

*Leave of Absence*

*Tuesday, May 01, 2012*

**SENATE**

*Tuesday, May 01, 2012*

The Senate met at 1.30 p.m.

**PRAYERS**

[MR. PRESIDENT *in the Chair*]

**LEAVE OF ABSENCE**

**Mr. President:** Hon. Senators, I have granted leave of absence to Sen. Penelope Beckles and Sen. Subhas Ramkhelawan who are both out of the country.

**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. LENNOX BERNARD

WHEREAS Senator SUBHAS RAMKHELAWAN 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, in exercise of the power vested in me by section 44(1) (a) and section 44 (4) (c) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, LENNOX BERNARD, to be temporarily a member of the Senate with effect from 1<sup>st</sup> May, 2012 and continuing during the absence from Trinidad and Tobago of the said Senator Subhas Ramkhelawan.

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 27<sup>th</sup> day of April, 2012.”

*Senators' Appointment*

*Tuesday, May 01, 2012*

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

/s/ G. Richards  
President.

TO: MRS. SHERRIE HAMIDAN LORNA ALI

WHEREAS Senator Penelope Beckles 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, in exercise of the power vested in me by sections 44(1) (a) and 44 (4) (b) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, SHERRIE HAMIDAN LORNA ALI, to be temporarily a member of the Senate with immediate effect and continuing during the period of absence from Trinidad and Tobago of the said Senator Penelope Beckles.

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 27<sup>th</sup> day of April, 2012.”

**OATH OF ALLEGIANCE**

*Senators Dr. Lennox Bernard and Sherrie Hamidan Lorna Ali took and subscribed the Oath of Allegiance as required by law.*

**COMMITTEE OF PRIVILEGES  
(SEN. FARIS AL-RAWI)**

**Mr. President:** Hon. Senators, on April 10, 2012, Sen. The Hon. Emmanuel George, Minister of Public Utilities and Leader of Government Business in the Senate, sought by Motion made in accordance with the provisions of Standing Order 26(1) to have certain matters referred to the Committee of Privileges for consideration and report to the Senate.

In support of this Motion the Leader of Government Business:

- (i) Made reference to certain statements made by Sen. Faris Al-Rawi on the morning of April 10, 2012 between the hours of 7.00 and 7.30 a.m. on the *CNC 3 Early Morning* programme aired on the television channel CNC 3, hereinafter, the “Television Interview”; and

- (ii) Submitted that there are sufficient grounds to conclude that, based on such statements, Sen. Al-Rawi committed a contempt of the Senate.

Specifically the Leader of Government Business alleged that during the Television Interview, Sen. Al-Rawi made “unwarranted, public attacks” on the conduct of the Vice-President in her capacity as Presiding Officer of the Senate. In particular it was contended in the Motion that Sen. Al-Rawi:

- (i) publicly criticised a decision of the Chairman of the Committee of the whole Senate on April 03, 2012 during deliberations on the Bacteriological (Biological) and Toxin Weapons Bill, to summon Senators who were in the precincts of the Parliament before seeking a division on a particular clause which had been sought by Sen. Al-Rawi;
- (ii) reflected adversely on and criticised the decision of the Vice-President of the Senate to invoke the provisions of Standing Order 43—order in the Senate, thereby effectively discontinuing the contribution of Sen. Shamfa Cudjoe during the debate on the Bacteriological (Biological) and Toxin Weapons Bill 2011; and
- (iii) the Chair being regularly “egged on” by Government’s position in her conduct of proceedings of the Senate.

As hon. Senators will recall, this Motion, being one which raised matters relating to privilege as they reflect upon the conduct of the Vice-President in her capacity as then presiding officer, this matter has been referred for my consideration and ruling.

Hon. Senators I have reviewed a video clip of the Television Interview and the transcript of the material portions thereof which the Leader of Government Business contends constitute a contempt of this House. On the question of matters relating to privileges of the Senate, section 55 of the Constitution of Trinidad and Tobago provides as follows:

- “55. (1) Subject to the provisions of this Constitution and to the rules and standing orders regulating the procedure of the Senate and House of Representatives, there shall be freedom of speech in the Senate and House of Representatives.
- (2) No civil or criminal proceedings may be instituted against any member of either House for words spoken before, or written in a report to the House of which he is a member or in which he has a right of audience under section 62 or a committee thereof or any

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joint committee or meeting of the Senate and House of Representatives or by reason of any matter or thing brought by him therein by petition, bill, resolution, motion or otherwise; or for the publication by or under the authority of either House of any report, paper, votes or proceedings.

- (3) In other respects, the powers, privileges and immunities of each House and of the members and the committees of each House, shall be such as may from time to time be prescribed by Parliament after the commencement of this Constitution and until so defined shall be those of the House of Commons of the Parliament of the United Kingdom and of its members and committees at the commencement of this Constitution;
- (4) A person called to give any evidence before either House or any committee shall enjoy the same privileges and immunities as a member of either House.”

Our Parliament has not prescribed any matters relative to the privileges of the Senate and therefore I am required by our Constitution to seek guidance from the position as laid down by the House of Commons of the Parliament of the United Kingdom and of its members and committees at the commencement of this Constitution. I therefore turn for guidance, as have presiding officers who have been called to address this issue in Trinidad and Tobago, to Erskine May’s *Parliamentary Practice* as to what forms part of the privileges of the Senate. I have also reviewed recent rulings in our own Parliament on the issue.

In May’s it is quite clearly stated that, and I quote:

“Reflections on the character of the Speaker or accusations of partiality in the discharge of the duties and similar charges against the chairman of the Ways and Means or chairman of the standing committee or a select committee have attracted the penal powers of the Commons”

And therefore they are punishable as contempt. This is founded on the underlying principle that such acts tend to obstruct the Senate in the performance of its functions by diminishing the respect due to it.

The key feature of the role of every Chair is impartiality in the execution of his/her duties. While the Constitution and Standing Orders give guidance for the decisions of the Chair in performing the heavy responsibility of ensuring fair proceedings, they also confer, in many instances, discretionary powers and general authority to the Chair to decide on matters not so clearly defined or provided for in the Orders.

In a consideration of this matter it is to be noted that Order 85 of the Standing Orders of the Senate provides that:

1. "The President shall have power to regulate the conduct of the business in all matters not provided for in these standing orders.
2. The decision in all cases for which these Standing Orders do not provide, shall lie within the discretion of the President, and shall not be open to challenge."

In the matters under review the Vice-President was performing the functions of the President and therefore the Standing Orders have like effect with respect to the Vice-President while performing such functions. By Order 35(8), the conduct of the members of the Senate, which includes its presiding officer, shall not be raised except upon a substantive Motion moved for the purpose.

It is clear that members of the public are free to criticize and comment upon the decisions of a presiding officer in much the same way that they are entitled to do so in relation to judges as pointed out in the celebrated decision by the Privy Council in *Ambard vs The Attorney General* in which it was stated,

"the path of criticism is a public way—the wrong headed are permitted to err therein: provided that members of the public abstain from imputing improper motives to those taking part in the administration of justice, and are genuinely exercising a right of criticism and not acting in malice or attempting to impair the administration of justice, they are immune. Justice is not a cloistered virtue...it is unnecessary to discuss whether his criticism of the sentences was well founded."

The Standing Orders of the Senate, while not stifling criticism by Senators, mandate that if the conduct of the presiding officer is to be brought into question it must take place pursuant to a substantive Motion brought for the purpose, and by this method Senators are given a mechanism for in-depth criticism and comment on the performance by the presiding officer of his or her duties.

However, in this instance the television interview took place in the public domain and without a doubt the criticisms of the presiding officer made by Sen. Al-Rawi were strident and forceful. Indeed, when one compares the language used by Miss Seetahal, a former Independent Senator, who was the subject of a Motion claiming breach of privilege in relation to remarks touching upon the conduct of the then Speaker, to the criticisms made by Sen. Al-Rawi in the television interview, one can only conclude that the remarks made by Miss Seetahal were rather mild in comparison.

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Nevertheless the remarks made in the ruling of the Deputy Speaker in the matter touching upon the statements of Miss Seetahal to the effect that the responsibility for allowing “name calling and bad-mouthing must surely lie with the Speaker Standing Order after Standing Order was breached and no one was called to task”, are worth repeating here as they are even more appropriate in the instant case. The Deputy Speaker in her ruling, in which she concluded that no contempt had been committed by Miss Seetahal, said:

“These words can be interpreted as reckless and ill advised for a Senator to publicly comment negatively on the Speaker’s interpretation of the rules of this House and to assume that her interpretation of what should have transpired was the accurate one, is more than a bit presumptuous.

I would think”—the Deputy Speaker goes on to say—“it similarly brazen for any member of this honourable House to presume that he or she could boldly question the rightfulness of a ruling by the Chair of the Senate in a manner that is plainly disrespectful of that office.”

Insofar as Sen. Al-Rawi publicly criticised the decisions of the presiding officer it is quite clear in my mind that such actions would constitute a flagrant breach of Standing Order 35(8). However criticism by itself, while constituting a breach of the Standing Order, does not amount to contempt which is punishable as a breach of the privileges of the Senate, provided that in doing so one abstains from imputing improper motives to the presiding officer.

This privilege matter therefore brings to the fore the question of what may constitute unfair and unwarranted criticism of the Chair. I wish for Senators to bear in mind that my task is not to conclude whether or not Sen. Al-Rawi committed a breach of the privileges of this Senate, but only to consider whether, on a first examination, the issue raised constitutes a matter of privilege or contempt for the consideration and report of the Committee of Privileges of the Senate.

I turn now therefore to the question as to whether the statements of Sen. Al-Rawi went beyond the bounds of acceptable criticism so as to constitute a contempt.

It bears repeating that criticisms of the Chair may not meet the threshold required to be a breach of privilege or a contempt, even though they may be a breach of Standing Orders. The applicable test in this case is whether the reflections on the Chair allege partiality or unfairness of conduct.

In assessing the position in the context of criticisms of the decisions of the presiding officer, there are particular remarks made by Sen. Al-Rawi in the television interview by which I am particularly perturbed, namely:

1. “She (the presiding officer) formed again, I would say, let me use this word a curious, a very curious determination that Miss Cudjoe was being irrelevant when she was being perfectly relevant. It is regrettable that the Government cannot take the licks that it gets from us in the Senate and chooses to hand down bad decisions like that.
2. The point is”—and this is the quote from, of course, the text stated in the television interview—“that if you look at the collective whole, which you do not see on camera—Mrs. Oudit or anyone else who is sitting in the Chair is usually egged on by the Government’s position so you will see a movement in a positioning.”

Most certainly, it can be understood why disrespect for and negative reflection on the performance of the presiding officer can fall under this ambit of breach of privilege and/or contempt of the Senate, since it touches on that “special position” which embodies the authority, power and dignity of the Senate. The literature in all instances deems that reflections on the character or actions of the Speaker, particularly alleging bias, can be, and historically have been taken by the House, to be a breach of privilege and has been punished accordingly.

It seems to me that the highlighted remarks could be construed so as to mean that in handing down her decisions, the presiding officer was siding with the Government and therefore not acting impartially and consequently was biased in the conduct of her duties as presiding officer of the Senate. It must be clearly understood in arriving at such a preliminary interpretation that I am not making a conclusive determination as to the guilt or innocence of Sen. Al-Rawi. That is a matter for the Senate after it has considered the Report of the Privileges Committee. My role is simply to make a decision as to whether a prima facie case has been made out and if so to refer the matter to the Committee of Privileges of the Senate.

I wish to take this opportunity to remind all Senators to tread carefully and to be more mindful of our standard of conduct both inside and outside the House. Strive at all times to enhance the dignity of our Parliament and do not run the risk of bringing this hallowed institution into disrepute in the eyes of the citizens. It is the duty of all Members to uphold the dignity of this Senate both inside and outside of this Chamber.

Having regard to the foregoing I refer this matter to the Committee of Privileges of the Senate for its consideration and report.

And I so rule.

*Children Bill, 2012*

*Tuesday, May 01, 2012*

**CHILDREN BILL, 2012**

Bill relating to the protection of children and for matters related thereto, brought from the House of Representatives [*The Minister of Gender, Youth and Child Development*]; read the first time.

*Motion made:* That the next stage be taken at a sitting of the Senate to be held on Tuesday, May 08, 2012.

*Question put and agreed to.*

**MISCELLANEOUS PROVISIONS (MATERNITY PROTECTION AND THE MASTERS AND SERVANTS ORDINANCE) BILL, 2012**

Bill to amend the Maternity Protection Act, Chap. 45:57 and to repeal the Masters and Servants Ordinance, Chap. 22 No. 5, brought from the House of Representatives [*The Minister of Labour and Small and Micro Enterprise Development*]; read the first time.

*Motion made:* That the next stage be taken at a sitting of the Senate to be held on Tuesday, May 08, 2012.

*Question put and agreed to.*

**PAPERS LAID**

1. Annual audited financial statements of the National Commission for Self Help Limited for the financial year ended September 30, 2010. [*The Minister of Public Utilities (Sen. The Hon. Emmanuel George)*] Report of the Auditor General of the Republic of Trinidad and Tobago on the Public Accounts of the Republic of Trinidad and Tobago for the financial year ended September 30, 2011. [*Sen. The Hon. E. George*]
2. Public Accounts of the Republic of Trinidad and Tobago for the financial year ended September 30, 2011 (Volumes I, II and III). [*Sen. The Hon. E. George*]
3. Annual audited financial statements of the Petroleum Company of Trinidad and Tobago Limited for the year ended September 30, 2010. [*Sen. The Hon. E. George*]
4. Annual report of the Trinidad and Tobago Securities and Exchange Commission for the year ended September 30, 2011. [*Sen. The Hon. E. George*]
5. Ministerial response to the First Report on the Joint Select Committee on Ministries, Statutory Authorities and State Enterprises (Group 2) on the Palo Seco Agricultural Enterprises Limited (PSAEL). [*Sen. The Hon. E. George*]

6. First annual report in relation to the Operations of the Interception of Communications Act, 2010, for the period December 17, 2010 to December 31, 2011. [*Sen. The Hon. E. George*]

**JOINT SELECT COMMITTEE REPORT**

**Second Report of the Joint Select Committee on Parliamentary  
Accommodation (10<sup>th</sup> Parliament) — 2011/2012 Session  
(Presentation)**

**Sen. Dr. James Armstrong:** Thank you, Mr. President. I have the honour to lay on the Table the following report as listed on the Supplemental Order Paper in my name: The second report of the Joint Select Committee on Parliamentary Accommodation (10<sup>th</sup> Parliament)—2011/2012 Session

**ORAL ANSWERS TO QUESTIONS**

**Firearm Users Licence  
(Details of)**

**60. Sen. Terrance Deyalsingh** on behalf of Sen. Penelope Beckles, asked the hon. Minister of National Security:

Could the Minister state, how many persons have applied for firearm users licences for the period 2005—2011, and how many persons have been granted such licences during the said period?

**The Minister of Public Utilities (Sen. The Hon. Emmanuel George):** On behalf of the Minister of National Security, the answer to question No. 60 is as follows:

Sections 16 and 17 of the Firearms Act, Chap. 16:01 outlined the procedures to be followed by a person desirous of obtaining a firearm users licence. Under the provisions of the Act, all applications must be made to the Commissioner of Police who has discretionary powers in the granting of firearms users licences. In the exercise of his discretion the commissioner is expected to act reasonably and fairly.

Prior to being granted a firearm users licence, the applicant must obtain a provisional licence from the commissioner authorizing him to discharge a firearm for the purpose of training in the use of such firearm at a named shooting range. This application must be made to the commissioner on the prescribed form and must be accompanied by certain particulars, including a Certificate of Good Character issued by the Commissioner of Police. A provisional licence is valid for two months, at the expiry of which the holder may apply for a firearm users licence.

The application for a firearm users licence must be accompanied by a certificate of competence issued by a licensed firearms instructor. Once the application has been approved a firearm users licence is granted for a period of three years after which it may be renewed upon payment of the appropriate fee.

The Commissioner of Police has indicated that for the period 2005—2011, a total of 6,158 applications for firearm users licences were received, of which 1,553 licences were issued as follows:

In 2005 there were 828 applications of which 117 were granted;

In 2006 there were 901 applications of which 176 were granted;

In 2007 there were 794 applications of which 229 were granted;

In 2008 there were 856 applications of which 266 were granted;

In 2009 there were 892 applications of which 390 were granted;

In 2010 there were 975 applications of which 260 were granted;

In 2011 there were 912 applications of which 115 were granted. Making a total number of applications of 6,158 and the number granted in total, 1,553. Thank you very much, Mr. President.

**2.00 p.m.**

**Board of Inland Revenue & British Petroleum  
(Details of Agreement)**

**70. Sen. Fitzgerald Hinds** asked the hon. Minister of Finance:

- A. Would the Minister indicate precisely when did the Board of Inland Revenue and British Petroleum Trinidad and Tobago (BPTT) settle an agreement, with respect to the payment of corporation taxes owed by BPTT, in the amount of over one billion dollars (\$TT1B)?
- B. Would the Minister also indicate the exact amount agreed to in the context of the said agreement?
- C. Would the Minister also indicate if and when was the agreed sum actually paid by BPTT?

**The Minister of Finance (Hon. Winston Dookeran):** Mr. President, details regarding information relating to the income or items of income of any person are secret and confidential, specifically, section 4(1) and (2) of the Income Tax Act, Chap. 75:01 provides as follows, and I quote:

- “(1) Every person having any official duty or being employed in the administration of this Act shall regard and deal with all documents, information, returns, assessment lists, and copies of such lists relating to the income or items of the income of any person, as secret and confidential, and shall make and subscribe a declaration in the form prescribed to that effect before a Magistrate.
- (2) Any person having possession of or control over any document, information, returns, or assessment lists or copies of such list relating to the income or items of income of any person who at any time communicates or attempts to communicate such information or anything contained in such documents, returns, lists or copies to any person—
- (a) other than a person to whom he is authorized by the President to communicate it; or
- (b) otherwise than for the purposes of this Act or any other written law administered by the Board, is guilty of an offence.”

As a result, section (B) of the question is provided in part (A). Section (C)—the response to part (C) is as provided in parts (A) and (B). Thank you.

**Sen. Hinds:** Thank you very much, supplemental question. In the circumstances as described by the hon. Minister of Finance, is he aware that the head of his Cabinet, the Prime Minister of Trinidad and Tobago, on her return from an official visit to Australia, passing through London, interfaced with the company BP, told this country publicly that she had negotiated and recovered the sum of \$1 billion from that company in outstanding corporation taxes to the revenue department?

**Hon. Dookeran:** Mr. President, indeed that information was conveyed, but in terms of providing such information to this Parliament in accordance with the laws before us, we are not so required to do.

**Sen. Hinds:** Is the Government minded then to send her a pre-action protocol or send her to the Privileges Committee?

**Hon. Dookeran:** Mr. President, that is not within my discretion.

**Sen. Hinds:** One more supplemental. If it were within your discretion, what would you have done?

**Mr. President:** Sen. Hinds you are not entitled to ask any Member on the other side a hypothetical question.

**Sen. Hinds:** I am obliged.

**Sen. Al-Rawi:** Further supplemental, Mr. President, should it please you.

**Mr. President:** Supplemental from—*[Interruption]*

**Sen. Al-Rawi:** Much obliged, Mr. President. To the Minister of Finance: thank you for your explanation with respect to part (A) and therefore the convolution with respect to part (B) and (C). If I could enquire, insofar as the question asked simply when did the Board of Inland Revenue settle an agreement as opposed to the details of any figures or matters which apparently other people may have run afoul of and certainly not you, hon. Minister. If I could ask, insofar as the question asks simply, when an agreement was done? Is that too, in your opinion, covered by the advice that you have received? Just for the record.

**Hon. Dookeran:** I do agree that the question “when” is also covered in the advice, because it pertains to details of a transaction.

**Sen. Al-Rawi:** Further supplemental, Mr. President. And insofar as that is your response, hon. Minister, do you have written advice to this effect as to the application of sections 4(1) and (2) of the Inland Revenue Act being a bar to the answer to this particular question? Is there written advice to this effect?

**Hon. Dookeran:** Mr. President, so I was advised.

**Sen. Al-Rawi:** Further supplemental, should it please you, Mr. President. Insofar as that is the case, would you be prepared to share that advice with this honourable Senate by way of circulation of a written response relative to the provisions of the law that apply which debar us from this information?

**Hon. Dookeran:** Mr. President, I did outline the specific clauses that allow for the interpretation which I have seen. This could be made available to all Members.

**Sen. Al-Rawi:** Thank you, Mr. President. If the hon. Minister could do that, I would be satisfied for further interrogation later.

**Sen. Hinds:** One final supplemental, Mr. President. In light of the obvious breach on the part of the Prime Minister—*[Interruption]*

**Mr. President:** Sen. Hinds, you are not allowed to enter into debate. Your introduction to the question is a matter for debate, you can ask a question—a supplemental question.

**Sen. Hinds:** I am obliged, Mr. President. Has the hon. Minister of Finance addressed the Prime Minister on this issue to avoid further breaches?

**Hon. Dookeran:** Mr. President, I do not agree with the suggestion that this was a breach nor did I ever approach the Prime Minister on the matter.

**Sen. Deyalsingh:** Further supplemental, Mr. President, directed to the hon. Minister of Finance. If an employee of the Inland Revenue Department had publicly announced that this tax of \$1 billion was in fact paid, would that person have committed a breach?

**Mr. President:** Senator, that again falls outside of the ambit of what you are entitled to ask of questions; it is hypothetical in nature.

**Sen. Deyalsingh:** Thank you.

**Sen. Al-Rawi:** I am not sure if this runs afoul of the advice that the hon. Minister received. Insofar as section (A) of the question is premised as to “an agreement” and not “details of agreement”, is the Minister able to tell us today whether “an agreement” was actually executed?

**Hon. Dookeran:** I can give no further information to what I have already expressed on this particular matter, because it will, in fact, constitute a breach of what I said earlier.

### **Custom Clerks/Brokers (Appointment of)**

**71. Sen. Fitzgerald Hinds** asked the hon. Minister of Finance:

- A. Would the Minister indicate whether within the past five (5) years, any person(s) have been appointed as:-
  - (i) Customs Clerk (s); and
  - (ii) Customs Broker (s)?
- B. If the answer to (a) is affirmative, would the Minister indicate the names of such persons and the dates of each such appointment?
- C. Would the Minister indicate whether there is any additional special procedure, qualification and/or requirement for such appointments, other than as stipulated in the relevant law?

**The Minister of Finance (Hon. Winston Dookeran):** Mr. President, the Customs Brokers and Customs Clerks Act, Chap 78:03, does not provide for the appointment of customs clerks and custom brokers. As a result, given the answer to (A), part (B) is not applicable. With respect to (C), as indicated in the response to part (A), there is no procedure in the Customs Brokers and Customs Clerks Act, Chap 78:03, for the appointment of customs clerks and customs brokers.

**Sen. Hinds:** Thank you—supplemental, Mr. President. Is the hon. Minister in a position to tell us very simply whether any customs clerks and customs brokers have been appointed within the last five years?

**Hon. Dookeran:** As I said, the Act does not provide for it and no such appointment has been made. Licences have been granted by the appropriate authority which is the Customs Brokers Association for providing such licences, but not appointments.

**Sen. Hinds:** Okay, is the Minister able to say whether licences have been granted to customs clerks and customs brokers for the last five years, and if so, how many in each category?

**Hon. Dookeran:** Mr. President, licences have been granted by the Customs Brokers association. There are approximately 90 custom brokers and 1027 customs clerks who currently do have a licence to operate.

**Sen. Hinds:** That would be all for the hon. Minister of Finance for the time being, Mr. President.

#### **Payment Grant to Ex-prisoners (Details of)**

**72. Sen. Fitzgerald Hinds** asked the hon. Minister of the People and Social Development:

- A. Would the Minister indicate the precise status of the programme to implement the payment of a \$5,000 grant to ex-prisoners, as promised by the Hon. Prime Minister in February 2011?
- B. Would the Minister also indicate the specific criteria for the disbursement in each case?
- C. Would the Minister indicate the estimated annual disbursement under this programme?
- D. Would the Minister say whether these sums have been provided for in the government's budgetary proposals for fiscal 2011-2012?

**The Minister of Public Utilities (Sen. The Hon. Emmanuel George):** Mr. President, let me crave leave of this Senate for the absence of the Minister of the People and Social Development. He had indicated that he had his answer, but there was a prior engagement that he had hoped to have left in time for this sitting but he is not here. So I wish to crave the indulgence of the Senate to move to question No. 82, please.

*Question, by leave, deferred.*

**Caribbean Airlines  
(Details of)**

**82. Sen. Dr. Victor Wheeler** asked the hon. Minister of Transport:

With regard to Caribbean Airlines' new schedule of flights between Trinidad and Tobago, after 9 p.m., could the Minister state:

- (a) the start date of the new flight schedule;
- (b) how many flights have been added to the Trinidad and Tobago air bridge; and
- (c) what has been the average passenger load on these flights as of April 15, 2012?

**The Minister of Transport (Sen. the Hon. Devant Maharaj):** With regard to question 82; (a), the start date was February 10, 2012.

Part (b), 126 round trips services of 252 individual flights. Two round trip flights have been added per day for a total of 63 days from February 10 to April 15. These are additional late night flights. Previously, there were 20 round trips now there are 22.

Part (c), the number of passengers carried to date since the additional service has come on, is 6,754 passengers. That is an average of 107 passengers per day for the 63-day period from February 10, 2012 to April 15, 2012.

The advantages are greater, connecting the opportunity for Tobago-bound passengers, instead of overnighing in Port of Spain as was the case prior to the introduction of these late night services. The impact would be to increase the number of arriving passengers to Tobago and by extension allow Caribbean Airlines and other carriers arriving late evening to sell more international seats to Tobago.

Another advantage is the additional capacity offered on the domestic route by the introduction of these four services. More capacity at different times allow passengers greater flexibility and choice when making travel plans. Those with late business either in Tobago or Port of Spain can be facilitated by these late night services. The end result would be more passengers served through increased capacity and frequency.

**Sen. Dr. Wheeler:** Supplemental. Minister, could you say if this additional service will be sustained or was it only introduced as a short-term arrangement?

**Sen. The Hon. D. Maharaj:** This new service would be sustained and even augmented during peak time seasons.

**Sen. Deyalsingh:** Further supplemental, Mr. President. Could the hon. Minister just clarify, you said an extra 107 people per day which works out to an average load of 63 persons. Is that correct?

**Sen. The Hon. D. Maharaj:** Yes.

**Sen. Deyalsingh:** Right. Could you tell me what was the average prior to April 15, 2012?

**Sen. the Hon. D. Maharaj:** I would be happy to answer that if you pose a new question.

**Sen. Cudjoe:** Further supplemental. Would the Minister please let us know if he is aware that many of these flights are being cancelled? For instance, if there is a 7.00, 7.30 and an 8.00, what they are doing at the airport is cancelling the 7.30 and then merge it for the next flight. So most times you go to the airport and you are waiting two, three hours. So are you aware that that is happening, and if so what is being done to treat that?

**Sen. The Hon. D. Maharaj:** I am not so aware that it is a critical issue. It happens occasionally.

**Sen. Cudjoe:** Further supplemental. Are you aware that for the last couple of weeks that I have been travelling, every time I get there, there is a cancelled flight and for the most part at night it is like 12 people—I counted—boarding and getting off these planes. So I would suggest that you look into that.

**Mr. President:** I think that was not a question, Senator. Can we move on?

#### **REGIONAL HEALTH AUTHORITIES (AMDT.) BILL**

*Order read for resuming adjourned debate on question [April 17, 2012 ]*

That the Bill be now read a second time.

**Mr. President:** Debate on the following Bill which was in progress when the Senate adjourned on Tuesday, April 17, 2012 will be resumed:

A Bill entitled, “An Act to amend the Regional Health Authorities Act, Chap 29:05.”

A list of those who spoke on Tuesday, April 17, 2012: Hon. Dr. Tim Gopeesingh, MP, Acting Minister of Health, mover of the Motion; Sen. Faris Al-Rawi; Sen. Dr. Victor Wheeler; Sen. David Abdullah; Sen. Terrence Deyalsingh; Sen. Helen Drayton; Sen. Nicole Dyer-Griffith; Sen. Dr. Lester Henry; and Sen. Prof. Harold Ramkissoon.

Sen. Ramkissoon spoke for 17 minutes and he therefore has 28 minutes of original time left to speak.

**2.15 p.m.**

**Sen. Prof. Harold Ramkissoon:** Thank you very much, Mr. President, and welcome back to the Senate. Mr. President, permit me to quickly summarize the contribution that I made on the last occasion, which was about two weeks ago. This Bill is about the purchase of goods and services by the Regional Health Authorities collectively. It therefore deals indirectly with the relationship or the interface between the private sector and the public sector, and what I attempted to do on the last day—I started—was try, by way of an example, to illustrate the need for us to be very careful with respect to the relationship between the private sector and the public sector in the delivery of health care.

The example that I selected was the example dealing with the Brian Lara Cancer Treatment Centre. The arrangement was, the patients were referred to the Brian Lara centre at a cost of, I think, \$50,000 per patient for further treatment. During an 18-month period, stretching from April 2009 to June 2010, 223 persons were over-radiated, and it is alleged that since then we have had 91 deaths. I pointed out that in my view the Brian Lara centre committed grave acts of negligence, and I pointed, in particular, to three such acts, and I want to quickly go through those three instances of gross negligence.

Firstly, the annual rigorous check on the LINAC machine was not done in 2009. Secondly, a 2009 PAHO warning of overdose arising from another test was ignored. A second test sent by PAHO later on to verify the result of the first was never returned to PAHO. In addition, it is my understanding that sometime during that 18-month period the Brian Lara centre breached their own protocol by not having a senior medical physicist on board.

Let me explain that the presence of medical physicists in the system is critical. Your medical physicists are the ones who check your machines on a regular basis; sometimes on a daily basis; sometimes on a weekly basis; sometimes on a monthly basis. They are the ones who help calibrate the machines, so they play a very critical role in the system. So not to have a senior medical physicist on board is a major breach of protocol, and it is their own protocol.

The silence from the Brian Lara centre is deafening while the evidence is near damning, and I want to quote from part of the IAEA report:

“The radiotherapy speciality of medicine, like most specialities, does not have the precise science and statistics that we might wish for and sometimes clinical experience must ‘weigh in’. That being said, some of these patients had clinical evidence of such severe radiation injury that an experienced clinician cannot help but think that an approximate 15 per cent overdose may have been a contributing factor in causing an increased severity of the injuries in some of these patients.”

What is the role of the State in all of this? The hands of the State in all of this are not very clean. They have not come out of this smelling roses. They have made a number of blunders, and I want to mention some of these blunders.

A Ministry of Health official failed to act when informed, and ignored the pleadings of a highly trained oncologist. The State failed to pass the necessary legislation; failed to set up a regulatory framework; failed to establish a watchdog. In addition—and I want to quote here from the *Express* of April 22, this year.

The State ignored an April 2009 overdose warning. Secondly, the State buried the PAHO September 10 report. The State, supposedly the protector of its people, failed, and failed miserably, these ailing patients.

There is a certain amount of anger and a certain amount of disappointment. I want to quote from a letter to the editor by one Jean David in the *Express* newspaper of April 15, 2012. Let me quote:

“Much more importantly, how could this ‘accident’ continue undetected for 18 months? What are the checks and balances in the system to ensure that all is right? Surely, high precision equipment like that in the use at the BLCTC needs to be checked and validated for accuracy on a regular basis, given the critical nature of the function it is required to perform. Eighteen months could never be construed as being ‘on a regular basis’.

I understand that things may go wrong from time to time, but to remain in that condition for 18 months, delivering its negative impact on unsuspecting, high-paying clients, is nothing short of criminal negligence, in my opinion.

Will someone in authority take up the case of the people who were affected? Or is this another case of the rich and powerful being able to sweep their misdeeds under the proverbial carpet?”

Let us look at the additional following facts. The State invited a team from the International Atomic Energy Agency and gave them a rather narrow term of reference. The IAEA team noted that the objective of its mission was not to investigate the causes of the radiation event. Their hands were therefore tied. The mission's expert said that the information provided by the Brian Lara centre and public officials failed to give a full picture.

Some are questioning the findings of this highly qualified team from the International Atomic Energy Agency. I ask the question: is there some linkage between the Brian Lara centre and the State? The purchase of health care service in this instance from the private sector has led to one of the greatest scandals in the history of medicine in the Republic of Trinidad and Tobago.

The question now is: what is the follow-up action? What is the State going to do? I understand that the State is willing to assist three patients with further treatment abroad. That is commendable, but I ask the more fundamental question. Are taxpayers expected to pay for the grave errors committed by the Brian Lara centre? Is the State supposed to pick up the tab in this case? I am afraid I do not quite agree with this.

My suggestion is that the Minister of Health should take the initiative to set up a meeting with the Brian Lara centre and representatives of the patient group and discuss the way forward. My second recommendation is that a full independent investigation be carried out into this scandal.

This is not the first time we are having such an incident in the Caribbean. Between 2000 and 2001 there was a similar incident in Panama when 28 patients were overexposed to radiation. However, in Panama the situation was handled quite competently and quite openly, and I want to quote concerning the incident in Panama. I quote from an article written in the Pan-American Journal *Public Health*, Volume 20 in the year 2006, and the heading of this article is the following: "Overexposure of radiation therapy patients in Panama: problem recognition and follow-up measures." I quote from this article. It is an article that is very often cited both by scientists and administrators. Let me quote sections of this article, and this incident happened at the National Oncology Institute in Panama.

"In response, the Government of Panama invited international experts to carry out a full investigation of the situation. Medical physicists from the Pan American Health Organization (PAHO) were among those invited."

And it goes on, that 28 of the 56 patients were overexposed.

“Twenty-three of the 28 overexposed patients had died by September 2005.”

The summary of the article says:

“The finding prompted PAHO to launch an initiative for the accreditation of radiation oncology centers in Latin America and the Caribbean.”

If that accreditation centre is now a reality, my recommendation is that all radiation therapy centres in Trinidad and Tobago should seek accreditation from this regional body. This would be my recommendation.

I want to go on. It did not end there. There was a full investigation and those who erred were brought to justice. Let me quote another section:

“On 18 November 2004 it was announced that one of the physicists was acquitted, but the other two were found guilty, sentenced to four years in prison, and barred from practicing their profession for seven years.”

As I said, this is a well-known case. It is quoted in several places. It is studied in some of the universities and medical schools with respect to radiation therapy, and this is the way we should have gone, and I hope we can still go this way. We need a full open investigation into what transpired. [*Desk thumping*]

I have been very critical of this and I think one cannot help but be very critical. There is a certain amount of anger, as I said, and a certain amount of disappointment. People have felt abandoned by the State.

### **2.30 p.m.**

I want to make some recommendations—some positive recommendations. The first thing I want to suggest is that Trinidad and Tobago join or seek national membership in the International Atomic Energy Agency. There are tremendous benefits from joining this organization. They have a very active technical cooperation programme and we can benefit in a number of areas: radiation protection and safety; human health, as we have seen; agriculture and the environment; and training and capacity building.

In addition, Mr. President, the Caribbean region—our waters, are very vulnerable; nuclear waste is being shipped across our waters from one part of the world to the next. Fortunately, we have not had any major mishaps, but if by chance, there is an incident in our waters you can have a major radiation problem arising from any mishap.

So there is another area that may concern us and that we can bring up with the IAEA, if we become a member of the IAEA. But, more importantly, being a member of this very important organization, the International Atomic Energy Agency, gives us a presence on the body. And, if it gives us a presence, it would give us a voice. This means that we would be involved in the decision-making process involving peacekeeping and non-proliferation of nuclear arms; these are just two examples. So my advice or my recommendation is that we should immediately seek membership in the International Atomic Energy Agency.

I should point out that Jamaica has been a member—Mr. AG, welcome back—since 1965, and has benefited tremendously from being a member of the IAEA and more so since it is the only country in the region with a nuclear reactor, which is based at the International Centre for Environmental and Nuclear Science at Mona. Agency. They have been a member since 1965. Belize became a member in 2006 and this year Dominica has become a member. So, I would strongly advise the Government to seek membership in this body.

Mr. President, I move on to another recommendation. The Government of Trinidad and Tobago through the Ministry of Health has in place a licensing system for private radiation therapy centres. This is ineffective and weak. What we need is to create a legal framework. The process should be continuous and the licence should be renewed annually. The process must not include only submissions of information to the Government but we must have on-site inspection by Government officers; and we need to have participation in an independent audit of the LINAC calibration. It must be mandatory for any licence.

Mr. President, legislation is long overdue in this area. It is long, long overdue, with harsh penalty. I have been reliably informed that legislation was drafted two years ago. So, I very much look forward to the legislation coming forward here to our Parliament.

I want to say a few words on the proposed oncology centre at Mount Hope. The fact that we do not yet have a modern public oncology center is an indictment on all Governments past and present over the last, I would say, 15 years. There have been discussions since 1995 about an oncology center—since 1995. It has not since been a priority item for many Governments. We need to bring on stream this oncology centre as quickly as possible.

As we know, cancer cases are on the rise in the country. In fact, in Panama, I was told it is the number one killer. In Trinidad, I think it is the number three killer. It is on the rise. Many people cannot afford care at the private institutions

*Regional Health Authorities Bill*  
[SEN. PROF. RAMKISSOON]

*Tuesday, May 01, 2012*

and the private hospitals, so we need to treat this with some urgency. We need, Mr. Minister of Health, to fast-track the erection of this oncology centre. We need to fast-track it.

I have been told that to date \$120 million has been spent on that project: \$36 million on construction and \$83 million on non-construction items. My question is, if \$36 million has been spent already on construction, why do we not use the same construction site and continue with the building? [*Desk thumping*] And, if \$83 million has been spent on non-construction items, the question is, what are these items? The second question is, where are these items? [*Desk thumping*]

**Sen. Ramlogan SC:** Very good question.

**Sen. Prof. H. Ramkissoon:** So, Mr. President, again I want to appeal to the Minister to treat this as a priority item and fast-track the construction of the oncology centre.

I now want to go to the Bill; I think it is high time I get to the Bill. So, I will get to the Bill. [*Laughter*] The Bill again is about collectively purchasing goods and services by the RHAs.

**Sen. Ramlogan SC:** You were atomic man, do not worry.

**Prof. H. Ramkissoon:** I think a number of people touched on the Bill. I think, Sen. Dr. Wheeler, in his contribution—a very balanced contribution—talked about the history of the RHAs. I think he recommended that we reform the RHAs, that we look at the RHAs, how they are performing and try to improve the RHAs.

But, I have two questions. I believe these questions have, in fact, been touched upon but just in case they have not been touched upon. Given the fact that the Government is working feverishly on a procurement Bill, why the urgency? Why can we not wait for this Bill to come before the Senate? That is the first question. [*Desk thumping*] The second point is that we have in place a system to deal with pharmaceuticals, it has been centralized. I think, we have a programme where they collectively buy pharmaceuticals, store them at Chaguaramas—I think it is under NIPDEC—and then they distribute them throughout the country. Why can we not extend the service to other areas? I think, this is an obvious question. I have no doubt the Minister of Health will address these questions—they are just questions.

As I see it, Mr. President, there are two aspects of the Bill, the “Why” and the “How.” The rationale, I think is justified. If we purchase things collectively we will save money—the country will save money. So you cannot argue with the

rationale. The question is the “How.” How are you going to do this? As I see it, the problem is going to be in storage and distribution. Will it be stored at Chaguaramas, as is the case with pharmaceuticals or in a more centralized area in Trinidad and Tobago?

Will measures be put in place to ensure having proper refrigeration facilities? Have we given thought to distribution issues? Do we have some idea of the cost of this exercise? For the system to work efficiently you must have communication between the various regional health authorities and the centre. Do we have the requisite infrastructure—IT infrastructure? I know one regional health authority has been complaining that its IT system is not quite up to mark. So you need to bring the IT infrastructure up to mark.

Mr. President, I want to briefly touch on health care in Trinidad and Tobago in general, as I bring my contribution to an end. The acting Minister of Health, that was two weeks ago, in his contribution talked about health systems. He said there is no perfect health system in the world. I do not think anybody would disagree with that there is no perfect health system. Man is not a perfect being and therefore not capable of producing anything perfect.

On the other hand, I think our health system is far from being perfect, and we need to see what can be done to create a much better health system. Not to say that our health system is without positives. We have a good primary health care system. [*Desk thumping*] The CDAP programme is a good programme. [*Desk thumping*] But, what we have in the country is a two-tiered health system and this is something that we need to work on. We have a health system— one for the rich and one for the poor.

I think, Sen. Abdulah in his contribution on this Bill—very thought provoking contribution, talked about, not one Trinidad and Tobago but we have “several Trinidad and Tobago”. This is reflected in the health sector. If you go to the public hospital, you see one world; if you go to the private hospitals, you see another world or another Trinidad and Tobago. And these two worlds are worlds apart. So the question is, what do we do? The poor and not so poor, even the middle class—unless you have insurance—find it difficult to afford private health care. The question then is, what is the Government’s position on health care? What is the Government’s position on health care? You get glimpses of their programme from time to time, but I do not think there is a coherent comprehensive plan for health in Trinidad and Tobago today.

**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. C. Baptiste-McKnight*]

*Question put and agreed to.*

**Sen. Prof. H. Ramkissoon:** Thank you, fellow Senators and thank you, Mr. President. So what is the Government's plan for health care in the country? As I say, you see glimpses of it from time to time. The hon. Minister of Health some time ago, I think in this very Senate, talked about universal health insurance coverage, which is a good idea. I think it is moving in the direction of a one-tiered health system.

On the other hand, the hon. Prime Minister said some time ago that there is a plan to erect five five-star hospitals in the country. I wonder about this. It is good to have five-star hospitals in the country—private hospitals. But, Mr. President, first and foremost we need to create the infrastructure in our public hospitals; we need more beds in our hospitals and we need more medical supplies in our public hospitals. So, while it is good to talk about five-star hospitals, we need first to look at improving conditions at our public hospitals. I get the feeling that this talk about five-star hospitals is a move in the direction of greater privatization of our health care system and that worries me.

**2.45 p.m.**

Mr. President, I just want to quickly make a comparison between two major health systems in the world and maybe this would hopefully guide us as to what is best for Trinidad and Tobago. I want to look at the US system of health and the Canadian health system. Way back, these two health systems were the same, but it was not until the 1960s that the Canadians started reforming their health care system. Today, Canada has one of the best health systems in the world. It is a one-tiered health system. There is universal health coverage on the basis of need rather than on the ability to pay, and in the meanwhile the US health system continues to be problematic in spite of the attempts made by President Obama.

I want to highlight some of the key points in the American health care system. It is very interesting. Firstly, there are mostly private hospitals in the US. Secondly, in terms of insurance coverage there is a mix of private and public for the more vulnerable sectors of the society. Thirdly, the US spends more money on health per capita, and otherwise, than any other country in the world, yet in terms

of health care performance and measures the US lags behind most other developed countries. About 15 per cent of the population in the US today is not insured and that is about 30 million people [sic]. There is a significant difference of care received between those who have private insurance and those who have Government coverage.

Mr. President, I want to quote from an OECD report:

“With the exception of Mexico, Turkey, and the United States, all OECD countries had achieved universal or near-universal...coverage of their populations by 1990. A 2009 Harvard study estimated that 44,800 excess deaths occurred annually due to lack of health insurance”—in the USA.

Mr. President, a key problem seems to be that the major part of the US health system is built for profit rather than health.

The difference between the US health system and the Canadian system—one that is working; one that is one-tiered; one that is two-tiered is the following: Many Americans have access to quality health care. There is no doubt about that, but equally many Americans do not have access to any health care system—30 million-plus. [Interruption]

**Hon. Senator:** Wow!

**Sen. Prof. H. Ramkissoon:** All Canadians have access to quality care and, surprisingly enough, at a much lower cost than America.

How much do we spend on health care in the country? Let the statistics speak for themselves in comparing what we spend here and what is spent in other countries. For 2010 the spending on health as a percentage of GDP is: Brazil, 9 per cent; Canada, 11.3 per cent; Sweden, 9.6 per cent; United Kingdom, 9.6 per cent, the United States, 17.9 per cent.

In the region: Cuba, 10.6 per cent. Cuba has, as we all know, a fairly good health system. Barbados also has a fairly good health system. How much do they spend on health? Eight per cent and what is the figure for Trinidad and Tobago in 2010? An unbelievable 5.7 per cent of GDP.

Mr. President, in winding up, let me arrive at some conclusions. Firstly, we need to spend more on health care. There is no doubt about that. Secondly, we need to reform the health system looking at some of the better health systems in the world. Greater privatization is not the way to go. I share Sen. Dr. Wheeler’s concern about the efforts, subtle and not too subtle, to privatize our health care. Our goal, I believe, should be quality health care for all people of Trinidad and Tobago.

Mr. President, I want to end in a rather unusual manner. I want to dedicate this contribution, on this Bill, to all the victims of overexposure to radiation at the Brian Lara centre, including my good friend, a gentleman and a scholar, Prof. Dennis Pantin. May their souls rest in peace.

I thank you very much, Mr. President, and I do support the Bill. [*Desk thumping*]

**The Minister of State in the Ministry of Arts and Multiculturalism (Sen. The Hon. Embau Moheni):** Mr. President, I thank you for this opportunity to join in this debate on a Bill to amend the Regional Health Authorities Act, Chap. 29:05. I also take this opportunity to most graciously welcome you back to this august Senate [*Desk thumping*] and to hope that your time away was most satisfactory and, as I know, well spent.

Today, we continue this debate on the Bill to amend the procurement of goods and services as it relates to the RHAs. This amendment is important in keeping with the Government's effort to ensure that the procurement of goods and services is more efficient, effective and economical. It is an attempt to make procurement more coordinated in keeping with the objectives of making the RHAs and their delivery of health to the citizens of Trinidad and Tobago more effective and comprehensive.

The provision of health care is critical in its impact on our quality of life, in particular with regard to those of us who may not be in a position to pay for, or purchase, the quality of health care that we need. For health care is more than a want, it is a need for those who may be ill. A need that is constrained by the critical nature of time; when it is needed, it is needed now, not tomorrow, not the next day. Therefore, it is so important that we seek to ensure that whatever funds are allocated to the provision of health care for our citizens can be so utilized as to optimize and to bring the most benefits possible to our citizens.

**2.55 p.m.**

Health care is also important in as far as one of the objectives of the People's Partnership Government is concerned in terms of the alleviation of poverty. For the social services, in general, the provision of education and health care are important in as far as lifting our quality of life, and also addressing that critical objective of the alleviation of poverty. I would just like us to take a brief look at the services provided by our health care institutions to the citizens of Trinidad and Tobago, and the impact that it creates on our citizens which would instruct us on the possibilities that exist and motivate us to redouble our efforts in terms of the provision of health care.

In this country, we have the NWRHA—North West Regional Health Authority—which has a responsibility for approximately half of a million citizens within its ambit. We have the South West Regional Health Authority with slightly less; the Eastern Regional Health Authority which covers the largest land mass of all—about one-third of the land mass of Trinidad and Tobago in its ambit, covering Sangre Grande Hospital, Mayaro District Health Facility and 15 other health centres. Then, we have the North Central Regional Health Authority and the Tobago Regional Health Authority.

I just want us to look at some statistics where these are concerned. I refer, first of all, to that period October 2010—September 2011 where you had, at the Port of Spain General Hospital alone, 66,599 patients being seen in one year and you had 29,294 admissions to that hospital. In other words, we are getting a picture of the number of persons who are dependent on these institutions. Nationwide for 2004, you had 126,376 patients being admitted to the hospitals in the public health care system. Mr. President, 126,376 which is approximately 10 per cent of the citizens of this country being warded in the public health care hospitals for the year 2004. On average, these patients would have spent approximately six days, giving a total of 752,885 patient-days provided by the public health care system in 2004.

But, not only at the hospitals, you also had at the district health facilities: Princes Town, 45,933 patients being attended to; Couva, 62,822; Arima, 87,730; Mayaro, 25,458, and Chaguanas, 78,002—giving a total of just under 300,000 patients being attended to at the district health facilities.

It means, therefore, without a doubt, that our health system has a critical role to play in terms of the impact that it is creating and that it must create for the citizens, in providing comfort to those of our citizens at that point when they are in need, when they are in doubt and when they are under stress. Therefore, this amendment which is in keeping with our objectives of improving the efficiency of that system is critical.

The People's Partnership Government is also seeking to ensure that—  
[*Interruption*]

**Sen. Hinds:** “Doh say dat; dat done!”

**Sen. Dyer-Griffith:** Say it louder!

**Sen. Dr. Tewarie:** “Yuh hoping, eh!”

**Sen. The Hon. E. Moheni:**—the primary health care system is enhanced and strengthened. For instance, at the health centres, the Government is seeking, or has taken a decision and has implemented an extension of the time period at the health centres to increase the health care delivery at those centres. For we have heard and experienced the complaints of our citizens, time and time again—*[Interruption]*

**Sen. Maharaj:** That the PNM have them suffering.

**Sen. The Hon. E. Moheni:**—for timely attention at the hospitals. It is a complaint that we have had for time immemorial under the past regime, where our citizens, at these health institutions, have to wait for inordinately long periods to get service. Therefore, that improvement in the services provided at the health centres is going to relieve some of the pressures that are being experienced at the hospitals, at the main centres, and reduce that waiting time that is such a burden, and oftentimes, results in greater injuries and even death of our citizens.

The People's Partnership Government, in keeping with our goals and objectives, as outlined in our manifesto, is also working to ensure an improvement in the quality of service at these health centres to attract and to build that confidence of our citizens that their needs can be satisfied at these health centres. But, this is not sufficient. The Ministry is also intensifying its approach to health in terms of seeking to institute measures and programmes that would strengthen and realize the objective that prevention is better than cure.

Hence, both in terms of informal as well as formal education, your citizens could be better aware of the kind of measures that we can take on our own, because health care is not for the province of the institutions alone; health care is also an individual responsibility. Therefore, there is a need to inform and educate our population so that, at an individual level, we can be better equipped in taking the measures that could prevent us or enable us to maintain that pristine health without having to go to such institutions.

In consideration of this debate today, I took some time off to speak with some doctors and nurses in some of our institutions because I was concerned with what are some of the burning issues. I asked the question first of all: if we are to seek to address the health care system in such a manner as to move it forward in the most effective way, in the interest of our nation, where do we start?

**Hon. Senator:** In St. Ann's.

**Sen. The Hon. E. Moheni:** Invariably, all the medical practitioners that I posed that question to, barring one, told me that we need to start practically everywhere; so many things are wrong; thanks to the legacy of the past regime. They said that they could not give me any specific place to start because there was so much wrong.

I would like to compliment hon. Dr. Fuad Khan [*Desk thumping*] who, in my discussions, was given a thumbs-up from the practitioners that I spoke to. [*Desk thumping*]

**Sen. Maharaj:** Better than Jerry Narace!

**Sen. The Hon. E. Moheni:** They said that this is a Minister of Health who knows what he is about. But, one of the nurses responded by stating that—

**Sen. Deyalsingh:** “Wattie Nurse”.

**Sen. The Hon. E. Moheni:**—what is needed is a whole new culture where health care is concerned.

**Sen. Hinds:** Who is that? Nurse Newton?

**Sen. The Hon. E. Moheni:** A culture that could be more responsive to the needs as Sen. Prof. Ramkisson stated; a culture that could seek to integrate the health care system with the needs of the communities that they serve—one that is responsive to the needs of the community. A health care system that is more proactive, not what we have been experiencing over the years—[*Interruption*]

**3.10 p.m.**

**Hon. Senator:** “Under de PNM!”

**Sen. Dyer-Griffith:** Correct!

**Sen. The Hon. E. Moheni:**—“under de PNM.” [*Desk thumping*] And I will just like to say, as William Osler who was one of the founders of biomedical science has stated, and I quote:

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

In other words, your health care system has to be directed to your individuals, to your community and to your families.

**Hon. Senator:** Not to SuperPharm!

**Sen. The Hon. E. Moheni:** “Ah would not go dat far.” [*Laughter*] It has to be directed to the kind of community you have. We need to start by ensuring that our communities can be so brought into the system, that there could be such participation and inclusion, so that within the communities there could be greater ownership, greater appreciation for the health care system and what it has to offer.

So I will give my full support to this amendment which would go a long way in rationalizing the procurement process, and guaranteeing that there could be greater cohesiveness and greater facilitation on the part of the different RHAs, to ensure that when we spend our dollars, it brings back optimum and maximum returns and value to the citizens of our country.

I thank you very much. [*Desk thumping*]

**Sen. Sherrie Ali:** Mr. President, and colleagues, Assalaamu Alaikum. The essence of procurement and the procurement process is by nature and in theory a very beautiful economic tool. It streamlines, it centralizes, it can at the end of the day save money, and that is what we would all like to see done. However, that being said, the procurement process in the medical industry is a horrible, horrible, horrible, horrible idea.

I come before you with the privilege of having had 12 years of pharmaceutical and medical experience, and doing so in First World countries, I have found and witnessed the procurement process and as it tends to fail. What the Government is attempting to do is to centralize and streamline the purchase of goods and services, therefore, saving money and providing medical assistance which, like I said, sounds great in theory, but let us really continue to take a closer look at this.

What the Government is proposing to you—they are going to purchase everything, from medical gowns to MRI machines. You are now putting in the hands of the Government and board members, the ability to make these decisions abstractly. These board members are going to decide which machine is better, which gown is better, which scalpel is better and which drug is better, and put these in the hands of doctors and nurses which, again, sounds great. But is someone checking with those doctors? Is someone asking those nurses? Is somebody going to those individuals and finding out if that is what they want to use? The medical industry is a very fickle creature. My experience in the last 10 years—let me take you back to a time zone.

Ten years ago Alzheimer’s disease was a little known and much feared disease state. Since then we have had a small discovery by Cornell University of the effect of plaques on the brain. Taking that information, a drug called Aricept

was developed by a little known Japanese pharmaceutical company known as Eisai. Since then there are now 10 developing/developed and waiting-to-be-approved pharmaceuticals for the treatment of Alzheimer's disease on, or waiting to approach, the market. Ten years is not a very long time, five years is even shorter. Three of those drugs were launched in the first three years after the discovery of the effect of plaques on the brain.

That being said, let us look at the technical applications as well. As you may or may not have noticed, I am now here sans stomach. I have brought into the world a beautiful baby boy. [*Desk thumping*] In my journey down the gynaecological path that that journey takes you, it was brought to my attention that an ultrasound machine is not just an ultrasound machine. You have so many levels of seeing that beautiful creation that you are producing.

Initially, there is just the basic ultrasound machine. Secondly, there is an anomaly machine which further detects development and growth of that little creature, that beautiful little creation's lungs and liver. If that baby is going to be exposed to any deformities of any kind, you know then by this secondary machine. And thirdly, for parents who can afford it and are willing to do so, and are too anxious to wait for the nine months to produce this miracle, you now have the 3D ultrasound machine, where you can get a glimpse of your baby's face in advance of birth.

Now, the ultrasound machine is just an example of the many, many machines that are available to improve medicine, to make available to the patient a better practice, a better adventure—in my case as it was—or a clearer application for the discovery of what disease they may or may not be suffering from. In taking one machine and telling five to six facilities: "You only have this machine to work with," you have just deprived them of so many benefits which will come from other resources that they no longer have available to them. Just as in the example I gave you about Aricept and the pharmaceutical application. Do doctors really want to be told that they can only use this drug?

We currently have in place the NIPDEC process which provides a list of pharmaceuticals that are approved through the Government process for use. However, currently a doctor can still prescribe outside of that should he deem a better application necessary. Are you really willing to take that away from patients?

I shop at PriceSmart not because I have a membership card. I shop at PriceSmart because I am going there for a better deal. But do I want to go to a medical facility because that is where I am getting a better medical deal? No. I want to go there

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because that is where I am getting better care. And you are depriving the doctor, the nurse and the medical staff of facilitating that better care—[*Desk thumping*—if you deprive them of the ability to reach the technology that is available to facilitate that better care. You are doing more harm than good with this procurement Bill, because that is what it is. It is a procurement Bill. You are introducing economics to medicine which by nature is a bad practice of medicine.

Now, my learned colleague, Sen. Prof. Ramkissoon pointed out that the United States is suffering poorly in their application of the medical process. What I wanted to bring further light, to that being said—which he opened a wonderful door to me—was a House Committee memo that was presented on veterans’ affairs and what the medical world does in the United States. The Government does exactly what you are proposing to do with this Bill, in that control or procure medical needs.

This House Committee statement was made by Maureen Regan who is the counsellor to the Inspector General, and she works for the Inspector General of Veterans’ Affairs. When she further investigated the procurement process, she wrote in this document:

“Procurement is one of VA’s major management challenges.”

It fails at best.

“Our oversight of VA’s procurement activities is through audits, investigations, reviews, and inspections”—finds in essence that there is a complete lack of cost-saving benefits and a thorough increase of challenges.

**Hon. Senator:** Tell us where you are quoting from.

**Sen. S. Ali:** What did it say? This is actually from the House Committee’s website on veterans’ affairs:

“...contracts for pharmaceuticals; medical and surgical supplies; health care services contracts; and national contracts for major medical equipment”—is the overview of the procurement process.

“...The Office of Contract Review also conducts pre-award reviews of proposals for health care resources to be awarded to VA affiliated universities and medical centers...”

Much like the Government is proposing. This review was done within a five-year period, 2004—2009, so this is very recent. In the past five fiscal years:

“During this same time period, we conducted 254 criminal investigations...”

As a result of her findings:

“...relating to procurement that resulted in the arrest of 110 individuals.”

What this further tells me, to dissect what I am now leading to say, is that the procurement process opens up the avenue for corruption on a grand scale.

“In addition, an audit of payments made under...non-VA outpatient fee care program estimated about \$1.126 billion in overpayments and \$260 million in underpayments over a 5-year period... We found that VA medical facilities were not properly justifying and authorizing fee services”

Across the board, our audits, reviews, and investigations have identified systemic issues that caused or contributed to procurement failures, overpayments, and misuse of funds, including poor acquisition planning; poorly written contracts; inadequate competition; no price reasonableness determinations; and poor contract administration.”

This, my colleagues, is our future should this Bill be passed, should this amendment be accepted. [*Desk thumping*] Very bleak, very bleak, extremely bleak.

“DEFICIENCIES IN THE PROCUREMENT PROCESS

The procurement process involves at least three critical steps and three groups of individuals who must work together for a successful procurement. The three steps include planning, solicitation/negotiation/award, and contract...”

The procurement planning involves identifying needs.

So you now have an extra element thrown in there. You have to identify the needs; someone has to, anyway, identify the needs of these facilities. Who is making those phone calls and asking: “Do you need an elevator? Do you need a medical gown? Do you need a scalpel? Do you need a new MRI? Do you need a CAT machine?” Who is making those phone calls? Who is putting in those man hours, because those man hours count.

This review found that there was a \$650 million loss coming out of the stage where the planning lacked to be thorough; failure to identify needs in essence cost money. Failure for physicians to have the mechanisms or the machines they need to do their job is going to cost money. So if they are sitting around waiting for the procurement board and the process to get them new operating equipment, how are they operating in the meanwhile?

**3.25 p.m.**

The procurement process is very lengthy and can be very lengthy. Is someone taking that into consideration? When you have individuals on any level coming together to try to make one decision, that decision is not getting made any time soon because you are going to like the brown chair, I am going to like the red chair, he is going to like the grey one and, while we are sitting around trying to figure out which chair is the better chair, what are we sitting on?

“The solicitation, negotiation, and award process can involve the award of a new contract, a modification to a contract to add services or change terms and conditions, or the issuance of a task order or purchase order against an existing contract. One of the most frequent issues we have identified is the failure to comply with laws and regulations requiring competition.”

Competition is very healthy. Competition, in my opinion, brings out the best in people because if GE currently has the MRI business, why would not Phillips do better? If GE knows that they are going to be in that facility for the next five years, they are not going to do any better. They are not going to be incentivized to improve their machines. They are not really incentivized to service their machines. Why should they?

That opens another door. If GE is in there, why should they bother to come service the machines at all? They have the business already; they are getting paid; they have the cheque; they are getting their money, so who is developing the relationship with these people? Who is ensuring that the contractors and the people to whom the contract was awarded are fulfilling their obligations to that contract and servicing these facilities?

They can continue to rape the Government on a different level because now, in addition, should they fulfil their service contract? Who is paying for that service contract? Who is controlling the service contract? That is an extra area that they can bill the Government altogether, so you may save a dollar up front by putting the GE machine in the hospital to begin with, but you will spend \$5 when you get the service bill.

This was a very interesting point that was brought during Miss Regan’s research. The contract negotiating and contract award phase is so open—this is actually something that someone called in to Miss Regan and identified when she was doing this investigation.

“In a report issued in February 2007, we found that VA conducted a procurement in the middle of the night on a weekend to obtain the services of forensic analysts to review electronic media relating to the theft of an employee’s external hard drive containing”—some veterans’ information—

“This was done at the direction of the program office to avoid competition and steer the contract to the vendor preferred by the programme office. A separate administrative investigation found that a contracting officer who expressed concern over the inappropriateness of the procurement was subject to retaliation by a former VA supervisor.”

This sounds so much like Trinidad to me, sometimes. I felt right at home reading that.

What is going to prevent something like this happening just before the rising sun? What is going to prevent something like this happening where, whoever is overseeing the procurement process makes it so that they can slip their friends in; makes it so that they can slip their relatives in? [*Desk thumping*]

Once they are in there, like I said, on the service-rendering level—once that family member or that friend or whoever you awarded the contract, by means that may or may not be questionable—they are in there for five years. They are going to get that pay cheque for five years. Where is the medical benefit? We are losing and will continue to lose that medical benefit, and with this country’s state of medical crisis, this is not an adventure that we should pursue. This is not a challenge that we should overtake. We are not ready for procurement on a medical status. We are simply not.

Like I said, competition breeds quality control. Competition breeds assurance. If GE runs the risk of losing the business, they are more likely to do better business. If Phillips has a reason that they can get in there, they are more likely to offer a better price. We do not need procurement for that. We need to let them fight amongst themselves and not us amongst ourselves. The Government’s focus should be on giving the people of Trinidad and Tobago better health care, not a cheaper resource. Procurement is just a means of cheapening the resource; cheapening something that is already failing; putting, more than likely, substandard apparatus and equipment in there.

The drug situation is near and dear to my heart. Are we really going to go to doctors who are, by nature, egomaniacs and tell them how to practise medicine; tell them that these are the only drugs that they can use; that those are the only machines that they can use? We are having a hard time keeping our learned

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professionals in this country already. When they get frustrated with the system, what are they going to do? They are going to leave. They are going to go to private practice. They are going to go abroad when you try to control how they practise medicine. That is all a result of the trickledown effect of procurement. It is not worth the chance; it is not worth the risk. You are taking away from the people of Trinidad and Tobago, in my opinion.

The world of medicine is dear and important to me. Medicine and the arena of medicinal applications should be where the Government is putting more money; not trying to figure out how to cut cost. Cut cost somewhere else. We can tell that you are cutting costs on the roads, so cut costs somewhere else. Take it—not from our citizens. Do not make the birth process a drive-through process because you have a limited amount of time that that physician is going to render his services to that facility. Do not take away equipment from a doctor who needs it to practise medicine more thoroughly. Do not tell a doctor that these are the only pills that he can use to treat his patients. Expand the horizons as opposed to limiting them.  
[Desk thumping]

With that said, I thank you for your time. I thank you for your attention and for the opportunity to be in front of you once again.

**Sen. Dr. Lennox Bernard:** Thank you very much, Mr. President, and thanks to my colleagues on both sides of the floor for having me here on my usual one-day “furlough”. I also thank Sen. Corinne Baptiste-McKnight for giving way to let me say a bit on this Bill and to preface it on the grounds that we are hearing the voices of young people.

I am a member of the Youth At Risk Committee. The committee is made up of five people: Prof. Pat Mohammed, Dr. Indira Rampersad, Dr. Marjorie Thorpe, myself and the chairman, Prof. Ryan. It may seem an ancient committee, but I think the work is vibrant and young in its attempt to get at the source of crime among our African and Indian males in the country.

Yesterday, we were at the Youth Training Centre where we once again saw the rage that is coming from young people. I am saying all this to lead up to the Bill. That rage, that sense of learned helplessness, that sense of pain, that sense of anger, that sense of entitlement—which we have all shared in giving them; that unwillingness to have delayed gratification and that sense of victimhood—one may argue that if we can correct many of those things, we can win the next generation. That is generation Z, those young people born after 1995, referred to as the digital natives, who will not appreciate what we are doing here today because they do not trust us.

We have found a generation Y and a generation X in speaking to offenders. We spoke to some with the seamiest forms of criminal acts, who were allowed to talk with us, and they are all saying, Mr. President, that they do not trust us; they do not trust the system. They do not trust what we say and, if we want them to trust us once again, we have to bring the burden of proof that will show them that there is truthfulness in what we say and in what we do.

I say that in the context of a Bill that seems rather simple but, as you have heard from varying voices here, the element of trust is crucial to an acceptance of it. It means that Senators on both sides have an awesome responsibility, even as we seek to do these things, to provide ample proof that what we are saying is truthful and that what we are saying can be trusted. We are speaking, not to my generation, which is referred to as veterans, or even to the baby boomers, who are possibly on their way out as well as.

In my little stints in the Senate, the word “trust” comes up all the time. Yes, sometimes it comes from the Opposition Senators, but, at times, the feedback from the Government benches is: “We do not trust you either.” How do we build trust in a society? We build trust by, of course, communicating; creating that social capital that politicians do not like to talk about. They like to stay with the element of human capital and not move into the social capital aspect, which is taking the individuals into society and allowing them to network with one another, to share ideas, to share information, to provide—as the presenter of the Bill should have—background information that would tell us that we can trust what he is saying. So it means that our debating skills really have to improve in ways which will allow us to put the burden of proof in what we are saying, so that our younger minds will begin to accept.

What is emerging with this document that, no doubt will come, as the Government requires it, in the next few months—we are only three months away on our business. I am leading up to the Bill. What is also asked of us is the question of seeing why there is family disintegration, especially among African people. Why is there that question of unemployment or unemployability? How are we dealing with a programme that seems to be welfarism on one hand and non-welfarism on the other? How have we, over time, brought people to this point?

**3.40 p.m.**

I am happy that Sen. Dr. Tewarie is here, a man I have great faith in, in terms of his ability to see the bigger picture. I still have great faith in him. In the context of seeing the bigger picture, Sen. Dr. Tewarie, no doubt, will have to see that mosaic which tells us that everything we do by way of planning comes together under that core of what is called the general good.

Lloyd Best, one of our best minds, was so accurate when he said, “yes family disintegration; yes this, yes that and so on”, but when we look back we would see that, over time, public policy has been the cause of it. That is, we have never put together all the parts collectively to allow us to proceed and say that we are doing this for the general good. So, transportation does his or her thing, housing the same; the others, the others, the others. Education caught in the middle and never all meeting in a way that the general good stares you in the face.

So, yes, the report will show disintegration with family and so on, but if we were to chart our 50 years down the road we would see that invariably our public policy was bad, was not holistic. So we built tenement houses with dark corridors that resemble a penitentiary so that people would not know that leaving the yards, where they could have had their fowl coops and a machine, to go for these nine storeys, there would be a price that you would have to pay inevitably.

We look at the Bill, and the Bill is a simple one, but then the element of trust hits you, and I am talking now for the young people who would say, “wais dat?” As the Senator who spoke before me said—and she was quite right—equality can never be same. Baroness Mary Warnock said it best; she said, “planners and policymakers must always understand that equal can never be same, equal can be fitting and equal at times can be different.” So, it means that if we put all these RHAs—as good as the procurement practice may be in terms of speedier delivery, a little savings here and there—what are we saying about equal as different?

Sangre Grande, with its propensity, or the eastern one doing its thing differently from the north; the north having better procurement officers so that they rule the roost; they show a dominant factor; they buy the things; they decide who should get what. Sangre Grande packs it up in a corner, five years not using it because it never really wanted that; but we have standardized, we have made equal as same. Equal as same never worked. In education, it is the bane of our education system. Boys do not learn as girls, we never stopped to think about that. We never stopped to think that a curriculum must be differentiated; you do not give everybody the same thing, the same way.

This Bill, simple as it seems, is taking us down that road where we put everything into one. It kills that collectivity factor, kills—as our Senator was saying—that ingenuity, that innovativeness, that ability to think differently and even to guide the other one to do it better. We have to break that bond of thinking equal as same, in all our policy positions.

That is why the former Government that did—in education—the “dollar for dollar” was such a much better development in terms of universally helping people to education rather than what we have now, where Sen. Karim is faced with a huge GATE bill that invariably may become less and less sustainable. If given another “one day”, I will want to show. Sen. Karim, how we can come up with something that looks like learning accounts that will break that bond of entitlement.

You go into the prisons as we have done, or you see those children at St. Michael’s School for Boys; half of them without shoes on their feet you feel you are in Biafra and you realize that a country that has seen so many billions of dollars passed through it have our children looking destitute, dispossessed in the heart of an urban area. It is an indictment, as the Senator was saying earlier about the health situation; it is an indictment against an entire society. The burden of proof—and I am not casting aspersions on anybody, I am just saying prepare yourself better to tell us what you want so that invariably we can trust what you say.

So, yes, we want this, show us how; yes, there will be savings, show us how the savings will come. Provide us with a case study among the people who are speaking to show us, “case study A shows that if we went this way we will benefit in that regard”; so that we get that sense of wanting to trust you on the ability to do it that way.

A little word to Sen. Dr. Tewarie: when we read theorists in third world development, they have always warned us, do not follow the unilinear pattern of development which suggests that everything we do must approximate to the metropole. So, we love to say that we are five years behind on this, we are 10 years behind on that, we are—the term they use is the linking perspective, that is, cherish those elements or features that have sustained you over time even as you seek to add to what the metropole is doing. As the literature is showing us, there comes a time when the very metropole returns to the things that you have given up, and you are caught in the lurch neither fish nor fowl because all your concern was linearly to be like them.

This is our Minister of Planning and the Economy, and this is our planning person who says to us; 50 years to come, we have to change what has happened 50 years now with our children. Our children—young people who have killed at age 12, young people who hold a gun and call it a sacred tool, young people who tell us they joined gangs because nobody else cared for them. Sen. Drayton spoke to us too. She had her stories and anecdotes.

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In trying to be relevant—and forgive me, forgive me, I go back—the RHAs will never be equal as same, there will always be—our colleague from Tobago, Sen. Dr. Wheeler, will invariably bring the Tobago experience to bear on it and no doubt his needs will invariably be different from what is expected. So that collective element we have to guard against.

What about NIPDEC and what NIPDEC was doing? I am not clear in the Bill, Mr. Minister, about whether we are going to disband NIPDEC or whether there will be a parallel purchasing arrangement with NIPDEC and the C40 with respect to the purchase of pharmaceuticals.

In closing, even as I feel I would have been happier to see Sen. Dr. Tewarie's procurement Bill first before this—[*Desk thumping*—because I am wondering why we did not get that, because I am sure you recognize that this whole RHA thing has to play or is a useful subset in whatever we would say about that Bill.

In closing, I beg of the hon. Senators in this Senate to recognize the importance of us being—and I am not being immodest—faithful as we can to what is true so that our young people out there can trust us even more. Because we are all about wanting a better world for our children; wanting is all about making this lovely piece of ground—there is no other place in this world as Trinidad and Tobago. We are all about that, despite all the little gamesmanship, and so, that will take place among us. We all want what is best for this land. [*Desk thumping*]

So let us, as Habermas, as all those writers that you can read about that tell us the importance of building trust and social capital, but it must be done through positive communicative action. That is communication that by its very form tells us that we are acting rightfully on the things we say and do. Thank you, Mr. President. [*Desk thumping*]

**Sen. Terance Baynes:** Thank you, Mr. President, for another opportunity to make a contribution in this illustrious Senate in support of this Bill as brought by the Minister of Health, the Regional Health Authorities (Amdt.) Bill.

But before I actually get into the meat of my contribution—you know, every time Sen. Ali comes here I am so interested in the stuff she says. I must confess, Mr. President, I am a little bit “gun-shy” because the last time I attempted to share some sentiments that may have brought some balance, I faced solidarity on the Opposition side, so I thought maybe I should forego that today, but she always manages to say something that kind of makes me say I must respond to that.

**Sen. Deyalsingh:** Provocation!

**3.55 p.m.**

I think Sen. Ali has the perfect poise, the perfect voice, the perfect tone and has perfect oratory polish, but the contradiction is that she is so negative. I do not understand how—I mean that in a very honest way—everything that the Government does is negative. The thing about it is, we have come into the governance landscape, and we have met many things that need fixing, and much of our time, resources and energies are expended on trying to fix things that have been left undone by the past regime.

So, even with this Bill, when one looks at the state of the RHAs and all that was happening there, the fact that this Minister comes and brings this Bill that has an objective that is very clear and articulate: the aim really is to deliver much more efficient and, perhaps, less expensive service. [*Desk thumping*] I cannot see why that is a bad thing. [*Desk thumping*] I think what really encouraged me after the Senator was finished is that she said that was her opinion. I say, “Well, okay, that is fine, because opinions are like noses, and all of us have one, pretty much, so that was good.” [*Desk thumping*]

Mr. President, I think the delivery of efficient health care anywhere in the world is a daunting task. As we reflect on the evolution of health care in this country, I am of the view that any action that seeks to improve effectiveness must be supported and engaged with dispatch, hence commendations are in order for the Minister of Health for bringing this amendment. I might dare say, in the commissioning of the Scarborough Hospital in Tobago, I learnt there that he was left-brain dominant, and brings a unique leadership style to the table, and has been working tirelessly in the health sector to deliver the best possible health care that this country can afford. [*Desk thumping*]

Mr. President, additionally, I think it would be, perhaps, exceedingly sinful and immoral if I did not also commend my colleague and Tobagonian counterpart, Sen. Dr. Victor Wheeler, the venerable gynaecologist that he is, for what I deem an impressive delivery on this matter in this Senate. His thoughts have served me well because I had some difficulties in understanding the dynamics of the RHAs, particularly in the context of Tobago, and listening to his contribution really helped me to put it into better perspective.

Notwithstanding, Mr. President, the attendant concerns that have already been raised on this matter—I am sure that more concerns may be raised further on in this debate—this amendment will really do us well, particularly in the context of Tobago. You see, Mr. President, the health care landscape of Tobago has been

punctuated over the years by negative reports of alleged unnecessary deaths, faulty equipment, staffing, management and financial refreshment issues just to name a few. Very little laudation is given to health care workers who pull Copperfield-like stunts within the context of their work environment and so on, to try and provide the best possible health care that can be had.

Health care workers have been taking a beating in this country in more recent times. While I would concede that there may be negligence at times, and there is need for a greater amount of accountability and so on—and people must be held accountable as long as that could be proven—generally health care workers are committed to duty. It would be remiss of us, if we did not take some time and celebrate them for their services. They are some of the hardest working people on the planet. *[Desk thumping]*

**Sen. Deyalsingh:** Would the hon. Senator give way, please?

**Sen. T. Baynes:** No, Sir.

**Sen. Hinds:** Oh, how ungracious!

**Sen. T. Baynes:** Mr. President, I need to explain to the Senator. I do not have the ability to maintain concentration as some of these learned gentlemen. That is why I try to stay on what I am trying to say. So, it is not being ungentlemanly at all. Notwithstanding, Mr. President, I cannot trust Sen. Deyalsingh too. When I say that, I am going to explain.

The last time in one of my contributions here, the Senator rose and said that I was reading too much, and that you sent out a letter and so on. There was much hullabaloo about my reading, and because I was ignorant and so on, I felt I was doing something wrong. I was shocked that in your absence he got leave from the Madam Vice-President to read. I felt tricked; I felt bamboozled, if you please. *[Desk thumping]* That is why I try to stay on what I am doing. *[Desk thumping]*

**Sen. Deyalsingh:** Would the Senator give way, please?

**Sen. T. Baynes:** Go ahead, brother. *[Crosstalk]*

**Sen. Deyalsingh:** Hon. Senator, on this issue of the RHAs, are the Tobago Regional Health Authority and the Tobago House of Assembly comfortable with autonomy being taken away from it, and that procurement for Tobago will be done from Trinidad? Are you comfortable with that?

**Sen. Ramlogan SC:** That is a whole speech.

**Sen. T. Baynes:** I am not sure whether it is a question the Senator is asking me and expects me to answer.

**Sen. Deyalsingh:** Are you happy with less autonomy for Tobago?

**Sen. Ramlogan SC:** We are happy without the PNM.

**Sen. T. Baynes:** Mr. President, I would like to continue with my contribution. The point I was making, before I was distracted by my friend, who duped me the last time—it will not happen again. [*Desk thumping*] You see, Mr. President, ignorance is an expensive pastime. [*Desk thumping and laughter*] It will not happen again. So, I was making the point that I really think that the health care workers ought to be celebrated.

This amendment is another of the many steps that this Minister, and by extension, the Government, is taking to create a much more user-friendly environment for health care workers as they aspire to deliver much improved health care service to the population.

If I may indulge the Senate for maybe just a few more minutes, I would like to ventilate just a couple of points relating to the amendment with the hope that the sentiments that I share would garner more support in this august Senate. Of course, this amendment attempts to treat with the issue of procurement. We know what that matter of procurement means, and all the different sentiments that have been expressed in this Senate regarding that.

Procurement of equipment: for the most part, we have had some of the sentiments shared by Sen. Dr. Wheeler and other Senators about how it helps to simplify even as it relates to training, maintenance and so on. The present situation is quite cumbersome and quite problematic. What the Government is attempting is not to set up a scenario for corruption or anything like that, as may have been suggested, but we are trying to improve delivery of health care to the population.

I have tremendous confidence in the Minister of Health, and I think that must be said. [*Desk thumping*] Sen. Ali made the point that she brought a certain amount of experience to the fore—I believe about a nurse working in pharmaceuticals—but it must be said that the Minister of Health also brings a wealth of experience to the management of health care in Trinidad and Tobago. [*Desk thumping*]

So, it is a matter of simplifying stuff and trying to fix some of the problems that we are facing. That is what this Government has been faced with. We are constantly trying to fix things on every side. That is the problem. While a lot of talk is made about who may be better at governing and who may be better qualified to govern—

**Sen. Deyalsingh:** COP!

**Sen. T. Baynes:**—you would think that all that has been said about the PNM’s ability to govern, that we would not be left with all these kinds of problems when the Government is changed. [*Desk thumping*] I am of the view, Mr. President, that to whom much is given much is required. [*Desk thumping*] You cannot be saying that you have been in governance for over 50 years, and the Government has changed and we have to face all these problems and you are proud. [*Desk thumping*] Something is wrong with that reasoning. It is wrong!

I think it was Karl Marx who said that religion is the opium of the masses. The thing about it, I have discovered that arrogance is a more dangerous intoxicant than religion. [*Desk thumping*] I notice that when humans are in leadership for a certain period of time, and they are there long, they develop this prima-donna status. They think they are some avatars, that other mortals do not know anything about leadership and governance. They always end up in a disastrous position. [*Desk thumping*] That goes for all men. That is what you see coming out constantly when you hear the talk about who is better in leadership and so on.

The fact is, if the PNM was such a perfect governance machinery, and they have gone out of office, we in this People’s Partnership ought not to be having to fix so many problems after they have gone. [*Desk thumping*] So, Mr. President, this issue—[*Crosstalk*]

**Sen. Hinds:** I want to remind you, God is listening.

**Sen. T. Baynes:** I am crystal clear about my mandate on this planet, crystal clear. I think sometimes I am misunderstood because of my posture, but I am crystal clear. I am destined for what I am doing right here, in case there is any doubt in the mind of Sen. Fitzgerald Ethelbert Hinds. [*Desk thumping*] I am crystal clear. [*Desk thumping*]

It must be said that the People’s Partnership Government is doing its best under the circumstances to try and improve the lives of the people of this country. [*Desk thumping*] That is what we are trying to do. We are not perfect, and we are certainly not sending that message, but with all the different things we are trying to do, this Bill—health care is a difficult thing. All over the world, to deliver proper health care is a major challenge, and we are trying to improve this for our people.

So the first matter I talked about was procurement and the second was productivity, and this amendment is going to help us with our productivity. One of the things that have been laid at the charge of the former government—whether

there is evidence to prove it or not—is an issue I am sure can be debated, and it is whether we have been getting value for money for the stuff that has been done and the things that have been purchased. So here and even in the context of Tobago—I know especially for Tobago—we have lamented over the years that we have been getting small things for big money, and that is a problem we have been facing.

**4.10 p.m.**

We have been saying—and you can talk to anybody on the street or wherever—that our problem with the present leadership in Tobago is that they have a gift to deliver small things for plenty money, and it is bothersome. [*Desk thumping*]

**Hon. Senator:** Like a seagull.

**Sen. T. Baynes:** I think this is an honest thing, and it has nothing to do with whether you are a PNM, UNC or COP. I have always said, if you give a man \$500 and you give him a family of five to take care of, there is a certain expectation that you would have of that man. But if you give that man \$500,000 and give him the same five people, your expectation is supposed to change. The issue of getting value for money, particularly in the context of Tobago, is something that we consistently have a problem with because we are faced with a regime that delivers some small things, but the mathematics is always confusing. [*Desk thumping and laughter*]

So the productivity issue is one that is going to help us, and it requires, obviously, sagacity, if I may use a nice word to help us. [*Desk thumping and laughter*] Remember that the Minister of Health is left-brain dominant. He brings a unique style. So I have no quarrel whatsoever. There are some things that I do not fuss over. I have a certain expectation because his reputation precedes him. [*Desk thumping*]

Of course, there is the issue of saving. All of us would like to save. I would say this to Senators: it is not that we are saying we must have cheap things and there must be a trade-off between cheap as to better. No, we are not saying that. All of us want to have the best possible health care, but the best health care does not always have to be expensive. If we can have good health care at a good price, we will take that. [*Desk thumping*]

**Sen. Karim:** “How much dey spend on de cancer centre?” [*Laughter*]

**Sen. T. Baynes:** Mr. President, the next thing I want to talk about very quickly is posterity. [*Crosstalk*] What kind of health care legacy must we leave? I think all of us agree that we must build a stronger health delivery system. [*Crosstalk*] Mr. President, we must also bring health care closer to the people, and that is what is being done, even as we speak.

I want to say this one: we must be able to breathe easier in health in Tobago. Health has been a major issue for us in Tobago. I remember in the month of February 2002, my 11-month-year-old nephew was rushed to the Scarborough Hospital. He had complications and so on. The doctors and all the medical personnel there were taking care of him, and they just seemed not to be able to do all that could have been done.

When one of the doctors came out, and I asked him, "What is the situation?" He said to me, "Sir, if we had an intensive care unit, your nephew would have a better chance." He was flown to Trinidad that very night and died the day after. So when I talk about health care issues as they relate to Tobago, I talk about that with a certain kind of personal touch, because lots of time we stand there and there is not much we can do.

It is easy to fault the workers, but they work within a context; they work with what equipment they have and try to do their best. I am sensible now to understand that you cannot expect magic from a person if they do not have the necessary tools to deliver the kind of service you want them to deliver. This is why I am particularly encouraged by what the Minister of Health is doing at present, and at the speed in which it is being done, because it really helps us. [*Desk thumping*]

Sometimes I get a little passionate about some of these things because I feel very strongly about them. But I am really in support of the attempts of the Minister to try and improve the health care delivery, particularly in the context of Tobago. The issue of disparity and all that was a major one. I spoke to the Minister about a disparity that exists between the Ministry of Health workers and the RHAs, and that has been dealt with. I was so glad when I heard that because I know that is also going to contribute to the effectiveness and efficiency of the service. Reward sweetens labour; that is a very, very important point.

I would want to conclude by saying, Mr. President, that I support this amendment fully. As a Tobagonian who accesses the service, I am grateful to the hon. Minister for bringing it. I must also express my profound gratitude to this Government for delivering the hospital, [*Desk thumping*] not at all disregarding

the work of successive Governments or other officials. But Tobagonians especially were so overwhelmed and overjoyed that the PP Government remained true to form in its promise to treat Tobago as an equal partner. [*Desk thumping*]

Mr. President, the English language is a lame vehicle of expression, as I attempted to describe my truest sentiments regarding the delivery of the hospital. Despite our challenges as a Government, we shall not sit on our upper thighs and mope.

**Hon. Senators:** Uh hmm!

**Sen. T. Baynes:** Nor shall we allow ourselves to be so circumnavigated by the debilitating waters of despair and distractions, but we shall forge ahead with our agenda—[*Interruption*]

**Sen. Hinds:** He is reading.

**Sen. T. Baynes:**—to improve the lives of all and sundry in this country. This is our mandate and this is our assignment.

Mr. President, I thank you. [*Sen. Cudjoe rises*]

**Mr. President:** I believe the Leader of Government Business has an announcement.

#### ADJOURNMENT

**The Minister of Public Utilities (Sen. The Hon. Emmanuel George):** Mr. President, I beg to move that this Senate do now adjourn to Tuesday, May08, at 1.30 p.m., when we will continue debate on this RHA Bill and, hopefully, we would be able to go on to the two Bills that were introduced to the Senate today, that is the Children's Bill and the Maternity Protection (Masters and Servants) Bill. I am saying if possible.

I thank you.

*Question put and agreed to.*

*Senate adjourned accordingly.*

*Adjourned at 4.19 p.m.*