolifically and only eight applied and of that eight, six were already in the public service, I think, to some extent, I know there is a call for you to go international, but Sen. Baptiste-Mc Knight alluded to that in a proper way; about the implications for going abroad, further than the local community. Six were already in the public service.

You have done what you are obligated to do, it was for others to do what they should have taken advantage of. That not being the case, as I said, you cannot stand still and face a severe shortage in the medical profession with the council stagnated, with respect to responding to your request and using the qualifications issue as a blockade, as it were, and also not having local medical practitioners responding to the appeal to fill this shortage. You just could not stand still.

Another point, in my view, an ameliorative point, is that you are legislating and the panel's work is directed towards having the Cuban medical doctors involved only in the public service. Am I right?

Sen. Narace: That is correct.

Sen. Prof. R. Deosaran: That is where the server shortage is. This brings me to a very disturbing issue in the medical profession on both sides. It is a matter of concern, to some extent, to the medical profession and it is a matter of concern to the Government, but it is of more serious concern to the patients and citizens of this country.

5.15 p.m.

What is that issue? Through you, Mr. Vice-President, I have told the Minister several times, this is a matter that you need to look at, at least in your term of office and negotiate with the associations on the question of having the service and time of doctors divided between their public service component and still having their private practice at the same time. That causes disruption, and given human nature as it is, it is likely which side they will try to serve more than the other side.

This is not a condemnation of the medical profession. It is a structural issue, what Sen. The Hon. Conrad Enill would call systematic issue. It shapes human behaviour, so you will have to change the structure to veer human behaviour in a more convenient and humanitarian way, that is, we have to decide in this country once and for all, whether a doctor should be allowed to serve in his private practice or whether he should serve in the public service with appropriate remuneration, conditions and incentives, continuing education, technology.

There are other incentives. It happens in other countries. I do not have to call all of those countries, but it happens, but the remuneration, the incentives and conditions must be appropriate, which all of these things have been of great concern to people like Sen. Dr. Fuad Khan and the medical profession. It seems as if the conditions of employment are not proper enough and that has contributed to some extent to a number of doctors leaving the country. So, I think you have some more work to do, Mr. Minister. I know you are capable of undertaking the mission and I look forward to you being successful.

There is a small point in clause 13 of the Bill. I would not refer to the Bill too much because the legislation is quite familiar. We have had this before. It is like the Municipal Corporations Act.

Sen. Seetahal SC: Not quite. [*Laughter*]

Sen. Prof. R. Deosaran: Well, we have not reached there as yet. That was four times, this is just two times. I hope it does not reach four times. Clause 13 in the Bill, but it refers to section 29 in the Act, where if you are denied registration and a temporary licence, it says that you have no right of appeal if you are denied a temporary licence. Perhaps, is it because the licence is temporary you feel that for administrative purposes it is better you do that? We can pass with that.

I have already spoken about the three-year limit which I think is quite commendable. So, from my point of view, and we will hear from later speakers, especially who is touching on the qualification aspect as to the readiness of it, but

so far I think you have tried very hard as a Minister. I do not think you have left any stone unturned. In my respectful view, I do not think you have been spiteful; I do not think you have engaged in ethnic cleansing, I think you have put the best foot forward. But the issue of language competency, I think that is an outstanding issue which I, with respect, would ask you to attend to in your winding up.

I think one speaker said, people are dying and if you bring these foreign doctors here, we will see people just dying because physical care would be blocked by proper communication. But, Mr. Vice-President, we have people dying here already because of the shortage. So, you are almost in a sense, between the devil and the deep blue sea, but you have to make a choice. I have to make a choice this evening as to how to vote and I will certainly do so when I hear your delivery.

If we had any doubts about the Cuban health system, if we have any doubts about the competence of the medical and allied professions of Cuba and their capacity to send people to Trinidad and Tobago, I would merely refer you to Sen. Dr. Jennifer Kernahan who was trained in Cuba and perhaps she would tell us something about the Cuban experience, possibly to support your Bill. [*Laughter*]

Thank you, Mr. Vice-President .

The Parliamentary Secretary in the Ministry of Health (Sen. Wesley George): Thank you, Mr. Vice-President. I enter this debate, hopefully for a short period, just to treat with some concerns that were raised earlier on in the debate and I am taking it in order as they were raised.

I would like to begin with the issue that Sen. Dr. Khan raised in his contribution as it relates to employment practices at north-west. I would like to treat specifically with his examples, and I would like to say from the outset it is not my intention to attack Sen. Dr. Khan personally, that is not the case, however, what I want to do is to simply provide information for us to treat with however we feel.

Sometime ago when an article appeared in the newspaper—Sen. Dr. Khan, I am a victim of discrimination—it came to my attention and I requested reports from the RHA on the matter, since then we looked it over and we have been keeping an eye on the issue. What came out of the report essentially, and—I just want to backtrack—what Sen. Dr. Khan said he had, and coming out of the interview, he was not chosen for the position and that was his point of view. However, the report coming out of the RHA suggested otherwise. What the report

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suggested is that there was one position to be filled at the time and it was not that Sen. Dr. Khan was outrightly rejected; as a matter of fact, the report here suggested that they recommended:

“In light of the foregoing it was recommended that Dr. Fuad Khan be offered a one year contract of appointment as specialist medical officer as consultant urologist with effect from his assumption of duty, when the additional position of specialist medical officer, consultant urologist is created as proposed in the revised organizational structure for Port of Spain General Hospital...”

I understand that organizational structure is completed and it is before the management team and it will go before the Cabinet in short order. So in very short order I would imagine, because we are pushing to have this done to ensure that the RHAs can move ahead with their strategic plans. We at the ministry have put on the front burner the approval of their organizational structure and we hope that, hopefully, before the budget that would be implemented and once that is done, Dr. Khan would receive an offer to come on board and serve at the Port of Spain General Hospital in a manner that, hopefully, he would deem satisfactory.

Sen. Narace: We invite you.

Sen. Dr. Khan: I never heard about it until now.

Sen. Narace: Well, give them back their job and come and join us.

Sen. W. George: I have a number of details as it relates to the claims or the question of the doctor who got the position, but in the tone of this afternoon, I think that the information that I have divulged here is sufficient, if only to quell the concerns that the doctor was victimized in any way.

However, I felt that they needed to also address some other issues as they relate to some key persons at the RHA, Dr. Winston Welch, the hospital administrator as well as the CEO, Miss Carrington, some concerns were raised as it relates to their conduct. I am not about to defend the personalities this afternoon, however, I felt it was responsible, at least to provide another side of the story, if only for balance in the debate with respect to the examples that Sen. Dr. Khan brought forward as it relates to Dr. Hosein, an ophthalmologist who was about to go on leave and there was some issue with respect to his replacement, a UN volunteer doctor who was recommended by Dr. Welch to act in the position and there was the feeling by some of the folks there that this particular doctor was not adequately qualified or there were other qualified doctors.

As a matter of fact, my checks with the institutions suggested that the UN volunteer doctor in question has over 20 years experience in ophthalmology, has worked in several countries around the world and is very qualified; as a matter of fact, is one of the more qualified practitioners at the institution. However, that arrangement was not put in place because the contracts and the arrangements that the Government has with the UN does not provide for their doctors to act for our doctors, so other arrangements had to be made.

But that be it so—you know, there was a particular tone that was running through this whilst I was just looking over the information and I felt somewhat sad, because I could not get the feeling that underneath all of this— especially coming from Sen. Dr. Khan, because this has been going on in the public for a while—it is almost as if you were rejected and you decided, “listen, we are just going to mash up the place, quarrel”. He said all sorts of things about these people, but, when I looked at the facts it is hard to really glean any sort of relevance to back up the claims here. I am not saying that there are no issues and there are situations that perhaps may exist, however, in this particular case, I felt the manner in which it was dealt with left a lot to be desired of a professional practitioner such as Sen. Dr. Khan.

Mr. Vice-President, with respect to the issue of shortage of senior practitioners at the hospital and talks that have been bantered about Dr. Welch and folks within the system driving persons out, we have for some time heard such claims and for some time we have sought to investigate these claims. As a matter of fact, I said it before in another debate and I would like to reiterate that point again, that all claims are investigated at different levels. [*Desk thumping*]

If the person can write, once we hear it, an enquiry, at least, is made, as was done in Sen. Dr. Khan's case. We saw something, I said send me something on it and I would send it to our auditors, send it to the PS, and say, listen, is there anything here that we need to be concerned about? Yes, no and we treat with it in that way.

This whole issue of doctors being unfairly treated, doctors being deliberately pushed out the system, I am not too sure if again there is evidence to suggest that is so on the scale that they claimed it to be. Because, one has to take into consideration that the present situation that attains came about as a result of the changeover from the public system into the RHAs. VSEP was offered; a number of our senior consultants and senior physicians took VSEP, a number of them with near retirement—as a matter of fact, it was a sweet deal, I understand. They got

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their pension, gratuity and all outstanding leave money. It was a sweet package for them to leave. They could still come back and they could be seconded. It was a really nice arrangement. Some took VSEP, went away, went into private practice, and some came back into the system and worked for the RHAs and are presently there.

5.30 p.m.

As a result of that, the RHAs were left with shortages in their establishment that had to be filled. But there is a particular problem with sourcing or filling positions at that level, at the rate we would like to fill them, locally. Why is that? My understanding is that locally what happens—well, I will get to that—was that the remuneration packages that are presently offered within the public health care system do not match up in any way to what could be attained in private or internationally, and that is one of the main reasons why we have problems, especially north-west that has been trying its very best to fill vacancies at the level of senior specialist.

As a matter of fact, during the negotiation in the transition from the public service over to the RHAs, north-west held a breakfast, they held a meeting and they brought this group of doctors together because they appreciated that it was going to be a hard time getting them to come back on board. They put them to sit and negotiate terms and conditions and to go through the packages and so on, and at the end of that, what was told to the RHAs was, "Listen, if you all are serious about this particular proposal, you all need to put this money on the table." The RHAs unfortunately—and we at the Ministry, whereas we are not saying no, we are not saying that doctors should not be paid a decent or respectable salary, however, we are constrained to do so, and the RHAs can only operate within the sphere of influence in which the law and the RHA Regulations provide for them to operate in. I am sure most of us are fully aware and I am sure the doctors are fully aware that issues as they relate to compensation within the public service reside within the Office of the Chief Personnel Officer (CPO). Even as we say that, in light of that, the Ministry of Health earlier on—I understand it has been ongoing, but I can speak for our term here. I am aware that the Minister has been and has taken the responsibility to treat with this whole issue of remuneration within the public system because we appreciate that we are not only looking to attract qualified, quality professionals from within the public service, we are also aware that we see ourselves as players in the global market.

Earlier on, I think last year, we received a number of letters and applications from Trinidadians who would have gone abroad to work for years and so on, and they have shown an interest in coming back. However, in so doing, they are saying, "Listen, we are ready to come back, we are ready to contribute, we are

ready to help build the system, but you all are going to have to do a little better with respect to your compensation." We would appreciate that, and we are not fighting and saying no.

As a matter of fact, there is a study going on at the Eastern Regional Health Authority seeking to provide a baseline, a baseline for us to put together a package to take to the CPO as to what our doctors are worth today. So we are actively pursuing strategies to treat with the issue of remuneration, not only for doctors, but for the whole health sector. We are looking to bring everybody up to scratch, so that we can be players, not only regionally, but internationally, and so to expose our health system to the best that the world has to offer as it relates to health care.

Apart from that, we also have problems as—and it relates to retaining doctors—with expectations and managing expectations. The Minister from time to time would have expressed in the public domain that we have as part of upgrading the system, sent a number of our local practitioners on scholarships to become specialized and so on. The thing is that when they go abroad and they come back, there is a particular expectation of these individuals. They are looking to practise a certain type of medicine, a higher level of medicine of a different quality, of a different calibre and so on, but not only that, they are looking to practise it in surroundings that really reflect international standards, and again, we are not fighting that, we are not saying no. We have actively sought to treat with those expectations.

Mr. Vice-President, from day one—and it did not stop then, but it continued. It was not just a PR thing—the Minister of Health put on the front burner and told the RHAs that they needed to improve their physical infrastructure. Because you cannot expect persons to operate to their top capacity, to produce, to go beyond the call of duty, when in fact you do not have the tools to do your job, when your work environment is not pleasing and it is not aesthetically appealing to you. So we put that to them and challenged them. That has happened and it is continuing. As a matter of fact, even from the most minor thing to more significant maintenance upgrades.

As a matter of fact, in Mount Hope alone there are some 15 maintenance and upgrade projects happening, costing to the tune of some \$30 million and that package of projects is about 90 per cent completed. I recently toured Port of Spain General Hospital and they too have a number of upgrade projects. Upgrade as it relates to the physical infrastructure, but also upgrade as it relates to the plant and equipment especially at Port of Spain, because it is a 100-plus year-old institution

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and that has been moving along. I personally am seeing after that and we ensure that those projects keep apace. Why is that? We actually listen to the people in health care. So much so—[*Interruption*]

Sen. Narace: And we survey as well.

Sen. W. George: And we survey. We survey customers, we conduct internal surveys through our quality department, we survey every three months, we do a customer satisfaction survey every three months and what we do is benchmark it internationally in the first instance, but we link it to improvements or completed projects that would have happened during the period under the survey. Needless to say, when we began the survey, I think in November 2007, the satisfaction—I can speak for Port of Spain. I believe the satisfaction rating for Port of Spain was 63 per cent, where internationally it was 93 per cent. Today and for the past three surveys conducted, Port of Spain has surpassed the international satisfaction survey. They have been rated 95 per cent. Not in all areas, but across the institution. Again, we can link that back to a number of different initiatives and projects that the region and the Ministry of Health would have implemented over that period of time.

So with respect to the expectations of our doctors, we are bringing on board three new hospitals with state-of-the-art design including the Tobago Hospital, state-of-the-art equipment, and apart from that in terms of the softer side of things, we are embarking on a number of initiatives, partnerships and studies to expand the type of medicine that is practised in Trinidad and Tobago, so that our trained nationals who acquire skills abroad and would like to practise their skills in Trinidad and Tobago would be able to do so.

Mr. Vice-President, we appreciate that these are some of the things that—but not all those things money can fix and not all of these things can be fixed tomorrow either, but I would like to humbly submit that we recognize the issues that play out or cause some of our doctors to feel a bit disenchanted and we are doing our very best in a planned and structured way to ensure that we take them on board, and that in due course we can satisfy the needs of our internal clients. The key to bringing doctors on board and also the key to building a health system that is all-inclusive, is participation.

I just want to make my final point. What we have done and not only that, it came to us that listening to some of the quarrels from some of the doctors, we got a sense that they want to contribute. They want to be a part of what is happening. They have ideas and they feel as if they are boxed in and stymied, and what we

have sought to do is to provide a forum for not only doctors, but all the leaders within the health sector to be a part of the decision-making process of the Ministry of Health. That is not just decisions at a particular level.

What we have done is that we have created a forum called "The Leadership Forum" and at this leadership forum all 300 leaders within the health sector are invited to come together, I believe every quarter, and what happens at this meeting, we would share our plans, we would share our problems, we would have a conversation with our leaders and we would receive feedback from them in that instance. But not only that, another function of this forum is to allow doctors, physicians, health care practitioners to come and bring to us—*[Interruption]*

Sen. Narace: Managers.

Sen. W. George: Managers as well—problems that they see happening on the day to day level. Problems such as, discrimination if they feel like, but of course there are some understandings and guidelines and so on, and it is at that forum that these issues were brought on the table and discussed.

As a matter of fact, some of the initiatives that are happening in health care as they relate to a number of different issues were born out of the ideas and the concerns that were raised at this particular forum. The forum has gotten a very high rating from the participants and we expect that as it fleshes itself out, you will find that our internal clients have a greater appreciation for what is happening around them and would feel a lot more inclined to be a part and not seek to obstruct, for want of a better phrase, initiatives because of lack of understanding or because they feel that they are not a part of what is happening.

5.45 p.m.

We are quite aware of some of the issues as they relate to retaining doctors, managing doctors and so on. However, the Ministry of Health is committed to ensuring that all doctors in Trinidad and Tobago have an opportunity to serve, have an opportunity to be part of the development of the health sector and the country as a whole. We would continue to ensure that they are given first preference with respect to any initiative or concerns as it relates to their profession.

Thank you, Mr. Vice-President.

Sen. Dana Seetahal SC: Mr. Vice-President, up to the year before the last Act in 2003 was passed, I actually had a very good impression of the health services in Trinidad and Tobago. My personal experience was such that when one of our

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law interns fell and had a collar bone dislodged in my chambers, I was able to go outside the road and put out my hand when I saw an ambulance, and have the ambulance take us straight to the Port of Spain General Hospital, with no siren—I wanted the siren, but they did not put it on. [*Laughter*] When we got there, to have the person attended to by a doctor, almost immediately. An X-ray was taken and then we went to a doctor who did something and put back on the collar bone in no time. So it was a really good experience. I have to say that my personal experiences in the health services—I do not know if I cause people to pity me—but they have been extremely good. My experiences have all been very good.

When this Bill came in 2003 to provide for the shortages in the Ministry, I asked certain questions and I supported it. In principle I would still support a Bill of that nature, if the intent is to provide for shortages in the public service, which Trinidad and Tobago cannot fill.

Now, although we say that the world is a global village, in truth and in fact, we still have to get work permits to work in other countries. For example, to go to the United States, we have to get our visas, and in other countries as well. So it does not really and truly occur, the whole talk about this global village is not true.

In light of that, we have to look at what laws we pass as well to see if we are not protecting our citizens' rights. I think that really is what the concern is. At least, I am gathering the concern must be that. What other concern could there be from the professionals, other than they feel they are threatened? In that light, I think we should look at the first Act in 2003. It really provided for four things: one, it was for a panel to issue the special temporary licences; it provided for the actual special temporary licence; for the issue of such a licence where there was a shortage in the public health sector, a shortage of doctors that is, and the keeping of a book of special temporary licences. The argument then was that the creation of this panel was not to override the Medical Council. Whether that is so or not, is still up in the air.

The fact of the matter is that if you have a medical council under the Medical Board Act, then one would expect that council would be reluctant to give these kinds of special temporary licences. I would expect that, because they would be more focused on protecting the interest, totally, of their members. I am not sure that they would have been as objective in assessing the needs of the society as against that protection.

That Act, as we know, expired on July 25, 2007. In that same year another Act was passed amending the Medical Board Act, providing for a register for specialists, new composition of the Medical Council and fees and penalties. That

is really what the 2007 Act was about. It was important, because prior to that there was no compulsion in the Medical Council to have a register of specialists. Persons like pathologists could claim that they were pathologists and the courts might say otherwise. This issue arose in a very well-known case in Trinidad and Tobago which went to the Privy Council, on the question of specialist expertise. That 2007 amendment was a very laudable one, in my view.

Now we have the proposed amendment, which is identical to 2003, as everyone has recognized. The issue, in my view, is whether we have proper accounting by the Government as to what transpired in those four years, so that we could say yes, we need this and that we should give you the go-ahead.

In 2003, the then Minister of Health said that there were 250 posts of doctors in the public service; those were, more or less, his words; I am now hearing 1,200. I do not know if I heard it from this Minister or I heard it thrown around; maybe the Minister could clear that up.

Sen. Narace: In 2008, we had 1,700 medical professionals. We need to make a distinction between consultants, specialists, regular doctors and physicians. Of course, our establishment is about 2,400-odd, therefore, there is a gap. It is not as much as 1,200.

What is important to note is that from 2000 to now, we have increased our complement of doctors by about 500 and also our range of services and the number of institutions we have built over the years.

Sen. D. Seetahal SC: Thank you; I merely wanted to get it clear. It was stated clearly that there were 250 unfilled vacancies for doctors in the public service. What is the number of unfilled posts, including the Regional Health Authorities, in 2009? That is what I want to know. If it is 1,200, as is said, I heard that figure bandied about, I would have to wonder about that. Not that I want the ratio of doctors to patients to be greater, because clearly we would all want the best medical help. But is it reasonable if that ratio was to decrease, instead of one to every 100, to one to every 125? Is it not expensive?

I would not say that the population is stagnant, because that sounds as if we are not having children in this country, but it is basically stable. So if we had in 2003 in the public sector 600 posts, as was said, and now we clearly appear to have more, because the number of vacancies—I am talking about doctors, not general professionals—is said to be like 1,000, then I have to wonder what happened to cause that increase. That is something we need to have explained.

In relation to the period in the four years between 2004—2007, I would like to find out what transpired in terms of this satisfaction of the shortage by the Cubans. We have heard anecdotal evidence, they were good and they were not good. My colleague said that there were no complaints, but was there a mechanism for complaints? I do not know. Where would they do it? People might write letters in the newspapers if they were so capable, if they had the energy to do so. Sometimes they do it for their favourite politician to complain against, but would they go so far as to do that? I have not listened to the 20-something or 30-something radio stations and talk shows to find out whether there were complaints, so I cannot attest. Could we get some feedback on that?

I also want to know how many doctors were actually hired. If the Minister indicated that at the outset, I may have missed it. I tried to look at television when I was not here or have somebody look at it for me, but I did not hear. Who were the members of this panel? Bearing in mind that it is the panel that would determine who should be granted those licences, who were the members of the panel and what were their qualification?

There is a quarrel, it might not be a vociferous one, between the Medical Council and the panel, in that the Medical Council sees the panel as a parallel kind of power base or authority. If we knew who these were, we could form a view, within ourselves, as to whether or not there is that intention. We have names; people write letters in the newspapers and say that this doctor is no good. Doctors themselves do it, senior doctors, persons of repute. You read it, then next week you see another one saying no, persons accusing each other of the worst kinds of things; not to the extent that they have killed patients, but all kinds of lack of ethics. I do not know if you have seen them, but there seem to be some kind of constant letter writing and complaints between two eminent doctors in this country. If we are seeing that, what can we believe?

I would like to know about the book of specialist temporary licences that was created under the last Act. There must have been a book that would tell us the qualifications of the doctors, how many there were and so on.

I would also like to know what has been happening in the last two years. Is it that in 2007 these doctors were sent home? Is it that they were kept on in some way that we do not know? When they were sent home, was there a halt in the public health sector? We need to know what happened and about the provision of those kinds of services that they did.

Finally, in terms of the reporting for that period, the 2003 legislation said that the only criterion for this specialist temporary licence was that the person's diploma would have been granted by a recognized institution. Bear in mind that

for other persons to be granted licences, you had to have the University of the West Indies and other established institutions, granted by a recognized institution. My colleague, Sen. Ali, made the point that this last Act was before the Accreditation Council. So in that provision that you now have—it is not a new provision, but a repetition of the old provision—when you say "recognized institution", do you mean recognized by the Accreditation Council or ought it not to be recognized by the Accreditation Council? If the intent is not to do so, then it should be made clear.

What we have done is duplicated the provisions of the 2003 Act without taking into account that in the interim there was this Accreditation Act which established the Council. What is a recognized institution, in whose view? That is why the composition of the panel is so important. The names of the panel are important.

There have been a lot of questions about the language, whether the doctors who came here could have communicated and whether you could not make signs. Those things, hopefully, would have been worked out or could be worked out, but I have to say that I really find it difficult to communicate by signs, for somebody to say that I have a pain on the side of my back. A colleague of mine said that I could say that I have a pain on my "sido" or my "backo", this allusion to just adding an "o" to everything and just making it Spanish. [Laughter] Possibly you could have a dictionary. Persons have been known to utilize a dictionary to communicate when they need to. Nobody mentioned it, but that is an obvious thing which I use when I travel abroad. You cannot pronounce it right, but you could point. That is something that could be worked out.

Finally on this, I would like to know about the question of work permits. I do not see that mentioned anywhere in this Bill. You might be able to grant these doctors licences, but should they not have work permits when they work in the public institutions or any institution for that matter?

6.00 p.m.

Is it because it is a public hospital they are exempt? I am not aware of that. In relation to the Chinese labourers where thousands of them have been brought, there was an amendment to the Immigration Act which facilitated that. I am not sure that it was limited there to labourers. Maybe, there is an intention to bring groups of people under that legislation. We need to know. It is like if once you get a licence you can come and work here. Did it operate like that in the past? Is that how the previous Cuban doctors were brought?

That is the resistance of many of the medical practitioners in this country and people in general. People might say that they are doing a good job. When you hear about an internal thing of 10,000 Chinese labourers and the Cuban doctors and given, as I have said, that the world is still not a global village except for communications, people feel that you are imposing, you have foreigners coming here and they are going to take over. The concept which some of us are articulating is that they are here to help us, and as my colleague was saying, we can go there to work. It is like an exchange. If we had an exchange of students, all would be well and good, but it is not that. That is one of the reasons in the last five or six years, many Americans felt threatened when many immigrants were coming there and taking jobs. It is not only in Trinidad. It is an international kind of problem. It is vulnerability from the other persons who are coming there to take what is ours.

One point I wish to make is in relation to the complaints of doctors who have worked in the institutions. I read with interest an interview of Dr. Lall Sawh which was carried in the *Express* on July 26 and 27 in which he talked about the lack of specialists in some of the public health institutions. I want the Minister to answer whether or not the doctors who are being brought if they have identified that they would be specialists and what kind of specialists. That would be relevant to the shortage that we have because it is identified as that.

I am not aware if there is a shortage of the regular ordinary doctors who graduate from med school. What I do know is that in relation to them contracts take forever. I can speak from anecdotal experience. I have two nephews who happen to be doctors. One, like many others left and is getting specialist training abroad because they funded it. The other one is here and his contract took months to be renewed. It appeared that that was a factor which caused many doctors to become disenchanted. Do we have any intention of dealing with that problem? I have asked many questions and I would like to get some answers before, after or during the winding up.

The last point I come to is my favourite point or it appears, the drafting errors in this Bill. It is not really my favourite. I am being semi-sarcastic. May I direct the Minister to a couple of them. In clause 3 of the Bill, for example, there is no acknowledgement or apparently no recognition that we had an Act No. 31 of 2007 which amended the original Medical Board Act. You had the Medical Board Act which was sought to be amended in 2003 but only for four years. At the end of the four years you went back to the original Act and when you made your amendments, you amended it with that in mind.

In clause 3, for example, where you say "by deleting the definition of 'temporary licence' and substituting the following definition:", there is no definition of temporary licence in the original Act which was before the 2003 amendment. It no longer exists. You cannot delete something that is not there, to put it in simple words. If you look at the original Act you would see "not". It was a 2003 amendment but that is no longer law.

Another example of that is in relation to this concept of the post, Secretary-Treasurer. The Act talks about Secretary-Treasurer in section 6(1). The amendment, No. 31 of 2007, deleted that section. There is no longer the original 6(1). "Section 6 of the Act is amended —(a) by deleting subsection (1) and substituting the following subsection:". They talked about the council comprising a CMO, two medical practitioners, four medical practitioners by the board an IRO member and an attorney-at-law. There is no Secretary-Treasurer. I believe that Sen. Ali made that point. The point needs to be made very clearly that references in clause 9 and subsequent to Secretary-Treasurer cannot stand because there is no Secretary-Treasurer in the council.

There is an error in section 18 of the original Act. They should have deleted Secretary-Treasurer as well, but they did not. You have repeated that error in the new proposal. To shorten this, there were certain amendments in 2007 primarily, for example, deleting Secretary-Treasurer at the end of the 2003 Act. When you are amending you need to take that into consideration and not refer to things that no longer exist. I do not blame the Minister for this. This is clearly a drafter's error which means that the drafters did not read along with the original Act and recognize that of 2003 which they should have. If you look at the 2004 consolidated, it is called 2006, but it came up to the end of 2004, you would see the 2003 Act in italics. You could have taken out that because it ended in 2007. I think I have made myself clear.

That is the problem when we have legislation that is only for a time. People like to gaily talk about sunset legislation which is all well and good when it is separate and apart by itself. When that legislation seeks to amend parent legislation and ends at a time, you have the parent legislation reverting to what it was before. That is something that needs to be accounted for. I do not know that it can be treated as any typo. It is something that needs to be dealt with.

In the final analysis, the legislation might be well intentioned and useful, but I have asked the Minister to explain how it worked, so we can conclude rather than saying, it was successful, I like the Cuban doctors. I might like them for different reasons. I am talking about specifically for purposes whether they function well professionally. Then, I would like to have the Minister explain to us.

Thank you.

Sen. Dr. Adesh Nanan: Mr. President, the Bill before the Senate makes reference to the issuing of special temporary licences in cases of a shortage of persons to be able to practise medicine in the public health sector. The question that has to be asked is whether there is a shortage of persons that would be able to practise medicine in the public health sector.

We have heard the problems associated with the Port of Spain General Hospital or the North West Regional Health Authority with respect to compensation packages and a comfortable environment. When the Bill speaks about the shortage of persons, is it a frustration of our specialists that have led to the shortage? We heard in this debate various reasons given and evidence provided with respect to the frustration of our specialists.

In my contributions, I always make reference to the manifesto of the United National Congress/Alliance. Sen. Wesley George, in his contribution, made reference to a survey which started in October 2007. This manifesto starts off on page 21 which states:

“A stronger economy will lead to more money to invest in improving health care.

Under the PNM government, people are not receiving the health care they need.”

Did the survey of October 2007, show that?

“Waiting times are too long and there is too much waste in the health system. Health care is not provided close enough to the people and we don’t have enough facilities to help our population maintain the health or get back to a healthy lifestyle once again.

The UNC/Alliance Government pledges to improve the quality of life by promoting healthy lifestyles and wellness programmes among the population. We will ensure that every citizen has access to quality health care on a timely basis.

We want you to know that if you fall ill there will be a strong, well-funded, efficient and effective health service there for you, free at the point of need staffed by competent caring professionals dedicated to helping people to become better.”

Sen. Narace: What year?

Sen. Dr. A. Nanan: This is the 2007 Manifesto of the United National Congress/Alliance. This is the alternative government. This is the government in waiting. The manifesto went on to say:

“We will establish an authority to investigate allegations of malpractice and patients' complaints.”

As I go on, I will continue to make reference to this manifesto. Under the present PNM administration we are seeing the landscape littered with the Government's failures. Two projects come to mind, the Oncology Centre at Mount Hope and the Scarborough Hospital of which Sen. Melville spoke. I am shocked and totally horrified that Sen. Melville will castigate Tobago contractors. What do you want in Tobago? You do not want the Tobago contractors to live? You want them to bring in Chinese in Tobago? Is that what you are saying, Sen. Melville? Over seven years nothing has happened at the Oncology Centre and similarly at the Scarborough Hospital.

I make reference to clause 6(1B) of the Bill which points to the panel. It states:

“The Panel may, after consideration of the applications to which subsection (1A) relates, issue a special temporary licence to any person who establishes to its satisfaction that he holds a diploma—

(a) in respect of which he is entered or entitled to be entered on the Medical Register of the General Medical Council;”

6.15 p.m.

“(b) granted by an institution listed in the Schedule; and.

(c) granted by a recognized institution approved by the Panel.”

Here I agree with Sen. Seetahal with respect to (c). It is the view that it may be granted by the recognized institution recommended by the Accreditation Council, approved by the panel.

With respect to the Accreditation Council, right now there is very little confidence in them because we have seen, from time to time, a Bill coming to increase its life with respect to tertiary institutions that have to be recognized by that Council.

We do not know what will happen. We have heard figures being bandied around, but we are not sure. In terms of the Accreditation Council and its role, there are questions to be asked. We are also interested, with respect to the recognized institutions—and Sen. Seetahal SC spoke about that,

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too, being the type of work permit. Presently, foreign doctors, every year, must have their work permits renewed. It is only after three years that they do not need one. That is the situation as it stands. It is a valid concern that it is being waived for the Cuban doctors.

I draw to the Minister's attention the waste in the health system; he talked about a \$100 million programme. Mr. Minister, if you are able to cut down wastage, you will be able to utilize much more in terms of improving quality and standards in the health sector.

I will give two references. In the Point Fortin Hospital, they have bought soap dispensers. They have also bought an appliance for tissue paper for the doctors' use. I am not against buying that, but I am also pointing out the best equipment in the hospitals.

You have been spending a lot of money improving technology in the hospitals in terms of getting more and more equipment, but in terms of maintenance and actual usage, the percentage is low. You are spending a lot of money improving the technology aspect and trying to upgrade these facilities, but you do not have a proper maintenance plan and everything is going to waste. You are buying these soap dispensers throughout and you have no soap and there is no tissue in the machines. It seems to be running through the entire government facility. These are things you need to clarify. There is a lot of money being spent, so you should cut off the wastage. There is too much waste in the health system.

There is another area that is really a bugbear. Minister, you can make a difference here. That is the situation with police officers. I have been told that police officers have not been paying for the programme. They are \$1 million in arrears for dental facilities for police officers, so they cannot get any pre-dental treatment. They have to go to private offices.

Police officers have a plan where certain dentists provide that facility and right now they cannot go to any; they have to go to private dentists.

PROCEDURAL MOTION

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, in accordance with Standing Order 9(8), I beg to move that the Senate continues to sit until the conclusion of this matter.

Question put and agreed to.

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Sen. Dr. A. Nanan: Mr. President, that is a matter that has been outstanding for a few months and that is an area with which I appeal to the Government to deal. The Ministry of National Security talks about spending so much money trying to build the morale of police officers and right there we see they are being starved for services.

We also heard about standards. I want to make reference to a particular situation when I was at Howard University in Washington DC, in my senior year as a dental student. In our final year, we had a class of over 120 students, but only 28 graduated that year because they had to finish some of the curricula requirements. However, they also had to take the North East Regional Board Exam, Parts I and II. I did dental training at the university and I took the North East Regional Board Exam, Parts I and II and passed both, so I was able to practise in North East United States.

However, a number of those American students who were in Howard University could not practise because they did not pass the board exam. They had to become dental hygienists for a year or two before they could practise in their own country. Those are the kinds of First World standards we need to have here.

When I heard about this aspect of medical tourism, we need to build certain standards in our own health system before we can have medical tourism. It is that kind of standard that we need to maintain. That is why we are very supportive of the Medical Council's approach with respect to standards. We are very supportive of the President in terms of requiring either one of those examinations with respect to these doctors. *[Interruption]* I do not know if you instigated the vote of no confidence in the President. Are you telling me you did that?

I thought that was what you were telling me. We know differently. We do not think you would do something like that. That is why we have confidence in the President of the Medical Council to preserve the standards.

It also brings me to another area as I was drawing some references in terms of the experience. I have also had some experience of Cuban doctors. I fell ill in Dominica at a CPA conference. I was taken by ambulance to the Princess Margaret Hospital and there were Cuban doctors there. The treatment in terms of the actual level of medical care was very high. However, when I was being given the intravenous feed, I awoke one morning—if you are not careful with an intravenous feed and do not keep your hand in a certain position, the blood comes back into the system and you get an excruciating pain, almost life threatening.

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The Cuban doctors who were there did not understand English apparently, so when I said pain, they did not understand. It so happened that I remembered my little Spanish, *dolor*, so when I said: “*Dolor, dolor*”, then they recognized what was happening. I could have lost my arm. This is serious when you are dealing with communication.

Sen. Narace: The doctor was going so or you?

Sen. Dr. A. Nanan: Apparently you do not understand intravenous feeds. I was drawing that reference and you want to make a joke out of it. It is a situation that can become critical. A simple thing like giving an intravenous feed, if you are not careful and the patient falls asleep and limps to one side, the blood can leave the patient's arm and go back into the feed and that can be life-threatening. That is why we are maintaining that standard especially also with respect to the pharmacists. That is why it is important in terms of the recognition of the pharmacy schools in the Philippines.

We heard of the Accreditation Council going to see the curricula in Cuba but we know, with your experience with the offshore medical school in Grenada, we have heard that people were bypassing the system and going to do medicine in other areas because they could not meet the standards. We take issue with the fact that extracurricular activities are now being considered as part of a requirement. We are not going to stand idly by for the watering down of our standards. If you are thinking Vision 2020 and First World status, maintain our standards. Singapore went out and recruited the best in terms of the maintenance of a certain standard. They did it in all fields, health, education and other fields. So we do not want to see any subtle approach to scuttle our standards.

We have a high education standard in terms of our system and if you are saying the Cuban standard is comparative to ours, you need to let us know, when the Cuban doctors are coming in as specialists, who will be supervising them. If we have a shortage now and we are going to hire doctors, whether Cubans or otherwise, what will be the supervisory process in terms of monitoring? Who will say that what they are doing is of a certain standard? We do not want our population to be subjected to the whims and fancies of the Government in terms of the administration of health care.

I was shocked when I heard from Sen. George about 95 per cent in terms of the Port of Spain General Hospital. I do not know if my eyes are deceiving me about the reports I am getting from Port of Spain General. Sen. George said that it was in certain areas and he should clarify. We have heard about the poor facilities

in that particular hospital, flooding in the toilets, those simple things that are not being remedied, and the car park. The survey was probably done in the car park.

If you are benchmarking at the highest level, what is your highest level? How can a population have confidence in a government administering health care when the reports coming from the various institutions are horror stories of people on the point of death?

6. 30 p.m.

One of the main things in the manifesto of 2007 is that we would create an extra 2,000 hospital bed spaces through the building of new hospitals and the upgrading of existing ones, so as to cut the waiting time for medical operations. How many hospital beds have you created, Minister of Health? We are seeing patients on trolleys and benches. We also want to know, in terms of the Caricom region, where we stand with hospital bed spaces.

We heard about the training of doctors, nurses and other health care professionals, but the question has to be asked in terms of the manpower planning. The Minister of Housing, Planning and the Environment needs to get involved. Is there manpower planning in the Ministry of Health, or is the Ministry of Housing, Planning and the Environment doing anything, with respect to manpower planning, especially in the health sector? We have heard of the shortages and whether there is some conflict with the number of doctors required.

Minister of Health, you need to tell the country where our graduates are training at present and where our specialists will be coming from. You have a period for specialists with an extension of three years. Is there going to be any nationals who are abroad on scholarship who are coming? You need to know, because you need to plan. Suppose the Cuban Government says: "We need our doctors." You will have to go back on another search. Where is the planning, with respect to specialists coming with the various fields? Tell us of the situation. Probably you can use the opportunity to bring the population up to date. You mentioned A(H1N1) in your contribution and the possibility of a vaccination for A(H1N1). I saw a report today. Is it necessary for the vaccine for A(H1N1)? Probably you can use the opportunity to give us some idea of the vaccination of the population for the A(H1N1) virus.

The Minister also spoke about reaching rural areas in the programme. Again, the manifesto pointed to primary health care facilities being upgraded and opened for extended hours, so that they would be available at times more convenient to citizens and also to reduce our out-of-hours demand on hospitals. If the Minister

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concentrates on two areas, which would be patient care and the availability of drugs, that will go a long way, rather than all this high level medical capabilities of the various institutions. If you would get enough drugs for the population and get the patient care and basic things right, you will go a long way. You would not have to utilize public relations to do your work. You will be remembered for that, once you have enough drugs available to the population and proper patient care. There are many reports of the shortage of drugs in our various institutions. Yes, you have expanded CDAP and many more people are benefiting. But, again, there are a lot of areas that need to be organized properly, in terms of this particular programme.

What about surgical operations? This is another area that needs to be considered with the specialist area? We have a situation, in fact the Minister of Health could utilize the opportunity in winding up, to give us some idea in terms of the surgeries that are still to be done and the number of surgeries that have been performed at our various institutions, what is the backlog and how have you been able to—[*Interruption*]

Sen. Narace: I have a number of other statistics I can give you, but these statistics—I thought I would give you a few. In 2001, at the Port of Spain General Hospital, they performed 3,832 surgical procedures; 2008, 6,125, a 60 per cent increase; Eric Williams Medical Sciences Complex, 3,218 in 2001; 4,276 in 2008, a 33 per cent increase; Mount Hope Women's Hospital, 2,777 in 2001; 2008, 3,216, a 16 per cent increase; Point Fortin went from 337 to 465, a 38 per cent increase; and Tobago, 1,256 to 1,880, a 50 per cent increase.

Sen. Dr. A. Nanan: I thank the Minister for giving that information. As you mentioned Point Fortin, it brings me to an issue in Point Fortin, which you may need to clarify. It is my information that, in terms of obstetrics and gynecology, there is a doctor who has been working there for 12 years and is still a house officer. That doctor has worked all over the world, in terms of that particular specialty and he is still being maintained as a house officer. Is that a policy of the Government, with respect to placing all the specialist doctors who can practise anywhere in the world as specialist and keeping them as house officers? Is that a plan by the Ministry to frustrate them? Everything you want in writing. Sen. George talked about complaints and a survey. Is this news to you? It has been 12 years since that person is in Point Fortin. You need to get a handle on this. You need to talk to the people on the ground, Minister, to get this thing operational.

What about the burns unit at the Couva Health Facility? I could give way for that one and the response to industrial accident and emergency. We have not heard about that particular issue.

Mr. President, I also want to make reference quickly, to the percentage that we were given initially, based on the acute shortage of doctors and in terms of the migration pattern. There is a 55 per cent migration pattern that we were given. Is the Minister of Health saying this evening that, in terms of the rural communities, from 2001 to 2009, we have not been providing proper quality health care to the rural communities over a period of eight years, under the PNM administration? Rural communities have been suffering for eight years, with respect to health care facilities, which is not a difficult thing to do, in terms of opening up these health care facilities to extend the hours. Of course, the manifesto gave you that information, so I might have to actually give you a manifesto. Primary health care facilities shall be upgraded and opened for extended hours, so that they are available at times more convenient for citizens and also to reduce out-of-hours demands on hospitals. That is basic primary health care.

I want to make reference to the list of medical schools in the Schedule. Under the Schedule in the Bill we are seeing Trinidad and Tobago, University of the West Indies, Faculty of Medical Sciences; Jamaica, the University of the West Indies, Faculty of Medical Sciences and Barbados, the University of the West Indies, Faculty of Medical Sciences. It was suggested if the Accreditation Council has done a job, which we still debate, in terms of recognition of institutions, that those could have been placed as a list of medical schools on the Schedule; but it is not here. There are only three. This is something you could consider. It was done, I think, in the Pharmacy Act, with respect to putting the list of medical schools.

We want to get back to the panel. I also want to make reference to the situation, with respect to the panel and the Medical Council. The view was expressed that there was no need for this panel and that the Medical Council do its job and withdraw this particular Bill. In terms of the role of the Medical Council, the Medical Council by the Act has the role and responsibility of maintaining standards for the health profession. If you take away that right—in fact you are giving them, to some extent, back that right. You are telling the Medical Council in this particular Bill that you want them to investigate and then recommend to the panel any misconduct. You are utilizing the Medical Council to recommend to the panel after you have maligned the council. Now, I do not know if the council would actually do that particular requirement, with respect to the particular investigation of misconduct, although the council is really responsible for the discipline within the medical profession.

The manifesto also makes reference to the waiting time for surgical operations through a surgical management team in each of the major hospitals. Will, with the introduction of these specialists in our major hospitals, there be a surgical

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management team? The Minister needs to tell us. What will be the role of these specialists? We heard of a new structure in the Regional Health Authorities. In terms of their manpower, a new post would be opened to recommend Sen. Dr. Fuad Khan for the particular post. I want to congratulate Sen. Dr. Fuad Khan for moving from the private sector into the public sector for service. You have already said that, in terms of the compensation package, the doctors are not happy. Sen. Dr. Fuad Khan has applied to go into the public service from the private sector. We need to know, in terms of these particular specialists, that the Bill allows them to come into the public. Will they be part of this particular surgical management team?

In my contribution on the Ambulance Bill, reference was made to a surgical trauma team. Is there any foresight in the Ministry of Health, with respect to this particular introduction? The Emergency Ambulance Bill is now an Act. Will these specialists be part of a surgical trauma team?

6.45 p.m.

Will we see now a new concept in terms of the emergency ambulance, a surgical trauma team and trauma centres in our country? We have heard in this debate about the use of alcohol and alcohol causing a number of accidents on our roadways and we have, not only alcohol on our roadways causing accidents, we have a lot of crime taking place with respect to gunshots. So we definitely need surgical trauma teams, especially when they are still alive, because a number of them are shot to death. So, the ones we can save, we need to have that particular situation where we have our ambulances and we have a surgical trauma team.

The issue with the specialist coming in and the special temporary licence, we have heard of the three-year period and is the three-year period being utilized, because as it stands now, after one year, every year the foreign doctors have to get their work permit renewed and after three years they could get residency. Is it because after this three-year period that you can get residency that this “three-year” has been placed in this particular Bill? What is the reason for the “three-year”, Mr. Minister, with respect to this particular period? Is it because at present after three years the foreign doctors can gain residency?

Subsection (2A) talks about:

“A special temporary licence shall not—

- (a) remain in force for more than three years;
- (b) be renewed unless the holder of the special temporary licence performed satisfactorily...”

Who will do this analysis? Who will say that this holder of the special temporary licence performed satisfactorily during the period, if they are asking for a renewal? Will it be the panel? As I mentioned before, who will be supervising these doctors that are coming in to say that they have performed satisfactorily?

Mr. President, I want to make reference to the Indian medical system, because they go through a period—four years—in terms of their undergraduate and they have a one-year internship. Right after their one year they can be registered, which is similar to our situation where you have the one-year internship, but if you look at the American system and if you look at the American hospitals, you will see that there are a number of Indian graduates in American hospitals, but they have gone through rigorous training. They have not been granted any special privilege in the American system. They have to go through all their examinations before they reach a certain level to be working in those hospitals at the highest levels. So we have to ask several questions with respect to these doctors coming in as specialists, what type of training have they undergone and what examinations level?

That is why we are supporting the President of the Medical Council with respect to the various examinations, because we recognize the standards of these various examinations. What examination, if any, are these doctors taking in terms of their ability to practise medicine? Have they met—we have heard of 20,000 Cuban doctors scattered throughout the world in terms of various institutions but there are certain questions that must be asked in terms of their capability, because it is okay to be a general practitioner. A general practitioner does not have the interaction between dangerous surgery; specialists have to give advice on the spot; they are consultants, they are going to be on call all the time and these junior doctors will be asking these consultants for advice, and you must have that opportunity there, especially in a life-threatening situation to make a decision on—especially if it is a trauma situation and there is not much time to save someone's life.

That is why we are placing such emphasis on this particular situation of maintaining our standards because our highest standards would maintain the lives of our individuals, can save lives, so the question has to be asked in terms of the qualifications and the standards that the doctors are coming in with, in terms of their performance.

I just want to make reference to one area quickly before I close and it will take me back to the manifesto which was very important—[*Holds up book*]

Sen. Narace: Tell us. [*Laughter*]

Sen. Dr. A. Nanan: Yes, “Message from the Political Leader of the UNC, the hon. Basdeo Panday”.

Sen. Narace: What was the theme of that manifesto?

Sen. Dr. A. Nanan: *The People's Manifesto*. You probably could use it for local government. [Laughter] “Building a better nation”.

Sen. Narace: Wait, are you selling that manifesto?

Sen. Dr. A. Nanan: Yes, as I close, and I am quoting from page 5 of our manifesto, signed by Basdeo Panday, Leader of the UNC:

“We renovated hospitals and built health centres in rural communities. And we launched the Emergency Health Service of Trinidad and Tobago to get people to the hospital in medical emergencies, buying more than 60 ambulances to support it. The UNC Government trained more than 600 nurses to improve hospital care and lessen waiting time and we provided free surgery for children with heart disease for the first time in Trinidad and Tobago.

We know that health care is a basic right. When children are healthy, they can learn and play. When adults are healthy they can provide for their families and enjoy their lives. Since 1995, the UNC Government has sought to provide quality health care for every community in Trinidad and Tobago.”

And we will continue to fight for quality health care to be delivered in Trinidad and Tobago.

I thank you, Mr. President.

Sen. Helen Drayton: Thank you, Mr. President. I looked at section 20 Part II of the Medical Board Act which gives the powers to the Medical Council and it basically says:

“No Rule”—or regulation—“shall come into force or have effect until it has been approved by the Minister.”

That suggests to me that whilst the Medical Council has autonomy and takes its mandate from the legislation, the legislation certainly recognizes the jurisdiction of the Minister and his ultimate accountability for the quality of health care delivery.

I listened to Sen. Dr. Fuad Khan and I could not help but wonder, what exactly is the difference in the position of the Medical Council and that of the position of the Minister? It does not seem to be the issue of English or

competencies and skills. So, I am trying to figure out exactly what the situation is and whether, in fact, the Medical Council, as an institution which naturally would seek the interest of the medical profession and be a self-regulatory body, whether in my mind I can rely upon that Council to totally act in the interest of the public at large, although one would want to assume that the interest of the medical profession and the interest of the public, at some point would converge.

So while, all things being normal, the Minister and the Medical Council would sit and negotiate in good faith, in the interest of quality delivery of medical services to the people of Trinidad and Tobago, the thing is, nothing ever seems to be normal, and the norm to me in this instance seems to be divisive politics; it seems to be hubris; it seems to be selfishness, because we are certainly not getting a bottom line that is in the best interest of health care delivery. It is acknowledged that there is a serious deficiency in terms of shortage of doctors, and that being the case, one would assume that the resolution certainly would be to seek resources externally.

So, I am not clear whether this is a situation of Cuban doctors, specifically, or whether it is an issue of bringing in external resources generally. So, I ask myself, where exactly is the leadership on the part of the Council? It is clear to me that the Government has a mandate and that mandate is to deliver health care and if there is a shortage of doctors then it is absolutely necessary that the Government takes the necessary measures to ensure that it can meet the demands of our public. On the other hand, I am not seeing this as a simple subversion of Council standards in granting temporary licence for persons to practise and to have a parallel panel to do so. I am really seeing this as a serious issue of leadership and a failure of the trustees of our health care to deal efficiently and effectively with myriads of issues that have been plaguing that sector for a very long time.

On the other hand, we are aware that there are serious infrastructural and systematic problems, and therefore, I think the Minister must be aware that pouring bodies—you are bringing in foreign doctors—on poor infrastructure, all that would do is serve to frustrate the local doctors as well as frustrate doctors that you are bringing in.

So, I have no alternative. There is a credibility gap on the part of the Ministry of Health and there is certainly a credibility gap with respect to the Medical Council. I suppose like 1.3 million people, I am caught somewhere between a rock and a hard place. But in this instance I think I have no alternative but to support this legislation and urge that the Ministry of Health take all measures to correct the serious structural problems that exist.

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I also want to take the opportunity to make reference to, what I thought was a very embarrassing and unbelievable situation and the words were mentioned here again about “cleansing” and I think that is a situation that actually desecrates the memory of thousands of people the world over who have died as a result of their ethnic or racial difference.

7.00 p.m.

I find it so hard to believe that it is a term which would be bandied about so lightly and certainly in Trinidad and Tobago, where by and large, there is a great deal of not just diversity but racial harmony. We know that there are issues but certainly the issues are nowhere in that realm and I think the language is totally inappropriate. I do not think it is a question of ignorance or innocence—as some would have suggested. I certainly do not think it is a genuine call for help.

If I recall, what Sen. Prof. Deosaran sort of implied when he made reference to that situation, is that there are ways to resolve that. I think at this stage, with respect to leaders in our community using such language, what they need is what is called behavioural psychotherapy. That is the type of therapy that would help correct errors in thinking that lead to what I call very self-defeating assumptions. Such a treatment would help them identify what reality is, correct dysfunctional beliefs, and modify behaviours that emerge from all sorts of delusions.

There is also another way of putting it, and there is a little story about the man in the mirror—and I am certainly not referring to Michael Jackson—that goes like this: There was once a man with a twisted countenance; he got up one morning and he looked into the mirror; when he saw his reflection he broke the mirror. Sometimes, I believe that when we bring up these bogies, these situations that Trinidadian citizens have left behind, that type of politics, I think it is one way of trying to transfer one's own frustrations and prejudices in situations that certainly do not exist, and it certainly does not apply to our health system.

Getting back to the Bill, I certainly do not advocate undermining of standards, and as I said, I would give support and would certainly ask that we look at clause 12, which amends section 24 of Act 29:50. I cannot fathom why a holder of a special temporary licence, who was convicted—now this is a person with a temporary licence—of an infamous or disgraceful conduct, in a professional respect, why we would create a situation whereby the panel will further investigate this person and then make a recommendation to the council.

What this suggests to me—my major regret with this proposal to amend the Medical Board (Amdt.) Bill—is that I believe that the original Bill, the parent

Act, I would have been much happier if a proposal was made to repeal that entire Act, which has a foundation somewhere in the year 1818. The legislation is certainly very outdated and needs to be updated to meet the requirements of a medical health system in the 21st Century.

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

Sen. Dr. Jennifer Kernahan: Thank you, Mr. President, for giving me the opportunity to contribute to the Bill before us, the Medical Board (Amdt.) Bill, 2009.

Mr. President, in 2000, a document called the Health Sector Reform in the Republic of Trinidad and Tobago was produced by the then Minister of Health, Dr. Hamza Rafeeq and Dr. Rosemary Paul, in which they elaborated in an international conference, the status of the health sector reform in Trinidad and Tobago. In this document, it was noted that we had employed consultants in this country to elaborate and implement this Health Sector Reform Programme costing \$134 million of an IDB loan and \$58 million input by the Government of Trinidad and Tobago. The strategy as it was outlined in this document for the whole issue of health care reform was that we would concentrate on primary health care on the principles of equity, and accessibility for all citizens. It was also outlined that there should be community involvement, the system should be self-reliant, sustainable and should have relevance.

Mr. President, the Regional Health Authority Act, 1994 created five RHAs and spelt out their powers and obligations, and among the issues that have yet to be dealt with, with respect to the Health Care Reform Programme is the question of funding for which the Minister would, I suppose, come to us at another time because this is basic to the whole Health Care Reform Programme, and the issue of whether or not a national health insurance system would be implemented because of the issue of sustainable health care provision in this country.

The document also stated that if this reform programme was to move forward—the then Minister, Dr. Hamza Rafeeq was saying at that time in 2000—that two factors would be critical, one, the human resource issue and two, effective communication with all stakeholders. So those are the two factors that in 2000 the then Minister of Health saw as critical to the development of health care reform in this country. He went on to say and I quote:

“If these concerns are not adequately addressed, it will be difficult to continue successfully implementing reform.”

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The Bill before us today, the Medical Board (Amdt.) Bill, 2009, is mired in controversy, precisely because these two issues apparently have not been addressed adequately by this administration, nine years later. The two issues are human resource management and effective communication. The purpose of the Bill before us is to amend the Medical Board Act, Chap. 29:50, to provide for a panel to issue special temporary licences in case of a shortage of persons available to practise medicine in the public health sector. That is one objective. The second objective is to provide for the recognition of diplomas granted by certain institutions. These are two distinct objectives that must be examined separately. They must be examined based on the stated objectives of the Health Care Reform Programme, which is in a document produced by the Ministry of Health where it states the mission, the milestones and the organization of the Health Sector Reform Programme and so on, and all the issues that have been resolved and those appending.

It says here as part of the stated objective of the Health Care Reform Programme, "it is geared to improve the health status of the people of Trinidad and Tobago, by promoting wellness and providing quality health care in an affordable, efficient, equitable and sustainable manner." Of course, given this objective, the people of Trinidad and Tobago will be their own judge as to whether this particular objective is being met at this time.

With respect to the issue of human resource, the objective as stated in this document was to examine the basis for the existing situation of a shortage of persons available to practise medicine in the public health sector. The issue of human resource was stated as being very important to the development of the sector. So when we look at the objectives, when we look at the fact that two major objectives are to provide adequate health services to the people to ensure that their levels of wellness are high and so on, and to ensure that there is an adequate trained cadre of human resources in this country to do that job, then we have to examine those objectives in the light of what is happening at this time.

Mr. President, if you are to achieve those objectives, if you are really serious about efficient, equitable and sustainable development of the health sector, you cannot have doctors of this country who are willing to serve, being marginalized and not given the opportunity to do so; and you cannot have doctors who are in fact serving, leaving the public health sector because of frustration with the levels of infrastructure and so on that are lacking in that system, to ensure that they served to the maximum of their professional ability.

We cannot have doctors who are aggrieved. We cannot have doctors who have very low morale, and we have had an example here this afternoon in this session, where Dr. Fuad Khan was an example of someone who is willing to serve and who was marginalized, outside of the system, although that level of service he is willing to provide to our community would accrue to him much less income than he would have in his private practice. Mr. President, you also have ample evidence of doctors who are totally demoralized and are working under nightmare conditions in the public service.

In the *Daily Express* of Monday, July 27, 2009, there is an article here based on an interview with Dr. Lall Sawh and the headline is “Nightmare situation at the Port of Spain Hospital”.

7.15 p.m.

Mr. President, the article was written by Nazma Muller, and I quote:

"In a continuation of yesterday's Q & A with Dr. Lall Sawh, who was the consultant urologist at Port of Spain General Hospital for 19 years before he took VSEP at the end of 2007, the specialist surgeon describes the day-to-day difficulties of running his department and the resulting poor quality of service offered to patients."

In 2009, this is how many years after the start of the Public Health Reform Programme.

It says here:

"Dr. Sawh emphasised that he was speaking about his department, and the conditions that prevailed."

When he was asked when he left the Port of Spain General Hospital if he was still doing surgeries, he said:

"Yes, I was. The waiting list was getting longer and longer because the service was not built to expand nor to absorb this increasing demand placed on the service. In a typical week we would have a clinic where most of the catchment area was seen."

He said that he was only able to do basic examination and screening and that he was not able to get the support services he needed to confirm his diagnosis. Then he went on to speak about the fact that after ordering a biopsy, they had further problems because the final diagnosis had to come from a pathologist and he said, I quote:

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"That's another issue we don't have enough pathologists and I will also say we don't have enough good pathologists at Port of Spain and the waiting time is too long to get a confirmatory biopsy."

He said that:

"There were two (pathologists) when I was there and I understand one has since retired so there may be only one there now."—at the Port of Spain General Hospital, at this point.

He confirmed that, and I quote:

"The trouble with pathology is that you need dedicated pathologists, who know what they're doing because they may make or break the surgeon. You're now going to rely on their report...to do a very major operation on a patient, or to tell the patient he has no cancer, or he has cancer."

He said:

"So a surgeon is only as good as his pathologist. That's the problem this country has, we only have, in my estimation, two very good pathologists, in the whole country."

The article goes on and on to paint this picture of a total breakdown in the lack of health service delivery to persons who have to rely on the public health care system in order to live or die.

Mr. President, Sen. Ali spoke about a 40 per cent shortage of health care personnel in the system, as opposed to 42 per cent in 2003. He made the observation that the situation was deteriorating. Obviously it is deteriorating to the detriment of the people of Trinidad and Tobago, ordinary people, poor people who access these services. There are so many horror stories coming out of the system: women going into the system to make babies and coming away with dead babies; persons threatening to sue, litigations and so on.

None of this is surprising, if you have, as we obviously do, doctors who do not have the infrastructural support they need. They are overworked; there is low morale and administration systems and persons who apparently practise the most archaic levels of human resource management, as was so amply developed here this afternoon by a number of Senators who spoke. Apparently in this system, it all comes down to one person who has the power of life or death over so many persons, based on the way that person interacts with the doctors and the system that obtains in terms of retaining or allowing good doctors, dedicated doctors to stay or leave the system.

What we have heard this afternoon was a total abuse of human resource management. Apparently we have not heard of human resource management in this country; that is one of the points that the then Minister of Health, Dr. Hamza Rafeeq, made in 2000, that human resource management was critical to the development of the health care sector and the Health Care Reform Programme. Apparently that is the first bugbear in the system.

The solution to this problem is certainly not to just import doctors into the system, for more than one reason. The best doctors in the world are not magicians; they need the infrastructural support system, they need the services, they need the support services to make their diagnosis. Many of these areas in terms of support services are obviously lacking, as Dr. Lall Sawh elaborated in his interview.

The second reason this Government cannot depend on just importing doctors into this country, is that it is not a sustainable solution. The question is: How long will you be able to do that in terms of our decreasing resources, in terms of the fact that we have seen our budget being cut this year because of the international financial situation, because of the drop in the price of oil?

It is also non-productive, that is the third reason, if you are not training and retaining local doctors, nationals who are able to function with efficiency and comfort in the service of their own country. It is a non-productive exercise if you have the idea that because you have some money now, you could just import doctors into this country and expect them to deliver on a long-term, sustainable basis, proper health care to citizens of this country.

Sustainability is one of the objectives of this Health Sector Reform Programme; it must be sustainable. The strategies that this Government is using to develop the sector are clearly not sustainable. So they say one thing in their documents, but the strategies and policies with which they are implementing the development of the Health Care Reform Programme are totally contrary to their stated principles.

This administration needs to emulate from the Cuban doctors especially, and from Cuba, their sense of commitment to their society, their sense of rapprochement with their doctors and the persons who have to deliver medical services, their sense of strong commitment to the nation and to the people, and not the total hostility with which the relationship between doctors, the Ministry of Health and the Minister is conducted.

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We have section 9A of the Bill before us, which provides for the establishment of a panel to issue special temporary licences. In section 9B, we have provision for the ability to issue special temporary licences to practise medicine in the public health system. I believe these are the clauses which have run into a lot of flak this afternoon, a lot of serious objection, the establishment of this panel, because this administration has not been seen by the stakeholders with whom they had promised to maintain very close collaboration, in their document on health care reform in this country. The stakeholders are not clear, including doctors and the population; we are not clear that you are fully promoting and utilizing and conserving your national human resource. This is the problem that we have when you bring the Bill before us, which says that you want to establish a panel to engage non-nationals because of the shortage of doctors and medical personnel in the system.

We are saying that the shortage may be real, but there must be a greater rapport between the Minister and the stakeholders, the doctors, and there must be this real perception that everything which can be done is being done to include all the nationals in this country who are prepared to serve in the public health sector. Unless and until that criteria is met, and unless and until you do not have all those doctors out there disenfranchised and marginalized, unless and until you do not have a situation where people are running to take VSEP—*[Interruption]*

Mr. President: Senator, I am sorry to interrupt. Hon. Senators, I just want to let you know that we have a little issue. There is a burst water pipe downstairs outside and there is a lot of flooding downstairs; they have had to turn off the water pump, so we have no water in the mains upstairs. It means the bathrooms will have no water; whatever is there is there now.

The contractor is on his way, but it is apparently a very serious issue. They are not going to be able to fix it in any big rush, so for the rest of the night we have no more water. I just want to let you know that. You have the opportunity to curtail the time a little, or we go on as long as we wish to, but we will have no water in the process.

Sen. Dr. J. Kernahan: I think I have a little water here that would help me. *[Laughter]*

Mr. President, we are saying that the shortage in the public health sector may be real, but unless and until you gather and harness all the resources of the nationals of this country, unless you deal with that in a positive way in terms of human resource management, with the doctors in this country, unless the doctors,

the nationals who are willing to serve, are treated with respect, are treated equitably and fairly, then you are going to have this widespread rebellion on your hands with respect to establishing a panel to bring in doctors from foreign shores.

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

Mr. Vice-President, you must first deal with your own home situation. Deal with your doctors; talk to your doctors; avoid this antagonistic attitude; avoid labelling persons as members of opposing political parties and not wanting to deal with them, and avoid creating this sense of fear and this negative aura in our society, which bodes no good for the bottom line that matters to our citizens: the proper delivery of health care. This is what our people care about.

It was said by a Senator here today that many of us, at any point in time, may have recourse to use the public health system, and you want to know that the very best doctors are employed there. You want to know that dedicated doctors are employed there. You want to know that their morale is high, that they have a good relationship with their management, that they would attend to people in a manner befitting the highest oaths they have taken to deal with the population.

7.30 p.m.

"Clause 5 of the Bill would repeal section 12 of the Act and substitute a new section to enable the Council to recognize diplomas granted by institutions which may not be recognized by the General Medical Council of the United Kingdom."

There is a schedule in the Bill which says the list of medical schools which hitherto would not have been recognized in our system because they would not have been recognized by the General Medical Council of Britain. The list includes from Trinidad and Tobago, the University of the West Indies, Faculty of Medical Sciences; Jamaica, the University of the West Indies, Faculty of Medical Sciences and Barbados, the University of the West Indies, Faculty of Medical Sciences.

Before this amendment to the Act the General Medical Council of Britain was the only organization which could have accredited medical personnel, doctors who were recognized here.

Mr. Vice-President: Sorry to interrupt you. I have just been informed that there is water in the Hansard section so that the women could use the washrooms in Hansard and the men could use the washroom in the office of the Vice-President.

Sen. Dr. J. Kernahan: With the amendment of this Act, it is now clear to us that the graduates of these three institutions mentioned in the Schedule would be accredited and accepted to practise medicine in our system. What is puzzling is the fact that there is no mention of specific institutions in the Cuban medical system from which graduates would be accepted to practise in this country. The whole question of graduates being accepted in this country, only if recognized by the General Medical Council in the case of medicine; and in the case of veterinary medicine we had the same law that only graduates from accredited institutions in Canada, England and so on are recognized in this country—has been a relic of our colonial heritage. As Sen. Baptiste-Mc Knight made the point, we have to step up to the plate in this part of the world and recognize and have confidence in hemispheric institutions which have proven to produce graduates as good or better than in any part of the world.

The irony of this situation is that while we hitherto purported to recognize only graduates of the General Medical Council of the United Kingdom and they can practise in many parts of the world, these are the graduates who would leave these shores, lured by maybe better conditions of work and remuneration, they would go to other areas or jurisdictions and practise medicine. What will happen with this particular amendment is that we will be generating in this hemisphere, graduates who most likely would be more committed to deal with the development of health care in our country.

The issue of standards arises in this situation and on this side we are saying also that you must come to some understanding with the Medical Board with respect to how you treat with those graduates even though the Bill before us recognizes the accreditation of these graduates. There are certain steps to be taken in terms of the actual step to practise medicine, veterinary medicine or whatever is the case. In many jurisdictions the graduates come from accredited institutions but they still have to go through certain steps in order to actually reach the point where they can practise.

This is not hard to do. This is something that should be done in collaboration with the Medical Council. The onus is on this administration and the Minister of Health to set the stage for that kind of collaboration and leap forward in terms of delivering higher and better levels of medical care to our people. It is in the interest of all of us to have more graduates from Jamaica, Barbados and Trinidad and Tobago and so on who can practise here. It is in the interest of our people to have proper standards known beforehand, very fair, equitable, open and transparent so that the graduates would know that when they come back they have to do A, B, C and D in order to practise.

I can speak first-hand about the total lack of mechanisms and systems to deal with these issues because I am a graduate of the Cuban system in veterinary medicine. When I came back home I was told bluntly by the Veterinary Board that “you are not recognized here, you cannot practise here because we do not recognize you.” The medical doctors had that problem. I know a medical doctor who graduated years ago from Cuba and was never able to settle in Trinidad because there was no system or mechanism to deal with that issue. The Minister and the Medical Council—we have to find a way as nationals and patriots of this country to overcome this hurdle and recognize the fact that we can no longer act as a closed shop and special interest group. There are institutions that are producing very good graduates. You must put the mechanisms and systems in place where the graduates can be tested and deemed fit to practise.

When I came back home I spent two years running up and down in this country trying to find some mechanism or system that would allow me maybe, to do an exam, take a test or whatever to get accreditation. There is nothing in place. I went to the vet school and all kinds of people said that there was no system, mechanism or anything you can do. The Act says only graduates from specific institutions in Canada and England are recognized here and that is the way it is. We have to change that in going forward to deliver services to our people. The onus is on the patriots of this country who claim to love the people of this country and want to carry this health sector reform programme forward in order to deliver better services. You have to come together to deal with a new paradigm and era in which new institutions are springing up. We have to recognize that these institutions are important and producing graduates that need to be tested and brought into the system. We are not saying to wash your foot and jump in willy-nilly. You have to put the mechanisms and systems in place. This is where we are going to be serious about delivering services to the people of this country.

The Bill raises many questions in terms of the manner in which this Government has approached this whole situation and there is much antagonism and bad feeling among the doctors. They feel that you are bringing people here and not setting proper systems in place that they can be recognized. At the same time we have our nationals who are left out of the system. This is no way to proceed. This is no way to have any hope of delivering health care to the people of this country. You must be able to develop proper relationships among the bodies involved.

We have an accreditation council that was established in this country in Parliament a couple years ago. In my capacity as President of the Trinidad and Tobago Cuba Solidarity, on behalf of the students who have studied in Cuba and undergo the same problems that I have undergone, we have sought audience with

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the Accreditation Council to understand what is happening in terms of accreditation of students who would come back home. I know of one veterinary student who was sent on a scholarship by this administration and was not allowed to practise. There are other veterinary students who will come back in the next year or two to the same situation. We had talks with the Accreditation Council and they assured us that they are the body by law to accredit institutions and therefore, they went to Cuba. I met with them after they came back and they mentioned that there are institutions which they have examined and are in the process of accrediting medical institutions in Cuba. They also looked at the veterinary institutions.

Based on how this has developed the acrimony and mistrust between the stakeholders on one hand and the administration on the other hand, we have to ask: What will happen in this situation where we are passing the Bill? The Accreditation Council says that by law they have the right to present accredited institutions which we in Trinidad and Tobago must recognize. There is the panel that will grant temporary licences and the Medical Council which is looking on in horror at this whole situation.

The issue is: What is the relationship among these three institutions? How do you reconcile differences among these institutions? How is it going to function? Clause 4, section 9B(1) of the Bill before us says that the panel can reject unsuitable applications. Apparently, as it stands, if the Accreditation Council presents accreditation status to a particular institution and a student from this institution applies for a temporary licence in this country, on what basis based on the law before us, the panel would say that application is unsuitable. We have not seen any rules or regulations for this panel under which it works, although the Act says that this panel has been established to regulate its procedure and they can make their rules. We have not seen any rules. We do not know under what procedures and regulations they operate.

7.45 p.m.

The Medical Council also is empowered by the Act to make its own rules and procedures and conduct itself in that manner. So we have these two institutions, the Panel and the Medical Council and then we have the Accreditation Council. To what extent do the rules and procedures of the Panel converge with the rules and procedures of the Medical Council and what is the relationship among these three institutions and how will they operate in the very near future when persons come back accredited? What is going to be the stance of the Medical Council with respect to their rules and regulations?

These are the questions we need to have answered in terms of going forward. At the end of the day, if you have a lot of conflict between these institutions and the Accreditation Council saying they have accredited an institution and the Medical Council saying they do not recognize the institution, what will happen? Students, graduates and nationals will be caught in the middle and the people will suffer because we do not have the graduates being properly certified and able to practise. Because maybe in the middle of all the conflict there will be no mechanisms for the appropriate certification and testing, which the Medical Council insists that there must be. So this approach, Mr. Vice-President, is full of uncertainty.

We are in very murky waters. There is no clarity here. There are more questions than answers and the way forward must be that good sense must prevail; that the Minister and the Ministry of Health must seek to accomplish better relationships with the stakeholders. We must have a situation where the doctors do not feel pushed aside by the administration in its haste to bring in foreign doctors. There must be a situation where we have the infrastructure and facilities in our health care institutions which are amenable to good working conditions and good human resource relationships that will redound to the benefit of all our people.

In clause 6(c)(2A), which amends section 13 of the Act, it says that:

“A special temporary licence shall not—

- (a) remain in force for more than three years;
- (b) be renewed unless the holder of the special temporary licence performed satisfactorily during the period covered by the licence; and
- (c) be renewed more than once.”

We have another area of contention here because questions were asked about what mechanisms are in place to determine the satisfactory performance of doctors who come into the country. I agree that we have the stories and so on. We have the people out there, lots of citizens being very satisfied with the level of professionalism and health care provided by the Cuban doctors. That is not surprising because they are known all over the world for their high level of professional services. Cuba has established a whole part of its colony based on—

Mr. Vice-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. [*Sen. W. Mark*]

Question put and agreed to.

[MR. PRESIDENT *in the Chair*]

Sen. Dr. J. Kernahan: Mr. President, an important part of the Cuban economy is that they have medical tourism and that people go there from all over the world to get medical treatment. People of all languages go there and come away very satisfied with the treatment they are able to get. Their health is improved and so on.

We do not know what the procedure is, if it is the “ouch” syndrome or what the syndrome is in terms of how they communicate, but they manage to communicate. They have managed to establish a whole part of their economy based on medical services. People go there speaking German, French, English or whatever so there must be a system in place. If there are people in your system who speak a foreign language, you have to put systems in place to overcome these problems. You do not make it a big issue. You deal with the issue because your objective is to supply a proper health service. The objective is not to find all the negatives with respect to why it cannot be done. Therefore, the professionalism and quality of Cuban doctors are not in question.

If we have a system here that says that we must have certain mechanisms which must be gone through in order for people to practise, then this is what we have to do and there is no contradiction. We just do what we have to do. You do not ride roughshod over people because you feel you have the majority and can do it. Provide the systems, organize your business. We recognize that in the short term you may need this extra cadre of people coming into the health system and our people are very grateful for it, but your long-term sustainability will not depend on the foreign-driven input. It must depend on your nationals who are patriotic and who are committed to the development of the people of this country. That is what they have to understand, Mr. President.

This administration must understand that the long-term development of the health care sector cannot be driven externally. It has to be driven internally in the long term. One of the objectives is sustainability. We must have a sustainable system and that is not one that is driven externally.

Mr. President, one of the objectives of the health care programme, it says here in this document by the Ministry of Health, is that the Ministry of Health must be informed in order to make it a policy planning, regulating, monitoring, financing

and information provision body. So you have to put systems in place to monitor your health care delivery. That is your job. You have to be able to monitor health care delivery and give statistical data and analysis to back up your claims of improved health service. If you are not properly monitoring, then you are falling down on the job; you are falling down on the promises that you have made to the population that the health care reform programme would leave the Ministry of Health in a better position after giving the job of actually providing services to the RHAs, to deal with issues of policy, planning, regulating, monitoring and financing.

If you do not have systems in place to monitor, you cannot come to the Parliament and say that this is your system of monitoring and that this is what you have found; these are the statistics and this is the performance level and that you are satisfied or not satisfied. Then you are not doing your job. You are just trying to railroad people to accept a situation which you think we should accept as a given. We do not accept it as a given although I personally am very clear that the highest level of services are provided by the Cuban doctors.

You must have the statistics to back it up. You must have the monitoring systems in place. You must convince the doubting Thomases that this is so. Only then can you come to this Parliament and make your presentation. In the absence of that, you are creating disharmony, discord, conflict in the health care system in this country, a system that is not sustainable; that will be short-term at best and you are obviously not promoting the interest of the people of Trinidad and Tobago.

My final point is that in clause 6(c) they spoke about the nature of the temporary licence; that it shall not remain in force for more than three years; it should not be renewed unless the holder of the special temporary licence performs satisfactorily during the period covered by the licence and should not be renewed more than once. So, under this system, every three years or at most six years, there is a change in personnel, a turnover of doctors who go back to their countries and there is no continuity. How do you build institutional memory? How do you build a body of knowledge that will stay with us so that younger doctors could learn from if they just come, practise and leave? If there is a system of nationals who work here, produce papers, do research, produce evidence and documents from which younger doctors can learn, then we are building something; institutions, people, a health care system that we can all be proud of. If people come every three years and leave, you are building nothing. At the end of the day, having spent \$30 million and borrowed another \$100 million plus, what would you have built? What would be the gain to the people of Trinidad and Tobago?

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The issue is sustainability, harnessing your local resources, building a system, a culture of service, a cadre of doctors who will be happy to stay here and work in the public health system, happy to serve their people and contribute to traditional knowledge that will be passed on to generations of doctors.

If you do not have doctors here who are 50 and 60 years old and have experience in our particular environment, situation and diseases; who have done research that they can pass on to people coming behind, then what have we done; what do we have? We have every generation starting from scratch. We are just bringing people who leave. That is no way to build a country, a system; it is not sustainable and makes no sense.

So the issue is that this administration has to rethink its approach to health care in this country and do what is best for the people and not just think in terms of short-term measures which they can use for their political advantage, to look good and to boast of what is happening in the health care system. In the long run, our people would be better served if you deal with your nationals, if you create a culture of service, create an infrastructure with which our nationals could work, create an area of comfort, create proper industrial relations and human resource management, our people would be better served.

In the short term, you may need to deal with the issue in this way, but in the long-term, for the sustainable development of our health care sector you must come to grips with our stakeholders. You cannot ignore or turn your back on them; you cannot pretend that they do not exist because you will not always be there. You will be out of office at some time and someone will have to deal with the whole situation with all the disarray and conflict that you have left behind.

We of the United National Congress are well poised to deal with it. We have dealt with it before and will do it again. We are confident that we can take this country forward into this 21st Century and give the people the level of health care that they deserve. In the meantime, while you are there, we are saying do your duty; do what you came here to do in this country. Give the people the services they deserve.

Thank you.

8.00 p.m.

Sen. George Hadeed: Mr. President, I rise in support of the Bill before us, the Medical Board (Amdt.) Bill. I would support any action that will bring medical relief to the citizens of Trinidad and Tobago and by extension the citizens of the rural areas of Trinidad and Tobago.

These Cuban doctors who were brought previously in 2003, have been tried and tested in this country and the results were that they brought first-class relief to the citizens of Trinidad and Tobago.

Before I was elevated to this honourable Chamber, I was the Chairman of the Eastern Regional Health Authority and I had first-hand information of the problems in recruiting doctors to work in the rural areas of this country. It was hell to get local doctors to go to areas like Toco, San Souci, Grande Riviere and Matelot. These Cuban doctors brought so much relief to the people of these rural areas. I remember going to a mass in Toco, where the priest told the congregation that the only thing that was working in the North Coast was our health care system.

There is also the problem every year, when the September term comes around and doctors leave to attend post graduate studies abroad, shortages are created. These Cuban doctors present a solution to the shortages that so often are there on the horizon. When we held consultations in the Eastern Regional Health Authority and the rural areas, all we heard from these communities were praises for these Cuban doctors. It was as if it was the greatest thing ever done in health care. "A blessing in disguise", as one resident put it. [*Interruption*]

Sen. Rahman: Would the hon. Member please give way?

Sen. G. Hadeed: No. I do not know if the Opposition did their homework on this Bill. They could not bring any sort of evidence where these Cuban doctors were a problem, incompetent or anything like that. It must be that these doctors were doing an excellent job.

The Eastern Regional Health Authority has introduced tele-radiology in both secondary and primary care in 2008/2009. The Sangre Grande Hospital plans to introduce orthopedics in 2009. The paediatric ward was refurbished and upgraded to allow for stay-in parents. Medical oncology has been introduced in 2009. In the last month, there have been over 150 registered patients for cancer treatment. Ophthalmology clinics were introduced in 2006, in the Sangre Grande Hospital and advanced surgery started a few months ago. Over 80 cataract operations have been done since. There is going to be a new theatre, an ICU unit, in 2009. Where are we going to get the doctors to work in these rural areas to improve the services in these areas because they need improving?

Currently, there are consultations going on to see if opening hours of the health facilities should be extended, but we have to be careful. We have to consult, because we do not want to just go by your manifesto and open these clinics at later hours and no one attends.

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Mr. President, a typical example was between 1996 and 2001. A maternity hospital was built in Toco. When it was opened, I believe it was opened in—
[*Interruption*]

Sen. Dr. Khan: Mayaro.

Sen. G. Hadeed: Toco. I think it was opened somewhere around 2002/2003. Do you know how many people used that facility? Millions of dollars were spent to upkeep that facility and only two people a month used that facility. Obviously, if proper consultations were done, you would realize that Toco does not need a maternity hospital. Instead, what was done in 2006, was that they converted it into an Accident and Emergency Unit. The facility was built between 1996 and 2001. It would still serve and they can still do deliveries. What is needed up there, after consultations, was more accident and emergency services, so that they can take care of the influx of people over the weekend when they go up there to bathe. If anything happens, they can go to that facility and get relief. This is what is going on now. Consultations are going on in all the communities to find out whether or not, by extending the hours, people would use the clinics. Let us say that we realize that this should be done, where are we going to get the doctors to serve the extended hours when we open these facilities?

We were able to extend the pharmacy services to a 24-hour service at the Sangre Grande Hospital. Why? This is because we brought the Filipino pharmacists and we were able to have that facility open 24/7. Where are we going to get the doctors at the Sangre Grande Hospital to handle the two medical wards, ward 5 and ward 6, that were fully rebuilt and expanded in 2009?

At the Sangre Grande Hospital, with the Accident and Emergency Unit, they were able to reduce the waiting time by 35 per cent. This was due to the fact that they used a clinic, thus reducing the demand and the waiting time at the Sangre Grande Hospital. A patient shuttle service was introduced to take the patients to the Sangre Grande Health Centre to deal with all the minor injuries that came to the Accident and Emergency Unit. This was handled by the health centre instead, because there were Cuban doctors there to help us.

Mr. President, I questioned the motive behind the reluctance by some doctors who are now against this measure. I have a lot of respect for doctors. In fact, both my brothers are doctors, but I endorse what Sen. Baptiste-Mc Knight said: our doctors tell these patients to go to these private facilities where they will be attended to quicker by these same doctors. I am told that these same doctors are shareholders in these facilities. Something has to be wrong with that. This leaves

one to wonder if these doctors are not the ones responsible for a lot of the problems in our public health facilities. Because of the shortages in our health sector, this has to be so. I would love for the day when all doctors in the public system are debarred from being able to work in or own any private facility. Maybe then we will get proper health care in our public institutions. But, thank God they are in the minority and we have a lot of good doctors in our public health system.

Just a correction to Sen. Baptiste-Mc Knight who said that the Medical Council was against this move. They were not against this move, they were divided. I think the Minister read the letter from Dr. Singh. I hope Members on the other side, who are against this measure, would go home tonight when they lie in their bed with the knowledge they have voted against medical care, Uncle Wade in Toco, Aunty Jennifer in San Souci, or baby Fuad in Grande Riviere, or Papa Mohammed in Matelot.

8.15 p.m.

Sen. Dr. Khan: [*Inaudible*]

Sen. Browne: They do not want you to sleep. [*Laughter*]

Sen. G. Hadeed: Mr. President, on another note—

Hon. Senator: What about Aunty Lyndira?

Sen. G. Hadeed: I would like to let the Senators on the other side know that there is no racial discrimination in this country. The only people that I am hearing banging up about any racial talk are the Opposition politicians.

Sen. Mark: Because we are the victims.

Sen. G. Hadeed: You cannot be the victims. [*Laughter*]

Sen. Browne: We? Who is “we”? [*Laughter*]

Sen. G. Hadeed: Mr. President, we are creating a whole new race among the two major races of this country. The name of that race, your rule, was not permissible in this Chamber, so I will not call the name of the race, but we would have to find a name for that race soon the way they are increasing and that is a mixture of our two major races in this country. So, that just goes to show you how our two major races live in harmony in this country and let us not for once, because of politics, try to damage that. So, I appeal to the Senators on the Opposition, not to indulge in that kind of talk.

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In closing, I would like to drop a bombshell this evening. [*Laughter*] The hon. Prime Minister and political leader of the People's National Movement is colour blind. Yes, colour blind.

Sen. Dr. Kernahan: Political, I hope?

Sen. G. Hadeed: He does not see people as Africans or East Indians or Chinese or Syrians or Lebanese; he only sees them as Trinbagonians. [*Interruption*] That is the only colour he sees, Trinbagonians.

Hon. Senator: He is illiterate, he is very illiterate.

Sen. G. Hadeed: I close with the famous statement of the “father” of our nation, “there should be no Mother Africa; there should be no Mother India; there should be no Mother China, or Mother Syria, or Mother Lebanon; there should only be a Mother Trinidad and Tobago.

Thank you. [*Desk thumping*]

Sen. Subhas Ramkhelawan: Thank you, Mr. President, for giving me the opportunity to speak on this Medical Board (Amdt.) Bill.

Much has been said on this matter, because health is, of course, what I consider, one of the two major issues facing this country; of course crime and security being the other. We have heard in this honourable Senate today some discussion in respect of obstructionist measures by the Medical Council and we have heard in other quarters matters relating to discrimination in selected health institutions in our country. But the real issue here today is whether we, in this Senate, are prepared to vote for what is really the continuation of a two-tiered system of registration for doctors, medical practitioners in this country. The first tier, of course, rests with the Medical Council for doctors and temporary licences for doctors who can practise in the public sector and the private sector.

The second tier is, of course, via the panel which is appointed fully by the Minister of Health—and the hon. Minister of Health—would constitute the Chief Medical Officer, three doctors with more than 10 years experience and one lay person as the Act says. The real question before us is whether we should continue, in essence, with the entry of foreign doctors or whether the converse of not continuing with the entry of foreign doctors to serve, via a special temporary licence. And at the end of the day, I think what is most important is that the greater public interest be served.

While I appreciate and understand that there are grouses and there are issues by our own local home-grown doctors, the point is that there will be a disservice to our citizens and the public interest by not having a wider cadre of medical practitioners serving the community. So, whereas, in many cases, we have to really wade very carefully between what is black or white to come up with some shade of grey, I think this particular instance is a pretty easy instance to make a decision as to what we will be supporting. We have to support a better level of health care for our citizens, and if that level of health care would be adversely affected by the discontinuation of special temporary licences, then if we have to err, we have to err on the side of support for an expanded level of service. I say we have to err, because of the level of qualification of the doctors that would come under special temporary licences. That has been brought under some question.

I think in this honourable Senate much of the discussion, since it is not something that is new and has already been tried, is fairly well established that, in this case, the Cuban doctors have done a reasonable job or a job that has not resulted in a public outcry as to the poor quality of service from these foreign medical practitioners. That being the case, we have to aspire to ensure that in the scheme of things the best interest of our citizens, in respect of health care, will be served. Therefore, it makes it a rather easy matter for me to support this Bill, all other factors being taken into consideration.

But having said that, I want to refer to some of the issues that have been raised in this honourable Senate; one was that a customer or patient survey is done periodically. That in itself is a "fight". But what we must remember is that any system will, and in this case, apart from the client or the patient, there is the whole cadre of service providers constituting doctors, nurses and other peripheral services. Then, of course, the Government, through its agent, would act as facilitators for the provision of service by a certain group to a certain group. In that context there have been a number of grouses by the service providers. I think the hon. Minister has acknowledged that there are a number of shortcomings in our health sector.

I would like to request through you, of the Minister, that in the same way he takes customer surveys, as is done in any good management system, he needs to take an ongoing survey of the service providers, so that to the extent that we can, we must be able to alleviate the discomforts and issues that face our doctors and our nurses. When we do that I would expect that it will help in terms of reducing any level of demotivation that exists within this cadre of service providers. It does

not take much to do that. It is not as though anyone is asking that you deliver to the service providers everything that they want, because that might be a very long list that is very heavy in terms of financial cost and so on. But there are some things that can be done. When you speak to doctors, the level of accommodations that they have, some of the other things that they have, the one-year contract that they have, that you can extend for a further period of three years.

I spoke on another occasion about these one-year contracts, so a doctor cannot go to the bank and say I want to take a loan for a car and they say, okay, you have to pay for this car in three years but you have a one-year contract, no loan. These are rather simple things that when we look at the triangle of the Executive, the service provider and the patient, there are simple things that we can reduce the level of tension that may be existing in our institutions.

That does not address, of course, the issue of the shortage of beds, but it does go some way. We are seeking to address the issue of the shortage of doctors and I am sure we will be seeking to address the issue further of the shortage of nurses. But to close the gap of dissension that seemingly exists within our health services sector, we must do the simple things. I think in other places they call it “reaching out for the low hanging fruits”. I believe that is 2020. I think it makes sense for us to look towards solving some of those things that are easier to solve and that would alleviate the whole question of intense dissension within the health services.

I want to add my voice to the whole question of the panel that reviews the registration for special temporary licences. Always incorporate good corporate governance; transparency and disclosure go a long way to helping to alleviate suspicions, and I think that the hon. Minister of Health really should make that extra effort to disclose, clearly, and beforehand, and probably not just disclose, but consult as to the credentials of those persons who sit on this panel to approve these special temporary licences. We already have a two-pronged approach to the registration of doctors, fulltime on the one hand and special temporary licences on the other.

8.30 p.m.

So, work has already been done in terms of the ambulance services. We are seeing a continuation of the facilities to bring in foreign doctors in support of the shortage that we have in terms of our local doctors. I think also—I may have said this before—that we are investing a lot of money in the education of and the generation of local doctors, yet still, the extent of leakage and emigration that we have amongst our local doctors is alarming.

I am one of those persons who would support the situation where when we invest so much in our human resources that we can get back something from that investment. When we only retain 45 per cent of our graduates, but in retaining 45 per cent we have invested so much in the other 55 per cent, I think it might be the time, especially since there is a shortage of doctors all over the world, for us to require that there is a period of service after graduating, so we can essentially give back to the local community, and we, as a nation, can get some returns on our investment in local resources. It is something that we need to consider, and ensure that we get some of those benefits.

So, in concluding, I have no difficulty in supporting this particular Bill, and I will do so at the appropriate time.

I thank you, Mr. President.

Sen. Wade Mark: Thank you very much, Mr. President. I rise to make a limited intervention on a Bill:

“to amend the Medical Board Act, Chap 29:50, to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice medicine in the public health sector and for the recognition of diplomas granted by certain institutions.”

Mr. President, I would like to begin by quoting a policy statement on this whole matter, issued by the United National Congress:

"The high quality health care and the safety and well-being of persons seeking medical treatment is the ultimate concern and priority of the United National Congress, and should be foremost on the mind of the Government, and all other stakeholders in the health sector."

It goes on to state:

"For this reason, the UNC continues its strong objection to Government's efforts to circumvent the Medical Council and to set up a parallel body comprised of party hacks, who will grant medical licences to persons who do not satisfy the required standards as set by the profession for practice in this country; standards that are consistent with international benchmarks and procedures, even within the wider Caribbean countries of Barbados, Jamaica and the Bahamas."

Mr. President, one would have expected the hon. Minister of Health to provide us with an objective evaluation of the operations of Act 22 of 2003. An objective

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analysis based on hard data and material evidence should have been presented to this honourable Senate on the experiences as it relates to the operations of the legislation over the last five years, 2003 to 2007.

I would like to ask the Minister where is the data; where are the facts as they relate to the success story of the legislation that has expired and that has forced the Government to bring new legislation to this honourable Senate? I want to indicate from the outset that you cannot blame citizens for being suspicious of the Government's intention, in spite of my hon. friend, Sen. George Hadeed's, intervention a short while ago.

I have been in this struggle for decades in this country, fighting for equality, justice, freedom and fair play for all citizens in our Republic, regardless of colour, creed, race, religion, ethnicity, gender status, matters not. I want to submit that you cannot deny citizens from forming perceptions and you cannot deny them the right of being suspicious of some of the programmes of the Government.

My good and hon. colleague, Sen. Dr. Fuad Khan, I want to warmly record our congratulations on his sterling contribution here today in this Parliament. [*Desk thumping*] You cannot deny the fact that people will form views and opinions, and that is why President Obama once remarked that transparency is— In fact, he indicated that the best disinfectant that one should utilize to bring greater sunshine into public affairs is transparency and openness. We have to be more transparent and we have to be more open.

The Government continues to deny the people the right to know exactly how their housing programme is being managed; who is receiving houses as an example. [*Crosstalk*] I am dealing with transparency and I am going to connect this issue of transparency. The matter of the Medical Council is critical because I am going to demonstrate where Dr. Lall Sawh, in the *Sunday Express*, July 26, 2009, page 6, made a very simple point. He said:

“People are leaving.”

Talking about doctors.

“Unfortunately the headline is the wrong headline but people are leaving and many, many people have left. Why? Examine that.”

We were informed by the hon. Minister, in his presentation, that an average of 85 doctors graduated every year for the period 2004 to 2008. So, within a five-year period some 425 doctors graduated and came out of the system. We were

also told by the hon. Minister that 45 per cent of those doctors find their way into the public sector or the public health care system, while 55 per cent migrate to other countries. My calculation gives me about 212 or thereabout.

So, we are being told that some 212 doctors have left Trinidad and Tobago, and that is why Dr. Sawh raised the issue as to why people are leaving. Why are doctors leaving the system? That is a question that we need to really ponder on. That is why there are suspicions and growing perceptions—they may be wrong — that have emerged in the system and we need to address those concerns.

You know, the hon. Minister made a statement today, to the effect that the reason the legislation has been brought today has to do with the impediments posed by a few members of the Medical Council, who are now causing the entire council to be unable to register foreign medical personnel to address the shortfalls in the staffing of the public health system. This is what we were told.

I have information emerging from minutes of a meeting between the Medical Council and the Minister of Health, dated July 02, 2009. There is a statement by the president of the Medical Council at the time, and I want to read for the record this statement by the President of the Medical Council of Trinidad and Tobago.

8.45 p.m.

The reason I want to read this statement is because one got the impression from the hon. Minister of Health that the Medical Council and, particularly, Dr. Steve Smith, a God-fearing, a very decent human being—

Sen. Browne: He said the same thing about you.

Sen. W. Mark: I am not in his class, from a different kettle of fish.
[Laughter]

But I must tell you that this gentleman has come under assault. We have gotten the impression that his position was so hard line that the Government, through the Minister, was frustrated and was actually driven to bring legislation today, because of what took place at this Medical Council level, involving this particular doctor, who is the President.

I want to quote from the minutes of this meeting:

"Pres:

That speaks to their proficiency in English language; we have told you time and time again Hon. Minister, that this Council is not averse to registering Cuban or any other foreign doctor, to practise in T&T; once their language of

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instruction is in a foreign language or their native tongue is non-English, they have to sit and pass a Proficiency test in English Language. We are willing to accept them, we have accepted in the past, all such Doctors, and we have also indicated, that because we know nothing of the Cuban scenario with respect to their medical education, that the Medical Council which, as on the initial occasion, we stated quite categorically..."—I want you to listen to this very carefully, Mr. President—"that they must have CAMC Parts 1 & 2"—CAMC is the Caribbean Association Medical Council—"examination passes, we have compromised and softened our position, and have indicated to you"—the Minister—"that they must pass CAMC Part 1, but they must show proficiency in English Language."

I read this to let you know that it was unfair for the hon. Minister of Health to come to this honourable Senate and give the country the impression that the Medical Council, headed by the now—

Sen. Narace: Ex-UNC Senator!

Sen. W. Mark: Well he has resigned, because it was an illegal attempted coup. It was an attempted coup engineered by forces that are well known. [Laughter]

Sen. Narace: Who are the forces?

Sen. W. Mark: He was ousted, but the gentleman that Dr. Steve Smith is, he has resigned. He has formally tendered his resignation to the Medical Board.

Sen. Narace: When?

Sen. W. Mark: I have a copy of it.

I think it was very wrong for the Minister of Health to come and unleash a kind of assault on this particular doctor, when the hon. Minister was aware that initially the Medical Council was demanding that any foreign doctor, including Cuban doctors, who were desirous of accessing job opportunities in this country, must have satisfied CAMC Parts 1 and 2. The Medical Council compromised and said only CAMC Part 1.

The hon. Minister never told this Senate that there was a compromise. He never went on record as saying that. Instead, the hon. Minister went on record as attacking the Medical Council, those persons who he does not like, and he gave you and this Senate the impression today that the Medical Council was demanding that Cuban doctors and other foreign doctors pass about four exams.

The records would show that the Minister misled this Parliament. The record would show, and I have letters to prove that it was either they passed the CAMC or something else, or something else or. But the Minister gave this honourable Senate the distinct impression that the Medical Council insisted that the doctors must pass all the exams. That was a deliberate attempt to mislead this honourable Senate. *[Interruption]*

Mr. President: We have been down that road already this morning; you cannot go there. You know what the penalties are for that. Do not go there.

Sen. W. Mark: I have evidence, Sir. *[Laughter]* I just wanted to alert him that I have some evidence on him. *[Laughter]*

Mr. President, this particular matter that is before this honourable House today is a very serious one. It is a matter of public policy. The practice of medicine is a privilege granted by the people of Trinidad and Tobago, acting through their elected representatives in the Parliament of this country, by their adoption of the Medical Board Act.

The UNC was in power for six years. The PNM was in power prior to that for several years. The Medical Board Act in its various incarnations now celebrates over 200 years; it came into being some time in 1800. The first time, the first time, a government sought to amend the Medical Board Act in order to introduce special temporary licences was in the year 2003.

We were there for six years; we also had shortages of doctors. The PNM was there for several years. We also had shortages; we never amended; we had to find different ways and means. In fact, under the UNC, health care was on the rise. We were beginning to bring about a certain kind of quality of health care second to none in the Caribbean, but we were rudely interrupted at one time, as you recall, and we ended up on this side. *[Laughter]* The work was given to another party to continue.

The interest of public health, safety, security and welfare is critical and, therefore, we must protect the people from the unprofessional, improper and incompetent practice of medicine. Therefore, it is the responsibility of this Legislature to enact regulations, ensuring that we protect the privilege to practise medicine and to ensure that only qualified and fit persons hold that privilege.

The fundamental purpose of the Medical Board Act is to protect the public. Any licence, certificate or other practice authorization issued pursuant to this statute, needs to be considered very seriously.

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When we examine this legislation very closely, we see that there is a systematic discrimination against doctors. We see a discrimination against patients. We are seeing where this legislation is very authoritarian and it even violates the Caricom Treaty in many respects. This Bill discriminates against all current members of the Medical Board, since the doctors who are being brought by the Government are not obligated to pay fees as current board members do.

When you are a doctor or you wish to be registered, you have to pay a registration fee. You have to pay something called an annual retention fee. You have to pay fees for the registration of higher or additional qualifications. My examination of the legislation tells me that those foreign doctors who are going to be brought in through this panel would be exempted from paying fees. That is why I am advancing the view there is a systematic discrimination in this regard.

There is no apparent requirement to deposit a bond with the Ministry of National Security, as part of the application process for a work permit. My information is that Nigerian doctors are obliged to deposit about \$50,000 as part of the process of obtaining a work permit. That is the information I have.

We would like to know whether the panel of doctors, which I would deal with in a short while, would be paid. My information is that they are going to be paid. I am informed that in the last round they were paid. I ask the Minister to correct me if I am wrong.

We have no problem with foreign doctors; I am a very close and intense admirer of the Cuban revolution. I believe that the Cuban people were able to win their freedom in a manner that must always be applauded, when they overthrew the oppressor dictator called Batista. I have no problem whatsoever with foreign doctors coming into this country to help improve the quality of life of the people of this republic. I have no problem with that.

9.00 p.m.

Our problem is procedures. We are concerned about processes. We want to ensure that any doctor who comes to this country to practise medicine must be qualified and undergo a test. If you cannot speak English, you must be proficient in the language of our birth. You must subject yourself to a test in terms of the medical field in which you are. I have outlined the areas in which you ought to be tested. I do not support and like this idea of coming to this Parliament every few years to amend the Medical Board Act. Why is the Government targeting only the medical profession? They targeted them in 2003. They came to Parliament in

2007 when they amended the Medical Board Act to change the composition of the panel or the council reducing the number of doctors on the council from 11 to 4. Now they have come back in 2009 to amend the Medical Board Act again. Why?

The rationale is that there is a shortage of doctors. So if there is a shortage of accountants in the country, will you go into the Institute of Accountants Act that was passed in Parliament to amend it? If there is a shortage of land surveyors, will you do the same thing? If there is a shortage of architects in our country, will you bring an amendment to that Act? If there is a shortage of dentists, are we going to amend the Dental Council Act? What is going on? Professionals are supposed to regulate their affairs. We should not be bringing legislation to tell the lawyers how they must conduct their affairs. We should not be bringing legislation to tell other professionals how they must conduct their affairs. This is what is worrying when you go down that road. It leaves people to wonder what this Government is about. That is why perceptions and opinions are formed.

That is why this Bill in its current form, if passed, would institutionalize discrimination in this country. That is why we need to advise the hon. Minister that that particular path he is on is a wrong path. This Bill is attempting to emasculate the body corporate created by statute, by law, to be the avenue of redress for citizens who feel themselves unjustly treated by local doctors.

Sen. Jeremie SC: We have two more Bills like that.

Sen. W. Mark: I know that we have an Attorney General who will bring legislation that is just, fair and equitable. I do not expect you to bring any other legislation. I am holding him to that. I believe that it is immoral for any government to bring legislation to regulate the activities of professionals in our country. We believe that it is very offensive. We think that it is an attempt to undermine and subvert a very important institution. I ask myself the question---

The Government wanted control of the council. Dr. Steve Smith has resigned. There is now a PNM Medical Council in place. Why are we discussing this legislation? Why can you not go to your PNM Medical Council and get them to give you the passage of all these doctors you want to bring? Why are you wasting our time with this particular matter when the Government now has control of the Medical Council of Trinidad and Tobago? That is what they wanted and they have gotten it. Sometimes I wonder whether the Government is not wasting our time today.

We are going to give the Minister who is a very active politician, the power to establish a panel and the Minister according to clause 4 of the Bill shall appoint the following persons to be members of the panel. He will appoint the Chief

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Medical Officer who will be the chairman; three medical practitioners each having at least 10 years experience as a medical practitioner and a layperson as well. This is not the work of the Minister of Health. The Minister of Health is usurping the role of the Medical Council. The law governing the Medical Board of Trinidad and Tobago gives that power to the Medical Council. Today, we are subverting the Medical Board Act. As lawmakers, we are subverting and overthrowing that particular provision of the law. We are going to give the Minister the power to appoint persons who will now have the power to consider applications for the issue of special temporary licences.

Sen. Dr. Fuad Khan made a point earlier in his contribution that we are dealing with the lives of citizens of this country. We have no way of checking the background of these people. This Bill is seeking to bypass an English proficiency test. *[Interruption]* You said that you are going by COSTAATT. If you are going by COSTAATT, I object. I say go to the university. Will this panel provide a test that the Medical Council would have provided in terms of CAMC Part 1?

Do you know what I understand? These foreign doctors who are going to come to Trinidad and Tobago and operate on your daughter, my son and our children will not be subject to any examination. They will appear before a panel appointed by the politician and would be given the green light to go into the system and rural areas to operate and experiment on the citizens of this country. Do you want us as lawmakers to subscribe to and support that kind of legislation? How can we? We cannot.

I want to quote for you another statement issued in the newspapers of Sunday, July 26, 2009 on page 6. A lady who interviewed Dr. Lall Sawh asked the question: "Have you worked with some of the foreign doctors?" Hear what this man said. I want to read this very slowly. This is a senior doctor. It is not Wade Mark talking. This is a senior doctor with 30 years of experience in the profession. Hear what he tells the country and the world:

"Yes, I have. In my unit I have had many foreigners over the years. I'll give you a glaring example. There was one particular guy and I wouldn't call his country of origin but he would come to the clinic and see two or three patients for the entire duration of that clinic. You know why? He can't understand what the patient is saying and the patient can't understand what he is saying. When they're done, the patient then comes to me as the consultant."

The patient is saying to Dr. Sawh:

“I doh understand what yuh doctor say. Yuh could explain it to me?”—Dr. Sawh said—‘So, he’s useless.

Then he (the foreign doctor) would sleep in the clinic and he’ll wake up and see another patient. He cannot operate; he’s useless on the ward. That is one of many examples I had, I’m not going to be focused on one country of origin—all the countries. I had one from the Middle East somewhere. When I walked into the ward to report for duty, he bowed at me. So I bowed back at him, not knowing that he is accustomed to the junior officer bowing to the senior officer and if I bow, I’m now...”

I draw this example to you not to degrade or downplay the foreign doctor or doctors but I gave an example of the cultural barriers that can be created and bring difficulties for the citizens who have to be exposed to foreign doctors who do not speak their language. I am advancing here that the Government is trying to use this Parliament to subvert the Medical Board Act. We cannot support any subversion of the legal mechanism established by this Parliament to ensure that the safety, health and welfare of the citizens are protected. We cannot subscribe to that.

We go on to clause 4. As one of my colleagues asked earlier, where are the regulations that will govern the work of this panel that is appointed by a politician, the Minister of Health? There is no regulation, Attorney General. There are no rules before this honourable House. You could conclude it is “ol’ mas”.

9.15 p.m.

All the Minister wants is public relations; to bring doctors here, send them to the rural areas to tell the country that we have doctors in the rural areas. We are dealing with people's lives and their safety and this Minister comes here and tells us that he cares. How can he care and this is the kind of legislation he has brought?

Not only that, he has defied the Council. I have been informed that the hon. Minister, even though requested on numerous occasions by the President of the Medical Council to submit his proposal in writing, has to date not submitted a

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written proposal to the Medical Council. We have minutes here where the Minister said to leave cellphones outside. He does not want the meetings to be taped. [*Interruption*] You have that here; not me. You can tape me. In fact, you listen to all my conversations.

We go to clause 6—

Sen. Narace: In closing.

Sen. W. Mark: No. I have some time. What are you worried about. I am drinking my water. I have to clear my throat. We go to clause 6 of the Bill where section 13 of the Act is amended. It states—

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. [*Sen. Dr. A. Nanan*]

Question put and agreed to.

Sen. W. Mark: Thank you very much, Mr. President. I just want to ask the hon. Minister who will supervise these doctors. Nowhere in the legislation is there any indication as to the assessment, evaluation or examination of these foreign doctors. Nowhere is there any provision that talks about who is going to supervise the foreign doctors. Therefore, we are saying to the Minister that this amendment could lead to disastrous consequences for the citizens of this country. We could have wrong diagnoses, incorrect treatment plans, indecipherable prescriptions; all due to an inability to communicate in English on the part of these foreign doctors.

When we look at clauses 13 and 14, we see where a doctor of the Panel or a member thereof:

- “(1) ...shall not be liable for anything done, permitted to be done or omitted to be done, in good faith, pursuant to the exercise of the functions and powers of the Panel under this Act.
- (2) The Board, or a person holding a temporary licence other than a special temporary licence shall not be liable for the acts or omissions of:
 - (a) the Panel; or
 - (b) a holder of a special temporary licence.”

So the panel is issuing licences to persons whom they are not competent to assess, evaluate and properly examine, yet the legislation is giving coverage, almost carte

blanche, to these doctors on the panel, so that they would not be held criminally liable for any untoward action that takes place involving citizens of this republic.

The hon. Minister talks about health care and what they are doing as it relates to improving health care in this country. We would like the hon. Minister to tell us why only nurses have been suspended as it concerns the death of one Mr. Allen Warner. Did the CEO not have a role to play in this? Did not the hospital administrator have a role to play in this? How is it that you have only identified one or two nurses for suspension?

You talk about health care and how your Government is moving towards improving health care. Here we have the death of a relatively young man, the second death in the last two weeks. I want also to bring to the Minister's attention that in the North West Regional Health Authority leave reliefs are not provided when people retire or go on vacation leave. It is being provided in other regions, but not in the North West. What is happening is that there is a shortage of attendants, of wards maids and cleaners at Port of Spain, St. Ann's and St. James.

Agatha Carrington, we want you to investigate, hon. Minister, whether that particular CEO is involved in a conflict of interest, operating as a CEO and running private health clinics in Sangre Grande. I would like the hon. Minister to investigate whether that is taking place.

We do not support the Bill in its current form. We are all in favour of the improved quality health care for the citizens of the Republic of Trinidad and Tobago, but we will never be party to any attempt by the Government to undermine and subvert the laws of the country. That is why, for instance, the Government gets worried when citizens begin to identify unfairness, racial bias and discrimination in the system.

I call on the Government, if their hearts are clean and if they are colour blind as we have been told by Sen. Hadeed, to make available to this country the names of all the citizens who have been recipients of NHA or HDC housing. We want to see all the scholarships granted by the Ministry of Community Development. There has been over \$45 million in scholarships and up to now we cannot see the names of those persons. If things are transparent and above board, would you object? Bring the names; make them available to the public. The National Entrepreneurial Development Company (NEDCO), all those PNM people who have accessed loans; all those citizens who have accessed loans for small business through NEDCO, my view is that their names ought to be made public because taxpayers' money finance those loans.

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Let the sun shine in on public affairs. The best disinfectant is transparency and openness. Why are they afraid to tell the country how many citizens have gained homes through HDC? Why do you not want to make scholarships open so that we will know who are the people who received them and those small business people who have accessed loans through NEDCO? We are committed to working for a better Trinidad and Tobago and you cannot take us for granted. We want to ensure equality, justice and fair play for all the citizens of this country.

Hon. Minister, I have some information to share with you about your Director of Corporate Communications. I have told you about that already. I am gathering some information and I will bring it for you.

I would like you to tell us whether you refurbished your office to the tune of hundreds of thousands of dollars when poor people cannot get Panadol at the hospitals. Can you clear the air? I have received information that the hon. Minister of Health spent hundreds of thousands of taxpayers' money to refurbish his office at the expense of citizens of this country. If it is untrue, tell me. You come here and give the impression that you love the country and the people and you spend so much money on your office and poor people cannot get beds.

We have very serious and grave reservations about the legislation and I have brought this to the Minister's attention. I would hope that the Minister would clear the air on these matters. If he could do so, we would be very happy. Mr. President, I can tell you that we will never support legislation designed to subvert the laws of this country.

I thank you.

Sen. Dr. Rolph Balgobin: Mr. President, I thank you. I rise to make a very short contribution regarding the Medical Board (Amdt.) Bill, 2009. I begin by saluting the efforts of the Minister and the Ministry of Health in bringing some supply to what is obviously a very serious problem. At its base I see it as such. There is a significant mismatch between our needs for medical practitioners and the supply we are able to access, notwithstanding our best efforts through the tertiary system.

9.30 p.m.

I must confess that I got a late invitation to be here and so my study of the proposed document has been briefer than I would like, so I propose that I would speak very briefly and make a few points on it. The first observation I would like to make is that I would be very concerned at the statistics quoted by the Minister, that the majority of graduates that we put through Mount Hope are in fact not

sticking around in Trinidad and Tobago. I think this is a reality that is very far removed from what was contemplated when Mount Hope was originally commissioned; at least the Faculty of Medical Sciences at the St. Augustine Campus of the university based at Mount Hope. If we are removed from the original intent, then it bears asking the question: What accounts for this? Is it a lack of respect for doctors? Do they feel that they are being treated with discourtesy within the public system? Is it that the quality of life here is not what they would like? Is it that crime is affecting their view of whether they want to live and practise here and raise a family? Is it a general draw from T&T for compensation elsewhere?

There is, I think we ought to acknowledge, a very significant demand for doctors from developing countries like this, in developed societies. For example, the United Kingdom has a very specific immigration section that allows, under their highly skilled migrant programme, the migration of medical practitioners, specifically doctors. Developed countries are, of course, targeting actively, our medical professionals. This, of course, would be of some concern to us. Obviously, we are hemorrhaging more talent than we are able to retain, which is causing us now to have to look elsewhere to other countries to shore up what is obviously a very significant shortage. Even as we try to bring people in, it occurs to me that we should seek to hold on to our own.

I support the view that there should be some sort of contractual obligation by medical school graduates to serve, even those who were not beneficiaries of Dollar-for-Dollar and subsequently GATE. Those who had to pay in the 15 or so years, prior to that, really cannot feel or think that the fees that they paid represented the true cost of their education to the society. Therefore, some social obligation must necessarily be borne by these practitioners. Certainly, we should try to oblige them to pay back to the society, in terms of service, some of what they have gained. Of course, the University of the West Indies needs to have a role and a voice in all of this and it needs to do more, in my view, perhaps, to foster a sense of social obligation.

Speaking of UWI, of course, I would draw to the framers of this Bill that UWI is one institution and it is listed here in the Schedule as two going on to three: the Faculty of Medical Sciences of Jamaica; the Faculty of Medical Sciences of Trinidad and Tobago; and the Faculty of Medical Sciences of Barbados. It is in fact a three-campus university. Degrees granted by the University of the West Indies are granted by UWI. They are not granted by UWI in Barbados, Jamaica or Trinidad. There is no need. In fact, three separate universities do not exist. It really is the one regional institution and, therefore, that Schedule does not have to

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be amended in that way. I would also make the point that, perhaps, St. George's University should be included in the Schedule, simply because the Minister did suggest earlier that they were sending an overflow of persons to be trained there. Presumably, that institution meets our requirements for quality. I wonder why they were not included and, perhaps, suggest that they should be.

Much has been said about Cubans and Cuban doctors. There were some arguments made earlier about whether globalization was a fact or a myth. My view is that we should not fear Spanish-speaking people. We should not fear foreigners. Globalization, certainly where talent is concerned, is very much a fact. We ought also to recognize that Spanish and Mandarin Chinese are by far the fastest growing languages in the world. Trinidad and Tobago sits on the lip of the largest concentration of Spanish-speaking people anywhere on the planet. Therefore, I do not see so much of a Spanish conspiracy as much as a sense of a realization that our people need to learn to speak Spanish.

I would also make the point that if something happens to me, I would take a foreign doctor, properly regulated—to support Sen. Mark's view—properly selected and properly managed. If something happens to me, I would take a foreign doctor, properly regulated in this way, over no doctor at all.

The question arises: How do we make some of these doctors fit into our system better? How do we choose them better? How do we capture them better? With regard to the Bill, it is unfortunate, I suppose in a sense, that a parallel organization has to once again be set up or perpetuated. To my mind, the most logical thing was that the panel should be a creature of the Medical Council, which is a creature of the Medical Board, if I understand the structure. The panel should act as a sub-committee of the council and the council should ratify what the panel says. For various reasons, that has not happened. I think the most significant of those I would mention very shortly.

Aside from that, I think that in the operationalization of this, the Government should be encouraged to think critically about the establishment of objective standards for the selection of institutions, the selection of individuals and for the assessment of individuals. We have heard that there is some sort of assessment going on. I do not know how rigorous that is; whether it is a qualitative assessment or if it is something more. Certainly, that justifies or warrants the attention of the Ministry, as they go forward with this. I would also suggest that there be rotation of the panel members, rather than all the members being disgorged at the same time. If you are going to do this, it helps for the institutional memory of the panel to ensure that at least one member retires every year and that you do not have all the people coming in and going out at the same time.

I think I would broadly support the view that more doctors, rather than less, are required. There are, obviously, some deficiencies in the document. A procedural concern I have would be around some of the drafting problems identified earlier and really to wonder whether to force an imperfect piece of legislation through is wise or whether it is in fact a dangerous play. That is something I suppose individual Senators will make up their minds about.

Mr. President, I would like to end my brief contribution by saying that in some respects, it really is a pity that this has to be before us at all. I wonder whether we ought not to acknowledge here that there is a broader obligation to good faith. Right behaviour is critical. I think that it, perhaps, is not acknowledged enough that amongst the professionals and the educated classes, there can be found a culture of arrogance where persons with qualifications, persons who are certificated do tend, sometimes, to be petty, obstructionist and greedy. While that is true of all men, certificated or not, what education does for these people is that it hones an already powerful intellect. It makes it sharper and, therefore, helps these already bright and now certificated people to justify what a common person would consider to be an irresponsible, if not downright stupid stance. I think that we need to caution our professionals, even as we make suggestions about how to amend what is before us. I think we ought to caution our professionals too and seek to have them recognize the dangers of institutionalizing a culture of arrogance.

In my view, the Medical Council, whether this thing passes or not, has an obligation to work with the Ministry of Health and with the Minister of Health. In the same way the Minister of Health has an obligation to treat the medical professionals that he is dealing with, with respect. But, if these obligations are not recognized, we are going to continue to have the kinds of problems that force us to put legislation like this in place. It really is a pity, but if this is what is required to meet a supply problem; if this is what is required to circumvent a set of disagreements, which are resulting in the citizenry suffering, then it is unfortunate, but so be it.

I would like to take the opportunity to say that, on all sides, it would be great if we had a greater or a more significant degree of dialogue, mutual respect and courtesy. I want to encourage the council to work with the Government, the Minister and the Ministry of Health and I encourage the Ministry, of course, to do likewise. Really, above all else, I suggest to all parties concerned that we should, if nothing else, put the people first.

I thank you, Mr. President.

The Minister of Planning, Housing and the Environment (Sen. The Hon. Dr. Emily Dick-Forde): Thank you, Mr. President. I rise to support the Medical Board (Amdt.) Bill. This Bill has the purpose to amend the Medical Board Act, Chap. 29:50, to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practise medicine in the public health sector and for the recognition of diplomas granted by certain institutions.

Mr. President, my intervention is one that seeks to put the broader Government context on this Bill and by so doing, answer some of the concerns that have been raised by Members on the Opposition Bench, as well as to try and address some of the issues raised by the Independent Senators who have contributed.

The national vision for our nation, I have read it a few times and the hon. Prime Minister came and read it once as well. In that vision statement we vision that all citizens enjoy a high quality of life, where quality health care is available to all.

9.45 p.m.

Mr. President, those words are as a result of significant work that was done in the framing and the articulation of the national strategic plan for Trinidad and Tobago. This plan was not done in a back room by PNM close personnel. The vision for such a plan came out of the PNM in the same way that the PNM has always had visions for the country. This one involved a wide cross section of persons in Trinidad and Tobago working together to articulate the national strategic plan and for each sector, you had a corps of professionals coming together to lay down what they understood to be the issues to be covered by the health sector to be able to achieve what we articulate in the vision, quality health care being available to all and people enjoying a high quality of life.

I want to establish the breadth of work that would have been done to articulate the national strategic plan, and in particular, to outline the objectives and goals for the health sector in order to show that the Bill before us seeks to ensure that our agenda and our goals under Vision 2020 are in fact achieved. So, for the health care sector, the subcommittee that worked on the health care sector strategic plan outlined these objectives and goals and did a wide consultation across the country, comprised 36 persons, and this subcommittee would have been able to coopt different persons from various places. I want to just put into the record the type and quality of persons who were involved in shaping the objectives and the goals and contributing to the vision of the national strategic plan for the health care sector:

- Prof. George Norris Melville, who was the Chairman, Head Physiology, Faculty of Medical Sciences, St. Augustine, UWI;
- Dr. George Laquis was the Vice-Chairman who was the President of the Cancer Society of Trinidad and Tobago;
- Mr. Leo Alleyne was the Secretary, Ministry of Health;
- Dr. Geoffrey Frankson from the Wellness Centre;
- Dr. Avril Siung-Chang PAHO/World Health Organization;
- Mrs. June Lindsay-Watson, Trinidad and Tobago Registered Nurses Association;
- Mr. Ian Kalloo, CEO, MEDICO Limited, St. Clair Medical Clinic;
- Dr. Mervyn Henry of the Trinidad and Tobago Medical Association;
- Dr. Anton Cumberbatch—at the time—CMOH, St. George East, Ministry of Health;
- Dr. Rampersad Parasram, Chief Medical Officer, Ministry of Health;
- Dr. E. Monica Davis, Faculty of Medical Sciences, St. Augustine;
- Dr. Donald Simeon, Director, Caribbean Health Research Council;
- Prof. Phyllis Pitt-Miller, Dean, Faculty of Medical Sciences, St. Augustine;
- Mr. Wazir Hosein, President of the Pharmacy Board;
- Ms. Agatha Carrington, Assistant Hospital Administrator, St. James Medical Complex;
- Mr. Gordon Gatt, Beacon Insurance;
- Miss Daphne Davis from the Ministry of Planning, Housing and the Environment;
- Dr. Robert Cassier-Gamsley from CAREC;
- Dr. Rupert Indar, President of the Southern Medical Clinic;
- Ms. Ursula Wilson, Medical Associates;
- Miss Agnes Winchester, Hospital Administrator, Port of Spain General Hospital;

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- Miss Y. Seetahal, CEO, Tobago Regional Health Authority;
- Miss Karen Joseph, CARIRI;
- Ms. Karen Pierre, Vice-President, Health Services, North West Regional Health Authority;
- Miss Kelly Ann Monsegue, Administrative Assistant in the East Regional Authority; and
- Mr. Stephen Thomas, Public Services Association.

These are 26 persons and they have a list of invitees from 27 to 34 and then two secretarial support. The reason I took the time at this hour to read this, is to establish that you had a wide cross section of very competent persons in the health care sector, contributing to the building up—and I believe this would have been in 2003/2004—contributing to the articulation of the national vision and the national strategy for bringing health care to that developed country status where all citizens will enjoy a high quality of life where quality health care is available to all.

This overarching Vision 2020 developed from a wide consultation which gives us the assurance that the steps taken by the Ministry of Health are, indeed, leading to that common goal that all ministries and all citizens of Trinidad and Tobago aspire to. So, in our vision statement we aspire to something and through the implementation we achieved. Together we aspire; together we achieve.

I want to outline some of the objectives that would have come out of the planning process and the objectives for the Ministry of Health and these are directly relevant to the amendments that are before us. The objectives are:

- increased life expectancy rates for males from 68.4 years, which was a 1990 figure, to 68.6 years;
- increased life expectancy rates for females from 73.2 years, which is a 1990 figure, to 74.4 years;
- reduced infant mortality rate from 24.2 per 1,000 births, which is a 2002 figure, to 15.1 per 1,000 births;
- reduced mortality rate from heart disease from 193 per 100,000 population in 2002 to 145 per 100,000 population; and
- reduced mortality rate from diabetes from 99.6 per 100,000 population in 2002 to 75 per 100,000 population.

These objectives outlined the targets that the Ministry of Health and all of its systems, agencies and authorities have to aim for and they then are broken down into strategies and projects that all lead toward the achievement of the vision for health care. I continue. I will go down the list and come to the end. The last one says:

- to increase the availability of physicians from 10 per 10,000 population, which is a 2004 figure, to 12 per 10,000 population.

So, this is a specific target listed under the improvements for the health sector coming out of a wide consultation led by non-partisan, very competent, highly qualified and experienced persons for the health care sector. So it is not by guess that the Ministry of Health is seeking to ensure that it is able to achieve its targets, not just one target, it is not that they are trying to get more physicians in a vacuum.

We had at least two suggestions from the Opposition Benches about what should be done. We had the failed manifesto of the UNC being used as a source for policy direction being thrown over here, but we have before us a very clear and well developed, widely consulted national strategic plan for the health sector, and therefore, the suggestion that came from Sen. Dr. Nanan—I am not seeing it right now—

Sen. Dr. Nanan: Minister, would you give way?

Sen. The Hon. Dr. E. Dick-Forde: No, no giving way at 9.53 p.m. in the evening. *[Laughter]* So, when we talk about increasing the medical professionals, and this amendment comes, it is not coming in a vacuum where you have one or two off-the-cuff suggestions. It is within a total comprehensive assessment of the health care sector that would have occurred over a two-year period. It would have been exposed to detail—*[Interruption]* He is still with the issue of the failed manifest? But they failed, they did not pass; they did not win, so it is a failed manifesto.

We are talking about in a broad context; this amendment in context is a very clearly articulated, well-developed national strategic plan for the health sector. One of the strategies under the same plan for the health care sector is to improve the performance of the health care delivery system, again requiring more medical services professionals. The other one is to create a client-centric health care environment.

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I want to go now just briefly to some of the main strategies that we have seen in the Ministry of Health to seek to address directly some of the issues. There was a great deal of noise about no infrastructure, which again, shows a lack of understanding and a lack of knowledge of what is actually happening in health. Key projects under the Ministry of Health's programme include the upgrade of infrastructure, which I note here that Sen. Oudit claimed is not being done. I am going to list all of the new facilities that are targeted for 2010, some of which have already been done. We have new health centres constructed at San Juan, Barataria, Carenage, Ste. Madeleine, Debe, La Romaine, Morvant, Upper Laventille, Petit Valley, Scarborough and Charlotteville. Construction of enhanced health centres at Oxford Street, St. Joseph and Sangre Grande. District health facilities constructed at St. James, Diego Martin, Siparia, Roxborough and Chaguanas. New psychiatric unit in operation at Port of Spain General Hospital—remember these are the targets to 2010—new wing opened at San Fernando General Hospital and new hospitals built in Central, Point Fortin, Sangre Grande and Tobago.

Now, these are projects that would have come out of that strategic planning process and all of these new facilities would require medical professionals to make them quality health care facilities. Already, we have the construction of health centres at Petit Valley, San Juan, Barataria, Debe and La Romaine, these were completed, while centres at Ste. Madeleine, Morvant, Charlotteville and Scarborough are in progress.

Now, one of the things I omitted to say, Mr. Vice-President, I am reading from a document which is an assessment of the achievement of our Vision 2020 targets—I believe this is as at 2008—looking specifically at the health care sector, at how they have achieved the objectives that have been set, and so quite a number of 2010 targets have already been achieved under the Ministry of Health. So, this amendment to increase, the Bill seeks to ensure that the human resource needs in the short term—and the Minister has made that very clear—are met quickly and effectively. We say it all the time.

We say to achieve developed country status on or before the year 2020, it need not wait until 2020. So if in the short term we can bring doctors in to bring a better level of health care to our citizens, then that is what we must do.

The national strategic plan is so well articulated that it actually fuels Ministers, fuels the public servants, fuels people working towards the achievements of these goals and fuel us to come up with proper and innovative

ways to achieve the goals. You cannot just be setting up infrastructure, getting new equipment and you have no medical professionals to carry out and to ensure that health care vision that we have is actually going to be achieved.

So, by this Bill we are pursuing avenues to achieve immediately, what we aspire to, where that is impossible. It seems to me from the account of the Minister that it was difficult to be able to convince the Medical Board to do what was necessary. We have had a lot of support from the Opposition Benches, especially from Sen. Dr. Kernahan, about the quality of the medical professionals coming out of Cuba.

Sen. Oudit was not sure—she was sure at first, but it was not about Cubans and then in the end the Senator was then complaining about the Cubans as well, but Sen. Dr. Kernahan said very clearly what high quality doctors they are.

I also need to refer to Sen. Melville's sterling contribution, from one who is a medical professional for years and years. I do not want to date her, but she has a number of years experience, in other countries as well and was able to bring a unique and credible perspective to the debate today. She noted that over 20,000 doctors from Cuba operate in about 70 countries around the world. *[Interruption]*

10.00 p.m.

This is one of the things that I have realized from listening to Sen. Melville, listening to Sen. Dr. Kernhan and listening, I think to one other person, I realized that the Cubans actually have a vision. They have a vision to—and I think somebody else said it as well—to be an excellent source for medical professionals. They actually turn them out. It is a supply chain and they are supplying the world with quality—In fact, from what Sen. Melville said, I am sure it comes from experience—hard working, dedicated, disciplined medical professionals. In so doing, this answers the question, because I realized as well that for the Cubans to be sending over 20,000 doctors across the world—and I have a document here from the Accreditation Council of Trinidad and Tobago where they visited Cuba.

There were a number of persons in the delegation, people from the Ministry of Foreign Affairs, the Ambassador from Cuba, the CMO, the Cubans, the Trinidad and Tobago Embassy officials. I do not have all the names here, but you had quite a lot of—the CMO, St. George East; the Chief Nursing Officer; a representative from the Nursing Council; a representative from the Regional Health Authority from the Human Resources Department. These were the persons who visited, along with the Accreditation Council of Trinidad and Tobago staff, and what the

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Accreditation Council saw and reported is that the Cubans have trained over 75,000 doctors and the conclusion from the Accreditation Council from their visit to Cuba, and I quote:

"The systems of both institutional and specialized programmes, quality assurance of tertiary education in Cuba are especially rigorous in the context of international standards."

So they found that the systems in Cuba were especially rigorous in the context of international standards. They did a thorough review. From what I read in the document here, there are a number of different accreditation bodies that come together under one body for tertiary education and our Accreditation Council did a thorough review, and concluded international standards in terms of the rigour of the Cuban tertiary education system.

[MR. PRESIDENT *in the Chair*]

One of the things I noticed therefore was that this high level of supply of medical professionals from Cuba was actually their vision for their nation, in a nation where embargoes actually shut them down from being involved in international trade in a big way. One of the things we seem to not understand in our country, because we are blessed with revenues from so many other sources, is that remittances are a source of revenue for a lot of countries.

I went to Haiti recently and their main source for revenue is remittances from persons abroad. I have come to the conclusion and it was backed up by one of my other learned colleagues on this side, that for Cuba, remittances as a revenue source through its supply of doctors, quality, disciplined doctors across the world were in fact a very important source of revenue.

I just want to correct something that Sen. Prof. Deosaran asserted or thought about, saying that Cuba is relatively poor and they need their doctors. Not at all! They produce the doctors so that they can go out into the world and provide professional health care, and people actually go to Cuba as we know.

I just wanted to put those things on the table, Mr. President, and to identify that our health care system is in excellent hands. You see, all the talk about how the Minister engaging in public relations, when you have an Opposition that is determined to engage in inflated language—and I learned that little term recently, inflated language and one that I have used here before, symbolic discourse—that seeks to derail the society, this is my experience looking at Trinidad and seeing the kind of language we use that seems so devoid of any sense of national pride, it

is really sad sometimes to hear the things that people say in the interest of politics, I think. I am not even sure if it is that because I think they have worsened their chances in politics by saying things that they say, which means it is not a good strategy either.

When some years ago, we had the genocide in Africa through the Hutus and Tutsis, whoever they were—I do not remember. Everybody knows who it is—and the words like genocide and ethnic cleansing would have been used to describe those things, it is an insult to the experience of those nations that people will use a term like that in this country, a country that is blessed. We are a blessed nation and we should never take for granted what we enjoy in our country. [*Desk thumping*] When I first heard the comment, I was really, really saddened. I felt that it had gone way too far now because you hear scandalous talks over the years, but I think that one, and especially the fact that some people seek to even try to justify it as if it is something that is really happening, it is very sad.

It is an insult to the international community. It is an insult to our nation to use those kinds of words—it is worse than irresponsible and I was really, really saddened at the extent to which people would go—that actually have no link to a sense of national pride or love for your nation, that should underscore and should constrain you to not say things like that. There is a constraint that you put on yourself as a reasonable person and it seems that that constraint has been totally lost. [*Interruption*] I am sure I heard your visiting Senator use the term again, and it was very sad all over again to hear that kind of thing.

So, Mr. President, my concern is to help to establish the broader context within which this Bill comes, it is not just some little plaster in a failed manifesto. It is part of a clear strategy, a national strategy for developed status to be achieved, and every sector in the country, every sector in Government has a very clear individual strategic plan that includes objectives, goals, targets and projects as well. All of these are directly pointed—and this amendment seeks to address very specific projects and targets. Again I repeat—to achieve a very specific vision that all citizens enjoy a high quality of life where quality health care is available to all, and you cannot achieve that if you do not have medical professionals.

I want to just do one more thing because it is late and that is to address one little piece of information here, clause 14. There is a lot more I can say, but it is late and I think we are very clear that this is a proper amendment coming before this Senate today and I just want to clarify something. Clause 14 very clearly speaks to the exemption from liability of the panel or members of the panel—so

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the panel as a body—and the second part of it says the board or person holding a temporary licence, other than a special temporary licence shall not be liable for the acts or omissions of the panel or a holder of a special licence.

It does not absolve anyone with a special temporary licence from any unprofessional conduct, which is what was being suggested. So I believe that barring some of the changes that I believe the Minister is going to address that would have been raised, this Medical Board (Amdt.) Bill, 2009 is fully supported by the Government through its national strategic plan. It is a clearly grounded process that is seeking to bring to our country the high quality of life to which we all aspire and through the persistence and determination of a caring Government, it is what we shall achieve.

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

The Minister of Health (Sen. The Hon. Jerry Narace): Thank you very much, Mr. President. I really did not intend to talk for an hour at this time, but I have to do what I have to do. [*Laughter*]

Mr. President, first permit me to thank hon. Members on all sides who contributed to this debate today. As I indicated earlier this afternoon, this Bill seeks to amend the Medical Board Act, Chap. 29:50, to provide for the establishment of a panel to issue special temporary licences in cases of a shortage of persons available to practice medicine in the public health sector, and for recognition of diplomas granted by certain institutions and for matters related thereto.

Mr. President, let me at the outset or let me again repeat, the Ministry of Health has no problem with doctors, none at all, including the very distinguished Senator on the other side. Let me say that I noticed the statements made by Sen. Dr. Balgobin. We agree that there should be collaboration on all sides and I remain open to collaboration with any individual who can contribute to the welfare of the citizens of Trinidad and Tobago. I am saddened, really saddened, that the Members of the Opposition will not care about what damage is being done to people and the help that they prevent them from getting. I never thought that I would see the day when so many Members on the Government side would be pleading—and indeed, I want to thank all the Members of the Independent Benches who saw the wisdom in trying to bring relief to a people who require health care. I never thought I would see the day when Members on the Opposition Benches would stand up here and not feel that it was an unconscionable thing to do, to not try to play their role. But then again, this is the Opposition—
[*Interruption*]

Sen. Dr. Khan: That is our job.

Sen. The Hon. J. Narace:—and what can you expect from the Opposition. But so be it.

Mr. President, permit me to reiterate the reasons why this amendment is necessary. But before I even go there, I just want to touch on a few responses that were required and my biggest disappointment today was in Sen. Oudit, but I will come back to her. I really have hope for her and I still have hope for her because I think that she can step up to the plate

Mr. President, one of the questions asked was how would the English proficiency test be evaluated? The Accreditation Council will continue to review and evaluate universities and programmes of studies. The council and the panel will take the accreditation status into account when evaluating applicants. I now come to Sen. Oudit.

Sen. Oudit asked, how is the Bill going to address the migration of doctors away from the rural areas? The RHAs who will be the bodies responsible for the assignment of foreign doctors will ensure that the rural hospitals and health centres are adequately staffed. Foreign personnel will have little choice as to where they are assigned. So that we will make sure that we have in all the rural areas, doctors as required.

Why was COSTAATT and not UWI given the responsibility to test the proficiency of the English skills of the Cuban doctors? COSTAATT was given the responsibility because they are competent and because the institution was recommended by the Accreditation Council, and the Ministry has no problem in considering a proposal from the University of the West Indies.

What system is there to check the integrity of doctors? All of these things we could have prevented had Sen. Oudit been more parliamentary, may I say, and allowed—because I always do. I think it is very important that in the Senate, we develop a behaviour that is parliamentary because the people are looking at us, children are looking at us and Senators have to behave in a particular way, and I subscribe myself to that kind of behaviour. So what system is there to check the integrity of doctors before they are recruited to come to Trinidad? [*Interruption*] We spoke about the face-to-face interviews and so forth.

The Ministry of Health does rigorous pre-screening of the persons before they are asked to submit their résumés to the panel.

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Doctors must submit proof that they are registered with the Medical Council in Cuba; they must have a certificate of good standing; they must have testimonials, CVs and other certificates.

The Minister of Planning, Housing and the Environment just explained to Sen. Oudit how she got the issue of why doctors were exempt from liabilities so wrong. You misunderstood it completely, Sen. Oudit; it was why a board member—and she did a very good job in explaining both, so I will not detain us in that. I would not worry to continue with that.

Mr. President, in talking about cohesion and so on, the points that Sen. Dr. Balgobin raised, you could look at four institutions. The point you made that I was attacking Dr. Smith, who incidentally was a UNC Senator—[*Interruption*] He was a UNC Senator, therefore he is a UNC individual. [*Crosstalk*] Being a UNC Senator need not be a bad thing necessarily, but it is important that when you conduct your business in an institution, you should not allow partisan politics to interfere with the conduct of your business. You should act in a professional manner. [*Crosstalk*]

Sen. Dr. Khan: "Tell de PNM dat!"

Sen. Dr. Nanan: He came here in his professional capacity, so you cannot label him.

Sen. The Hon. J. Narace: Are you finished? [*Crosstalk*]

Mr. President, I just want to demonstrate to Sen. Oudit how we operate on this side. I have no problem with someone being a UNC Senator, that is fine, no problem. What you must not do is bring your partisan politics in preventing people from getting what they deserve. You must not allow it to prevent the work from being done. That is my problem.

Let us look at something: Take the Chaguanas Borough Corporation, led by a UNC, split; the Rio Claro Corporation, led by a UNC, split; the Medical Council, led by a UNC, split; the UNC itself, led by UNC, split. [*Laughter*] What is the one congruent factor? All led by UNC. They talk about unity, but my mother “teach” me that anytime somebody come and “dey” looking poor and tell you “dey” rich, watch out. If somebody is wealthy, they do not have to go around saying that they are wealthy. The point I want to make is that I am saddened that I have had to come to this Parliament to do this, but we have to do the people's business.

Mr. President, let me deal with this one time, the one with the UNC Manifesto and all his imaginary achievements. [Laughter] Week in, week out, this failed manifesto is preaching about imaginary achievements; I am saddened. Then, of course, Sen. Mark has imaginary minutes, because he presented minutes, and I was at the meeting. You know that minutes have to be confirmed, there has to be agreement who is taking the minutes and there has to be checking. He has imaginary minutes; then he spoke about an imaginary resignation. We need doctors and nurses here, as a matter of urgency, if only to deal with the Opposition. [Laughter] That deals with that.

Let me just add, Sen. Prof. Deosaran asked what was the composition of the members of the panel in 2003. It was Dr. Rohit Dhoon, the CMO, specialist in public health and occupational health, also Chairman of the committee, with 25 years' experience; Dr. Robin Hosein, consultant ophthalmologist, 25 years' experience; Dr. Victor Coombs, occupational health specialist; Dr. Esau Joseph, 25 years' experience and Seenath Jairam SC. How did the last panel function? Applications were received by the Ministry; the Minister sent directives to the panel to consider such applications; panel reviews the applications which include CVs, testimonials, certificates and evidence of good standing.

Sen. Ali raised the issue of the removal of the Secretary-Treasurer. In Act 31 of 2007, the post was replaced by two positions, secretary and treasurer.

Mr. President, I have just a few more points that I want to make. I would not really detain you for an hour. The issue of if the President of the Council is no longer there, then why do we need this. This is the file, this is all the correspondence. [Minister Narace displays documents] The correspondence by Peter Bhagan, Treasurer, says:

"The Council of the Medical Board at its reconvened monthly meeting on Wednesday 22, voted unanimously in favour of the no-confidence Motion tabled by Dr. Singh against Dr. Steve Smith."

Everybody on the Council voted against him, except the members of the Opposition. Can you believe that? It is unreal. Then Dr. Smith wrote me and he started to talk about court. In fact, let me give you the name of the lawyer: N. D. Alphonso, attorney-at-law. Do you know what we have here?

Sen. Ali, you came to me the other day and we spoke about the Pharmacy Board; what you have there is another Pharmacy Board being made up. So we could have a situation where it ends up just like the Pharmacy Board, and we cannot license any doctors, no doctors could be licensed. It had nothing to do with

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the Minister of Health. I appointed the members of that Council in accordance with the law? I met with them, time and time again, and virtually begged, "Let us advance the cause of the industry of the profession of doctors." "I want you to run your own affairs." I do not want to run their affairs; I do not want to run anybody's affairs. I will discharge my responsibility, as I have been mandated so to do.

I heard all this talk about—I do not even want to call the word—let me just say, because I heard they tried to implicate the Prime Minister in something. The Prime Minister is a very distinguished senior statesman. He has never come to me and told me to do "no" kind of foolishness, and I can categorically make that statement, knowing very well the manner in which those affairs have been conducted.

Mr. President, those are not issues. Very briefly, somebody spoke about the shortage of beds and nurses. Was it you, Sen. Dr. Nanan? We got an approval for 450 nurses and the nurses are on their way. Some are from Cuba as well, Philippines and different places. As we get more nurses and doctors, we can now make more beds for acute care available; that is on the cards.

Somebody spoke about immigration and internal migration. I do not want to go through those figures; check the *Hansard*; I spoke about it in my presentation. Immigration is a normal thing; doctors move all over the world for different reasons; all countries deal with it. Internal migration—some doctors do not want to work in Toco, and rightfully so. If they could get a job in Westshore Medical, why should they work in Toco? That is their right; or they could get a job at the Port of Spain Hospital and they want to work in Port of Spain. That too is their right. Once we get up to the full complement of doctors, then we would be in a position to deploy doctors as required. That is the whole issue; again, you could check the *Hansard* and see what the story is with immigration and internal migration. It is nothing unique to Trinidad and Tobago.

In fact, I quoted some statistics which showed that the Third World and developing countries have a very small complement of doctors, as opposed to the First World. Therefore, if the Government of Trinidad and Tobago is taking the action—We move doctors by an increase—and I could give you all the figures. I could tell you about the decreased infant mortality rates; I could tell you about a number of outcomes that we have had, but I will not detain us. It is too late in the night and I do not want to do that, because I would have another opportunity to do it again.

Mr. President, the thing about Sen. Mark is that every time I have to wind up he goes and hides. [*Laughter*] I mean, stand up and take your licks like a man. He spoke about the Caricom Treaty. I was a former ambassador; I am very au courant with the Caricom Treaty. I know what a treaty obligation is. I am sure on the other side, the Independent Senators know. I know that the very distinguished Sen. Baptiste-Mc Knight would have a very good understanding of that; therefore, she knows what a treaty obligation is.

When you violate a treaty obligation—and I say it in her presence, a former ambassador, you bring your country into disrepute; your country is brought into disrepute. If at the level of Caricom we have taken a decision and some UNC Senator decides to conspire with other persons to bring the country into disrepute, should we allow that? Remember Cuba is aware of the same arrangements that we are aware of. [*Interruption*] I am happy that he came back. So when Sen. Mark talks about our violating the Caricom Treaty, what they are suggesting is a violation of the Caricom Treaty.

Do you know what is ironic? It was Dr. Smith who advanced the Caricom argument. When I showed him it, he then moved the goalpost, as they would say.

On the matter of St. Ann's; there is an investigation; we have nothing further to say at this point. As we are allowed to, we would bring the information to the attention of the national community.

Someone asked if the members of the panel would be paid. I do not think the members would be paid.

Mr. President, I know it is late in the night. We need this Bill; we need to help the people of Trinidad and Tobago; we need to bring service. The Minister here and all my colleagues on this side made very good arguments. The Independent Senators made excellent arguments. I sincerely thank all of you for that good support. I will continue to pray for the Opposition.

I beg to move. [*Laughter*]

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole Senate.

Senate in committee.

Clauses 1 to 9 ordered to stand part of the Bill.

10.30 p.m.

Clause 10.

Question proposed, That clause 10 stand part of the Bill.

Sen. Ali: Mr. Chairman, there is no secretary-treasurer in the present Act. I did not get a chance to say it up there. There is no secretary-treasurer in clauses 9, 10 and 11. It is not editorial. It is a mistake, an error.

Sen. Jeremie SC: Mr. Chairman, I am not certain about this. If there is a difficulty we would come back with an amendment. It has been passed in the other place and at this stage we cannot go back downstairs.

Sen. Ali: I do not agree with that because the Minister has said the secretary-treasurer has now become a secretary and a treasurer. In these proposed amendments you cannot have changes saying this is the secretary-treasurer, et cetera. How can you have that? There is no secretary-treasurer in the Act right now because of the changes in Act No. 31 of 2007. That is the point I have been making. I said it in my contribution.

Sen. Narace: Mr. Chairman, we will make the appropriate arrangements to ensure that we bring ourselves into compliance.

Question put and agreed to.

Clause 10 ordered to stand part of the Bill.

Clauses 11 to 16 ordered to stand part of the Bill.

Question put and agreed to, That the Bill be reported to the Senate.

Senate resumed.

Bill reported, without amendment; read the third time and passed.

**EMERGENCY AMBULANCE SERVICES AND
EMERGENCY MEDICAL PERSONNEL BILL**

House of Representatives Amendment

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

That the House of Representatives amendments to the Emergency Ambulance Services and Emergency Medical Personnel Bill, 2009 listed in the Appendix be now considered.

Question proposed.

Question put and agreed to.

Clause 15.

Senate amendment read as follows:

In sub-clause (1) insert the words "any facility being sought to be licensed to provide ambulance services under this Act and" after the word "inspect."

Sen. Narace: Mr. President, this clause was inserted in the other place and it sought to strengthen the legislation. I beg to move that the Senate doth agree with the House of Representatives in the said amendment.

Question proposed.

Question put and agreed to.

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. As agreed, on our return we would do Private Members' Day and I think that the matter we will consider is the debate on the extractive industries which we were debating on the last occasion.

Emancipation Greetings

Sen. Wade Mark: Mr. President, I always try to engage my honourable colleague to let him know that August 01 is Emancipation Day in the Republic of Trinidad and Tobago. On behalf of the Opposition, I put on the record of this honourable Senate, that we extend greetings to the entire national community on the upcoming occasion of Emancipation 2009.

We know that emancipation represents a very important period for citizens in this Republic, particularly citizens of African descent. We know that all citizens of this country will appreciate and understand the great struggles that were waged by our ancestors for emancipation from slavery. As this occasion comes nearer, we hope that the people of this country will continue to ensure that nothing is done by anyone, including the ruling party, to ever re-enslave them or bring about bondage for any section of the population. I extend to the people of African descent in particular and the general community of this country a very positive and progressive emancipation 2009.

Thank you.

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill): Mr. President, on behalf of the Government and our side, we take this opportunity to express our greetings to members of the various communities, but in particular those of African origin who would be celebrating emancipation. For all of us, we have travelled this road and while we celebrate this with our brothers and sisters, we need to strive as we did this afternoon to continue to move forward to emancipate us so that we can achieve that which we desire.

On behalf of everybody on this side, I extend these greetings for a very enjoyable emancipation celebration and in recognition of what we have achieved as people working together in the interest of improving the quality of lives of all of us.

Thank you.

Sen. Prof. Ramesh Deosaran: Mr. President, on behalf of the Independent Senators and myself, I join with my colleagues in this honourable Senate in extending not only greetings, but also best wishes in the continued search for an identity that brings strength and public service to this country. It is always a pleasant duty to express such sentiments on such occasions.

I notice that it is Emancipation Day. As I heard night before, it is not African Emancipation Day, though it emphasizes the African community, but the words "Emancipation Day" are intended to embrace all of us in this search for nationhood.

Thank you. [*Desk thumping*]

Mr. President: Hon. Senators, speaking for the members of the staff of Parliament, my family and myself, I certainly take this opportunity to wish you, your families and the rest of the nation best wishes for Emancipation Day 2009.

It is vital in a country of our size that we remember our past and understand our history. Unless we understand that we will never have any idea as to where we are going. Emancipation Day is important to all the people of Trinidad and Tobago. In 2009, it is not just to look at what happened in history, but to look at where we are.

Recent events have reminded us that it is ever more important that we continue to emancipate our thinking as we go forward, embrace new ideas, put away the shackles of the past and open our hearts and minds to all our citizens. I wish all of the country a happy and safe Emancipation Day, 2009.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 10.44 p.m.

WRITTEN ANSWERS TO QUESTIONS

**Non-Carnival Festivals
(Funding Provided for)**

32. *The following question was asked by Sen. Lyndira Oudit:*

With respect to the Ministry's budgetary allocation for the years 2003 to 2008, could the Minister inform the Senate what sums of money were used directly or indirectly to promote the following non-carnival festivals:

- (i) Eid-ul-Fitr,
- (ii) Divali,
- (iii) Shouter Baptist Liberation Day,
- (iv) Santa Rosa Festival,
- (v) Shiv Ratri,
- (vi) Eid-ul Adha; and
- (vii) Other festivals of a similar religious/cultural base?

The following answer was circulated to Members of the Senate:

The Minister of Tourism (Hon. Joseph Ross): The Ministry of Tourism is responsible for, inter alia, policy formulation, research and monitoring and evaluation. The implementation arm of the Ministry is the Tourism Development company Limited (TDC), which is responsible for marketing, investment promotion and product development. As part of its marketing and promotion portfolio, the TDC provides sponsorship for various events aligned to the Ministry of Tourism's thrust towards cultural tourism.

The TDC became operational in May 2005. The reply therefore reflects the sums of money provided by the TDC to support non-Carnival festivals for the period 2005—2008. It should be noted that these funds were requested by affiliated organizations to assist in defraying expenses related to the staging of the festivals and not for promotional activities. The sums allocated to groups making requests are reflected in the table below:

Festival	Period	Funding Provided
Eid-ul-Fitr	2005—2008	\$62,500.00
Divali	2005—2008	\$581,000.00
Emancipation Festival	2005—2008	\$355,500.00

Festival	Period	Funding Provided
Hanuman Heritage Festival	2005—2008	\$125,000.00
Lopinot Heritage Festival	2005—2008	\$15,000.00
Parang in Paramin	2005—2008	\$100,000.00
Chinese Bicentennial Festival	2005—2008	\$200,000.00

**Ministry of Energy and Energy Industries
(Details of Contracted Employees)**

133. *The following question was asked by Sen. Gail Merhair.*

With respect to persons employed on contract in the Ministry of Energy and Energy Industries, could the Minister provide the Senate with:

- (i) a list of contracted employees for the period 2007/2008;
- (ii) the terms and conditions of employment; and
- (iii) the salaries of each of these officers?

The following reply was circulated to Members of the Senate:

The Minister of Energy and Energy Industries (Sen. The Hon. Conrad Enill):

- (i) During the period 2007 to 2008 there were forty-three persons (43) on contract at the Ministry of Energy and Energy Industries. Attached as Appendix I is a list of contract positions for 2007 and 2008 with the number of persons employed.
- (ii) Terms and conditions are in accordance with guidelines approved by the Chief Personnel Officer for contract officers. Appendix II refers.
- (iii) The remuneration for each position is outlined at Appendix III.

Appendix I
MEEI Contract Employees 2007-2008

	Job Title	Amount of Posts
1.	Adviser to the Minister	1
2.	Assistant Audit Analyst	4
3.	Communications Manager	1
4.	Communications Officer	1
5.	Directors	7
6.	Geophysical Specialist	1
7.	IhRIS Specialist/Data Transaction Clerk	2
8.	Junior Technical Data Management Officer	5
9.	Legal Adviser to the Minister	1
10.	Legal Officer	1
11.	Manager, Audit Services	1
12.	Pension & Leave Officer	2
13.	Personal Chauffeur to the Minister	1
14.	Personal Secretary to the Minister	1
15.	Policy & Performance Analyst	3
16.	Project Analyst	1
17.	Senior Audit Analyst	2
18.	Senior Secretary to the Minister	1

	Job Title	Amount of Posts
19.	Senior Technical Adviser to the Minister	1
20.	Senior Technical Data Management Analyst	1
21.	Technical Data Entry Officer	5
	TOTAL	43

Appendix II

Terms and Conditions of Employment, for Contract offices in the Ministry of Energy and Energy Industries

I. Vacation Leave

The vacation leave eligibility of persons engaged on contract is as follows:-

- (a) Persons in receipt of a monthly salary of up to \$5,000...fifteen (15) working days per annum.
- (b) Persons in receipt of a monthly salary in excess of \$5,000...twenty (20) working days per annum.
- (c) Persons with more than six consecutive years of employment, on contract: with effect from the seventh year, five additional working days in each category referred to at (a) and (b) above.

II. Personal Leave

1. Subject to 2 below, persons employed on contract shall be entitled to five (5) working days Personal Leave for the purpose of attending to urgent private matters or other emergencies.
2. Personal Leave granted shall be granted at any time during employment on contract for one year or during the first year of a contract of more than one year's durations.
3. Personal Leave shall be deducted from the vacation leave specified for the person engaged.

III. **Sick Leave**

The Sick Leave entitlement shall be fourteen (14) working days in respect of each twelve-month period over which the contract extends.

IV. **Compassionate Leave**

The person engaged shall be eligible for Compassionate Leave of three (3) working days upon the death of a member of his immediate family, that is, a parent (including parent by adoption), child, sibling, guardian, ward, spouse and cohabitant (in accordance with the Cohabital Relationships Act, No. 30 of 1998).

V. **Maternity Leave**

Maternity leave consisting of one month with full pay and two months with half pay provided that as of the date of commencement of such leave, the appointee shall have served the Government for a period of not less than twelve continuous months.

VI. **Transport**

1. A Transport Allowance as recommended by the Chief Personnel Officer may be paid to a person engaged on contract where it is determined that he is required to travel in the performance of his official duties.
2. The Chief Personnel Officer may recommend that provision be made, depending on the extent of travel required and the duration of the contract, for the following facilities to persons engaged on contract:
 - a. An advance up to a maximum of \$125,000...recommended by the Chief Personnel Officer to facilitate the purchase of a new or used vehicle with exemptions from taxes, as applicable, namely Motor Vehicle Tax/Value Added Tax/Special Motor Vehicles Tax to specified limits.
 - b. An advance up to \$20,000 to cover the cost of Motor Vehicle Insurance Premium.
 - c. An advance to the maximum recommended by the Chief Personnel Officer, to effect repairs to the motor vehicle.

Appendix III
MEEI Contract Employees 2007-2008

	Job Title	Salary	Transport Allowance	Other Allowances
1.	Adviser to the Minister	18500	2500	N/A
2.	Assistant Audit Analyst	7700	1500	N/A
3.	Communications Manager	17700	2000	N/A
4.	Communications Officer	10000	2000	N/A
5.	Directors	28000	2000	N/A
6.	Geophysical Specialist	20000	1800	N/A
7.	IhRIS Specialist/Data Transaction Clerk	5000	nil	N/A
8.	Junior Technical Data Management Officer	8000	nil	N/A
9.	Legal Adviser to the Minister	25200	2700	Special - \$3500; Special Personal (Superior skills & experience) - \$5000
10.	Legal Officer	21800	2500	N/A
11.	Manager, Audit Services	18000	2000	N/A
12.	Pensions & Leave Officer	6000	nil	N/A
13.	Personal Chauffeur to the Minister	4500	nil	Overtime - \$1550; Subsistence - \$300; Clothing - \$100

	Job Title	Salary	Transport Allowance	Other Allowances
14.	Personal Secretary to the Minister	6000	nil	N/A
15.	Policy & Performance Analyst	12000	1500	N/A
16.	Project Analyst	15000	1500	N/A
17.	Senior Audit Analyst	15000	1800	N/A
18.	Senior Secretary to the Minister	8500	nil	N/A
19.	Senior Technical Adviser to the Minister	28000	2500	N/A
20.	Senior Technical Data Management Analyst	18000	1800	N/A
21.	Technical Data Entry Officer	5000	nil	N/A

**Rapid Rail Project
(Details of Feasibility Study)**

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

Could the Minister of Works and Transport provide the Senate with:

- (i) details of the financial feasibility study in support of the Rapid Rail Project; and
- (ii) a copy of the Report on the Feasibility Study?

The following reply was circulated to Members of the Senate:

The Minister of Works and Transport (Hon. Colm Imbert):

- (i) The National Infrastructure Development Company Limited (NIDCO) is in the process of conducting a financial feasibility study for the Trinidad Rapid Rail Project. This should be completed by December 2009/March 2010.
- (ii) In light of the response to part (i) of this question, part (ii) is not applicable.