

*Leave of Absence**Tuesday, May 08, 2012***SENATE***Tuesday, May 08, 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. Anand Ramlogan SC and Sen. Lyndira Oudit, who are both out of the country, and also to Sen. Basharat Ali, who is ill.

SENATORS' APPOINTMENT

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

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

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

/s/ G. Richards
President.

TO: MR. ARNOLD RAM

WHEREAS Senator the Honourable Anand Ramlogan 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)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, ARNOLD RAM, to be temporarily a member of the Senate, with effect from 8th May, 2012 and continuing during the absence from Trinidad and Tobago of the said Senator the Honourable Anand Ramlogan.

Senators' Appointment

Tuesday, May 08, 2012

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 3rd day of May, 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: MR. JAMAL MOHAMMED

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

NOW, THEREFORE, I, GEORGE MAXWELL RICHARDS, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, JAMAL MOHAMMED, to be temporarily a member of the Senate, with immediate effect and continuing during the absence from Trinidad and Tobago of the said Senator Lyndira Oudit.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 8th day of May, 2012."

OATH OF ALLEGIANCE

Senators Arnold Ram and Jamal Mohammed took and subscribed the Oath of Allegiance as required by law.

WRITTEN ANSWERS TO QUESTIONS

The following questions were asked by Sen. Pennelope Beckles:

Employment Contracts

58. Could the hon. Minister of National Security provide the Senate with a copy of the employment contract of the following persons:

1. the Commissioner of Police Mr. Dwayne Gibbs;

2. the Deputy Commissioners of Police;
 - (i) Mr. Jack Ewatski
 - (ii) Mr. Stephen Williams
 - (iii) Mr. Mervyn Richardson.

Vide end of sitting for written answer.

**Facilities and spaces illuminated by T&TEC
(Details of)**

59. Could the hon. Minister of Public Utilities provide the Senate with:

- (i) a list and location of all sporting, recreation grounds, cultural and other facilities and spaces that have been illuminated by the Ministry of Public Utilities (T&TEC) during the period 1st June 2010 to October 31, 2011;
- (ii) the total cost of the abovementioned projects; and
- (iii) a list of the companies or persons who have been awarded contracts to illuminate the abovementioned facilities and the value of each contract awarded?

Vide end of sitting for written answer.

The following questions were asked by Sen. Fitzgerald Hinds:

Airport Authority of Trinidad and Tobago and Board of Directors

- 68. A** Could the hon. Minister of Transport indicate the names and portfolios of the persons who formed the Tenders Committee that awarded the Piarco and ANR Robinson international airports runway/lighting improvements contracts?
- B.** Could the Minister further provide the names, profession/academic backgrounds and the date of appointment of the members of the Board of Directors of the Airports Authority of Trinidad and Tobago?
- C.** With respect to (B) above, is the present board the same as was appointed after the May 24, 2010 general elections?
- D** .If not, who were the original board members and could the Minister give the reason(s) for the need to replace any such original member?

**Commissioner of Police and/or the Deputy Commissioner
(Whereabouts during State of Emergency)**

74. A. Would the hon. Minister of National Security indicate and/or confirm whether the Commissioner of Police and/or the Deputy Commissioner of Police were both absent from Trinidad and Tobago at any time after the coming into force of the State of Public Emergency, which was declared on August 21, 2011?
- B. If these officeholders were absent, would the Minister state the purpose, the period of absence, their destinations and the cost of their trips abroad in respect of such absence and travel?
- C. Is the Minister aware, whether any organization or entity, other than the Government of Trinidad and Tobago, sponsored any part of the cost of any such travel, accommodation, entertainment or business abroad?
- D. If so, would the Minister indicate the name(s) of the organization(s) or entity and the value of such sponsorship?

Vide end of sitting for written answer.

**Current Members of Customs Brokers' Board
(Details of)**

79. A. Would the hon. Minister of Finance indicate the persons who are the current members of the Customs Brokers' Board?
- B. Would the Minister indicate further, the qualification(s) of each member for such membership and the date of his/her appointment?
- C. Would the Minister also indicate when last and how many times in the past two (2) years did the board meet?

Vide end of sitting for written answer.

ORAL ANSWERS TO QUESTIONS

**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 State in the Ministry of the People and Social Development (Hon. Dr. Lincoln Douglas): Thank you, Mr. President. It is an honour to join with you all today in these proceedings and to answer question No. 72.

The Microenterprise Training and Development Grant, which is administered by the Ministry of the People and Social Development, assists people who are in need and those interested in undertaking micro projects, small business ventures or skill training. The maximum grant is \$5,000 and this grant has been and continues to be accessed, and has been made specifically available to ex-prisoners. The details of the proposed programme for the payment of \$5,000 grant to ex-prisoners are to be considered by a committee, the membership of which is to be soon submitted for Cabinet approval.

The coordinating committee is to oversee the implementation of a comprehensive programme to address the needs of ex-prisoners in Trinidad and Tobago. They will be responsible for the development of criteria and for the disbursement of this grant.

The estimated number of ex-prisoners who leave Trinidad and Tobago prisons on an annual basis, from the Ministry of the People and Social Development's standpoint, is 220 individuals. In this regard, and on the assumption that approximately 80 per cent of these persons may require a grant for initial reintegration purposes, an annual estimated disbursement may be in the vicinity of \$880,000.

A sum of approximately \$100,000 has been provided for the Ministry of the People and Social Development's budgetary proposal for the fiscal year 2011-2012, under the funds allocated for the coordinating committee to oversee the implementation of ex-prisoners in Trinidad and Tobago. The total allocation for the Microenterprise Training and Development Grant is \$3,250,000.

Thank you, Mr. President.

Sen. Deyalsingh: Supplemental, Mr. President. Could the hon. Minister indicate to me and to this the Senate—this project was announced 14 months ago—why was the criteria not developed first and the project concretized before rolling it out?

Hon. Dr. L. Douglas: Mr. President, it is a very good question. My take on the whole issue is that this project was started in 2003 and continued all into 2006 and no specific set of criteria or anything was developed. But the answer to why, is that we are working on it and we will get there eventually.

Sen. Hinds: Supplemental. Apparently, the Minister is not aware—let me put it like this. Is the Minister aware that it was the Prime Minister—*[Interruption]*

Hon. Dr. L. Douglas: Ask a question, please.

Sen. Deyalsingh: He started with the word “is”.

Sen. Beckles: Tell him he is not in the House. You are in the Senate.

Sen. Deyalsingh: This is the Senate.

Mr. President: You may proceed with your question, Sen. Hinds.

Sen. Al-Rawi: You may need to spell “is”.

Hon. Senator: I-S.

Hon. Dr. L. Douglas: The answer to the question is no.

Mr. President: Sen. Hinds, I do invite you to pose your question to the Minister and—

Sen. Hinds: Is the hon. Minister aware that it was the hon. Prime Minister who announced this brand new proposition or programme at the Queen’s Hall in February of 2011; and is the Minister trying to convince this Senate that, in light of that fact, this programme has been in existence since 2003? Where has the Minister been?

Mr. President: You could leave out the last question about where have you been. *[Laughter]*

Hon. Dr. L. Douglas: Ask me another question at another time.

Sen. Hinds: Mr. President, are you, as Chair of this honourable Senate, content to permit the level of discourtesy that has been meted to this Senate by the hon. Minister since his arrival today? Let me ask him—I asked a question and he is now telling me, simply ask him another question. This is Government business. This is serious national business.

Mr. President: Put another question, Senator. We are not going to enter into debate at this time.

Sen. Hinds: Thank you. Supplemental question. In short, notwithstanding all the fluff, if I am permitted a colloquialism, is not the Minister admitting that absolutely nothing has been done or achieved since the Prime Minister's wild announcement in February of 2011?

Mr. President: Sen. Hinds, you will have to withdraw the remark regarding—

Sen. Hinds: Obligated. I will withdraw my description, but let me rephrase it. Is the Minister attempting to tell this Senate that notwithstanding all that he has said today, absolutely nothing has been done, accomplished or achieved, in respect of that announcement by the Prime Minister in February 2011?

Hon. Dr. L. Douglas: First of all, Mr. President, thanks for your intensity. What I am saying, as I have said before, is that a committee has been put in place and we are working on the details of making the programme happen. As to the answer to your question, the absolute part, the answer is no.

Sen. Al-Rawi: Further supplemental, Mr. President. Thank you, hon. Minister. May I please enquire if you are in a position to tell us the number of persons that comprise the committee that has been established and who those personalities may be?

1.45 p.m.

Hon. Dr. L. Douglas: Well, I will answer the question. The answer to your question is no, I am not in a position to tell you that.

Sen. Al-Rawi: A further supplemental, Mr. President. Could the hon. Minister indicate whether any payments have actually been made with respect to the \$100,000 allocation identified in the budget, which the hon. Minister provided in answer to part (D) of the question?

Hon. Dr. L. Douglas: Mr. President, I will be prepared to answer these questions, which I consider to be new questions, at another time.

Sen. Deyalsingh: Further supplemental, Mr. President. Could the hon. Minister state, for the benefit of the Senate and the public at large, whether this announcement by the hon. Prime Minister in 2011, would not fall prey to the same disease that befell the \$5 million grant from CAL to the Children's Life Fund? [*Desk thumping*]

Hon. Dr. L. Douglas: Mr. President, I consider these questions to be new questions and rhetorical questions; in other words, they have an answer in the minds of the questioner. I propose that you all answer your own questions if you have answers.

Hon. Senator: Ooooooooooh!

Sen. Al-Rawi: Further supplemental, Mr. President. I thank the hon. Minister for his degree of preparedness, his forthrightness and his ability to answer questions on his feet—[*Desk thumping*]*—*he has truly demonstrated his proper talent. Mr. President, if I may enquire, could the hon. Minister assist us by letting us know what is the time frame for the establishment of the criteria, that is, Cabinet's consideration? What is the response time for Cabinet's consideration?

Hon. Senator: Why are you so hostile towards—[*Inaudible*]

Sen. Al-Rawi: Because he is rude.

Hon. Dr. L. Douglas: Mr. President, I am prepared to answer all these questions that the hon. Senators have at another occasion. I will be happy to come back and respond to them. I consider them to be additional questions.

Sen. Al-Rawi: Further supplemental, Mr. President. If I may enquire, why? [*Laughter*]

Mr. President: You do have to accept the answers the Minister has given, even though they do not suit your purpose. We are not going to enter into a debate on the question. If there are no further supplementals, Sen. Hinds.

Sen. Hinds: That Minister cannot help.

Mr. President: Sen. Hinds.

Sen. Hinds: I am grateful. Mr. President, might I with your kind leave and your usual display of graciousness, permit me [*Laughter*] to direct—[*Interruption*]

Sen. George: Which you have none.

Sen. Hinds:—Question No. 75 to the hon. Minister of Energy and Energy Affairs. [*Desk thumping*]

**Establishment of Eight New Service Stations
(Details of)**

75. Sen. Fitzgerald Hinds asked the hon. Minister of Energy and Energy Affairs:

- A. Would the Minister indicate whether the Government's promise to establish eight (8) new service stations offering compressed natural gas (CNG) by the end of fiscal 2011 was realized?
- B. If not, would the Minister indicate how many of the proposed eight (8) were established to date?
- C. If any of these new service facilities are now operational, would the Minister indicate the locations in each case?

The Minister of Energy and Energy Affairs (Sen. The Hon. Kevin Ramnarine): Thank you very much, Mr. President. Before I start answering the question, permit me the opportunity to warmly welcome to the Senate, Sen. Jamal Mohammed. [*Desk thumping*]

Mr. President, with respect to question 75 which was directed to the Minister of Energy and Energy Affairs, part (A) of the question: The Government announced several policy and fiscal measures in the 2011 and 2012 budget statements, which sought to encourage the development of compressed natural gas (CNG), as a major alternative vehicular fuel in Trinidad and Tobago. Pursuant to its policy, the Government agreed to the development of eight new to industry retail marketing service station sites, for the dispensing of both liquid fuels and compressed natural gas. These eight stations are in different stages of development.

With respect to part (B) of the question: the status of the new to industry service stations are as follows: two of the stations are currently under construction and nearing completion; four are being reviewed in light of road construction plans by the Ministry of Works and Infrastructure, at the locations at which the stations are proposed to be sited; and two of the stations have been delayed as a result of negotiations between wholesalers and dealers on the financial and other arrangements for the construction and operation of the stations.

With respect to part (C) of the question: none of the stations are currently operational. However, the two stations currently under construction and nearing completion are located at Brentwood, Chaguanas and Eastern Main Road, Tacarigua respectively.

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

Sen. Al-Rawi: Supplemental, Mr. President. Thank you, hon. Minister. Thank you, Mr. President. Hon. Minister, would you be in a position to identify the locations of the four stations which were to be placed and are now to be relocated on account of the reason given; and secondly, the two stations that are delayed as a result of the negotiation issue with the wholesalers?

Sen. The Hon. K. Ramnarine: Mr. President, I have that information at the top of my head, but for fear of presenting the Senate with inaccurate data, I would ask the hon. Senator to file that as a separate question.

Sen. Al-Rawi: Mr. President, further supplemental. Could I ask if the hon. Minister, insofar as the information may be readily accessible to him and I take him at his word, if he could provide that information to the Senators in general by way of a written response, as opposed to going through the routine for qualification? I am sure he can comply with that. Much obliged.

Sen. Deyalsingh: Further supplemental—oh, sorry.

Sen. Al-Rawi: If you could provide it in writing as opposed to going through the process.

Sen. The Hon. K. Ramnarine: Just for clarity, Mr. President, through you: Would that require the filing of a new question for provision of a written answer?

Sen. Al-Rawi: Mr. President, what I am basically asking for, to borrow the term that we use in court, would be an undertaking that he would provide us with that information; there is no contention over it really. If it is okay for him; he is a very forthright Minister.

Mr. President: Just to guide the Minister. Minister, that would be a matter for you. You could ask that they file another question in which they want the answers in writing, or you could make the undertaking, but that is an issue you must respond to. So it is in your prerogative in other words.

Sen. The Hon. K. Ramnarine: Mr. President, I think the proper procedure would be for a new question to be filed, and we have no problem providing that answer. [*Desk thumping*] The information is really also largely in the public domain already. [*Crosstalk*] I think the procedural thing to do is to file a new question and I will provide the answer. [*Desk thumping*]

Hon. Senator: “Dat mean he disagree with the President.” [*Laughter*]

Sen. Deyalsingh: Further supplemental, Mr. President, to the hon. Minister. Of the eight service stations, how many of those eight will be owned by NP and how many will be owned and operated by private individuals?

Sen. The Hon. K. Ramnarine: Again, Mr. President, for fear of presenting the Senate with inaccurate information, I would ask that a new question be filed in that regard because it is outside of the remit of what was asked in this question.

[*Sen. Hinds stands*]

Sen. Deyalsingh: Further supplemental—

Sen. Hinds: Go ahead, Sen. Deyalsingh.

Sen. Deyalsingh: Further supplemental, Mr. President. Is the Minister aware that there are those in society who are claiming that some of these private stations are owned by friends of Ministers in Government?

Sen. The Hon. K. Ramnarine: I am not aware of that at all.

Sen. Hinds: Final supplemental, just for clarity, if I may use your own term. Is the Minister today admitting, that notwithstanding the loud and lofty announcement by the Minister of Finance as regards the construction of eight CNG-providing stations, not one has thus far been accomplished or achieved?

Sen. The Hon. K. Ramnarine: Mr. President, in the answer which was provided earlier, we indicated that two of the stations are very near to completion. Four of the stations have had difficulties as a result of approvals and so on from the Ministry of Works and Infrastructure, and two of the stations have commercial issues with regard to negotiations between the wholesaler and the dealer. We feel that the fact that we expect pretty shortly that two of those stations will be completed to be somewhat of an achievement, when compared to the fact that not much was done prior to us being in Government. [*Desk thumping*]

Sen. Al-Rawi: Further supplemental, Mr. President, and this relates to the answer provided in relation on part (A) of the question. Hon. Minister you have told us that the promise was pegged in relation to your 2011/2012 budget promises. Hon. Minister, are you in a position to assist us as to the tie on from the 2010 promises which were unfulfilled by hon. Carolyn Seepersad-Bachan, your predecessor in the seat? [*Desk thumping*]

Sen. The Hon. K. Ramnarine: Just by way of clarity, Senator, through you, Mr. President, when we refer to 2011 and 2012 budget statements, we are referring to the budget for fiscal 2011, and the budget for fiscal 2012 which would have been read in 2010 and 2011 respectively. A number of policy decisions and a number of fiscal incentives were provided in both budget statements to incentivize and to stimulate a CNG thrust in Trinidad and Tobago, so I do not have—[*Interruption*]

Sen. Al-Rawi: If I may clarify?

Sen. The Hon. K. Ramnarine: “Yeah.”

Sen. Al-Rawi: Thank you, Mr. President, for the Minister allowing me to clarify. Minister, perhaps it is a clarification question I am asking of you then. Is it that you are saying this relates to the promises specifically pegged in your October 2010 budget speech? Is it that?

Sen. The Hon. K. Ramnarine: I think the reference to the—I cannot remember exactly in which budget mention was made with respect to the stations, but it was in one of the two budgets speeches. I think—and again without the presence of the proper research material, and so, in front of me, I would not want to venture a guess, but it was mentioned in one of those two budget speeches.

Sen. Al-Rawi: It was actually in both, Mr. President. And my question related to whether it was an answer in relation to the promise made in September 2011, as opposed to the promises made in October 2010.

Sen. The Hon. K. Ramnarine: Apparently it was made in both speeches. I think there is a commonality between—if you said it was mentioned in both, it means it had been mentioned in the two budget speeches, so it is common to both, so it is a promise on which we intend to deliver and we continue to work on delivering that.

Sen. Al-Rawi: Thank you, hon. Minister. Mr. President, final supplemental question from me at least. Is the hon. Minister able to assist us with respect to who is the wholesaler negotiating the contract which has resulted in delay with respect to the two stations that are nearing completion, as the hon. Minister has informed us?

Sen. The Hon. K. Ramnarine: The two stations which are nearing completion are different from the two stations in which there has been a delay arising out of the negotiations between the wholesaler and the dealer. No. I am not in position to present that information right now.

Sen. Al-Rawi: You do not know who the wholesaler is?

Sen. The Hon. K. Ramnarine: Well, there are two wholesalers, it is either Unipet or NP and I cannot say which one.

Sen. Al-Rawi: Thank you, Mr. President. Thank you, hon. Minister.

**Promoting/Sponsoring of a History Competition
(Details of)**

76. Sen. Fitzgerald Hinds asked the hon. Minister of Education:

With regard to the promoting/sponsoring of a History Competition in collaboration with the Emancipation Support Committee, in commemoration of Year 2011, as the United Nations International Year for People of African Descent:

- (a) would the Minister indicate what sum of money was committed to the Emancipation Support Committee to cover the expenses incurred;
- (b) has this sum been paid; and
- (c) if not, why not and when will the payment be made?

The Minister of Public Utilities (Sen. The Hon. Emmanuel George): Thank you, Mr. President. On behalf of my colleague, the Minister of Education, the reply to question No. 76 is as follows. In reply to part (a): the estimated cost of hosting the African History Quiz Competition was \$207,700.

Answer to parts (b) and (c):

The Ministry is presently processing the payment in the name of the Emancipation Support Committee. In accordance with the financial regulations, the Ministry of Education requested and received on April 18, 2012 the final document required to effect the payment from the Emancipation Support Committee. To date the Emancipation Support Committee has received \$25,000; a total of \$182,700 will be paid by Friday May 11, 2012.

Thank you, Mr. President.

Sen. Hinds: By way of supplemental, is the Minister able to demonstrate to this Senate and the country, the effectiveness and the worthwhile of the effect of the history competition in the context of emancipation celebrations, and the celebration of the United Nations International Year for People of African Descent?

Sen. The Hon. E. George: Mr. President, no, I am unable so to do, but should the Senator file a question, I am certain that my colleague the Minister of Education would be able to answer. Thank you.

2.00 p.m.

**Prime Minister's visit to India
(Details of)**

77. Sen. Fitzgerald Hinds asked the hon. Minister of Foreign Affairs and Communications:

- A. Would the Minister kindly indicate the cost incurred by the Government of the Republic of Trinidad and Tobago (either via central government or any state enterprise or agency) in respect of the Prime Minister's visit to India in January 2012?
- B. Would the Minister indicate the reason(s) for these expenses?

The Minister of Foreign Affairs and Communications (Hon. Dr. Surujrattan Rambachan): Thank you, Mr. President. Question No. 77 asked in part A to indicate the total public funds expended by the Government for the Prime Minister's official visit to India. The answer to that question is \$8,832,279.76. The second part of the question requires of the Minister to indicate the reasons for these expenses.

Mr. President, in answering this question, I hope that the hon. Senator is seeking not merely a price tag on the long and cherished relationship we have shared with the world's largest democracy for, Mr. President, to do that, will be to devalue the bonds of friendship; to devalue 50 years of excellent diplomatic relations; and 167 years of an intimate, social and cultural connection.

Mr. President, can we, therefore, look at our recent mission only in the context of dollars and cents? The focus of the Opposition has been on the cost, but not on the benefits; on the price not the prize. Not that costs are unimportant, but there are some things, especially relationships between people, as well as between countries, that are priceless and invaluable. [*Desk thumping*] As invaluable as the Chair, Mr. President, in which you once sat, at the other place, the Red House, which was given as a gift by the Government of India. [*Desk thumping*]

India was amongst the first countries to recognize Trinidad and Tobago as an independent nation in 1962, along with such other countries like the United Kingdom, Canada, Nigeria and the Netherlands. India has been one of our most significant bilateral partners and has been cooperating with Trinidad and Tobago at the multilateral level. Perhaps, the hon. Senator would like to find out from the hon. Leader of the Opposition and, perhaps, the hon. Leader of the Opposition would support the view—following his recent visit to India—that, in fact, more

should be done to enhance the relationship between our countries. Perhaps, the hon. Leader of the Opposition would have told this hon. Senator that he would have been impressed with the phenomenal transformation of India as an economic giant of which the world has been speaking.

Mr. President, I sincerely hope that the motivation behind the question of the hon. Senator is not a subconscious paranoia that has consumed so many on the Opposition benches ever since the Prime Minister and her delegation undertook this very successful mission to the Asian subcontinent.

You will recall the furor that became almost obsessive from the Opposition bench when the Prime Minister, who grew up in a rural Hindu home, exercised an important aspect of her sacred tradition by not submitting to, but paying obeisance at the feet of an elder—the greatest form of respect that one can pay to the teachings of one's scriptures. Yet, those not schooled in Hindu doctrine saw it as ridicule more than an act of respect. Clearly, Mr. President, it demonstrated that there is need for us to educate ourselves about our respective customs and traditions.

Perhaps, the hon. Senator might be very interested in finding out about a special envoy called Juliana Pena, who is now the subject of an investigation by the Economic and Financial Crimes Commission in Abuja.

Mr. President, the visit to the Republic of India was motivated by several critical factors which this Government believed will positively impact relations between the people of both Trinidad and Tobago and India. As we continue to debate the relevance of this mission ad infinitum, let me provide some context and background regarding its importance to the people of Trinidad and Tobago and the people of India.

Mr. President, all of us in this esteemed and august Chamber must know, or must have realized by now that India has been developing phenomenally over the past 20 years. In fact, since 2005, India's economic growth rate has averaged between 7 per cent and 10 per cent while traditional power houses such as the United States of America and Europe had minimal growth rate. Indeed, many countries have been knocking on India's door, for example—

Sen. Hinds: Mr. President, on a point of order.

Sen. Dr. Tewarie: What is the point of order?

Hon. Dr. S. Rambachan: Mr. President, one of UK's Prime Minister's first visits was to India, where he tried to cultivate stronger investment ties and greater economic cooperation. Some of us may know that President Obama also visited India in 2010 to build important economic links between India and the US.

In fact, let me quote President Obama, from the *Hindu News* in November last year on his visit to India. He said:

...when it comes to the sphere of our work, building a future of greater prosperity, opportunity and security for our people, there is no doubt, I have to go India. But even more, I am proud to go to India, and I look forward to the history that we will make together, progress that will be treasured not just by this generation but by generations to come.

Those are the words of President Obama.

One of the strategic international priorities for the Ministry of Foreign Affairs and Communications emanating out of our medium-term policy framework for the period 2011—2014 was to strengthen bilateral relations strategically to enhance Trinidad and Tobago's current and future prospect for prosperity. This engagement with India, one of the emerging economies now known as BRICS, was strategic as it allowed significant face-to-face dialogue in many areas such as energy, tertiary education and training, business development initiatives, health, agriculture and public works.

This dialogue can only augur well for Trinidad and Tobago in the areas of economic and technical cooperation, as well as foreign direct investment, at a time when this country has to make serious decisions regarding energizing of this economy because of the lax and non-performing attitude of the previous regime, and where foreign investment and the economy began to decline since 2008.

In this regard, the People's Partnership Government, my Government, weighed a number of factors in determining the importance of this mission to India and the rationale for the visit included, firstly, the official invitation extended to the Prime Minister and a delegation of 10 by the Government of India for a state visit to India. Secondly, the invitation by the Government of India to the Prime Minister to accept the prestigious Pravasi Bharatiya Award. Thirdly, Trinidad and Tobago has enjoyed excellent diplomatic relations with India, going back 50 years, and while these ties have been strong, we should note that India's reputation as a major player in international affairs has been growing as it becomes a global player.

We must also remember that India is a member of the G20 grouping, which has become a major influence in global, economic and financial affairs. It is, therefore, exceedingly clear to this Government that India must be engaged by us on issues of a bilateral nature, as well as multilateral issues which may impact on the continuing development of small island states like Trinidad and Tobago.

Fourthly, almost half of our people have ancestral and cultural roots with India. The deepening of social, cultural and educational ties has been fostered by the generous grant of scholarships and other technical assistance given to Trinidad and Tobago over the years.

In fact, over the last 10 years, India has granted 260 scholarships to people of Trinidad and Tobago, and when we visited India, the Prime Minister increased the number of scholarships offered every year from 30 to 50 under the I-TEC programme. The need to demonstrate appreciation of India's role in our development and to seek further areas of collaboration at the highest level is important, especially, as I said, given India's recent emergence as a global economic power and a source of innovation and cutting edge research.

The cultural MOUs have led to some of our best known cultural artistes being trained in India in dance, music and so on. So, today, we have people performing East Indian dance in Trinidad of different categories as good as you could find in any part of India. People like Sandra Sookdeo, Mungal Patassar, Susan Mohip, Rana Mohip and Sat Balkaransingh.

Further, there is a gentleman by the name of Mr. Quincy Charles of African descent from Diego Martin whom we met in India, and who has been there now for five years training in dance, and who is now such a good exponent of Kathak dance that he is now training Indians in Kathak dance in India—a Trinidadian. [*Desk thumping*] Maybe Senator, you may laugh at this and scoff at it, but it tells you something of how far our people have moved for unity, and how backward you have remained in this divisiveness kind of mindset in this country. What a shame! [*Desk thumping*]

Mr. President, the thrust of the Government of Trinidad and Tobago—

Sen. Al-Rawi: Standing Order 35(5), Mr. President.

Hon. Dr. S. Rambachan: You do not want to hear the truth. The truth hurts.

Mr. President: You may proceed, Minister, overruled. [*Desk thumping*]

Hon. Dr. S. Rambachan: Mr. President, it was not I who asked the question to indicate the reasons for the expenses. [*Crosstalk*]

Sen. Al-Rawi: Point of privilege, Mr. President.

Hon. Senator: There is no point of privilege.

Sen. Al-Rawi: There is a point of privilege, my friend. Learn your Standing Orders. Thank you, Mr. President. Moving on from your ruling, of course, I am not questioning it in any fashion, it is the words “scoff” and “you”, in relation to Sen. Hinds in the most derogatory tone provided by the Minister, that I hold objection to, as a matter of privilege to the integrity of the character of a sitting Member of the Senate, if I could ask you to consider that, Mr. President.

Mr. President: Well, certainly, I did not think that the Minister, when he referred to Sen. Hinds, that the word “you” was meant to be pejorative in any fashion. Usually, on the other hand, we would require Senators to call Members “Senators” or “Minister” as the case may be, as opposed to “you”, but I did not think in the context of the statement made by the Minister that he was in any way referring in a derogatory manner. As to the word “scoff”, I did not see any difficulty in that language. I did not think it imputed any kind—

Sen. Al-Rawi: Thank you, Mr. President.

Mr. President: So, the Minister may continue. [*Desk thumping*]

Hon. Dr. S. Rambachan: Thank you, Mr. President. The Government of Trinidad and Tobago is aggressively pursuing the diversification of the economy. In this regard, the Ministry of Trade and Industry has been engaged in a programme of marketing Trinidad and Tobago as a preferred investment destination. It is of little or no value if you have a product or service to offer and customers, consumers or, as in our case, investors, do not have the information to make a decision amongst other alternatives.

It must be remembered that Trinidad and Tobago is not competing against itself, but against several countries which also have an abundance of natural resources and human resources to offer to investors. In an era where the world is still suffering from the financial meltdown, and where investors have become more discriminating in their investment choices, it is imperative that Trinidad and Tobago engages in what might be described as “hard sell” strategies.

Further, the integrity of our marketing thrust is enhanced by the presence of the Prime Minister who is able to build credibility at the highest level, and discuss with investors issues which they normally would have to otherwise spend a lot of time dealing with.

The Caribbean Investment Forum which was held for the first time in Trinidad and Tobago last year, and will once again be held next week, was inspired by the Prime Minister when she was Chair-in-Office of the Commonwealth. We know and we are assured that this year's CIF will be more successful than last year.

In fact, you will be happy to know that over 350 foreign delegates, I am told, will be present for this year's CIF. We are building and branding Trinidad and Tobago as a place to do business. It is instructive also to note the Organization of American States has coordinated a CEOs meeting for this year in which 30 CEOs from Central and South America will be here, including several ministers of trade and the President of Panama and his delegation to participate in this year's CIF.

2.15 p.m.

Mr. President, it is for these kinds of reasons that we went to India, in order to promote investments in Trinidad and Tobago. [*Desk thumping*] It is also a sure sign that this Government is doing something right, as we continue the promotion of Trinidad and Tobago abroad.

This Government has been aggressively pursuing new markets and opportunities for our energy sector. It is now well known that the percentage of our LNG exports to our traditional market, the US, has been decreasing. In addition to this and the advent of shale gas, there is need for Trinidad and Tobago to diversify its energy portfolio. In this regard, the visit to India included meetings with high level businessmen and senior Government officials on ways and means of developing projects which would add value to the energy sector.

Further, the hon. Minister of Science, Technology and Tertiary Education was able to foster deeper links with world-class Indian academic and technical institutions in the areas of engineering, science and innovation, Ayurveda and ICT, amongst others.

Given the number of agreements between Trinidad and Tobago and India in such areas as agriculture, health, education, culture, as well as the growing economic and business relations within recent times, we must all acknowledge, whatever our political affiliation, that a face to face meeting between the Prime Minister of Trinidad and Tobago and the Prime Minister of India was long overdue. We must also recognize that this visit to India followed the first ever joint commission between India and Trinidad and Tobago. It should be noted further that this joint commission was established since 2003, but was only formalized last year by this Government. The previous regime has a history of not formalizing and activating MOUs and commissions with other countries.

In this vein I might refer to the Police Cooperation Agreement between Colombia and Trinidad and Tobago, which was established in 2006. And although a few meetings took place, it was only when the Prime Minister went to Colombia after the Summit of the Americas that this agreement became energized.

It is beyond my understanding sometimes to really understand, where the common man in this country continues to be harassed by criminals, that a sitting Government would not want to ensure that that agreement was operationalized with the best effects and impacts for Trinidad and Tobago, and to do that with utmost haste. I believe a meeting is even taking place tomorrow between the Ministry of National Security and the Colombian officials. This is how we are moving. We are moving with speed and efficiency in the interest of the citizenry.

In India the hon. Prime Minister, as she does wherever she visits, met with Chambers of Commerce in Delhi, Bombay and Calcutta, as well as used her opportunity as the feature speaker at the Pravasi to market Trinidad and Tobago, not just to the Indian businessmen, but to the Indian diaspora. There are 27 million Indians out of India forming the diaspora. I am advised that over 50 countries were present at the Pravasi.

Mr. President, in conclusion, the visit to India has already started to bear fruit. There are several Indian businessmen who are in Trinidad to participate in the CIF. There are several businessmen who have come and had discussions with the Ministry of Industry and Trade towards setting up business interests in Trinidad and Tobago.

Under the cultural exchange programme signed during the visit, an archaeological surveyor will be coming to Trinidad and Tobago to collaborate on the restoration of Nelson Island, a historical site. This work, you would agree with me, has the potential to elevate this island as a premier tourist destination.

An expert is already working in Trinidad and Tobago with our agricultural sector to wipe out the red palm mite, which has virtually destroyed the coconut plantations. In early June next month, we will be welcoming Mr. Gandhiselvan, the Minister of State for Health and Family Welfare, and his delegation to Trinidad and Tobago. This visit will be the culmination of a series of discussions on Ayurveda. Discussions will focus on the development of Ayurveda in Trinidad and Tobago, including the setting up of a Chair, which the Government of India has endorsed in this field, in one of our premier tertiary education institutions.

Mr. President, I thank you.

Sen. Hinds: Would the hon. Minister indicate whether the \$8.8 million expended by the Government on this trip included the Prime Minister's expenses on one Vidwatie Newton, who was neither nurse nor personal assistant officially?

Hon. Dr. S. Rambachan: Mr. President, if the hon. Members of the Senate so desire, I have five pages that I can read, if you give me the time, of every single Member who went on the trip and from every state agency that went on the trip. The question has been asked over and over, and it seems there is some obsession with the sister of the Prime Minister by the hon. Members of the Opposition. Yes, it included the cost of Miss Vidwatie Newton.

Sen. Hinds: Would the hon. Minister indicate to this House what is the Government's view on the announcement by the Government of India, after that trip, that it had borne the expenses of the visit of the Prime Minister?

Hon. Dr. S. Rambachan: Mr. President, I am not aware that the Government of India made such a statement.

Sen. Deyalsingh: Supplemental, Mr. President, is the hon. Minister aware that the Prime Minister of Trinidad and Tobago indicated to the country that this visit was neither a mission nor an official visit. It was a state visit, no cost would be incurred by the taxpayers of Trinidad and Tobago and that it would be paid for by the Government of India?

Hon. Dr. S. Rambachan: Mr. President, I am not aware that the Prime Minister made such a statement. I am aware that it was a state visit and the Prime Minister was invited with a delegation of 10.

Sen. Hinds: Would the hon. Minister indicate, those advertisements that were published by the Government of Trinidad and Tobago while the delegation was in India, were they paid for by the Government of Trinidad and Tobago in that \$8.8 million figure?

Hon. Dr. S. Rambachan: Mr. President, I believe that is a question best directed to the Ministry of Trade and Industry.

Sen. Hinds: One further supplemental, or perhaps two. You did mention as you were going by that there was some Trinidadian who was training Indians in India in dancing, and you thought it was the first. Is the Minister aware that in the 1960s and early 1970s, one Owen Ali, who was as black and as beautiful as I am, was dancing? His name was Owen Ali, and he was dancing and teaching Indians to dance in Trinidad and Tobago?

Hon. Dr. S. Rambachan: Mr. President, all the more glory for Mr. Owen Ali.

Sen. Hinds: Finally for me, you mentioned the Prime Minister's obeisance—if I pronounce like you did—while in India, by bowing to the feet of the President. Is the Minister aware that we had never seen her do that before in Trinidad and Tobago, neither to Sat Maharaj nor Basdeo Panday?

Hon. Dr. S. Rambachan: Mr. President, I have seen the Prime Minister bow to her personal pundit and touch his feet.

Sen. F. Al-Rawi: Thank you, hon. Minister. May I enquire whether the Minister is able to assist us in clarifying. As part of his answer he had said that the Prime Minister increased scholarships above the number of 30—I could not catch the number that he actually said—to 50, with respect to the I-TECH programme. Is the hon. Minister able to tell us by what mechanism she increased it?

Hon. Dr. S. Rambachan: I think, Mr. President, that Sen. Faris Al-Rawi needs to listen a little more carefully. I was referring to what the Indian Government, the Indian Prime Minister, did. He raised the number of scholarships from 30 per year to 50 per year. It is not our Prime Minister who lifted it, it is scholarships from India. To repeat, over the last 10 years the Indian Government has already granted more than 260 scholarships to Trinidadians and Tobagonians to study in India.

Sen. Al-Rawi: Thank you, hon. Minister. That is why I used the word clarification—for clarification. If I could enquire, are you able to assist us concerning the mechanism by which these scholarships may be accessed?

Hon. Dr. S. Rambachan: These scholarships are administered through the Ministry of Public Administration, and they set out criteria by which, not only scholarships offered by India, but scholarships offered by other countries are available and advertised. I want to assure you that it is a very transparent process. There is a committee that deliberates over it before the scholarships are granted.

Sen. Deyalsingh: Based on your answer, you said that over the past 10 years scholarships were being awarded by the Government of India. Does that mean there was a scholarship arrangement prior to May 24, 2010?

Hon. Dr. S. Rambachan: There has always been a scholarship programme between India and Trinidad and Tobago. The figures I am giving you are the figures made available to me from 1986 to now. I want to tell you that if you go and examine the figures very carefully, you might be able to come up with some interesting data to see how many scholarships were taken up prior to 1986 and how many were taken up after 1986, when there was a change in government.

Sen. Dr. Armstrong: Mr. President, the Minister mentioned just before the end of his contribution that the Minister of Health would be coming here to set up something. I did not catch exactly what it was. Could you elaborate on that?

Hon. Dr. S. Rambachan: We have been discussing with the Government of India the introduction of the system of medicine in India called Ayurveda. The Indian Government has offered a Chair to one of the universities in Trinidad and Tobago to develop this method of medicine, which is over 5,000 years old.

Sen. Karim: The University of the West Indies.

Hon. Dr. S. Rambachan: It is UWI; thank you, Minister. The Minister is coming in order to further those discussions with the Minister of Health and the university.

Sen. Deyalsingh: Could the hon. Minister state whether there were any talks with the Reliance Group of India for the privatization of Petrotrin that would possibly adversely affect employment in south Trinidad?

Hon. Dr. S. Rambachan: Mr. President, there is a lot of fishing going on this afternoon, but I think if they are really interested they should file a question for the hon. Minister of Energy and Energy Affairs, who I am sure would answer that question adequately.

Sen. Al-Rawi: With respect to the Minister's indication of cultural MOUs, is the hon. Minister able to assist us with the number of MOUs that may have been increased pursuant to the hon. Prime Minister's visit to India?

Hon. Dr. S. Rambachan: Mr. President, prior to the Prime Minister going to India, there were 11 MOUs:

- 1) Work plan for cooperation in the field of agricultural research and education, signed in New Delhi on January 24, 1997, for 1997/1998 and extended to December 31, 2001.
- 2) MOU on foreign office consultations, signed at New Delhi January 24, 1997.
- 3) Trade agreement between the Government of India and the Government of the Republic Trinidad and Tobago, signed on January 24, 1997.

Sen. Al-Rawi: Sorry to interrupt. I did not ask what were the prior ones, I asked how many they were increased by, simple question.

Hon. Dr. S. Rambachan: I am coming.

Mr. President: [*Inaudible*] to accept his answer though.

Hon. Dr. S. Rambachan: Mr. President:

- 4) Cooperation between the Government of India and the Government of Trinidad and Tobago in the areas of cost-effective technologies for housing and human settlement development, signed in January 1997.
- 5) MOU between the Government of Trinidad and Tobago and the Government of India on cooperation for the development of small-scale industries in Trinidad and Tobago.
- 6) MOU between the small business development companies of Trinidad and Tobago and National Small Industries Corporation of India.
- 7) Agreement on technical cooperation;
- 8) MOU between Trinidad and Tobago Chamber of Commerce and Industry and CII, FI, CII—all of those are chambers of commerce, and Bombay Chambers of Commerce and Industry.

The last three, 6, 7 and 8 were signed during the visit of the Prime Minister of Trinidad and Tobago to India, that is former Prime Minister, Mr. Basdeo Panday.

- 9) Convention between the Government of India and the Government of Trinidad and Tobago for the avoidance of double taxation and the prevention of the fiscal evasion in respect of taxes and income.
- 10) Agreement between the Government of Trinidad and Tobago and the Government of India on the Intergovernmental Commission on Political, Economic, Scientific, Technological and Cultural Cooperation.
- 11) Bilateral investment promotion and promotion agreement signed in March 2007.

Mr. President, I have received correspondence from the High Commissioner of India. This one is dated February 02, 2012:

Enclosed please find draft MOU on cooperation in renewable energy.

This was one of the areas discussed during the State visit. I repeat: this is from the Indian High Commissioner during the State visit of the hon. Prime Minister of Trinidad and Tobago to India.

Secondly, received on February 03, 2012, again from the High Commissioner of India:

I have great pleasure in forwarding to you a copy of the programme of cultural exchanges between the Government of the Republic of India and the Government of the Republic of Trinidad and Tobago for the years 2012—2014. The PCE was signed during the recent State visit of the hon. Prime Minister of Trinidad and Tobago, Kamla Persad-Bissessar.

Again, February 03, 2012:

I have great pleasure in forwarding to you a copy of the technical cooperation agreement between the Government of the Republic of India and the Government of the Republic of Trinidad and Tobago. This MOU was signed during the recent State visit of the hon. Kamla Persad-Bissessar, Prime Minister of Trinidad and Tobago.

Hon. Senator: “Yuh have more again?”

2.30 p.m.

Hon. Dr. S. Rambachan: Mr. President, there is another one that is now being put forward, which is the signing of an MOU to deal with creation of an institutional linkage between the Foreign Service Institute of Dehli—one of the best foreign institutes in the world, standing alongside foreign institutes like Andres Bello of Chile and the one in Brazil—for foreign service training in Trinidad and Tobago and in India.

There was another MOU that was signed to advance cooperation in the field of traditional system of medicine which was referred to by Sen. Armstrong, and that is in the field of Ayurveda. Also, during the Joint Commission Meeting in November we negotiated an air services agreement between the Government of the Republic of Trinidad and Tobago and the Government of India, and this was signed during that visit there with the Minister of Civil Aviation on behalf of the Government of India, the hon. Ajit Singh.

Sen. Al-Rawi: Thank you, hon. Minister, clearly you did not read your papers before you got here. So you are saying that two MOUs only were signed in the trip?

Hon. Dr. S. Rambachan: No, there were at least four. Mr. President, the reason I brought these to read here—[*Interruption*—]—to ensure that evidence is provided for what we read in this Senate.

Sen. Deyalsingh: Further supplemental, Mr. President. Is the hon. Minister aware that when the Patrick Manning regime attempted to do business with India—because you gave this honourable Senate the impression that we never valued things Indian and that only things Indian are now valued. Are you aware, hon. Minister, that when the last administration attempted to purchase pharmaceuticals for the CDAP programme to give to citizens of Trinidad and Tobago free of charge, it was your Government, then in Opposition, who said that Indian drugs were no good and that we would die. Are you aware of that?

Hon. Dr. S. Rambachan: Mr. President, I am not aware of that. I am not aware of that, but I do know that the Indian authorities and manufacturers in India have a great reputation for producing generic drugs.

Sen. Deyalsingh: Is the hon. Minister aware that we can go to *Hansard*—further supplemental, Mr. President—and pull records that clearly show that when they were in Opposition they said that those drugs were not good?

Mr. President: Senator, that is not a question you could be posing to the Minister I am sure. If you have another supplemental please ask him.

Sen. Hinds: One further supplemental. Would the Minister bid us farewell? We look forward to seeing you again. [*Laughter*]

Sen. George: Mr. President, I would ignore, and the entire Senate should ignore, Sen. Hinds' last comment.

I wish to indicate to this Senate, however, that there are also written replies that have been circulated to questions 58, 59, 68, 74 and 79, and we crave the indulgence of the Senate to defer for one week the answers to the following questions: 61 to 65, 66 and 69.

Sen. Al-Rawi: Did you answer the question from last week that we gave you?

Sen. George: Yes, it was. That is the first question that was answered.

Sen. Hinds: Mr. President, on that note, while the Minister is asking for deferrals to the written answers—that is one, two, three four, five, six, seven; for the second week in a row seven questions—

Mr. President: Sen. Hinds, please have your seat! That is not on the Order Paper.

Sen. Hinds: What is not?

Mr. President: Your attempt to enter into a debate on that question. Mr. Clerk, will you proceed? [*Desk thumping*]

REGIONAL HEALTH AUTHORITIES (AMDT.) BILL

[Third Day]

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

That the Bill be now read a second time.

Question again proposed.

Mr. President: Those who spoke on the previous occasions; 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 Abdulah; Sen. Terrence Deyalsingh; Sen. Helen Drayton; Sen. Nicole Dyer-Griffith; Sen. Dr. Lester Henry; Sen. Prof. Harold Ramkissoon, and on Tuesday, May 01, 2012; continuing was Sen. Prof. Harold Ramkissoon, followed by Sen. The Hon. Embau Moheni; Sen. Sherrie Ali; Sen. Dr. Lennox Bernard and Sen. Terance Baynes. Senators wishing to join the debate may do so now.

Sen. Fitzgerald Hinds: Thank you very much, Mr. President. As I take this opportunity with your leave to enter this debate—and I ask that the words of my mouth and the meditation of my heart be acceptable in God’s sight.

I do so today, I speak today without fear, recognizing that this Government has assumed the very unholy practice of wanting to take us Members of the Opposition to the Committee of Privileges at every unnecessary moment when we speak in here, and when we speak outside in defence of the rights of the people and proper governance in this country they take us—

Mr. President: Sen. Hinds, perhaps I need to read the question again maybe. We are on the question of the Regional Health Authorities Act.

Sen. F. Hinds: I thank you, Mr. President. I was just saying we are getting pre-action protocols; we have no fear of it, so I have to ask God to guide me as we speak in this place and everywhere else, and to inform my friends that I have made a black and white stripe suit. I am ready to go in defence of the rights of the people of Trinidad and Tobago. Without fear! [*Desk thumping*]

Mr. President, when the Minister of Health, who is with us today, presented the Bill which purports to amend the Regional Health Authorities legislation—when he presented in the other place, he said and I quote. He presented on March 28, 2012. The Minister of Health said then:

“Mr. Speaker, this Bill is what we may term a procurement Bill. The Regional Health Authorities right at this point in time, work along the key strategic goals of the Ministry of Health. And, I would just enumerate a couple of them. One of the strategic goals is to achieve operational excellence within the health sector, health system operating to international standards, increase in the service utilization and intervention coverage; high-quality affordable healthcare available to all levels of the population; effective management of health sector finances and high performing Regional Health Authorities effectively and efficiently meeting the needs of all clients and stakeholders.”

A very lofty pronouncement as he entered the debate and sought to amend, as I said, the Regional Health Authorities Act.

He identified in so doing certain problems, geographical and legal, he gave examples. He said one regional health authority may suffer the problem of scarcity and at the same time the other is suffering from surplus. He said that it is impossible, based on current arrangements, to transfer or move from one authority to the other. I read recently, perhaps in support of what he said, that the Eastern Regional Health Authority was indicating, or someone indicated, that the only regional health authority that had anti-venom for snake bites was the Eastern RHA. That is a serious thing because one could get bitten in the west of Trinidad and the time it would take to get help from the east one might perish.

I have a situation I want to bring to the Minister’s attention. I think he would have heard of it. A young man and his wife, as recently as last week, took their newborn baby, about three to four months old, to the Mount Hope Hospital. She, having received some level of attention and her problem presumably accurately diagnosed, the doctors there prescribed medicine for that infant but the parents would learn that that medication for the child—who they had suggested was suffering from a heart condition—was not available at that hospital.

Insensitively, I take it, no one at that hospital took any action to assist that very disturbed and traumatized young couple to acquire the medication anywhere else, and they were left to their own devices to go up and down Port of Spain and Chaguanas looking for this medication to administer to a four-month-old baby who was diagnosed with a heart condition.

I am not saying—in fairness to the operators of the system, I understand full well that plant, equipment, personnel does not proper management of a hospital make. I understand that managing a hospital or managing a health facility is particularly difficult for obvious and sometimes not so obvious reasons. I do not stand in condemnation of all the hard-working people in those institutions: doctors, nurses and other health workers, but the reality is that the fact pattern as I have just described is a true story, and it was rather troubling indeed.

I contacted a very high official on behalf of that family who was told by the staff at the hospital that the baby needed to see a specialist, cardio or heart specialist, and that was Saturday morning; all of Saturday, all of Sunday, all of Monday afternoon no specialist. They contacted me. I contacted a high official at that hospital and told him of the situation. He assured me that another high official would make contact with me on the matter—no, he assured me he would take care of the thing or look at it. That was Saturday, Sunday, Monday.

On Tuesday of the new week I spoke to the official again and he told me that he was surprised that the high official of whom he spoke did not make contact with me. That high official called me about 20 minutes after our conversation and told me he would look at the matter. I have not heard from him since, but interestingly enough when he was telling me that he would look at the matter, by then I had learned, of course, that the baby had died.

So, the high official of the hospital speaking to me was not even at that point aware that the baby had died, it not having seen the specialist that was promised from Saturday to Sunday through Monday, and it not getting the medication that it required, and to this moment I have not heard from that high official again.

2.45 p.m.

I only went there to demonstrate, notwithstanding all of the millions of dollars we have invested in health care and the health system over many years, notwithstanding all the good and well-educated and skilled and talented and hard-working people that exist in the workplace thereat, there are some inefficiencies that we have to iron out.

My first question to the Minister is to point out when he winds up, how would the measure that he brings here today improve that? Because at the end of the day that is what we are all about. An amendment to the regional health authorities legislation is not an end in itself, and the Minister is purporting in this amendment to allow the regional health authorities to purchase in bulk, and he promises as a consequence therein, efficiencies, economies of scale—we would save money.

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But that, too, is not the end in itself. One would hope that the entire process, all that we do, is designed and directed towards improving efficiencies and obliterating from our experiences the true story as I have just related.

Mr. President, I have in my hand, having visited Victoria, Australia, recently on a course that had to do with accounting to the taxpayer, in my capacity as chairman of the Public Accounts (Enterprises) Committee—and one of the documents that I obtained there was a complete and total report entitled: “Acute Health Services Under Casemix: A Case of Mixed Priorities, Auditing in the Public Interest.”

This is a complete and total analysis of some of the problems based on a study that was done on the health system in that part of the world, and it is amazing the kinds of detail that they went into, and published this document for the benefit of all stakeholders and, no doubt, the public of Australia in general and Victoria, in particular.

They surveyed the entire workforce there and they came up with a number of interesting findings, and I would not—they looked at work demands on nurses; work demands on doctors; cleanliness of hospital facilities and the number of cleaning staff; the administrative workload; maintenance of equipment; maintenance of hospital buildings; patient access to allied health services; counselling services for patients; hospital cleanliness; interpreter services; physical environment; privacy of patient; standard of equipment; a complete and total audit of the way things are done.

I look forward to the day when we could get to this kind of level of analysis about any sector, not the least the health sector in Trinidad and Tobago, and I am prepared to make this document available to the Minister of Health so that he could see, as I did, and be impressed as I was, with the kind of minutive and the kind of details that they looked at, surveying all the stakeholders, and they have come up with a complete understanding.

We are here today dealing with an amendment. I remember in 1991 to 1994—in fact, I think it was 1994. I had just returned to Trinidad and Tobago from study abroad and I could remember John Eckstein, the then Minister of Health, working hard trying to communicate to the citizens of this country, to explain the movement away from the very centralized health service system that we had, run by the Ministry of Health and the need for some decentralization—four or so,

regional health authorities. I think five at the time. I remember him talking about authority and responsibility; give them responsibility and giving them the authority to manage and he was arguing vehemently that it would improve the delivery of service.

Today we are here amending this and I am not so sure whether we have ever done a comprehensive study, even 40 per cent of this, to determine whether the movement from the centralized management of the system, as it existed then, to the regional health authority, whether it has worked; whether it has improved the quality of delivery and service to the people of Trinidad and Tobago.

Nobody in Trinidad takes too much time for that, and that is why the words of former President Robinson to us in this country—which went largely unnoticed—resonate very powerfully all the time with me. He once told us that in his opinion it was the professional class that had largely failed Trinidad and Tobago. We have many highly paid professionals in the sector, and we will hardly ever see this kind of analysis, and a clinical approach to understanding where we were, where we are and where we intend to go.

Anything short of that is “vooping”. And this Government is known for “voops, vaps and vaille que vaille”. [*Desk thumping*] Just “vooping”. And as you know, Mr. President, as I told you, I am ready to go. As you know, I do not trust this Government. You know that, Mr. President. Without apology, I do not and cannot trust them. So any time any measure comes before us. [*Interruption*] Mr. President, I am being disturbed by the Leader of Government Business.

Mr. President: Senators, if we may listen to Sen. Hinds in silence. Thank you.

Sen. F. Hinds: Thank you very much, Mr. President. Any time any Bill comes here or any measure that has to do with procurement, my suspicious element is acutely aroused. I do not trust them because, I can tell you—and I have evidence—they are running rampant across all the enterprises in Trinidad and Tobago—rampant! I have no fear of that. Let them take me to the Privileges Committee. I have evidence!

Mr. President, what we are pursuing, hopefully, is optimum efficiency. The Minister told us that there is a problem of delay in terms of the tendering procedure and so on, and he went on to explain. He said they do not have enough people to place on the four evaluating committees. What he means is that each one of the regional authorities, the four in Trinidad—leave aside Tobago because that is for the Tobago House of Assembly—they have to organize an evaluating committee. Well, for this

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Government, an evaluating committee is a waste of time, because we have evidence—I have in my possession, evidence where in T&TEC, for example, an evaluating committee sat and decided on a contract and it was completely ignored. I have evidence in the EFCL, the Education Facilities Company Limited, where evaluations were done and completely ignored.

Sen. George: Colm said that already—

Sen. F. Hinds: Yes, he said it and I am repeating it in this Senate because it is true. [*Desk thumping*] It is true, and I have evidence of it. Take me to the Privileges Committee, let me show them.

The amendment, according to the Minister, would result in economies of scale, as I said, and it is perhaps true, but that is not our biggest problem. Let me quote the Minister again. He told us:

“Now, in this process, we could also put pharmaceuticals. Most of the pharmaceuticals are centrally bought however by Nipdec and C40. Auditor has gone in and it has shown a wastage of movement and wastage of drugs, the poor administrative approaches to the C40 drugs, pharmaceuticals and medical devices or whatever.”

He said:

“Each Regional Health Authority determines to the C40 what they want. As a result of lack of storage and lack of different things, each Regional Health Authority acts as its own individual, as they say, buyer. As a result of that, there is no control among the Regional Health Authorities to access proper bulk buying and storage facilities at that point in time. What is going to occur with this Bill, they would be buying at a bulk, one Regional Health Authority would buy for all the Regional Health Authorities based on an agreement, storage and other aspects of pharmaceuticals, et cetera, would be bulk bought and kept in the Regional Health Authority at an efficient level.”

Well, it is a little bit convoluted, but that is what the Minister is saying:

“There would be no management fees paid to anyone to do that for the health authorities so it would be cheaper and more cost effective.”

Mr. President, do you hear those words? Now he is saying that at the moment no facilities exist for the storing of bulk in the various RHAs. So when one buys in bulk, where would they store it? That is my question. So we still have to develop storage facilities even if it is for one because he is telling us—I did not know

that—that none now exists, and he is making the point that no fees are paid to anyone. I jumped when I heard that because as it now stands, Nipdec and C40 purchases pharmaceuticals in bulk and distributes to the RHAs, and he is now saying this amendment would cause one RHA to buy in bulk for the remainder of them and no fees would be payable to anyone.

So I gather that what the Minister was telling us there is that they want to phase out Nipdec. Nipdec is earning a procurement fee—moneys for procuring for them—and I gather that they are now saying, “Take the thing away from Nipdec; you do it yourself so you would not have to pay any fees.” A lot of people may have missed that, but I did not and I suspect that at the heart of this is to get Nipdec out of the equation, and possibly because—now I am not casting aspersions on the Minister. He is, as far as I am aware, a very noble gentleman. He has little political footworks and, you know, he could play his political games, but basically at heart he is a good man for whom I have a modicum of respect and so on—more than a modicum.

But at the heart of this, I suspect he is taking advice from persons in the RHAs. In fact, in his presentation he went on to say that the RHAs are the ones who called for this. But who or what are the RHAs? The RHAs are now managed by friends and lackeys of the Government who have been put on these boards to manage these organizations, including the EFCL and the T&TEC board. So when he tells us it is the RHAs calling for it, I read into that that these are some of their friends and so on in the UNC who have been given board appointments. That is what it means, and they are the ones who are saying, “You need to rearrange this procurement system.”

Then I have to ask the next question on behalf of the people of Trinidad and Tobago, having already made my black and white suit with stripes, because I am ready to go. Why do they want to interfere with the procurement process? Why? Are they not doing enough? Enough damage? I want the Minister to answer that. I am afraid of them, Mr. President, on behalf of 1.—no, well not 1.4. On behalf of 1.2 million people in this country I “fraid” them. We are afraid of them! Why?

So we continue. Their functionaries—and I want to use a metaphor—are in termitic fashion, eating away at the chairs and tables, roof and floor rafters in Trinidad and Tobago. [*Desk thumping*] That is the truth. And the Minister has to be very careful about the advice he takes because as it now stands, Mr. President, it must by now be clear to you that Nipdec already buys in bulk and distributes.

So he is saying that the RHAs will now do it, and all designed to leave Nipdec out. Is it that Nipdec's procedures are too pristine and untouchable? Of course, they have friends there too, but you see, that has some deeper roots. Nipdec was used in the 1990s in a kind of a way with the airport that, again, we have to wonder. So it is all manipulation, as I understand it.

3.00 p.m.

So, Mr. President, I do not believe that there is any real nobility in this measure. I do not believe that they have come to this Parliament with Trinidad and Tobago in mind. I think it is about the UNC; I think it is about themselves. That is what I think.

Now the Minister, notwithstanding my praise of him, the St. Ann's Hospital falls under the purview of the North West Regional Health Authority. You would not believe this, Mr. President. I do not want to comment upon it because I am acting as the attorney-at-law in a certain matter that is now in the public domain regarding one Cheryl Miller. I do not want to dwell on it except to say that I was astounded in light of the facts that are now in the public domain—some of them yet to be contested in the courts of Trinidad and Tobago—to hear that the Minister is now on record as saying that what transpired in respect of Cheryl Miller was a victory for the Government or for the Ministry of Health.

I cannot understand what would come upon him to say that. Victory, when one considers the fact that this lady was dragged away from her office? The matter is not now before the court. It will go there and we will have a lot to say, but I am taking strong objection to the Minister's intervention in public on that. And he describes it as a victory?

I heard Sen. Prof. Ramkissoon, in this Senate last week, identify issues in relation to some things that went badly wrong at the Brian Lara Cancer Treatment Centre and I could not help but remember that the very Minister, when the issue first broke in public, brushed it aside; did not give it the serious attention it deserved. I am told, by the experts in the field, that on the scale of disasters in that regard in the world, this one with the Brian Lara centre ranks at about number five, if not higher. It is a major disaster.

The Minister brushed it aside and, thanks to Sen. Prof. Ramkissoon, who forcefully brought the matter back on the national agenda last week, the public is now crying out for answers and the Minister, as I told you, a politician with some footworks, he is now saying he wants answers too. Belatedly, but he is there. This is a serious matter and in a serious country a lot of things would have happened between then and now, but this is Trinidad. Strange things happen here.

As is well known, right now and for the last two years, the Government, with the help of Senators of the Independent bench and the Opposition in the Lower House are locked into discussions about a brand new procurement regime for Trinidad and Tobago. *[Interruption]* Both Houses, thank you.

That came as a result of some serious issues with procurement that we had in this country—and I have said in this Senate before, we have had many of them for many, many years. The question is and has to be: are we learning from the past? We spent \$52 million, a lot of time and a lot of talk on the so-called Uff Commission. He made 91 recommendations and the Government rode high on the UDeCott/Uff bandwagon as it rode into government, promising this country that it will put in place a brand new procurement regime and the sins of the past will never occur again.

Since then, Mr. President, as I told you, in termitic fashion they have been eating away at the nation's woodwork, everywhere. It is as if they just know that in the five years that they are here they have to eat fast, and they are brutalizing the country's finances to the extent that, in the EFCL, a Minister of Government got up and said that he is calling for an enquiry. We, too, but we want a forensic enquiry; an independent forensic enquiry. We do not trust you. *[Desk thumping]*

At any rate, this overarching legislation on procurement, the Government has been addressing for the last two years. We have shown our dismay and disapproval at the Government's behaviour because to date the Government has not announced its policy. Where is it coming from? What is its philosophy on procurement? What model, in terms of procurement, does it propose to follow? It wants to hear from the Independents, the Opposition and everyone else. It has never made its position clear and now they are telling us that they are relying on the joint select committee.

We are astounded by two things: one, your failure to implement, with urgency, a brand new procurement regime to prevent some of the problems that this country has had; and it seems to me that the Government is going ahead with major projects in this country, procuring goods and services in significant, million-dollar costly ways under the old system, and one has to wonder if that is not deliberate.

One of the largest projects this country would ever have seen is that highway from San Fernando to Point Fortin, \$7.2 billion—no new regime; they could not wait for that. The Invaders Bay project—no new procurement regime; they could

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not wait for that. Contracts, big, medium and small; whether it is in T&TEC, whether it is in WASA, whether it is in EMBD, PTSC or EFCL, they are not interested; whether it is the procurement of services, \$200 million out of the Attorney General's Office; he is paying selected lawyers over the last two years.

Mr. President: Sen. Hinds, you may not go there.

Sen. F. Hinds: I would be guided, Mr. President. I thought we were talking about procurement. The Minister, I quoted him, said this is a procurement Bill.

Mr. President: You may not start referring to the Attorney General in the terms in which you did.

Sen. F. Hinds: Oh, I see. Okay. What I was saying is that the Minister of Finance, over the last two years, made over \$200 million available to the Office of the Attorney General, which he has been disbursing to attorneys at his whim and fancy.

Mr. President: You cannot say that. You will have to withdraw that remark, Sen. Hinds. Sen. Hinds, please withdraw the remark!

Sen. F. Hinds: Withdraw? Mr. President, no, I am not going to be discourteous to this Senate. In other words, he chooses the lawyers to whom he would give those briefs. He selects them. He is the sole decision maker in that regard at home and abroad.

I thank you very warmly for your guidance, as usual, Mr. President, and you are assured of my deepest and highest courtesies actually and would never run afoul of your ruling—very, very much so.

Sen. George: A terrible example!

Sen. F. Hinds: Mr. President, I am being disturbed by Sen. George as I make my contribution. I crave your protection because I am going to respond to him and the Chair may come my way.

The question is: why is the Government behaving in the way it is behaving? Let me then move, more specifically, to some elements of the legislation. The amendment Bill before us, clause 2 of the Bill says, and I quote:

“Section 20 of the Regional Health Authority Act is amended by inserting after subsection (1) the following subsection:

‘(1A) Notwithstanding subsection (1) and where it is economically expedient to do so, the Board may—

- (a) pursuant to an agreement with any other Authority;
- (b) in accordance with regulations made under this Act for the purposes of this subsection; and
- (c) acting on behalf of its Authority and an Authority referred to in paragraph (a), invite, consider, accept or reject offers, and enter into contracts for the supply of goods or the undertaking of works or services necessary for carrying out the objects of the respective Authorities.”

The first thing is that I would like the Minister to explain, and give examples, because the term “economically expedient” one may think is easy to understand, but you would know, Mr. President, in the context of law, that has meaning as wide as you can imagine it. What is “economically expedient”? Who decides that and on what terms? What are the criteria used in making those decisions?

All I am saying is that I do not trust this Government. It cannot be taken lightly and, with amendments like these, it leaves the doors wide open for the exact behaviours that they roundly condemned when they were in Opposition and trying to climb up the ladder, trying to get into Government.

Mr. President, I quoted President Robinson a while ago. Permit me briefly to quote him again. He was speaking in the House; His Excellency’s message to the House on Tuesday, February 15, 2000, when the UNC was in Government, and there are Members of the UNC in the House today who were in the Cabinet and in the Government at that time.

Hear President Robinson, and I am quoting the learned and dignified hon. former President as he then was:

“...it grieves me to refer to the pattern of falsehood and misrepresentation by you and your Ministers, even in the Parliament, which has attended this proceeding. Meaningful discussion can only take place on the basis of truth, good faith and trust.”

This is President Robinson in a presidential message to the Parliament addressing the UNC Government. No one can deny, however indirectly, that Trinidad and Tobago has a UNC Government today. [*Desk thumping*] If you have any doubts about whether Trinidad and Tobago has a UNC Government, ask the Member for St. Augustine as leader of the COP. He will tell you that it is a UNC Government with raw talons facing him—yellow as it is. [*Interruption*]

My friend, the Minister of Energy and Energy Industries is telling me I have a yellow tie. This is not yellow; it is gold. If it were yellow, I would have disposed of this tie immediately. *[Interruption]*

I do not wish to be distracted. We are dealing here with procurement and this Government is laughing while the country is getting poorer, debilitated by greed, graft and dishonesty. As I told you, in big, small and large, there are massive concerns and complaints about the Invaders Bay project. The Contractors Association, the JCC, are up in arms about the flawed processes that have been put in place so far in respect of a massive procurement state involvement in Invaders Bay. The thing requires openness and transparency, but this Government is proceeding without a new procurement regime.

I want to quote the *Daily Express*, Thursday, April 12, 2012, at page 4. The Prime Minister and Minister Warner were at a sod-turning ceremony at the start of the National Roads Rehabilitation Programme in Rio Claro the day before, which was Wednesday 11th. The Minister of Works and Infrastructure Jack Warner. It is \$400 million. I am quoting:

“I promise to you the people of Trinidad and Tobago and to Prime Minister...that I will ensure good return on our investment as the People’s Partnership government moves to develop the infrastructure of our nation and take this country to the 21st century.”

When it was her time to speak, the hon. Prime Minister,

“...called upon both Warner and Minister in the Ministry, Stacy Roopnarine, to be watchdogs over what she said is one of the largest road rehabilitation programmes in the history of this country.”

3.15 p.m.

That is what they think procurement is all about—loose talk while turning sod. Loose talk! This cannot stop the thieves. This cannot stop those who have been putting their hands in the nation’s till. This requires a serious, transparent, open procurement regime, which this Government has been delaying.

It is two years now they are in office. As I said earlier, we showed our objections. We walked off the committee and we walked back on once we indicated and we raised public sentiments on the matter, and we are calling on them to get on with it. So far, no legislation, nothing, and they continue to procure goods and services under the loose and old terms, according to them.

At the same function, Gypsy, according to the thing—this is Friday, April 13, 2012, page A16 of the *Guardian*, under the heading, “Gypsy reads riot act to contractors” as the \$400 million Rio Claro Road updates project starts. He tells them we want value for money. Give it! Do you think this is good enough, Mr. President? Is this the way we are governing Trinidad and Tobago?

Again, I ask the Government, are we building a nation or are we building a hut? We spent \$52 million on the Uff Commission of Enquiry and, today, in an answer to a question, without going too heavily into it—procurement is foremost on my mind. I had in the course of question time to raise—it is a small amount of money by their standards, not by mine—\$868,000 is a lot of money, Mr. President. Eight hundred and sixty-eight thousand dollars spent on one Vidwatie Newton on trips with the Prime Minister. She procured her services, only for us to learn later that the term “personal”, the concept, the office of personal assistant, does not appear anywhere on the establishment of the Government of Trinidad and Tobago. [*Interruption*]

Sen. Maharaj: Mr. President, Standing Order 35(1).

Sen. Al-Rawi: Which number?

Sen. F. Hinds: What is he saying?

Mr. President: Senator, I do not know how much you intend to pursue that line. I have no problem with a passing reference, but if you are going to go in depth in it, I think that you are taking us in a direction away from the debate at hand and I would ask you to stay—

Sen. F. Hinds: I thank you very sincerely, Mr. President. I can assure you that I am not going into any depth. I will conclude on that point by saying that the *T&T Mirror* had to tell us some time ago, after thorough investigations, that Watie is no nurse. You understand? So I am not going into any depth. This one perturbs me sufficiently.

Mr. President, as we contemplate today this Bill, which the Minister told us is a simple Bill to amend section 20 of the RHA, I cannot help but remember they were highly critical of Minister John Eckstein—that time they were in Opposition where they properly belong. This country made a mistake on May 24, but I could tell you they are waiting. In fact, there is a calypso by a brother called Brother Musa. The name of the calypso—you have to get it, Minister of Energy and Energy Affairs—is called “Meh Finger” and the chorus says, “meh finger waiting”. The people are waiting for you all whenever that time comes, [*Desk thumping*] because they are aware that they made a very, very, very serious and painfully serious mistake. They fell for your promises and your blandishments—[*Interruption*]

Sen. Deyalsingh: Their own people in Debe.

Sen. F. Hinds:—in Debe, Penal and all over, even as they try to shift the fulcrum of the country from where they perceive it to be to another.

Imagine—the Minister of Health is here—the North West Regional Health Authority—one of the authorities we are discussing today—has so far spent, I think, about \$40 million or \$80 million on the Oncology Centre at Mount Hope—about \$83 million, sorry—on a foundation. The building’s foundation is down. I know you are a distinguished lawyer by profession, not a builder, but you must know, Mr. President, from your tremendous experience, the foundation takes sometimes about 50 per cent of the cost of the entire structure.

The foundation for the Oncology Centre that Sen. Prof. Ramkissoon spoke about is already on the ground in Mount Hope, and that Minister of Health who is here with us today—I welcome him—I thought he was bringing a little more. He has come empty-handed, but that Minister of Health told us that— No! Some other Minister of the Government told us that they are going to take the Oncology Centre from Mount Hope to Penal. Look, he is here. He could deny it if he wishes and he would not. He is a man of truth.

So, they are prepared to abandon \$83 million worth of foundation. Remember, it was situated at the Mount Hope Medical Complex where it is part of a complex. Many other specialist services are available right in that complex, and that is one of the primary reasons it was situated there. Good reason. Quite apart from its central location, taking people coming north-south or south-north and people along the East-West Corridor, it is the most central place you could find. Given the explosion of cancer ailments across this world and across Trinidad and Tobago, this Government is prepared to uproot that, abandon it and put an Oncology Centre in Penal. Now, I have to ask, “Why Penal?” What is the rationale? I have just told you that we put it in a complex with a number of other specialist services, easily accessible. I just told you that it is centrally located at Mount Hope. What is the rationale for Penal?

In fairness to the Minister of Health, who is here with this amendment today, when he saw the embarrassment and the irrationality of that—

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. S. Cudjoe*]

Question put and agreed to.

3.25 p.m.

Sen. F. Hinds: I thank my colleagues for extending my time, especially those on the other side. Mr. President, when the Minister of Health saw how exposed politically they were for their bias and their irrational decision, and people started to say: “Like dey only fixing up Penal and Dibe?” “Dey put law school in Dibe.” *[Interruption]*

Hon. Senators: Debe! Debe!

Sen. George: “Ah, hah, yuh telling everybody Al-Rawi!”

Sen. Hinds: “I am telling you what de people say, de people say Dibe. We know is Debe.” *[Crosstalk]*

Sen. George: “Doh try to be slippery like dat. No. No. No. Come. Doh try to slip out ah it now!” No. No. No. *[Crosstalk]*

Sen. F. Hinds: I am quoting what the people said. *[Crosstalk]* At any rate, Mr. President, when the Minister saw what was happening, and the people would have read that they wanted to take the Ministry of Food Production, Land and Marine Affairs, the Ministry of Science, Technology and Tertiary Education and the Ministry of Trade and Industry to Chaguanas, the people wanted to know what was happening. “Like yuh abandoning Port of Spain?” *[Interruption]*

Hon. Senator: Centralization.

Sen. F. Hinds: You follow me? So when the Minister of Health saw what they were doing with the Oncology Centre, out of the blue he came to announce that they will be having another one. So they will continue with the one at Mount Hope, and where they will find the money for the one in Penal, God alone knows. So we will end up with two oncology centres. No problem. How would we finance it? I am sure he has not addressed it with Minister Dookeran as yet, as Minister of Finance. This Government is about “voops, vaps, wildness and vaille-que-vaille.” *[Desk thumping and crosstalk]*

Sen. George: “At least he trying something, all yuh sit down dey and eh do nutting for years!”

Sen. F. Hinds: You know, I am hearing mutterings coming from Sen. Emmanuel George, the Leader of Government Business here. You know, Sunday I was listening to my radio, Mr. President, as I wind to a conclusion. I was listening to my radio and I was listening to Jennifer Baptiste on a very distinguished radio programme, discussing with other co-hosts, the fact that they

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had attended a past pupils association thing—I think Tunapuna Government School or something like that—where Tony Lee, Roger Lee and a couple of others went, and I understand—well, I do not even think I should mention this, but they were unfortunate to have a certain Minister as alumni as well, but be that as it may, that is the only blotch on the school’s record as far as I am concerned. [*Laughter*]

Mr. President, I heard they were talking about their experiences 30 years ago, it struck me—I always knew, but it struck me, I just heard the Minister saying: “And you all, the PNM, did nothing.” But here they were talking about Tunapuna Government Secondary School and their experiences 30 ago, who put that? So when I hear this foolishness—no, I think that might be unparliamentary, I withdraw that, when I hear this colossal irrationality—[*Interruption*]

Hon. Senator: Diatribe!

Sen. Dyer-Griffith: Dyer, what?

Hon. Senator: Diatribe!

Sen. F. Hinds: Is diatribe, not Dyer-Griffith. Diatribe. [*Laughter and crosstalk*]. When I heard this, I asked myself in very banal terms—there are about 800 schools across Trinidad and Tobago, many of them were existing for 30, 40 years ago. [*Interruption*]

Sen. Deyalsingh: Who built them?

Sen. F. Hinds: “You think it is easy for me to hear a big Minister of Government saying the last Government or other Governments did nothing?”

Sen. George: “The denominational bodies build some ah dem.”

Sen. F. Hinds: That is not the point.

Sen. George: “The denominational bodies build some ah dem.”

Sen. F. Hinds: “Dat is all right.” [*Crosstalk*] “Dat is all right.” [*Interruption*]

Sen. George: I went to one. You went to one.

Sen. Al-Rawi: How much—[*Inaudible*] are employed in the public service and, therefore, did nothing?

Sen. F. Hinds: Mr. President, I want to conclude by saying to the Minister, we are more concerned, hon. Minister, with getting greater efficiency, higher levels of professionalism in the health care system. There are persons who are suffering daily—this is not new, this has been happening for a long time, but you

are on watch as we speak. You made lofty promises—those of you who belong to the COP, with new politics and so on. I am not addressing you, Mr. President. I will leave the Chair out of this. Those of you who promised new politics and new governance and all of that, are you not ashamed? *[Interruption]*

Sen. Cudjoe: “Deh eh hah no shame!”

Hon. Senators: No! No!

Sen. F. Hinds: “Yuh doh feel embarrassed?”

Hon. Senators: No! No!

Sen. F. Hinds: And what about principle? In my short 15 years in politics I had to demonstrate principle and power already, and did it and took the blows. *[Laughter and desk thumping]* I did it.

Hon. Senator: “Mr. Manning ensure you did it.”

Sen. F. Hinds: I want to tell you again, notwithstanding what Peter O’Connor, that apologist for your Government has to say—he wrote already, he is supposed to be an independent writer, he wrote that he is watching the Prime Minister’s back. *[Interruption]* “Yeah. Yeah.” Well, you know how it is? And he would take time every Sunday to talk nonsense. *[Interruption]*

Sen. George: “Yeah, once it doh fall in line with wat you think, is nonsense.”
Bias!

Sen. F. Hinds: So you know, Mr. President, I think they should be ashamed. As I conclude, I am saying to the Minister, what we want to see is improvement. In fact, we do not want any citizens experiencing that which I have just told you.

Again, a police officer came to me this week, his brother got into a very serious accident in the vicinity of the orange juice factory in Laventille by the flyover. Thank God for the members of Trinidad and Tobago Fire Service, they responded promptly and acutely professionally. They were able to take him out of the vehicle, they saved his life, he was bleeding to death and his family are very grateful to the fire service, led by substation officer Haynes and his crew from the rescue team and so on; I am aware of it, he told me about it.

When he went to the hospital with his brother, again, they prescribed certain medication and there was none, so he went and purchased the medication. When he went back there about 9.00 p.m. having eventually found it, the nurse on the ward would not allow him to present it to his brother. Now, of course, I can understand the nurse’s position, because here is someone coming, although he

identified himself as a police officer and the brother of the accident victim, she probably did not want to take chances, but she would not tell him her name. When he went to complain to a senior nurse elsewhere, she told him: “You doh know the person who came out of the ward at that hour, dressed as a nurse, you doh know if she is really a nurse.” So with all the obfuscation, ducking and pettiness that took place, eventually his brother did not get the medication.

These are the kinds of things we call upon you to seek to improve. I know it is not easy; managing a hospital or health care system is never going to be easy. We understand that, but I am afraid—and I have made it clear and by implication, that any interference with procurement in this country coming from you and your Government threatens and frightens me; all I could see behind the measures that are here is some persons looking for an opportunity.

In the EFCL, let me say this in conclusion to the Minister as an example. In the EFCL it is reported that when the internals—the company does its own assessment of the work before they go out to tender, to invite bids and so on, persons inside the EFCL sell those assessments to their contractor friends. Everybody in this country knows that small contracts, medium contracts, big contracts, there is a lot of racket and treachery taking place, and a lot of loss of money in this country as a consequence of that; everybody knows that. So they make it available to their friends who bid 2 per cent and 3 per cent alongside the assessment of the company, and they are given the contract.

I have a lot to say about a certain contract at PTSC, but that is a matter for another place, because I have a pre-action protocol to deal with, and I will deal with it.

So, Mr. President, with those few words, having taken my cue from the Minister, who began his presentation by saying this is a debate on procurement, I would like to retain my seat. I thank you for the opportunity to have made this brief contribution to this debate. I am sure what would last in the Minister’s mind is my call, our call, that whatever you do, hon. Minister, you do it with a view to improve the delivery and quality of care for the patients and the people of Trinidad and Tobago.

I would like to keep my promise, Minister, I would like to make this document available to you [*Sen. Hinds holds up a book*] it may not be altogether applicable to what is happening in Trinidad and Tobago, but at the very least it would show you the kind of detailed analysis which is required, if we have to improve the delivery of health care to the people of Trinidad and Tobago.

I wish to thank you, Mr. President. [*Desk thumping*]

Sen. Subhas Ramkhelawan: Thank you, Mr. President. I welcome the opportunity to make a contribution to this debate on a Bill to amend the Regional Health Authorities Act.

The acting Minister, in introducing this Bill, gave Members in this Senate a rather wide berth to cover many areas of health in the system, and I am sure you also will allow us the wide berth the Minister had in his opening presentation; he spoke to a number of areas. He spoke to the whole question beyond the matter of procurement. He spoke about hypertension amongst the Afro-Trinidadian community. He spoke about diabetes prevalent in the Indo-Trinidadian community. He spoke about obesity in children and the implications thereof for the health of this nation going forward.

Thereafter, we heard some contributions, particularly from Sen. Al-Rawi, where he quoted among other things, the various amendments to the RHA legislation over time. I think the only one he did not pick up was the health regulations which were put in place—I believe in 2009/2010 as it would have pertained to discipline in the RHAs.

Then we heard some very significant statistics from Sen. Deyalsingh, with regard particularly to the whole question of obesity in children, cancer and hypertension I believe it is. But these factors really point to some of the key areas of concern that we as a nation should have in the kinds of health issues that are coming to the fore: hypertension, cancer, diabetes—these areas that need to be addressed.

Before I go to the core of my contribution, Mr. President, I would like to draw to the attention of the hon. Minister of Health, the con-game that is going on in this society day by day on our radio and television. Conmen come every day on the radio and speak of the miraculous cures which they can deliver to the gullible citizens of our country, and this cannot be allowed to continue. Why are we allowing persons to say here is a miracle cure for diabetes, here is a miracle cure for cancer, here is a miracle cure for hypertension, and the Minister of Health does not get up and say anything about it? That is something we have to cure.

The Minister needs to take action now, because this thing is actually becoming a cancer in the society, a cancer of misinformation, a cancer of delusion, and we are taking—our most gullible citizens are falling prey to these conmen, whatever the nature of the remedies that are being proposed on the radio and the television.

In other jurisdictions, if you propose some medication, you would have to list a litany of side effects; particularly in the US jurisdiction, you would have to list that litany. Sometimes when I listen to the advertisements for these bits of medication, I wonder why anybody would take this medication at all, because of the number of side effects—potential side effects—which have to be listed, and here we are, conmen getting rich off the poor, the destitute, the gullible and nothing is being done about it. If the Minister will stand and claim eventually that there is no legislation to deal with these conmen, I want to assure the Minister that, if he brings legislation to this Senate, he will get unanimous support in dealing with these conmen. [*Desk thumping*]

I feel fully convinced that all the Members on the Independent Bench would support such legislation. I feel convinced that all the Members of the Opposition—although I cannot speak for them—will support such legislation. [*Desk thumping*] But you cannot allow this to continue, hon. Minister, through you, Mr. President, and I call on you again to resolve this matter urgently. Whatever it takes, you will get the support, do not let poor people, destitute people, weak people and gullible people be taken advantage of in the way they are being taken advantage of.

We see testimonials every day—people who suddenly become cured overnight, having gone through the entire health system and not being able to be cured, we are being told that almost miraculously that cure is taking place. I put it squarely on your shoulders, hon. Minister, bring that legislation quickly, if for false advertising, against these conmen and conwomen of the day.

3.40 p.m.

One drop of blood taken from you now—it is being advertised—will tell you all of your ailments, and that person who took that drop of blood, a phlebotomist, I understand, you call them; that has different connotations altogether for me as a layman. One drop of blood taken from a person diagnoses all the health solutions for people. It is ridiculous, and it is being allowed to continue for far too long. So, you have your job, hon. Minister, through you, Mr. President, get it done. The first matter that you have to deal with is prevention. Prevent these conmen from taking more advantage of our citizens.

I wanted to address some other areas and, in particular, I wanted to make the point with regard to the challenges, beyond procurement, that we face in the provision of health services. I believe that much of the challenge lies in the whole framework of policies, procedures, practices and programmes that need to be upgraded and implemented within the health sector, particularly, in terms of the hospitals.

There are serious deficiencies as far as that is concerned, and I would want to raise some of those, far beyond procurement, because procurement, in a way, will help to solve some of the health issues, but the real calamity is that we do not advance a modern set of processes within the health system that could, in a way, assuage the concerns and the distress of our citizens.

I want, with your permission, Mr. President, to take you through an experience which I would have had, and in that experience I looked at some of issues in terms of the practices and the programmes that obtained, particularly, in this case, at the San Fernando General Hospital.

So, I was called by a very close relative sometime last year. It was on an extended weekend with a holiday in what is called the “summer holidays”, and that relative was very ill and had to go to the San Fernando General Hospital. I arrived there at six o’clock in the evening, and the first part of it had to deal with the ambulance services.

I want to say that from my experience, I have seen the ambulance services—that is the private contracted ambulance services—perform reasonably well in this country in terms of the time of pick up, transport and the delivery to the hospital, but it is from that point that it starts to get very hairy; the difficulties a patient would face going through the hospital system. I used this as example. I am not saying this obtains in all cases, but I sat and—being a student of management and organization—I looked and listened to what was taking place in the process.

So from the ambulance, you go to the triage station—I believe that is the correct term—where the level of illness and the intensity of your illness are determined, and what would be the next part of the flow process. So you go to triage and you look on and listen, and the patient is examined, but nobody tells the patient or the accompanying persons, “Well, from here what is going to happen.” Are you going to have to wait three hours? Are you tenth, fifth or fourth in the line?

As you know, and as I believe, the hospital services continue to be colonial in nature. It is not about service to the patient. This is something that you have to really experience to see. I am not saying that there is any discourtesy. I am simply saying people have come and met this through there. The triage nurse does not need to tell the patient anything as far as the system is concerned—how long you have to wait; how many persons are before you, because the nature of your illness is such, you will be the third to go in or the tenth to go in and so on. Nothing!

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So the next step is post-evaluation at the triage level. At the San Fernando General Hospital, you are coming from triage into what is the emergency room, I believe it is, which might have about 15 beds or so, if my count was correct. Now, people with all kinds of issues and challenges come to that “way station” because that is the waiting room, and from there it would be determined whether you have to go into one of the hospital’s wards or whether you will be discharged.

So we go into, essentially, this emergency room, maybe about two hours later, from six o’clock—waiting from triage to the emergency room—and I noticed a couple of things. One I noticed is that this entire emergency room, for all types of patients going in, there was one stall in the washroom for gents, for ladies, for children, whatsoever. There was one in the emergency room.

If for any reason people who have health issues and so on cannot afford, or cannot usually stand and wait in line, therefore, it is something in terms of the flow process—in terms of the beds to washrooms and so on—and, again, this needs to be addressed and looked at in the San Fernando emergency, because I am speaking to this one example where I had the opportunity to be there up close, as you would say, to look at the situation from a management and organization perspective, and the doctors were very courteous. They treated you fine. They were courteous.

The patient is examined and the next point is, Okay, this patient needs a particular treatment—I believe it was a CT scan or something like that—but our machines in the hospital are not working. None of them is working. This is about eight o’clock that night. So provision is now being made for the patient to go to one of the private hospitals; so said so done. The ambulance that takes the patient from the hospital to that private nursing home is the public service ambulance. I noticed this. So, it is a public service ambulance with a public service worker who is doing the transport.

One of the things you would find about San Fernando, Mr. President, is for some strange reason virtually all of the hospitals are on inclines and slopes.

Sen. Baptiste-Mc Knight: San Fernando is all hill.

Sen. S. Ramkhelawan: San Fernando is all hill. There is no private hospital that I know, even the general hospitals, are all on slopes and hills. So, here you go! An ambulance is parked like this, at this angle, to take the patient out, so you do not really have to push the patient out, the patient virtually rolls out.

In the midst of it in transporting from the San Fernando General Hospital to this private hospital, one of the doctors needed to have cigarettes, so he tells the nurse who goes into the ambulance, “You will stop and get one of them to buy me cigarettes.” This is a patient going from the San Fernando General hospital to a private hospital for a CT scan being told to stop and buy cigarettes.

Well, of course, I refused. I believe that is an atrocity, in itself, to have an ambulance that is taking a patient of the hospital to another hospital to stop anywhere—whether on the way to or on the way back. This just speaks to processes and performance assessment and practices that may have become endemic in the system. It does not need any more money; it does not need any more injection of capital; all it needs are changes in processes and practices and performance assessment.

So, we go on. The CT scan was taken and the patient went back to the hospital. The CT was read and it was then decided that the patient should go up to one of the wards, I believe it was ward 11. I am subject to correction because I took some mental notes. This is now eleven o’clock. The patient came in at six o’clock, and there was some movement and the patient came back to the hospital. This is eleven o’clock, five hours later.

Now, you go up to this ward, and what do you find? In speaking to the two or three nurses that were there, this patient now has to wait because there was no doctor in the ward at the time. I wondered, this is the San Fernando General Hospital, should there not be a doctor assigned to this ward or some other ward? So I enquired and I was told that there was one doctor who was there, and that doctor was servicing four wards: wards 11—15 and one extension ward.

I am putting it on record because I would like people to address this matter and tell me I was wrong—I like to be wrong sometimes—or that I was misguided in my assessment of the process. So you now have to wait until that doctor—by the way, it is a foreign doctor—this is now the graveyard shift on a public holiday night.

You now have to wait, and I would tell you, it was four hours of waiting because the patient cannot go into the ward unless that patient is admitted by a doctor. I am sure the hon. Minister would know much about this. And so you waited for four hours, because unless the doctor finishes those rounds—I ask the hon. Minister the question, is it the practice that you would have one doctor servicing four wards? Then what happened that night? That is part of the problem, in my view. It must be part of the problem that people may or may not be doing their duties—emergency services, the emergency ward—but when you get up there, it is really something of a hellhole.

So, of course, I picked up my phone to try to reach some of the private hospitals at about half past eleven to twelve midnight. Given that we were not seeing any doctors around, and that there is one doctor for four wards and being very concerned about it, I tried to call some of the private hospitals to see whether they would accept this patient at this time of the night. The first one I called, they told me that there was no doctor available at that private hospital.

So this really took me to the thought that this might be tourism health services because, if there is no doctor in that private hospital, what sort of service is being provided to the patients there? There is no doctor, and the doctor will then come at eight o'clock in the morning. So, I am thinking if I take this sick patient out here now at twelve o'clock, he does not have any medical services, if I take him to that private hospital, for eight hours. He has no access until that person comes. So, I called another private hospital and within the vicinity and they told me basically the same thing, that they may be able to get a doctor out on call, but there is no doctor on the premises for a private hospital.

3.55 p.m.

I wonder whether this is the kind of practice, procedures and programmes that we as a nation have in place, where we can assure that our citizens are treated properly.

Mr. President, this is the kind of challenge and pain. This is not really about the performance of the hospital, whether one party in power or the other party in power has performed well. This is about a systemic challenge and breakdown, whoever it is in administration at the time. Really, it is for us collectively to solve that problem.

When a patient is in pain, when a person is in pain, he or she, however sophisticated he may be, walking up and down the various corridors, becomes an unsophisticated person, almost childlike, crying out in pain. It is almost unrecognizable who this person is. I did not realize that this person in pain would be like this, but that is the point. The health system and the health services must be of such an order to deal with that challenge. I do not believe that there is much money that needs to be injected in the system. I think there needs to be systems injected into the system.

The decision was made that I was not going to go outside and take this patient, who was at risk, to a place where there was no doctor, either to a private hospital. But then I had to stand there and wait until 3.30 a.m. From six o'clock to eleven o'clock it was being decided to send somebody to the ward, and then there was no

doctor at the ward to see this person. Then when the doctor came, there were no beds. So this patient had to lie in the corridor, after the doctor admitted the person to the ward, but there was no bed in the ward to admit the person to.

What a tragedy in a nation that is aspiring to be a developed nation; what a tragedy, because it must be at the very low end in terms of the scope of health services, processes and procedures. That was the thought that came to my mind. It might not have been correct, but that was the thought. There was a sense of helplessness, and that helplessness was not only on behalf of the patient, but as someone who was helping to push the patient through the system, I really felt helpless, because there was no place I could go at that time of the night and there were no doctors that you could find for four hours. What a tragedy.

I thought it was important to bring this to the attention of the Minister of Health. I put it on the *Hansard* so that you would not be mistaken, hon. Minister, in what I have said about the San Fernando General Hospital. It could be challenged, but that was it. If you wish, I will bring you the exact date on which that happened, and leave it in your court to take it from there. So I give you two challenges, Minister of Health, through you, Mr. President. One, deal with these comen and, two, deal with the processes, procedures, practices and programmes in the hospital—at least in the San Fernando General Hospital.

I want to address just a couple more issues. My hon. colleague, Sen. Deyalsingh, gave some startling statistics as to diabetes. I listened to him once, because this is such an emotive issue, this one of health and health in children. At least once I have listened to my friend and colleague. [*Laughter*] So I enquired about this matter of obesity in children. I went to one of our leading paediatricians, whose name I will not call because I do not want to do any false advertising.

Some simple things that I learned: when a child becomes obese, sometimes you see some dark marks around the neck. I have seen parents trying to scrub those dark marks. I do not know if Sen. St. Rose-Greaves has come across that situation. People say, “Well, this child is not being cared for. There is muck on the neck.” Muck, that is what it is called. “Muck on de chile neck.” [*Laughter*] But I did enquire and I was told that it was a condition called acanthosis nigricans. I think doctors call it increased pigmentation around the neck. In the rural communities from which I came, they call it “muck around de chile neck”, and they cannot take it off “de chile neck”. I am sure you know these things, Mr. President, accomplished as you are and knowledgeable as you are, but I did not. I was told that this was a sign of potential type II diabetes. I believe it is; muck around “de” neck. But it is not muck, my friend, it is acanthosis nigricans; that is what it is, increased pigmentation.

I am glad I could help the hon. Minister in being able to differentiate between muck and this increased pigmentation. If you need any more advice, please come to me and I will relay the question to somebody who actually knows the answer.

As I enquired about these things, I want to impress upon the parents of these children: do not feed these children more sweets, more sugar water, more corn curls or whatever you call it. Give the children healthy food which does not include all of these things. You are not doing the right thing for your children. They might quarrel with you now, but 15 years down the road or 20 years down the road when they become adults, they will thank you. But 15 or 20 years down the road, if you continue to feed them sugar water, chips, oils and all those kinds of things that are not necessary, they will not thank. They will curse you for not taking proper care of them. I appeal to parents: make the right decisions.

In the good old days, being a boy from the country, we would go under the mango trees and have as much as we could. We would play in the muddy drains; I think that helped our resistance. But our children now play with their fingers. They play all the various video games and they do not move from any one spot. They become professional couch potatoes. They do not go now to play football, they play the video game football. I have seen it.

Hon. Senator: PS3.

Sen. S. Ramkhelawan: I think they call it PS3. They are now virtual players where all these professional stars kick the ball for them, rather than they kick any ball at all. So I appeal to parents, this is becoming an epidemic. The question of diabetes is becoming an epidemic. Of course, it is leading to so many issues: heart failure, kidney failure and so on.

On the matter of kidney failure, I was approached by one of our citizens, it was a difficult case. This citizen's position was that he had to pay for dialysis twice per week, and the cost in one of the central private hospitals was \$900 per session, and two sessions per week. This individual is of very weak means, and he was trying to ensure that he extended the life and health of his wife. I will bring it to the attention of the Minister privately, in the hope that he would be able to help this particular case, because without the public services, this person will not be able to afford this care and treatment within the next couple of weeks. I know that there are some provisions where the Minister of Health can, in emergency cases, provide some sort of funding, until this person can get a proper place within the public health services.

So, Minister, that is my third request to you. I hope you would be able to solve at least this one, if you cannot solve the other two expeditiously, because we are dealing with a life situation, which is an easy issue to solve for you.

I turn now to the question, as we were talking about children before that interlude, of the children's hospital; all this angst and anxiety about dealing with a children's hospital. I spoke to the question: are we really investing our funds in the right place, putting our money in the right place, is it really necessary? I enquired with regard to the pediatric wing at Mount Hope, and I found to my chagrin and to my horror and to my surprise that there are four wards unutilized or underutilized in the children's wing of the hospital, each ward having 24 beds, two wards underutilized and two have been shifted for purposes of giving support to adults in a children's hospital. I asked myself, by my simple arithmetic, that could be 96 more beds for children in a specialist area.

Why is it two of those wards have been given to adults, in the first place, and why are two unoccupied? Then I asked myself: why are you building a new children's hospital with 80 new beds? It is just my training in terms of organization and management. It is just my background. It is just my layman's thinking. Give me an answer why you are building this 20 minutes away. Because when you drive down the highway, 20 minutes away you see a big sign: This is the site of the new children's hospital, 80 more beds.

I think of the contribution of Sen. Hinds. The part that I listened to was the part about St. Ann's. I reflected on it and I thought back. He was talking about calypsonians and the finger, but I think back to Rudder. He sang:

They mad, they mad, they more than mad.

The question is who? Then I think back to one of my advisors who told me this story. He said that 46 people escaped from St. Ann's and they sent out the police for them. They found 48 people; none of them were of the 46. The 48 persons who they caught to bring to St. Ann's, none of them were of the 46 that got away. *[Laughter]* I wonder whether all of them are outside or in Government at times. *[Laughter]* I wonder that. *[Desk thumping]*

This is not to chastise any administration; it is just the way we deal with health in this country. We keep making the same mistakes over and over, and we have not changed the processes for as long as I could remember. And I could remember a long time, because I have been here on this earth for quite a little while. Probably not as long as—anyway, let me not compare myself to some of the ladies, because if I try to give

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away age, I would get myself in serious trouble. But I have been here a long time, Mr. President, probably as long as you, and I have not seen any change in the health system. I have seen more money thrown at it. I have seen more beds, but I have not seen any change in processes and procedures since I have been to these institutions.

4.10 p.m.

So these are some of the concerns, and I hope that I have not veered too far away from the Bill in terms of the procurement, in terms of the rather wide berth that was given to me by the acting Minister of Health when he spoke to all of these things, which gave me ample room to address his concerns about hypertension, diabetes and cancer from an organization and management perspective.

I do support the voices that have been raised here in respect of an oncology centre. I support that because we are saying, as administrators and managers, that we have some of the most critical illnesses, and the growth in these areas are of epidemic or almost epidemic proportions. Yet still, where are we applying our resources to address these so-called near epidemic areas? You do not have a new oncology centre as yet, and you want to move from zero to two. I applaud that because you would be able to deal with the concerns of our citizenry in the area of cancer, but I call on the Minister to look again at the whole question of diabetes and diabetics who require the dialysis treatment.

It is clear to me that we do not have sufficient facilities, and when you look at the numbers, the cost and so on, I think we can afford to ensure that our citizens can be dealt with fully in the public health system as far as the question of dialysis treatment is concerned. When you think about the cost of the machines I am sure there would be other aspects in terms of procedures and processes and so on. I did enquire and it does not take a doctor standing next to a dialysis machine to have dialysis performed; you need a trained nurse for that.

So these are some of the concerns that I have, and I request humbly that the Minister of Health address these questions as expeditiously as he can. Some would take more time and others would take less time and can be dealt with in a very, very quick and speedy manner.

With these thoughts, Mr. President, I have no difficulty supporting the question at hand, the Bill at hand, which is about procurement. I have no difficulty with that, but it is rather the tip of the tip of the iceberg as far as health services are concerned. Let us not play politics with health is my one caution to those on both sides of the Senate, let us not play politics with health and let us work together as one nation to address the concerns of our citizens in this long-standing festering area of health.

I thank you, Mr. President.

The Minister of Planning and the Economy (Sen. The Hon. Dr. Bhoendradatt Tewarie): Thank you very much, Mr. President. I will take this opportunity to make a few points on this Bill before the Senate and the amendments that basically seek to make possible collective action in the process of procurement and acquisition of goods and services, and therefore altering what applies now, which is that this can only now take place in a decentralized fashion, RHA by RHA.

So the amendment itself and what it seeks to do is rather straightforward and simple, but the debate has, in fact, focused on the business of procurement, and to the extent that it is focused on that, the debate has really become very, very wide-ranging.

I do not want to engage all of the issues that have been raised with regard to the procurement matter, but I do want to establish some very, very clear facts, which is that this Government made a commitment to reform the procurement process in the Manifesto of 2010, which was adopted as policy by the Government in that very year when they came to office and which then guided the actions of the Government over the period of about a year and four months or so. Subsequent to that, the issue of procurement and reform of the procurement system was also addressed in the medium-term framework, which, in fact, became Government policy and was shared with all Members of Parliament during the last budget presentation and debate.

Since then, committees have been established and the procurement process in Parliament has not been going on for two years. It began when the first committee was established and did its work and the work was saved and then the committee continued its work, having been—proceeded with its work and then that work having been saved, a committee was again appointed and the work of that committee is now going on, and Senators in this Senate are a part of that committee.

We have had a situation in which the Opposition, for whatever its motives, has been playing politics with the procurement issue, and one day they are in and the other day they are out. This is a Government which the Opposition jumps on every time about consultation before policy and consultation before action, et cetera, and we sought in the procurement process to engage the consultative process in a joint committee of both Houses so that we could use that process to help to design, formulate and develop policy. As usual with the Opposition, they want consultation before policy, they want policy before consultation. In this particular case now, after talking about consultation before everything, they want policy now before consultation. *[Interruption]* And that is the problem we have with the Opposition, because the Opposition is a non-cooperative Opposition.

Sen. Al-Rawi: Based on what fact?

Sen. The Hon. Dr. B. Tewarie: In every issue that is involved they find a way—

Sen. Al-Rawi: Involved in what?

Sen. The Hon. Dr. B. Tewarie:—of making the debate more complex, not just in the Parliament, and the positioning that they articulate in the public sphere in such a manner as to make sure that the gap between the reason and their behaviour is as wide as possible.

Sen. Al-Rawi: “Woow.” Rhetoric—[*Inaudible*]

Sen. The Hon. Dr. B. Tewarie: Do not talk about rhetoric, Sen. Al-Rawi, because that is something you are very good at—[*Interruption*—and you had the temerity and the arrogance to ask me to sit when I was speaking, and if you provoke me I am going to respond in like manner to you.

Sen. Al-Rawi: Go ahead.

Sen. The Hon. Dr. B. Tewarie: Mr. President, I do so in all deference to you and your office, Sir. [*Interruption*]

We had this situation so this is where the procurement process is now, and the thing is continuing, and we hope that before the end of this parliamentary session we would be able to bring an appropriate report to the Parliament. But I want to say in the procurement debate that is articulated here, issues have come up from time to time and there seems to be a favourite issue with the Opposition and it has to do with Invaders Bay, and when the appropriate time comes I would speak about that issue, because the Invaders Bay issue became an issue for possible procurement in 2005, and I have documentation which indicates where it was headed.

I want to say that the process by which this Government has proceeded has been extremely transparent, with a Cabinet-appointed Ministerial Committee, due consideration, a process in which people were engaged publicly, in which no financial proposals as such—that is to say the process of bidding—was not an issue, and in which the public servants at first were involved and then the matter taken to Cabinet in recommendations and then handed to a committee of technocrats in order to proceed with the business, which is going on now.

Then there is a due diligence process at work, because this country is full of all manner of “smartmen” in Trinidad and Tobago. I cast no aspersions on anyone, but this is a country in which you have to manage things, and the time, as I said, would come when I would talk, and I have no doubt—and I want to ask

Sen. Al-Rawi and Sen. Hinds, perhaps, and I may be wrong, they can easily say no, whether they are connected with any of the parties in the Invaders Bay matter or whether they hold briefs for any of the parties in the Invaders Bay matter? They are free to say “no.”

Therefore I want to say to you that this discussion is more than an abstract discussion about principles, and I will wager my own record against the record of any on this matter and any other matter.

Sen. Al-Rawi: So, you have the advice.

Sen. The Hon. Dr. B. Tewarie: So, I have the advice. *[Interruption]* At the appropriate time you will hear everything. *[Interruption]* You will hear everything. The time would also come when you would have to answer whether in fact you have connections or what are the briefs, and there are all manner of processes and interferences in this. *[Interruption]* But, as I said, the time will come. I want to say this against a background in which the Opposition has had a long history, from Ulric Lee to Calder Hart, and I know the history; 41 years of history in 55 years of governance in this country from self-government.

Sen. Deyalsingh: What about Ish and Steve?

Sen. The Hon. Dr. B. Tewarie: So, let us, if we want to debate, be aware that there is knowledge, there is information—

Sen. Deyalsingh: The “short pants man” at Desalcott?

Sen. The Hon. Dr. B. Tewarie: And everything in-between, I said from Ulric Lee to Calder Hart, and everything in-between.

Sen. Deyalsingh: But you only called one side of the story.

4.25 p.m.

But having said that, I will—*[Interruption]* You see, this is where we end up.

Hon. Senator: “You pelting” the stones, you know.

Sen. The Hon. Dr. B. Tewarie: “I pelting” the stone after you have thrown the rocks and after you have behaved very badly in this Senate.

Mr. President, we move from that issue because, as I said, the time will come when a lot can be said.

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On the health issues, Sen. Terrence Deyalsingh raised the issue of diabetes as a health issue, and he raised the Institution of DERPI, which was established by Helen Bhagwansingh. I want him to know that I was the first and founding chairman of that, and that was established by his Excellency the President of the University of the West Indies through the generosity of the contribution of Mrs. Bhagwansingh.

Sen. Deyalsingh: I said so.

Sen. The Hon. Dr. B. Tewarie: I want to say also that the researcher, Yvonne Batson, who worked with Dr. Paul Teelucksingh as the professor, was funded by the Institute of Critical Thinking, which I also founded at the University of the West Indies.

Sen. Deyalsingh: With money from Clico.

Sen. The Hon. Dr. B. Tewarie: That money was from somewhere else.

Sen. Deyalsingh: Clico.

Sen. The Hon. Dr. B. Tewarie: Mr. President, he is just provoking me, because the money from Clico, or anywhere else, was money generously donated by the corporate sector.

Sen. Deyalsingh: Clico.

Sen. The Hon. Dr. B. Tewarie: I did not put it in my pocket.

So I wanted to make that point because that was the first time, led by Prof. Teelucksingh, that research had been done in this country in that particular instance with the money funded by the Institute of Critical Thinking and made possible by Mrs. Bhagwansingh's big donation to DERPI. Over 50 per cent of the schools in Trinidad and Tobago, secondary and primary, were surveyed and the research that they did there was very, very original in the world, with precedence only in Japan. That research is very, very valuable research, and if we were to continue that research over the next 10 years, every year, we may very well be able to save an entire generation of Trinidadians and Tobagonians from the scourge of diabetes by early detection.

So I want to commend the work of Prof. Teelucksingh and others, and the work of the diabetes research institute and the principal donor, Mrs. Bhagwansingh. It was supported by other institutions as well. But the end result of all of that was that we have begun—or, they have now begun because I am no longer there. They have continued the work that is very, very valuable to Trinidad and Tobago and to the young population and, therefore, it is valuable for the future generations of Trinidad and Tobago.

A lot has been said on the dysfunctional system of health, which is a challenge for any Minister, for any government, for any administrator. It is a problem that did not happen in 2010, 2011 or 2012. It is a problem that has evolved over time through administration and maladministration, you might say, and through persistent, perhaps, lack of existence or enforcement of any rules or any system of order.

I want to say one little bit that I know about systems, which is that structure determines the system.

Mr. President: Senator, if I may, at this point, it is now 4.30. I intend to take the tea break at this point and therefore this Senate will stand suspended until 5.00 p.m.

4.30 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Mr. President: Before we took the break, Sen. Dr. Tewarie, the Minister of Planning and the Economy was on his legs and by my estimation he has another 29 minutes.

Sen. The Hon. Dr. B. Tewarie: [*Desk thumping*] Thank you, Mr. President. I was saying that this is a rather simple Bill which seeks to achieve a very straightforward objective, and that the introduction of the procurement debate was really—what can I say—an injection of something to make much ado about nothing, given the history. Thirdly, the health issues related to diabetes are something that I have personally been involved in and supported and the strategy used by that institution, DERPI, is a strategy, if continued over time, can yield significant results, and it shows you what private sector initiatives, together with public contribution and public action, can do for any one thing or several things.

I was making the point about the health system which has become dysfunctional over time and which the hon. Minister is seeking very much to address through this amendment and through other changes that he is making in the hospital, and I said I just want to share with this honourable Senate a little that I know about dysfunctional systems, which is that Peter Senge, in his book, *The Fifth Discipline*, makes the point that the structure you have determines the system that emerges, and the system that emerges determines the behaviour that can or will occur, and that behaviour, over time, hardens into culture, which is precisely what has happened in the health sector and in many sectors of Trinidad and Tobago.

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Unless there is an intervention that can alter behaviour, culture cannot be transformed and, therefore, the system remains intact, and unless there is structural change, then the system cannot be dismantled. I say that simply to say the kinds of interventions that are needed, need to take these four issues into account in the restructuring and redeployment of resources in the health system.

I make the point about behaviour because behaviour is the critical element that structure and system determine, and that culture depends on in order to exist. Therefore, the issues that have to do with the management of behaviour, the conformity with performance levels and requirements, et cetera, and the ability to enforce and build reward systems that will allow people to establish a highly professional system, are things that we need to focus on.

I want to address especially the statement by Sen. Hinds. I will not be long because it does not require a lengthy response, but he did make the point that, you know, we sort of do things by “vaps” in this Government, which is something the Opposition likes to say. They know it is not true, but they like to keep repeating it because they think that if they repeat it, people will believe it.

I want to say, not only do we have the manifesto and the Medium Term Policy and a Sustainable Development Policy, but we have just created—and we will launch it in June—a Human Development Atlas for Trinidad and Tobago. Sen. Hinds, I want you to take a look at this. He is not looking. He does not want to see. We have created a Human Development Atlas for Trinidad and Tobago, and this is in addition to the manifesto, Medium Term Policy and Sustainable Development Policy, which the hon. Prime Minister will take to Rio+20.

The Human Development Atlas is an atlas that basically speaks to the issues that have to do with development across the regions of Trinidad and Tobago. I want to indicate, for instance, that what it does is try to identify for Trinidad and Tobago what is the condition of our population in a number of areas, including health, for every region of Trinidad and Tobago.

So at the end of the day one is able to say, for instance, what is the life expectancy, the fertility rate, the percentage of the population having chronic illnesses, the level of primary and secondary educational attainment, the secondary and high school educational attainment, the household per capita, the household where a child has died, the population without electricity, without clean drinking water, without improved sanitation, the population not consuming iodized salt and the labour force participation for both male and female, and we do this by regions.

Do you know why that is? It is because we know what we are doing, and we know what we have to get in terms of information to do it well. [*Desk thumping*] But all of this in time. And I want to say that this will help us with a more decentralized targeted policy strategy at the level of the community, because the community that has a water problem is different from a community that has a higher education challenge.

Sen. Hinds: “You see you?” You are a very dangerous man.

Sen. The Hon. Dr. B. Tewarie: I know I am dangerous because I have a mind. [*Desk thumping and laughter*]

So the strategy will be able, beyond being national or beyond being competitive with what are the standards and challenges globally—and Sen. Lennox Bernard on the last occasion spoke to some of those issues and he was talking about the need for holistic and integrated planning. So that in the mosaic you have a sense of how the things fit together and that you must not be carried away only by establishing international benchmarks and guidelines.

So you need those because you need to know where you are in the world, but you also need to know what your communities are doing and where they are, so you reach them where they are, so you begin to lift. All the parts of the country need to be lifted in different things at different times, and you develop the strategies to do that and so you can establish some element of equity in it. So we are proceeding very, very methodically, and we are proceeding very, very strategically.

The reason I make that point is because Sen. Deyalsingh made his call once again for the CSO to operate as an independent body and to collect a wider scope of data, and I want to tell you something. There is a consultancy company here now from Statistics Sweden and they are engaged in the consultancy study to transform the CSO. They have just completed the demand study and they will then do their supply side study. So we look at the demand and supply side in terms of statistics and information, and that is going to be integrated—[*Interruption*]

5.10 p.m.

Sen. George: Do not take him on.

Sen. The Hon. Dr. B. Tewarie: I am not taking him on. It just crossed my mind what is at work in his own mind in trying to disturb me.

Sen. Hinds: You have a track record.

Sen. The Hon. Dr. B. Tewarie: Of course I do, and I can live by it.

Sen. Hinds: It will be revealed you know.

Sen. The Hon. Dr. B. Tewarie: You go ahead and reveal. I have plenty things to reveal. You do not worry. I know a lot, too. Take care when I start to talk, some people do not run. I was a principal for seven years, remember that. I had many conversations with your former Prime Minister and Minister of Higher Education, so do not provoke me too much today. [*Desk thumping*]

I have a report that was done by four academics led by Rex Nettleford. I have one of those, a report that was done on the instigation, I would not say of whom at the time; but there will be a time for that, so do not provoke me too fast.

This Invaders Bay thing that you all are raising every week, be careful how you raise it.

Sen. Hinds: You better be careful.

Sen. The Hon. Dr. B. Tewarie: You better be careful. I am not threatened, Mr. President. I am not threatened by it. This goes back to 2005 and there were people in the puzzle and we are now unravelling the puzzle and we understand a lot of the permutations in it. I know it from the inside and out. I was there.

I want to make the point about the CSO. This study is being done, but more than that, we are integrating with sources of information in Government and within the private and civil society sector. So when we are able to do that, we will be able to do a lot of things.

I only want to make one point which one might consider, I suspect, political. The Senator and all of them there on the other side, from time to time, make these points about how they want independent institutions in Trinidad and Tobago. I want independent institutions, too. I have fought for them for many years and made many statements about independent—[*Interruption*] I did not say “failed State”.

Sen. Hinds: You said that.

Sen. The Hon. Dr. B. Tewarie: The statement about Trinidad and Tobago likely to become a failed State had to do with the interference with the institutions of this country and it has come to pass. It has come to pass under their watch. They have destroyed almost every single institution in this country. [*Crosstalk*]

They talk about independent institutions now—and I want independent institutions, but what gets me with all of these institutions—and you see it here in the legislation—they almost want to create institutions in which Government has no control at all. This is a far cry from when they are in office. [*Desk thumping*] When they are in office, even the most independent institutions are interfered with and tampered with. They mash up everything they touch. They corrupt everything they touch, and I am not talking about money corruption. I am talking about the corruption that comes with undermining the integrity of institutions that are meant to operate and serve this country.

I just raised this question of the independent institution and the independent CSO, and I would like to put on record that it would be a good thing for this country to have more independent institutions. It would be a good thing for this country to have more independent-thinking people; and it would be a good thing for this country to be less partisan than it is. We seem to be dragging ourselves into that all of the time. [*Interruption*]

No. We will decide at the appropriate time, but the movement now is to make it an independent institution. We are moving into that to give it the integrity that it needs. [*Interruption*] “Yuh ain shame?” Sorry, Mr. President. I forgot, Sir. He has none. [*Desk thumping*]

The other point that is made here all the time is that there seems to be a view that until procurement legislation is brought before the House, the Government should do no procurement. Mr. President, what is the logic of the Opposition in arguing this position—that Government should cease to function while legislation is being prepared? [*Interruption*] All of you, and certainly you and Sen. Al-Rawi.

When you bring procurement legislation to this Senate, and even after you pass the legislation and put the structures in, the transition will take some time and you will still have to proceed under the legislation as it is. That is the nature of governance. It does not happen overnight and as government changes, you do not start fresh; you continue. Institutions change, you do not start fresh. There is a transition period and they know better. It is not that they do not know. They understand all these facts, but it is all propaganda, false arguments and the putting forward of positions in which the objective is simply to politicize and to mislead the population.

I want to say, as I began, that this is a very simple piece of legislation which I support fully and I support the Minister of Health in making the changes that he thinks necessary to have a more efficient, more effective health system. At the end of the day, health has to do with people—from children in the womb of a

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mother to the person who is ready to make it to the other side. It has to do with the health of people and that is something that we should spend time, attention, money and organization towards.

I want to say that Sen. Hinds and company, in dealing with matters before the Senate, often go out of their way to present a picture that is not accurate as if it were accurate. This is what concerns me.

It is not unreasonable to argue a logical case and to take another point of view, and to take a totally opposite point of view if you really believe and mean that. There is nothing wrong with that, but to strategically and purposefully take a position simply to undermine what might be a reasonable position of the Government, I do not think it is healthy.

On this note, I close my contribution and thank you very, very much.

Sen. Shamfa Cudjoe: Thank you, Mr. President, for the opportunity to throw my two cents in on this Bill. It is always a pleasure to make a contribution in this Senate.

Before I jump into my contribution, I want to respond very quickly to a comment that Sen. Tewarie made when he said that the Opposition is uncooperative. I take offence to that. For the last two years since this Government has been in power, we have come to the Senate and to the Lower House and we have supported every Bill that is in the best interest of the people.

This Government gets on the platform and boasts about passing this Bill and that Bill and we have done three Bills in one night and so forth and most of them they did not do alone. It was with the support of the Opposition. So, to come here today and say that the Opposition is uncooperative, I find that quite disingenuous. [*Desk thumping*]

Let me say, for the record, as long as it makes sense to support a Motion or Bill by the Government and as long as it redounds to the benefit of the people of Trinidad and Tobago, the Opposition would support. We are not like the UNC when the UNC was in Opposition. They just opposed for opposing sake. They came to the House prepared simply to oppose. I am not making a claim wildly. If you check the *Hansard* records, you would see them opposing policies and today they have brought back some of the Bills unchanged and asked for our support.

To come here and say that the Opposition is unsupportive—I find the Government of two years—[*Interruption*] Unsupportive, uncooperative; six in one bag; half a dozen of the next.

Mr. President, I find that today the Government is parading itself as big and bad—we are the Government; nobody is supposed to question; nobody is supposed to raise concerns, and when the Opposition comes to this Senate and we

give ideas and make recommendations and we are opposed to some of their ideas, you are either sent to the Committee of Privileges or told, “we are not accepting any amendments right now”. Pre-action protocol and all, Mr. President. I find that is not a nice style of Government.

I remember in the times of the PNM, this same UNC, when they were in Opposition, used to call us a creeping dictatorship and this is what they are today. [*Desk thumping*] Raffique Shah told us in the *Sunday Express* that this is what they are today. They want to make a big mess of this country and expect us to say nothing. I want to put on the record that as long as the People’s National Movement party stays in this Senate and if there is breath in any Member of the People’s National Movement, we are going to oppose any policy or programme that is being foisted on this country by this Government that is not to the benefit of the people of Trinidad and Tobago. [*Desk thumping*].

Mr. President, allow me to go on. Sen. Tewarie said, “and he is destructive because he has a mind”. I remember the United Negro College Fund motto said, “A mind is a terrible thing to waste”.

5.25 p.m.

Mr. President, healthcare and access to healthcare—I think all around the world—is now being seen as a universal right. Members of the public—the population—think it is the Government’s responsibility to provide food, education and, last but not least, healthcare. In the Universal Declaration of Human Rights it is called a right: governments must provide healthcare.

Sen. Baynes would have highlighted, last week, that providing proper healthcare is not an easy thing and I do not envy any minister of health anywhere in the world. There is always a major challenge in trying to strike that balance between providing quality healthcare and providing universal access to healthcare. In some cases, when you have universal access to healthcare, and you are providing it free of charge, there are always challenges in the quality. In other cases where you have high quality healthcare, then you find that the poor have some difficulty in accessing that healthcare. I think, as the Parliament, as responsible citizens of Trinidad and Tobago—more so for the Government—it is our responsibility to do the best that we can to provide proper healthcare for the people of Trinidad and Tobago.

Now, this time is a very interesting and exciting time for Tobago, as it relates to the provision of quality healthcare. As you may be aware, on April 04, there was the first commissioning of a section of the Scarborough General Hospital. I want to join

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Senators—like Sen. Wheeler and Minister Gopeesingh when he piloted the Bill—in the excitement and the happiness that we feel to see this project come off the ground and moving forward.

Mr. President, I was unable to attend that opening ceremony on April 04, as I was at the bedside of my grandmother who was suffering from cancer. At that time the doctor had told us that her hours—not even her days—were numbered, and we lost her about three days after. I want to shout out Sen. Moheni—he found his way to my grandmother’s funeral and showed so much love and support. [*Desk thumping*] So, even though we sit on opposite sides of the fence there is still that love, and I really want to thank him. In the midst of all the tears and everything, I felt so happy to see him there at my grandmother’s funeral. [*Desk thumping*] He had heard on the news and so forth; I was very happy.

Sen. Hinds: Tobago love.

Sen. S. Cudjoe: Yes, Tobago love. Mr. President, let me get on to what I really came here to say. I listened to the debate the last couple of times we met and I found some of the comments that were made about this Scarborough General Hospital project rather interesting. This project has a very, very long history and I really think that some responsibility lays on me, today, to speak to some of the disingenuous statements. Some of the people who made these comments were either misinformed, misguided or just plain out trying to be mischievous.

Mr. President, allow me to just state for the record—I always come here time after time and place on the record—what had happened, and what is really in the public domain, about this Scarborough hospital project. It just bothers me to hear educated people—people who are supposed to have the information; people who I know have access to the information; people who have staff and research teams and so forth—who I know have the right information, but insist on coming here and talking about when they hear the song “Bucket”, it reminds them of the money that was wasted on the Scarborough General Hospital. I heard Sen. Karim and Sen. Dyer-Griffith talking about over \$1 billion was spent on the Scarborough General Hospital project. Minister Tim Gopeesingh, during the debate in the Lower House, spoke about over \$1 billion on the Scarborough project, but when he came up here he revised it to roughly \$800 million. He should make up his mind; if it is he is going to tell an untruth, he should at least stick to it. He also said that what we could not deliver in 12 years, they have completed, delivered and so forth.

Mr. President, we have waited over 12 years for this hospital. Since in the 1950s or so—even before that—Tobago was promised this hospital. Different administrations came in and out of power, especially in the Tobago House of Assembly, promising this hospital for Tobago.

Sen. Dr. Tewarie: We did it, right?

Sen. S. Cudjoe: Oh, I am going to get to that. Mr. President, since 1980 when the Tobago House of Assembly was established, to 2000—over those 20 years the different administrations that had power, all of them anti-PNM because PNM did not get a chance to have power in the Tobago House of Assembly until 2001. The DAC, NAR and all the different anti-PNM parties came there and promised Tobago this hospital. They watched us in our face—in and out of power—and there was nothing. When there was the DAC in Tobago and the UNC in Trinidad, I remember the UNC planting a national flag on the spot and putting up a sign. [*Desk thumping*]

In the 1990s I attended the Signal Hill Senior Comprehensive School and I remember passing that flag and sign day after day; there was this promise. We passed that flag and sign every day; sometimes the trees on the side of the road would grow so tall they would cover the sign and we always looked forward to when the Division of Works would cut the trees so we could see the sign so we would know that there was hope. It was not until 2001, when the PNM was given power in the Tobago House of Assembly that we were encouraged. [*Desk thumping*]

The PNM had gained power in Trinidad; there was a PNM Tobago House of Assembly and a PNM in the central government that started this project. [*Interruption*] Be patient. [*Interruption*] Mr. President, the former president of Trinidad and Tobago, Mr. Robinson, did not kick out the UNC. I do not like that comment. He said they lacked spiritual and moral values. [*Desk thumping*] The same today, Mr. President. [*Interruption*]

Mr. President, let me go on. [*Interruption*] The Minister is right, the PNM came into power in Trinidad in 2001. He said from that time they were able to start a hospital, saying there was no work before that. Let me state, for the record, that the work that the UNC had done was to do a feasibility test for the site. That is the same soil feasibility test that landed us in trouble later on, causing us to go to court with NH Construction. I would get to that, Mr. President.

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I want to stop for a minute, Mr. President, and just say thanks to Dr. Keith Christopher Rowley for giving me the opportunity to serve here and for giving me the best advice. [*Desk thumping*] I did not have a lot of training before I came in here, but the best advice Dr. Rowley gave to me was to speak the truth. [*Desk thumping*] He advised. “When you get in that House, speak the truth. What you do not know, research; ask questions and say nothing on something unless you know the truth.” [*Desk thumping*]

Mr. President, NH was selected. The feasibility studies and so on were done by the UNC and then the PNM came into power. In May 2002, NH was awarded this contract at a cost of \$135,912,829, VAT inclusive, for building only. Construction commenced on March 17, 2003. A couple of months later NH Construction began to raise issues establishing claims for more money. Delays began and the cause of this was because of the insufficient soil status survey done by the UNC. I remember at that time people in the public domain—I do not know the construction terms for it—were talking about the building slipping or sinking. Nipdec went to the site and did some more studies and said, “Okay, this area needs brace walls.”

So, we were now asking NH to build brace walls. So, they were saying, “You gave us a contract for \$135 million and you are now asking us to do something extra. We are going to claim more money.” This called for more variations because, at that point in time the new administration was saying, “We need more buildings; we need an ICU; we need a neonatal ICU,” we need this department and that department and NH stood its ground saying, “Well, this is not what we were contracted to do at \$135 million.” So, they started making more and more claims for more money.

So, by May 2005—remember the initial delivery cost was \$135.9 million—NH had claimed \$286.9 million; that is a 111 per cent increase. The ongoing impasse continued to strain relations between Nipdec and NH Construction. On September 07, 2005, NH suspended all works and initiated, in December 2005, arbitration against Nipdec and the Ministry of Health, pretty much.

Hon. Dr. Khan: Who won?

Sen. S. Cudjoe: We won.

Hon. Dr. Khan: The Ministry won.

Sen. S. Cudjoe: Yes, the Ministry won. When I say “we”—the, government; the people of Trinidad and Tobago. Do not even get smart with me with that one because the appeal that was made in either 2006 or 2008, where was the UNC in 2006 or 2008, Mr. President?

Hon. Dr. Khan: I gave Jerry Narace his kudos for that.

Hon. Senator: True.

Sen. S. Cudjoe: Mr. President, so we started at \$135.9 million when the contract was awarded in 2002; then, by May 2005 NH was claiming \$286.9 million. In November 2005, the International Court of Arbitration appointed an arbitrator, so NH then claimed \$222 million. In October 2006, one year later, NH started claiming \$472 million; that is a 300 per cent increase. Anyway, arbitration happened. At first they had ruled on behalf of NH, and Nipdec at the time appealed and won, so we saved the people of Trinidad and Tobago over \$400 million, and NH had to pay claims somewhere in the amount of \$45 or \$50 million. *[Interruption]* You see, the Minister is agreeing with me. I have my information.

Mr. President, arbitration lasted from 2005 to 2008. During that time, the site was left abandoned, so the steel and electrical wires and so forth were left exposed to the elements. During that time, also, the PNM administration, along with Nipdec, made a decision to make recommendations; assessed our needs and said, “We are going to need a modern-day hospital, which would call for modern-day services and so forth.”

5.40 p.m.

So it resulted in a request for additional works and a new building. Now, this new building we are talking about—four operating theatres—this was the plan at the time; two-bedded adult ICU; neonatal ICU; a safety lock security system; the latest digital technology and so forth. Mr. President, I got the chance to talk to some of the doctors who would have to work in this hospital and they are really, really, really very impressed with the state-of-the-art—*[Interruption]*

Hon. Dr. Khan: Thank you! Thank you!

Sen. S. Cudjoe:—facilities—now, I am being distracted. I am just appalled at how the Minister of *[Interruption]* yes, oh yes—the Minister is taking kudos. I remember when former Sen. Baptiste-Cornelis was the Minister of Health and she said: “This building is 86 per cent completed,” but the Minister is taking kudos for the work today. Anyway, I am going to tell you something though. At the end of the day, it is a collaborative effort among the Tobago House of Assembly, the central government and it was work done under the PNM and under the current Government. So I think it is a lot of grandstanding going on as to who is supposed to take the pat on the back, and this whole ego orgy going on which is really unnecessary, Mr. President.

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The new contract was awarded to China Railway Construction Corporation Limited in September of 2008—a fixed price; a fixed time; modern design; modern built; turnkey operation, at a cost of \$209 million VAT exclusive, for construction of the building, and this time we had included in the contract, the supply and installation of fixed equipment at another \$205 million. So when you hear people talking about cost overruns—“it started at \$135 million, and then it got to this exorbitant amount”—when the initial contract was done for \$135 million, it was done for a specific scope of works, a smaller hospital and just the construction.

This new hospital, which was designed under the People’s National Movement regime, called for a modern facility, and not just a modern facility, it called for new buildings also and the supply and installation of fixed equipment, bringing it up to \$447,000,667. I guess what the Government has been doing is adding \$135 million, which was spent under the first contract, with this \$447,000,667 to come up somewhere in the vicinity of \$600 million or \$700 million. We even went further to get a commitment from the Government for non-fixed furniture, equipment, electronic medical record system, and so forth.

Now, there is much talk, hype and query about—somebody made the comment that a 100-bed hospital at \$700 million is very pricey. I remember some time earlier this year or last year, an announcement being made for a hospital in Point Fortin in the vicinity of \$700 million, and it works out—the same 100-bed hospital, it works out to be \$7 million per bed for a modern facility. So, if Point Fortin could have a \$7 million per bed hospital, what is wrong with Tobago having a \$7 million per bed hospital? “As dey say, who is we?” [*Desk thumping*] In local parlance, “Who is we?” An announcement was also made for another building or additional unit for San Fernando General Hospital, at over \$1 billion. So if an extension to San Fernando General Hospital could be \$1 billion, “Who is we?”

Mr. President, I will make a comparison internationally, I got the chance to do some research and to look at the cost of hospitals in other countries, and when you do the research, the price of material, the complexities involved in building such a special piece of construction, it is very, very pricey, and then also contracting workers and contractors who have experience and are well seasoned in building hospitals these days, it is pricey. When you check the Hospitals and Health Network, it says that in the European Union, the average cost per bed is 2 million euros per bed. What is the conversion rate for euros? I think it is somewhere—
[*Interruption*]

Sen. Al-Rawi: Times 10, roughly.

Sen. S. Cudjoe:—times 13, or let us say 10, let us be safe, right, times 10. That would be TT \$20 million per bed when you compare us to the countries in the European Union. Then when you look at—I saw another research paper—I think my flyer for it fell—[*Sen. Cudjoe picks up a paper from the floor*—no, wrong one. Anyway, I remember, it is the American Health Association and they were talking about building a new hospital for the Louisiana State University, and in the year 2010, each bed was coming up at US \$1.5 million, and that was in the years 2009—2010. I recently checked it again in 2012, and they are saying that in the US it is coming up to \$2 million per bed. If it is good for them, and we are having this high-tech hospital, sophisticated, state-of-the-art kind of facility, and we will be the envy of the rest of the Caribbean, because I do not know of any other Caribbean country which has this kind of work. At least this is what the doctors at the hospital are saying.

Anyway, construction recommenced in September 2008; the contract is according to design, fixed price, installation of fixed equipment and so forth. In this new contract, thanks to the People's National Movement, the health care professionals, Nipdec and everybody involved, this new contract had a provision in it—because the agreed time to complete the hospital was April 2010. China Railway Construction Corporation Limited was contracted in September 2008, if I remember clearly, and they were expected to complete this hospital by April 2010. There was a provision in the contract that for every single day China Railway Construction Corporation Limited was late, they must pay US \$10,000 per day; US \$10,000 per day late after April 2010.

Now, Mr. President, in February 2010 though, the contractors, China Railway Construction Corporation Limited made a formal request for extension of the delivery date, because this is February and they are saying: “Okay, April is right around the corner and they recognized they cannot make the date.” They were claiming delays in ordering long-leg items and difficulty in clearing equipment from the Port of Point Lisas, at that time there was some strike going on at the Point Lisas port. So they claimed there was some difficulty in meeting the deadline, so they were allowed to extend the contract up to August 2010. If you count each day from August 2010 to the date—well, it is not completed as yet—US \$10,000 per day.

So anyway I can tell you though, as of May 24, all outstanding payments to the contractors, China Railway Construction Corporation Limited, were made. The People's National Movement had paid the contractors all outstanding money up to May 2010. I remember around that time the Tobago House of Assembly reminding the Government: “Remember this is a turnkey contract, it is a fixed price contract, all you have to do is honour the payments and stick to the contract.”

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Mr. President, by September of the budget, I remember China Railway Construction Corporation Limited in the newspapers saying that they had not been paid any money; they had not been paid a cent, I am talking about budget time in September 2010. I remember in my budget contribution pleading with the Government to please make the payments to the contractors so the construction could go on. At that time I remember clearly, the Minister at that time, Sen. Baptiste-Cornelis as she was at that time—making a whole song and dance and all this—“what you call it here?” What do you call it in Trinidad? All this “kankatang”—[*Interruption*]

Sen. Al-Rawi: “Jhanjhat!”

Sen. S. Cudjoe:—about the Scarborough General Hospital. She came to do a visit and she would not proceed unless the media was right behind her. Every room she went in, she asked: “Where is the media? Where is the media? Where is the camera?” She would not move without the cameras. So there was so much energy placed into trying to make the THA look bad; and the China Railway Construction Corporation Limited had not been paid a cent.

I remember Nipdec—and the thing is, while this Government spent so much time trying to make the Tobago House of Assembly look bad, they were, in fact, making Nipdec look bad. So Nipdec had to come in the papers and write these letters—I have seen letters, I have seen emails, I have seen newspapers reports and Nipdec saying: “Okay, those allegations are wrong. This is really what happened.”

The late payments caused further delay, and as the contractor said the most significant issue in the delay of this project was the delayed payments from this Government since they came into office in May 2010. The contractors also said that delayed payments up to 13 months caused them to make claims—they wanted to make claims for cost and time, but due to the contract which was prepared under the People’s National Movement, they could not make any claims for cost; they only could have made claims for time. So getting any money under that US \$10,000 per day provision was out because the Government did not fulfil its part of the contract, its part of the agreement to pay China Railway Construction Corporation Limited on time.

Mr. President, then we heard again the moving deadlines. I remember shortly after May 25, when the Minister of Tobago Development, hon. Alleyne-Toppin, acted as Minister of Health, she told us the hospital would be completed in March 2011. Then, when Sen. Baptiste-Cornelis returned from wherever she was—she had gone abroad

and came back—she said: “No, it would be June 2011.” Then it subsequently changed to September 2011, then we heard it would be a Christmas gift. A Christmas gift, Mr. President! A Christmas gift! This Government claimed a Christmas gift to Tobago in December 2011. “Like we doh pay taxes and contribute to the economy ah Trinidad and Tobago.” [*Desk thumping*] So the People’s Partnership Government was giving Tobago a Christmas gift! I found that rather interesting. But we warned them that there was safety and security issues and that the equipment—I remember stating right here in this Senate that this thing would not be ready by Christmas. I remember saying that, and Sen. Baynes responded, he said: “Yes it can! It is possible! It is possible!”

Sen. Baynes: It was possible.

Sen. S. Cudjoe: It was possible, but honey, it did not happen. It did not happen. And that is to tell you, we had problems in having it delivered on time, and you had problems having it delivered on time, so it tells you clearly we obviously have some difficulties as it relates to these kinds of contracts and procurement and so forth. There are things that we need to iron out and there are lessons to be learnt, but instead there has been so much grandstanding—one person, and one party and one Government trying to make the other look bad and so forth, instead of trying to learn from the experience.

5.55 p.m.

Now, when Minister Gopeesingh piloted the Bill, he spoke as if, “This thing is done; the hospital is completed. What they could not have done in 12 years, we have done it in two years.” That is what Minister Gopeesingh said. As I said earlier, the commissioning was only done for a section of the hospital, and there is still much work to be done.

I read from a document from Nipdec and it says:

The transition to operations is expected to span the period of April 2012 to August 2012. Nipdec will, however, continue operations and oversight responsibility at the Scarborough General Hospital until March 2013.

So, they had this initial plan to commission a part by April 04 and another part by April 30, and to just go in phases until the whole thing is handed over. So this thing is not completed. There is still work to be done.

I felt for a moment that it was a lot of fluff on the part of the Government to say, “Okay, we have delivered this thing and this thing is completed”, when in truth and in fact it is not. I would also say, no hospital can be delivered in that way where you shut down one and just transfer the people into the other one. It

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has to be done in phases because of the complexity of the facility and the complexity of the kind of service that hospitals provide. To try to send the signal that this thing is done—and what they could not do in 12 years we have done in two years—is pretty much, in my opinion, far from finished when you talk to the doctors.

The initial plan was on April 04, 2012 to have the pharmacy, outpatient unit, radiology, medical records, the mortuary, mental health and so forth, and to be quite honest with you, Mr. President, there is an advertisement going around now in *Tobago News* and in different newspapers saying that these services are being offered at the hospital right now, but some of them are not being offered, because the thing is not ready, for instance, the mortuary and also the laboratory. There are a lot of other areas that still need work and different things need to be done and ironed out. So, Mr. President, we have a way to go.

Some of the doctors that I spoke to at the hospital are concerned that this was a whole political gimmick. [*Crosstalk*] I would not even be distracted, Mr. President. The doctors and some of the health care professionals are concerned that this might just be a whole political gimmick to hand over the sections of the facility, and give the public the impression that everything is done and now we are left with the difficulties and the different challenges that we have right now.

I would like to share with this Senate a recent correspondence from Nipdec, and it is also available in the press and on the website of the Division of Health and Social Services, and this is what Nipdec said.

“We have reviewed the readiness of the Scarborough General Hospital for Handover of the majority of the Hospital areas at the end of April, 2012. After this review and discussions with our on-site staff, NIPDEC is not comfortable that these areas can be safely handed over to the End User at the end of April 2012.”

The extent of work done by the contractor (CRCCL)—That is, China Railway Construction on electronic and communication systems, such as the BMS, is not at a stage that these works can be safely handed over. Moreover, the contractor has to perform repair works on one of the boilers that is required to provide steam for the testing of CSSD equipment. Some repairs are also required on the pure water system.

They went on and on as to the things that are supposed to be done. Later on in the document they said that they are hoping that by May 31, 2012 this second phase will be ready, and they went on to say:

This does not affect our schedule for the installation of the duplex concentrator which we still hope to have in place by the end of June.

So, Mr. President, if you are to read this document, there are a lot of hopes and aspirations for the completion of this facility to get it in perfect working condition so that we can accept patients and so forth. We are far from this thing being completed and there is still a lot of work to be done.

Now, for instance, in the laboratory, there are some complaints that the equipment that was purchased is too big, and some machines do not have all the necessary parts to do the work that they were purchased for. So, I feel in looking at this case of the Scarborough General Hospital—and especially in relation to what the Government is trying to do with this Bill, and then taking the RHAs forward and the entire health care system forward—I feel like there is so much to be learnt. There are so many lessons to be learnt from this experience.

Mr. President, for instance, in the area of construction, there are lessons to be learnt in doing a proper feasibility study, in drafting the contract to keep, for instance, the US \$10,000 per day late delivery provision that would keep the contractor in check and that would keep the Government in check to keep the project on cost. Mr. President, so in the document from Nipdec, they are hoping that, at least, by August 2012—this is their hope—the hospital would be completed and ready to accept patients and so forth.

Mr. President, if you count from August 2010, the initial date of delivery for the project, to August 2012 that is two years. That is 365 times two. Now, 365 times two times US \$10,000 per day amounts to somewhere around US \$7.3 million. When you multiply that by two again and then by \$6.44, we are looking at some good money for the State. At first, I thought it was \$7.3 million, but it is more which makes it worse. Mr. President, there are lessons to be learnt in procurement as it relates to ordering the right equipment for the room and so forth.

I know, for instance, a part of the agreement for providing the fixed equipment and so on, we were supposed to get a duplex oxygenator, or whatever the machine is called, to make gases for the hospital and right now I think we have a single system. Something needs to be done. I hope the Minister will give me some information on that matter as it relates to getting that duplex system according to the agreement.

Another lesson to be learnt is that there must be political will. We come here and we speak highly about providing the best health care for people and so on, but there are political games being played in the health care system and with the health of the people of Trinidad and Tobago. While there was all this grandstanding—“oh he delivered the project late and who thief de money” and all

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this foolishness. The contractors were not being paid, and that further delayed the project because somebody is trying to make somebody else look bad, and then we also put Nipdec in such a compromising position, because—

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. F. Al-Rawi*]

Question put and agreed to.

Sen. S. Cudjoe: Thank you colleagues and thank you, Mr. President. I will tell you something. In order for us to provide proper health care for the people of Trinidad and Tobago, as much as we want to provide the high-tech facilities and the state-of-the-art machines and so on, there needs to be cooperation and collaboration and much work to be done in other areas such as systems and providing proper service.

I know for Tobago there needs to be much more improved collaboration between the Tobago House of Assembly, the Ministry and the central government because there is a lot of work to be done for the completion of this hospital. I do not think that in Tobago we are going to be able to cater to all the health needs of our citizens.

It might not make proper economic sense because we only have about 60,000 people in Tobago. It may not make sense to provide all the specialist services in Tobago. It does not make sense. At some point in time, you will find somebody having to be flown to Trinidad or somebody having to be flown to somewhere else to treat with some special issue.

If you look at the population of our patients and the people that access health care in the Tobago hospital, for the most part—and even as the Minister would have said—roughly around 70 per cent of our patients are suffering from some lifestyle disease like diabetes, hypertension and obesity and so on.

I have even heard from doctors here in Trinidad that they do not want to work in Tobago. Some of the more adventurous ones want to see bullet wounds and chops and some of these more special cases. Mr. President, you may not get to see a bullet wound in the hospital in Tobago. [*Desk thumping*] We have had two murders for the year. I think two is too many, but if you are this adventurous doctor that is interested in putting back chopped-up people together and stitching up bullet wounds, Tobago might not be the place for you.

So, Mr. President, as I said, some of the health issues that you have to treat with in Trinidad are not prevalent in Tobago. So, some of the health care services may not make sense to have a specialist resident there for that. So there needs to be some kind of cooperation between our RHA and the RHAs in Trinidad. We need to have a cordial relationship to get things going.

Now, Mr. President, I would like to point out that, for the most part, when you look at the budget of the RHAs, a large percentage of the budget is allocated for payment and for compensation for doctors and health care professionals. One of the major questions being asked when you look at the—there is a website for Scarborough General Hospital and if you also look at George Leacock's website on Facebook—the people are asking, who are the people that are going to operate these machines? Do we have the professionals? Do we have the right customer service and so on? So there is definitely need to have proper compensation and proper training for doctors and specialists.

I know the TRHA has been working on training people so that the standard of service would be improved when they go over to the new hospital, but we simply do not have some of the professionals for the new hospital, and some new positions that would have opened up that we did not have in the old hospital; for instance, building technicians and the guys working on the boilers and so on. The Tobago House of Assembly would have employed some of those people to work alongside the Chinese while they installed the boilers and some of the other equipment, and we have had to pay them. These are positions that were not available at the old hospital.

I want to bring to the attention of the Minister of Health and the Minister of Finance, if he is listening, I know that \$287 million was allocated for recurrent expenses and paying staff and so on at the TRHA. That is part of our 4 per cent allocation and, to date, I think we are further than midway in the financial year, and there is \$100 million still outstanding from this Government—\$100 million of that 4 per cent that you boasted and said, “Yes, we honoured the law. We gave them 4 per cent, woo hoo!”

6.10 p.m.

There is \$100 million still outstanding for recurrent expenditure to Tobago. The Secretary for Finance has been talking about it. It was very interesting to hear the Minister of Tobago Development on a morning show, I think it was two or three Tuesdays ago. I see Sen. Baynes smiling, but I do not know if he got to see that programme too. The Minister of Tobago Development was telling the nation that Tobagonians do not need this money.

Hon. Senator: No! Serious?

Sen. S. Cudjoe: This money that was allocated to us in the budget, our budgetary allocation, which is part of the 4 per cent. She was saying that we do not need this money, and if you give Tobago this money it would be going to the people in red. It made me wonder: Is this the position of the Cabinet? To come out in public and make these statements and talk about you are honouring the law and you are giving us our allocation. This is part of our 4 per cent and this is part of the law of Trinidad and Tobago.

If the Cabinet intends to go against the law of Trinidad and Tobago and not give Tobago what was allocated to it and what is due to us, somebody needs to let us know.

Hon. Senator: Call upon him today.

Sen. S. Cudjoe: And I call upon the Minister of Health right now. I do not know if he would be able to give us his undertaking in the wind-up, but I think some conversation needs to happen with the Minister of Finance. The House of Assembly had spoken with the Minister of Finance also, and he agreed to provide this money, but to date, this is midway in the financial year and that \$100 million is still outstanding. [*Interruption*]

Mr. President: You are taking this outside the boundaries of this particular debate, and I have a little difficulty trying to make the connections.

Sen. S. Cudjoe: Mr. President, the point I was making was that this money was allocated to the RHA, and in order for us to do what we are supposed to do, to pay doctors, to do all this procurement and to procure services and so forth, the RHA needs to have the necessary financing to do its work. I just call on the Government to do so. [*Desk thumping*]

I want to just really ask: what is the policy of the Government as it relates to this? We are procuring services and procuring equipment, and I am not sure—as Sen. Dr. Wheeler would have raised, this new policy of procuring health care services could lead to doctors in the public system shunning their work in the public system and saying, “Okay they are going to contract my private services.” This could put some pressure on the healthcare system, so I think we need some kind of checks and balances. We know very well that there are some doctors who run the public hospital haphazardly, and when they go to their private institution it

is all nice and dandy and perfect. They draw clients from the public hospital into their private institution. So we do not want to create a pathway to make this easier. This was something raised by Sen. Dr. Wheeler, and I really want to endorse that.

We also need to find ways to improve the environment that these doctors and health professionals work in, from the interns to the specialists and so forth. I know in many of the hospitals these interns are contracted to work from 8.00 to 4.00. I know for the most part that most of these interns go out to work at six o'clock in the morning, some of them do not come back home until midnight, and they have to go again at six o'clock in the morning. They complain about the hours. [*Interruption*]

Hon. Dr. Khan: [*Inaudible*]

Sen. S. Cudjoe: They say that this is a part of it. This may be a part of the training, but it makes you—when you ask them they say that it is part of the training, but is this a way any person would like to really work? I know it is a sacrifice, but there are things that need to be improved as to working hours and the working environment, to make the hospital a more friendly place to be, so people can be encouraged to work within the hospital system.

As I said, I am wondering what is the policy, what is the vision, where are the rules and regulations for this? This amendment is being made in 2012, and I think it is being governed by the rules and regulations from the 1990s. I know the schedules are dated 1990.

Hon. Dr. Khan: [*Inaudible*]

Sen. S. Cudjoe: The Minister is now saying that when we pass the Bill we would have the regulations after—he would bring the regulations after. I would like that we could see the regulations, because it is like we are being asked to sign a blank cheque. These new powers that we are giving to the RHA need to come with regulations.

Mr. President, at some point in time we would have to make a decision as a nation whether we are going private with health care or if we will continue to keep this as a means of welfare, or whatever. I think there is need to know what the policy direction is, what plans the Government has, and what the vision is. That is the difference with the People's National Movement, we had policies, we had plans, and we had vision for the country. [*Desk thumping*] It takes me right home to Sen. Terrence Deyalsingh—Sen. Terance Baynes.

Hon. Senator: Oh God! [*Crosstalk*] [*Laughter*] “Doh ease him up, man; doh ease him up.”

Sen. S. Cudjoe: No, but, Mr. President, I will go on to tell you—that takes me right on to Sen. Deyalsingh, because he would tell you all the time that we have plans, we have vision, we have aspirations, we have focus for this country. But it now takes me to Sen. Baynes, who stood here last week and said that the PNM thinks it is the best party and that we think we are the perfect party. But that is the difference with us, we have vision, we have plans. [*Desk thumping*]

Anytime the PNM is in Government, or even in Opposition, we have plans for this country, to take this country forward. Our plans are not just for our family members and friends and financiers. This is for the country, to take the country forward; one plan, one party. I will tell you something—[*Interruption*] Mr. President, can I have injury time?

PROCEDURAL MOTION

The Minister of Public Utilities (Sen. The Hon. Emmanuel George): While we are on the point of plans and so on, whether we have or do not have these plans, Mr. President, I beg to move that this Senate continues to sit until the conclusion of this debate.

Question put and agreed to.

REGIONAL HEALTH AUTHORITIES (AMDT.) BILL

Sen. S. Cudjoe: Mr. President, two years into their term of office, still no plan, still no vision. [*Crosstalk*] Sen. Tewarie would come here today and show an atlas. The people of this country “doh want to see no human atlas”. Take that human atlas down to Debe. Show them your human atlas down in Debe. [*Crosstalk*]

I will tell you something, we have been hearing for the time that we have been here, “Oh we have these plans, we have these visions.” If the honourable, so lovable Subhas Panday was here he would say, “This is our legislative agenda”; two years—two years later, no legislative agenda. We come here and debate policy willy-nilly. [*Desk thumping*] When we ask, “Where is your crime plan?” You turn and ask Gibbs, “Where is your crime plan, Mr. Gibbs?” We are still here asking for the crime plan. We think we are a perfect party? Nobody is perfect, but when you come into Government, you have to come in with a plan for this country.

The hate for the PNM is not enough to run this country.

Hon. Senator: Oooh!

Sen. S. Cudjoe: This is a marriage of inconvenience. These parties—they are not even parties. Some of them were not even parties before the election in 2010. They came into Government on this marriage of convenience, and expected the hate for the PNM to cause them to run this country. [*Laughter*] This is not the way to lead a party. [*Interruption*]

Mr. President: You will have to wind up. You have only one more minute.

Sen. S. Cudjoe: Mr. President, today, where is the COP for good governance? Where are all the other parties? I remember the NJAC used to be a very strong party. It has dwindled to nothing. I just want to say that the people have voted for a People's Partnership and ended with a UNC.

In closing, I will say to this country: you thought Mr. Panday was bad, watch drunken Delilah dance in her dolly house. Thank you, Mr. President.

Hon. Senator: No! Sen. Baynes has to say a prayer.

Sen. Corinne Baptiste-Mc Knight: Mr. President, I thank you for the opportunity to participate in what is an extremely lively debate.

Hon. Senator: Vitriolic!

Sen. Corinne Baptiste-Mc Knight: That is your word.

Having listened with great interest so far, I am of the opinion that the hon. Minister of Health is aware by now that on this side of the Senate we are fully aware of the difficulty of the task that he has before him. He may even have discovered a few more problems than he was aware of so far. Unfortunately I cannot say that I would not be adding to them, adding to his distress right now, but I shall try to do it all within the context of your amendments.

This purports to be a simple amendment, but to me as a neophyte, it is quite confusing. It deals basically with seeking to change the procurement procedure slightly, but change it. I am at a loss to understand what the effect of the change will be, and I hope that in winding up the hon. Minister would be able to explain my problem to today.

As I understand it, the procurement regime for the regional health authorities consists of three segments, shall we say. Procurement over \$1 million, that is dealt with via the National Insurance Property Development Company Limited, but

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specifically on the basis of specific requests from the RHAs approved by the Ministry of Health. So that Nipdec provides the specific brands or generics in the pharmaceuticals that are requested by the RHAs via the Ministry of Health. That is one area.

For procurement over \$500,000, but under \$1 million, the RHAs either consult or are advised by the relevant department of the Ministry of Health. Under half a million dollars, the RHAs deal with it themselves.

I have had a look at the regulations that govern the procurement, and I can see there might be a problem with the regulations, but there is nothing in the interpretation of the Act that suggests to me that the RHAs are unable to have joint procurement arrangements, where they are partners to the same contract or multiple contracts with one supplier.

6.25 p.m.

Now, the type of supplies involved here—we are not talking about pharmaceuticals now. When you are talking about equipment and machinery—we heard today of an instance where there is not one CT scan operational in a large hospital—how would this amended procedure help that sort of situation? I get the impression that the problem with procurement stems from a lack of creative and problem-solving thinking. This is entrenched in my mind when I hear the Minister of Health come to this Senate and in answer to a question that, to my mind, is also a procurement—this is procurement of services in terms of the radiology services that were required to fit a backlog that he has. I imagine it is the Ministry of Health, I guess as the agent responsible for procurement of professional services, that has to procure these services from the very radiologists who were not able to do it within the hospital system. These same overburdened radiologists are contracted to provide this service on their own time.

Now, in the 21st Century when you have countries like Guatemala, Nicaragua, Costa Rica, Dominican Republic solving these problems by means of telemedicine—you have a contract with “a” or more than one supplier, one hospital in the United States, and you send your picture to them by computer, they read it and send back the result for you in real time—we are contracting already overburdened, and some of them might be overpaid, radiologists to supply this; and that is dealing with a backlog and meanwhile, in real time, another backlog is quietly being contracted.

I do not think that the Minister himself has to think of these things, but this is what you have these tenders boards and these boards to do—to solve their problems. I think that the same problem arises with the radiation problem because we do not seem to realize that an essential part of procurement is monitoring and evaluating the services that you are getting.

If we are talking about the drugs—Nipdec brings them in—where is the quality assurance? The fact that we are lacking quality assurance is obvious; we only have to listen to the call-in radio stations where everybody is complaining about the CDAP medication. The physicians in private practice would tell you that they have to keep changing the medication for the same complaints because the first one was not working, the second one was not working, and this is a waste of money. There must be some means of ensuring that the supplies that you get actually contain the amount of the active ingredient that it should; that the generics that you get have buffers that are not counteracting the effects of the active ingredient. But quality assurance seems to be totally lacking. To my mind this is part of the problem and I know that there are qualified people who agree that this is part of the problem with the radiation.

Government, because it does not have its own linear accelerator, contracts out to two organizations, one of which has a problem now. As the provider of the contracts, nobody ever sought to check that the service given met the standards that you were paying for, so now you are going to have to pay the people who were damaged. But has this rang a bell? Has any check been done on the other supplier to find out whether they have been recalibrating their machines as they should? I would not be surprised to know that the answer to that is “no”. But, how does this change in the Act meet these problems—these real problems? The Act does not have to be changed to meet these problems. What needs to be done is for people to do exactly what they are supposed to be doing.

What is the purpose of the change? To allow people to buy in bulk. Now, buying in bulk means different things. It is not only a matter of buying millions and getting it cheaper. You have to decide whether when you change the regulations—which you say you would have to do because at (1A)(b), you say that it will be in accordance with regulations made under the Act. So, you recognize that the regulations have to be changed in order to accommodate this. Will the new regulations cater for group contracting, by which everybody agrees on one supplier and they all put in their individual orders and get what they want?

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Or, are you going to be doing central contracting where all of them get together, and I imagine they would have to create among them a central tenders board facility, to interface with the prospective suppliers. Which are you doing? Whichever of these is chosen, would they not still be subject to the \$500,000 under \$500,000 over \$500,000 but less than \$1,000,000 and \$1,000,000 procurement? Otherwise you have to change that. That would be changed, but that is not involved here. So, if that can be changed without legislation, why is there a need to change the legislation? Why not just change the—

Hon. Dr. Khan: The regulation would change that.

Sen. C. Baptiste-Mc Knight: The regulations would change that, but you do not have to change the law in order to change the regulations. Okay, I fully accept what Minister Tewarie says—that we cannot wait for a new procurement regime in order to tweak the existing procurement procedures.

But if Minister Tewarie tells me, and I believe him, that we will have this new procurement regime before the end of this session, that is basically in five weeks or a month's time—seems like magic but I am a believer. The change in the regulations, I believe they are subject to negative resolution, so they have to be drafted and come back here—would that be done even before the end of the month, if it is that urgent? The timing of all of this makes me worry. The fact of bulk procurement, that too, makes me worry.

What is our experience with bulk buying? Let us talk about bulk buying of equipment? In my Joint Select Committee I had cause to read part of the Gafoor report, and in a part of the Gafoor report I recall seeing something to the effect that a quantity of incubators were bought and shared up, but there was a problem with the babies, and it turned out that they were the wrong type of incubator because they needed a special kind of incubator for some of the babies. Those who were put in those wrong incubators got what is called “hospital acquired disease”. There is a nice name for it?

Hon. Dr. Khan: Nosocomial.

Sen. C. Baptiste-Mc Knight: That is right, I am making sure that I do not get it wrong. It is also known as “entrobirofactor”, or something like it?

Hon. Senator: Enterobacter.

Sen. C. Baptiste-Mc Knight: Enterobacter, that is the name that I am looking for. We are buying them in bulk because it is cheaper, totally oblivious of the fact that special needs require special equipment. When we have specialists who are trained abroad, these people are trained on special equipment; they come home and they say, okay, we need this and this is the equipment I want.

Now, you have people trained in the United States, trained in Canada, trained in England. They may all be training on different equipment. If you put them to work on equipment that they are not trained for, what disaster are you inviting? You are going to force them to use things that they do not know how to use in order to save money and kill people. That does not make sense.

We talked about buying the drugs in bulk. Nipdec buys the drugs, stores them, I think at C40 they call it, and the various RHAs take delivery as they need, but what do you find? There is substantial wastage because of bad storage within the hospital. The people get delivery and they pack the new ones in front of the old ones so that by the time they get to the old ones, expiry dates gone, a lot of taxpayers' money down the drain.

The other problem is some people do not have the drug because others are hoarding it because they are not sure that there is more for them to get. That means there are certain systems and protocols that have to be properly established, monitored, supervised in order to make these sort of bulk purchases really and truly value for money.

I think that Sen. Wheeler made this point, but I want to repeat it—the fact that a machine might be state of the art does not mean that you need five or 10, because the demographic that the machine is going to serve might not be such as to need that sophisticated a machine. How does bulk buying come into a situation like that? I do not think it does.

Another problem that I think we have with bulk purchasing in this country—and you hear about it on the radio: you go to visit friends in private institutions and you realize that where there is more than one bit of machinery, the machinery has a propensity to become ambulatory, and it just walks out of the Government medical facility. So perhaps, that to me is a very good reason not to have too many, so that they do not get animated.

6.40 p.m.

Mr. President, “we going until we finish this Bill”, so I really do not want to take up too much more time, but I want to just be convinced—and it is going to be all up to the Minister in his winding-up to convince me—as to exactly how this amendment is going to solve all of his problems, or even some of mine, as opposed to just tweaking the regulations and making accommodation, if it is that he wants to give specific authority to do certain things. I want to know what this specific authority is; what these specific things are that cannot be done under the legislation as it stands.

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With answers to these questions that I can understand, I may be disposed to vote in favour of this. As of now, I really think that it is simple, but useless.

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

The Minister of Gender, Youth and Child Development (Sen. The Hon. Verna St. Rose-Greaves): Thank you, Mr. President, for yet another opportunity to address this Senate. We have had quite an extensive and a little bit exhaustive debate on this amendment in terms of the regional health authorities. One of the things that became clear through the exchanges is the need for procurement legislation. I think perhaps that is what the Bill is seeking to address in the short term.

What also became clear is that what we have is a chronic problem in the health care system in the country. I heard speaker after speaker talk about what happened when, under which government, under successive governments. The blame game continues; the exchanges are fiery and so on. For me, the stories that we all know, that we have all experienced, that we all hear, have happened over a long period, have happened under all kinds of situations to all kinds of people; and I think if we were to go around this room, every one of us would have a story to tell about some challenge that we have faced in the health system.

For me, my understanding of what the purpose of the Bill is—and it has been said by previous speakers—is to seek for greater efficiency in the management of the procurement process for goods and services in the health sector. And, again, as Sen. Baptiste-Mc Knight spoke about the commission of enquiry into the health service, it itemized and highlighted the need to pay attention to the RHA procurement system in order to ensure that health facilities across the board are well resourced so that the public can receive better care.

As I say that, I think about the Diego Martin Health Centre, the Carenage Health Centre, the St. James Health Centre, all those health centres in communities everywhere that over many years have been in trouble. I did some training with some health care workers and you hear them talk about some of the things that they have to go through on a daily basis to do the job that they so badly want to do, to the best of their ability, but the problems keep increasing in terms of simple things like clipboards, places for people to sit; places for nurses to sit, storing files in cardboard boxes and so on. In some cases, health centres have to be closed because of infestation of mosquitoes or rats or whatever it is. So, again, I am hoping that in terms of this legislation, it aims to address some of those issues, and it is my fervent hope that it does address them in the way that it is promised.

We have evidence of complaints on an ongoing basis; those of us who have had babies at the hospital, those of us who have had relatives. We know in this country there were wards in the hospitals that would be called death wards where, if you had someone who was over 60 and they had a stroke, they would be put into those wards and left to die, where we give up hope.

I have a story that I tell very often, and I really was hoping to tell it again when I stand to debate the Children's Bill, but I think I would share a little of it again to make the point because sometimes we talk about procuring goods and services and we have to be very careful about what services we want to procure.

My mother, Beryl Lynch, on the birth of her first grandchild and granddaughter, the baby was premature, less than three pounds in weight, and that was many years ago. At that time people did not spend a lot of time trying to save those babies. And my mother, all excited, going to the maternity hospital in Port of Spain here to visit her granddaughter for yet another time—and when Sen. Mc Knight spoke about the incubators, it came home to me very forcefully—could not find her grandchild. And when she enquired, they pointed down to the corner of the ward and said to her, “Look her over there.” They had pushed her way down to the back of the ward. My mother said, “Well, why did you do that?” They said, “Well, she is not going to live.” So they moved her away from the babies that they considered to be viable because she was taking up time; she was taking up an incubator and they just did not think she was going to live.

When my mother went to the incubator, the incubator was circled with red ants. I remember to this day my mother showing me how she took her finger and she went around the incubator killing the red ants. She was afraid to take up the baby because the baby was so tiny. Her skin was raw, not yet fixed. She was just a little squealing thing that you could hold in the palm of your hand, not even having enough sound.

My mother went again to them and she said, “But you cannot say that she is going to die. You have to keep fighting.” They said, “Well, no.” My mother said, “Well, I will take her.” They said, “Well, if you take her it is at your own risk, but if anything, you know, do not bring her back here. We cannot give her to you.” My mother said, “But you gave up on her already, so why should you have a problem if I take her?”

My mother took her, wrapped her in the blanket and was able to put her in her hand-basket because she could not even hold her. I am giving details in this story because I want people to understand the long history. She went down Frederick Street. She went to Mattison's shoe store—you know Mattison's shoe store—and

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she asked for a shoe box, and she took that shoe box, she crossed the street, and I think it was Kirpson's; one of those pharmacies, and she bought cotton wool, and she lined the box, and she put the baby in the box, then she went to—it may have been one of those groceries on Queen Street there—

Hon Member: United Groceries.

Sen. The Hon. V. St. Rose-Greaves: Yes, or one of those, and she bought a little vial of Hennessy brandy, the one with the little sink, which old people used to put on their knee and say it is for pain and then drink a little bit. She bought that; she bought coconut oil; she bought a dropper and she bought other little—as they used to say—accoutrements that you would buy, and she brought my niece home.

When she brought my niece home, I was commanded to give up all my dolls' clothes, because regular clothing could not fit the baby. And she washed the clothes and she kept it for the baby. She called all of us in the family and she presented the child and she said that we had a responsibility, and she spoke to us about what was required of us.

In those days women used to wear what we used to call duster coats, and my mother took a cloth and she tied her waist here [*Demonstrates*] where she could hold that little thing in the middle of her breasts on her bosom. She had to take that baby and for days we were on rotation, everybody being able to get up and do their little bit, because she had to be fed with a dropper, drop, by drop, by drop. She could not bathe her. It was oil with a little drop of brandy in it to just sap the skin and pack her in fresh cotton wool.

The child started to thrive and she would carry her here night and day to keep her warm, and she started to thrive and develop, and my niece, who every three months or every other year they would say she is not going to make it, my mother dressed her and took her back to the hospital and said to the nurses, "This is the dead child that you all gave me because you all had given up on her." My niece celebrated her 50th birthday. [*Desk thumping*]

I am saying all of that to say that in the procurement of goods and services we have to decide what services we are talking about. How do we procure people who can teach about the ethic of care? How can we regain that sense of caring, that sense of not giving up, that sense of our humanity, so that we understand how precious life is? Because if we are doing all of this for goods and services and we yet hear in this Senate all the stories that we have heard about people being badly treated, people dying, people being left on their own because we simply did not care enough—so we have to take it beyond the simple hard goods like cars and medicines and whatever.

When I told the story awhile back, a friend of mine decided that he would call it the shoebox theory. I have never thought about it. And we started to talk about it some more, and seeing a theory of caring coming to life. How do we organize ourselves; how do we organize our families; how do we organize our communities and our workplaces to provide care for people? Because that is what the essence of this is supposed to be. How do we resource different institutions and agencies so that they can provide the kind of care that not only we want for our people but that they so rightly and justly deserve?

How do we procure services for childbirth in our communities? We hear of our women going into hospitals to have babies, a joyous time, something that we take for granted sometimes, that we can just go in and have a baby, and we hear that they are dying. Over the years children have died; children have been born with cerebral palsy. All kinds of things have happened simply because we did not care enough.

6.55 p.m.

So how do we ensure that in our communities, perhaps, we can procure services of agencies like Mamatoto, where a community can witness the birth of a child; where fathers can be present; where we get to understand that it is not something to be alarmed about. The hospitals will not be so overburdened, so that women who may be at risk, who may have special needs, will have to go into the general hospitals, but in our communities, we can have those services provided by people who know their stuff, who know how to handle those kinds of issues, so that we can have communities that understand from very early that these children belong to us and we have a responsibility to do certain things?

How do we procure services for a dental intervention? In this country, we have so many people—children and adults—with diseased teeth that we do not pay attention to. Perhaps those are services we can procure in areas closer to the health centres and so on, that we can do something that will really make a difference.

I heard us talk about diabetes and chronic diseases. We are talking about diabetes, but we are only talking about the whole question of amputation, medicine and whatever else. There is an area of diabetes we do not talk about at all—the question of impotence in our male population. How do we procure the kinds of services that speak to that? Many of the problems that we have in terms of relationships have to do with that. I am a counsellor and I know, but this is something we do in the treatment of abuse because we do not see it as important. It has a lot to do with some of the expressions of anger and violence that we witness every day. I am suggesting that if we are dealing with procurement of goods and services, let us be creative; let us be inventive; let us see where we can take it in terms of the service we really need to pay some attention to.

The Bill, in its intention, speaks to issues, as I said, of bulk purchase which many people talked about in terms of saving money, in terms of the economies of scale. It will assist us, I am sure, to take advantage of auction sales, telemarketing, as suggested by Sen. Baptiste-Mc Knight, and all those other questions of IT licences and so on. If we can get those things, of course, rates will be cheaper.

It will, perhaps, ensure that goods and services are readily available and can be easily moved to or accessed at the facilities where they are required. We must be aware that we have to put structures and systems in place to deal with issues of transparency and accountability and the protection of the public purse and good. There is something in our culture, a saying that “where you tie is there you have to graze”. All of us know, sometimes you do not even recognize that you take up—[*Interruption*] “Where the cow tie, it has to graze or where the horse tie, it has to graze”. Sometimes we graze so much that we do not even understand that the grass has gone and we think it is greener on the other side.

That is something that we have to look at ourselves to find out what facilitates that kind of behaviour. I remember going to the house of a health care worker many years ago and she served these really lovely tea biscuits. At that time, they were not easily available. We had all these things you were not able to import. So impressed was I at these delicious biscuits, I asked her where she had purchased them. She could not tell me where the supermarket was. This was stuff that was purchased for the hospitals, for the patients, which the patients never saw. She was serving it at tea at her house, and that was the norm.

I remember, on J’Ouvert morning, people would be playing mas’ in white sheets that came from the hospital. People would be walking out with sausages and all kinds of things that patients never saw. Those are things, just as we are talking about ventilators and equipment leaving the public hospitals and finding themselves in private institutions, when we are treating with these issues, we have to treat with it at all levels—from the biscuit to the big machinery.

What we, in essence, would need is a lot of institutional strengthening. We need to have a policy on which goods and services are to be purchased. There must be appropriate organizational structure in each RHA to facilitate the hiring of persons who will be competent to manage the inventories of the RHAs, especially as it relates to storage, delivery, stock replenishment and prevention of wastage.

As a young public servant, I worked at the Ministry of Works on Long Circular Road and I was appointed to be on a board of survey of the Ministry of Health stores. I think, on the third day, the doctor had to give me a certificate so

that I could be released. We were in this huge room or warehouse or whatever it was and there were bales of old cotton and bottles of old medication and tablets you had to count one by one into the hundreds. I found it to be such a tedious and wasteful exercise because there was this panel of people who had to be walking through this warehouse and there were these expired goods that you could do nothing with, but you had to keep them there because they were on the inventory.

For me, the whole question of replenishment and the inventory upkeep and so on is critical. We must have ongoing audits that would treat with how we keep our records. As I said before, proper security systems must be put in place to prevent theft and pilfering at all levels, but they must also be put in place to prevent loss in situations of national disaster. So, in terms of refrigeration—somebody brought up the question of storage, and that storage must include proper refrigeration, proper containment and all those other issues.

There must be MOUs between the RHAs in order to ensure adherence to contractual agreements, with clearly defined rules and responsibilities. This should reduce or prevent one RHA from assuming dominance over the others or to dictate the pace of how the purchases must be made.

We know that we live in a culture where we have quarrels over turf, the whole question of who is boss and who is in charge and we have to be mindful of that. Whatever is done in terms of that collaboration must be done in a spirit and an ethic of consensus and support so that it does not turn into a fight as we normally see, in terms of who has more power; who has the lion's share and so on.

Again, the question of monitoring and evaluation is critical. I do not think it is an area that very often we pay attention to, so we must have monitoring and evaluation that would hold people accountable and action must be taken when people are found in breach.

All that being said, I look forward, as I said before, to a greater focus on our primary health care system, which, I think, was the stated intention of the Minister. The procurement of shared services must include specialist staff who can operate at different levels and closer to communities. We have been talking about decentralization over and over, but somehow it is difficult to get services nearer to people in the communities and in their homes, particularly services of a particular standard.

To add to that list of procurement, I would want to see a greater role for the Family Planning Association of Trinidad and Tobago. If it is that their services have to be procured—because sometimes we do not have enough people to go

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into communities to treat with some of those issues—for me, family planning is a critical area of what needs to take place. Those are services that would be in our interest to pay attention to.

7.10 p.m.

I want to bring up the question because I know Sen. Ramkhelawan talked about the paediatric hospital at Mount Hope. I just want to raise the issue of the Child Guidance Clinic which was established at the Eric Williams Medical Sciences Complex in 1991. I want to just raise that little piece where, since 1991 to date, the air-conditioning vents have never been cleaned. So, if we are talking about procurement of services we also have to talk about maintenance, management, cleaning and upkeep. How can you have a child guidance clinic—which is so important—at that paediatric hospital and you have air-conditioning vents and ducts that have never been cleaned for more than 20 years?

Well, we saw the results. The staff have all fallen ill. They are all in distress and they had to close the clinic, leave the sick building, and are now relocated in Barataria; at the Wellness Centre. They are very grateful for the space, but it is not a space that is suitable for the work they have to do. The work of the Child Guidance Clinic is very critical, especially for children who are in need of that kind of assistance. They see thousands of children. The incidence of sexual abuse is very high in our country and they are the people who do a lot of work with those children.

Therefore, I am suggesting that we have to really pay attention to some of these issues. I want to stress again: How can we have a building with air-conditioning ducts and for 20 years plus—25 years—they have never been cleaned? And we have workers in there falling ill; children going in there and it is in a paediatric hospital. So, you also have sick children with asthma, and all those other issues, who have fallen victim to that.

I want to speak a little to something Sen. Al-Rawi talked about—I think it was on the last day or the week before. I was very supportive when he raised the issue of pain management because I think it is important. It is an area, I think, that screams for attention in this country. As I say that, I was also very disappointed—bitterly disappointed—when he sat across from me, stretched his hand out to me and said, “You all procuring patients for St. Ann’s,” no doubt, referring to the situation that Sen. Fitzgerald Hinds spoke about earlier—the Cheryl Miller affair.

I was really disappointed when he said that because I really expected—and I am saying that to the Senator in all honesty—I really expected better of him. I think we have a responsibility, as leadership. A situation as sensitive and as important as

mental health and mental wellness, I see so many of us take it to make a laughing matter, or to push jibes at one another. It was an opportunity—still is an opportunity—for us to talk to the national community, to seek to remove the stigma that is attached to mental illness. It is time for us to say to families, “If your relatives are behaving in ways that you do not understand; if something is happening that you are not clear about, try to seek help for them; try to get the information so that you can understand.”

Let us try to get people to understand what is schizophrenia; what is bipolar disorder; what are some of the things about depression that all of us, I am sure, sometimes feel in different degrees. Let us speak to the issue of youth suicide. Let us get people to a place where they would understand that this is as important as any other area of one’s health. As a matter of fact, people deserve a better quality of life. It is not enough for us to say that we have become so accustomed to that behaviour that it is normal. That is the reason we are willing to see people lying on the streets and stepping over them and holding our breaths and pretending that they do not exist because they have been so stigmatized that they are no longer important; they no longer matter.

I am saying all of that in the context of: here is an opportunity for us to talk about how do we get a psychiatric ward back at the Port of Spain General Hospital, from where it was removed with no real reason or explanation given. I can tell you that I, as a social worker in this country—some years ago, the Government in power at the time decided that we were going back to community mental health, and a whole lot of people were let out and discharged from St. Ann’s Hospital. What happened in Port of Spain?

We had people walking around the streets naked. I do not know if people do not remember—walking on Independence Square naked and people running from them, being afraid of them. Because, we had just decided to let them out with no special preparation. It was also around that time that the leprosarium at Chacachacare was closed down and people were returned to their families with no prior preparation or support. I know. I was the welfare officer; I used to go down the islands to do the pensions for the people down there.

I had to go to so many families where people did not understand Hansen’s disease—or as you called it at the time, leprosy. Many young girls in the families were in so much distress because when their boyfriends found out that their grandmothers were Hansen’s patients, they ran for cover because they did not understand the transmission of the disease on what was required of them or anything like that.

I am saying all of that to say, we have a responsibility to educate and enlighten and raise awareness because all these things, none of us are fenced around from them. It can happen to any of us or all of us. I think we must be responsible in some of the things we say and the messages we send because, trust me, they will come back to bite us.

Mr. President, I just want to wind up by speaking to issues of aftercare services, physiotherapy and support services for victims of stroke and other people of critical trauma and so on. I want to speak to whether we could procure the services of school nurses for our schools. Our teachers are under pressure. They wipe noses; they wipe butts; they clean vomit; they do almost everything, and still we expect them to do more. I think the time has long gone for us to think about having school nurses to assist in the work that needs to be done.

Many years ago, again as a welfare officer—a “farse” one at that—something was happening at the Port of Spain Maternity Hospital again. Children were being stolen. I raised an alarm; I was a young person then. I wrote, I reported, I complained, and everybody in the area I worked, found that I was “farse” and I made up these stories. To this day, when I tell stories, people say I make them up, but I do not make them up. This is not *Lifetime*, children were being taken from the hospital and registered to the names of people who wanted children.

One nurse, on the promise of marriage—the fiancé wanted a child; she took a child—from a mother. She is dead now; the child was in jail because she abandoned him after the relationship fell apart. Another nurse, to this day, is complaining because she has a child, who is now an adult, very angry, on drugs and persecuting her; and she cannot understand what is happening. That is a child she stole, but nobody believed that children were being stolen. When the mothers asked to see their children, they were being shown a dead body of a baby. I raised the alarm and I was dismissed. Nobody took me on.

To this day—we heard a few years ago where a child was taken from a hospital. All I am suggesting is: what do we have in place in terms of security, in terms of footprint or some kind of identifier that we can ensure that these things do not happen again?

I am saying all of that to say, what we are facing did not happen overnight or today; we have had a long history of challenges in the health system. We have had situations that we have chosen to ignore. I am suggesting that what we need to do is to stop pointing the finger of blame at each other; it is to recognize how critical

and how important proper healthcare is to the survival and well-being of a nation; and for us to understand that, one way or the other, we must, sometimes, put down our weapons of war; put down our private, political agendas; rest our egos down a little bit and put country first and let us do what is right and not, simply, what may be popular.

Mr. President, I thank you.

Sen. Penelope Beckles: Mr. President, I join this debate on the Bill to amend the Regional Health Authorities Act, Chap. 29:05. I realize that my good friend, the Minister of Health is not enjoying this debate in the Senate. *[Interruption]* He is enjoying good health, yes. I think he believes we are talking a little too much. I am surprised to hear him say he prefers the House. *[Interruption]* He really prefers the Lower House, yes. *[Interruption]* I think I would have to talk to the Minister about that in Chambers. Anyways, I still welcome the Minister, we are quite happy to have him in the Senate. *[Interruption]* As someone who has given up a very lucrative practice, let us hope that someday the country would appreciate the efforts he is making to improve the health sector. *[Desk thumping]* Mr. Minister, I say that with all sincerity. I also want to welcome temporary Sen. Jamal Mohammed. I hope he enjoys his stay with us in the Senate.

Mr. President, having said that, I have a couple of issues I would like to raise that I consider very important. I would like to, certainly, probably refer to and continue along the lines of some of the issues raised by the speaker immediately before me, Sen. The. Hon. Verna St. Rose-Greaves. At the end of the day, I do believe that whatever piece of legislation is passed in the Parliament, what we are striving to achieve for the public is First World healthcare and the best possible service we can offer to Trinidadians and Tobagonians in the health sector.

In doing my research, I found a document on the Ministry of Health's website that I think probably answers a lot of the concerns raised by most of the speakers, but it is something which the Ministry has to strive for. It says about the Vision of the Ministry:

The Ministry of Health is a proactive institution that makes sound evidence-based decisions to assure standards of excellence are achieved by all agencies that promote, protect and improve the health of the people of Trinidad and Tobago.

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It says:

Our mission is to provide leadership for the health sector by focusing on policy making, planning, monitoring and regulation. The Ministry of Health will set national priorities based on needs assessment and will influence the provision of care by a combination of financing and regulation of public and private services.

Therefore, as we debate this amendment today, I think it has to be put in the context of the vision and mission and all of the concerns that so many of us have raised today.

From time to time, I make this comment—I know it is not always either accepted or appreciated. I think the example used by Sen. Verna St. Rose-Greaves is so important for us to get it a little clearer—about the issues of responsibilities, issues of management, issues that really tell us that legislation does not solve all our problems. The question we ask ourselves—as legislators—is: why is it that two and a half decades have passed and an air-condition unit has not been maintained? As we listen to that we understand the complexity of the problem; we understand the challenges that any Minister faces in dealing with some of the issues when you are asked to run a Ministry.

Now, the hon. Minister—I am referring to an article of December 27, 2011 in which he was expressing some concerns about cleaning contractors facing the hospital axe. He indicated that his intention is to hire in-house cleaning contractors on a 24-hour basis to make the system more transparent and reliable. I think it falls, basically, on all fours with what we are trying to deal with here today.

He said that it is millions of dollars being spent and the public hospitals are filthy and no work is being done. He went on to ask: why is it when you walk down the corridors of the Port of Spain General Hospital there are cobwebs, it has not been dusted and it is stink? He also considered that the hiring of in-house contractors would result in non-payment of overtime as workers would be rostered by a shift system. He continued—in that way cleaning staff would be working on a 24-hour basis and their work would be closely monitored.

Now, I say to the Minister that if he is able to achieve that, he would make Trinidadians extremely happy. The question I ask myself is whether you are there as part of a company—in other words, a private company—or whether you are a public servant employed in the hospital, why is it that we do not seem to have standards? Why is it that we do not seem to have pride in what we do? You cannot legislate that.

Again, the example that Sen. Verna St. Rose-Greaves discussed this evening—I mean, we ask ourselves, who is responsible for the failure to simply clean an air-condition unit over the last two and half decades? At the end of the day the people will say it is whoever the Minister was. If you think about it you would have gone to NAR to PNM to UNC to PNM to UNC; several Ministers have passed, but every Minister is not going to know that you have an air conditioner here and an air conditioner there. Somebody is employed to ensure that that does not happen. How do we find ways and means, as you pass legislation today; as we pass this legislation to amend the Regional Health Authorities Act; and as you give people power and responsibility to procure?

Sen. Verna St. Rose-Greaves—I wrote down some of the things—talked about the fact that you do not have clipboards; sometimes you do not have some of the basic things—toilet paper. It is not, I say, a question where a lot of these Ministries and agencies do not have money. That is not the point. I have been a Minister and I have known that in several agencies you come to the end of the fiscal year and millions of dollars are returned to the Ministry of Finance because somebody decides that a clipboard, toilet paper and something else are not priorities. Somebody decides that they do not like a particular division within a Ministry; they do not like a particular boss; they do not like somebody, therefore, that particular division suffers.

7.25 p.m.

That is what we do to each other. We do not understand that when we take those petty decisions, personal decisions—we do not understand when we abuse the power and the responsibility we have to govern and to lead and to ensure that people get what they deserve, that people suffer.

So, yes, you pass the legislation and we ask ourselves why is it—as the Minister said—you are walking in the corridors, whether it be San Fernando, Port of Spain, Point Fortin, Sangre Grande and I mean you are walking through things and—I mean, we would have all gone to some institution and you actually see somebody sweeping and they leave paper right there. I mean you are trying to figure out, how somebody could have a broom, Mr. President, and you are sweeping a corridor and having swept, it still has paper; it still has dust, I mean over and over.

Is it that there is nobody supervising, nobody who says: “did you really just sweep here? “You really swept here?” “You are sweeping here every day, you are cleaning this toilet every day and is the same?” Nobody seems—because what, “yuh fraid to fire de person.” “Yuh fraid yuh going to lose yuh job.” “You turn ah blind eye.” “Yuh walking through cobwebs.”

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So the Minister has to come and say—and, of course, if they found out the Minister is visiting, “all de cobwebs clean.” Somebody says the Minister of Health is visiting San Fernando today—the same clipboard that Sen. St. Rose-Greaves talked about and the cobweb and “all dat, dey finding paint, everything dey finding—hire contractors and dey clean de place.” “The Minister gone, everything finish.” I mean, why is it, that is how we operate? Why is it that is how we think as a country?

You know what is so ironic, Mr. President? The Minister also spoke about the fact that we have a shortage of nurses. He talked about the fact that at present the country has a shortage of some 3,000 nurses. Now, many of us would have visited—whether it be the United States, Britain, Dubai—as I had the opportunity to visit. Canada: you go to visit maybe a relative or friend in a hospital and the first person you meet is a Trinidadian nurse. United States: the first person you meet is a Trinidadian nurse. I mean, they have been in demand in some of the best hospitals throughout the world, not just some of our nurses but some of our doctors.

Then we ask ourselves how is it—not just nurses but other professions, whether it is domestic to engineering—we leave our Trinidad and Tobago, where we prefer to have a lower standard in terms of how we deliver service, and we immediately land in somebody else’s country and we are able to improve on the delivery of service to the point where people say to you, if I had to select a nurse I want a Trinidadian? I mean, how do we explain the transformation? How do we explain the fact that those same persons either choose not to, or because of the environment under which they work, are not able to give that same quality of service?

Mr. President, how is it some of our doctors who are working in Trinidad and Tobago and—you know, you go to the hospital and you are waiting a year or two, whether it be for cataract surgery or whatever type of surgery, and he sees you in the hospital and he says: “well, you know, I cannot do it until next year, but if you come to my office next week I will do it for \$20,000.” And it has reached the stage where it is so well organized, that over the years all the Ministers of Health, including this one, have been working very hard at ensuring that at the Government hospital, we are improving in our technology and in our equipment and, therefore, some of the doctors are actually doing some of their surgeries in the Government hospitals—that is where we have reached—and charging people privately. Well, I am sure the Minister will say to you that that is a fact.

I mean, you know, if they are the ones who we are expecting to deliver services to us—sometimes we wonder how can we really see, and understand and probably hope that there is going to be a change, and all we can do is continue to put in place mechanisms, systems and everything else and hope people will understand that everything is not just about money.

Mr. President, several of the speakers spoke about the fact that we have to—as we talk about procurement and so, much of it has to do with building the capacity of your staff, of your employees; lifting their morale and so many other things we need to address. Just two months ago in Barbados, there was a high level meeting on Human Resources for Health in the Caribbean, March 19 and 20 in Bridgetown, Barbados. This high level meeting dealt with a Road Map for Strengthening the Caribbean Health Workforce, and the map or the plan was for the period 2012—2017.

I looked at the attendees and I did not see anyone from Trinidad—[*Sen. Beckles scans through a document*—]but that does not mean to say that Trinidad did not attend, it is just that the document lists all of the attendees and I do not see anyone from Trinidad. I do not know—well, let me just say yes, there was somebody from the university, but there was not anybody from the Ministry of Health. So I am not sure whether the Minister was aware of this particular consultation; there was a Dr. Samuel Ramsewak, who attended.

Hon. Senator: He is from UWI.

Hon. Senator: He is the Dean, Faculty of Medical Sciences.

Sen. P. Beckles: “Yeah, yeah.” I said there was somebody from UWI, but not anybody from the Ministry of Health. Right. Good. There were people from Barbados, Jamaica, Canada, St. Lucia, United States, Belize, and so on. Some very important decisions were taken, which I think will impact on Trinidad and Tobago, and can certainly help us with some of the challenges we face. It is a very comprehensive document and they indicated:

“The goal of this Road Map for strengthening the Caribbean Workforce will be to re-orient professional competencies and re-organize work processes and standards toward primary health care, disease prevention, and management of long-term chronic health conditions.”

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There are basically eight areas they looked at, but the one I think—for the purposes of this debate—I would like to refer to is 7, and that is:

“Performance standards, including monitoring and enforcing as well as evaluation, led by the Ministry of Health. Establishing norms and standards allows for quality improvement. In addition, these norms need to be monitored and evaluated, which clarifies performance expectations, improves quality of care, and contributes to stabilizing and thus improving the workforce environment.”

In the event the Minister does not have a copy of it, I will be certainly willing to share it with him because it actually deals with, Sen. St. Rose-Greaves, almost the majority of issues you have raised, in terms of human resources, how you train, how you educate, and how eventually in five years time we hope to have a better health care system, a better staff and better employees, and at the end of the day to improve the quality of service.

In the budget speech of the hon. Minister of Finance in 2010, he stated that, and if I may quote:

“Mr. Speaker, the Government is developing a five-year strategic plan on health care. This will focus on improving health care management, meeting the health care needs of the society’s vulnerable by supporting patients’ rights and services through health policy standards, policies and legislation; addressing chronic diseases and mental health; reducing communicable diseases, including HIV/AIDS and improving public health care facilities and physical infrastructure.”

Mr. President, I think that is where, in the context of this piece of legislation, I would like to ask the hon. Minister whether that plan has either been completed or is pending. And with my particular interest, of course, being not just the plan itself, but the issue of improving public health care facilities. Again, several persons would have given their experiences—Sen. Ramkhelawan and others—about their visits to several health care facilities, and the Minister himself would have referred to it. I mean, I have listened to him, over and over, speak about his concerns and hopefully the building and improvement.

In terms of a personal interest, the Arima Hospital has been on the drawing board for a very long time. There is an Arima District Health Facility and it is probably a good example as to some of the challenges we face in the health sector. If you go to Mount Hope Hospital and you are living in the east and have not certainly passed through the Arima District Health Facility, very often they

send you back to the health facility to see a doctor, then to come back to the Mount Hope Hospital. I do not know if the Minister could probably explain, why is it that is always a necessary procedure? Sometimes when that happens we have had fatalities, you have had persons who have died, some people just probably give up and decide they are not bothering. I think it is the kind of situation which certainly is not in the best interest of providing the kind of health care which we all desire.

You know the Friends of Arima Hospital, people like Roger Belix, Balliram Maharaj and others, continue to really aggressively agitate for this. I know I filed a question and we were given the assurance. I also know that the Minister has made a pronouncement, but I just put a plug for that—it is one of the health facilities similar to what Sen. St. Rose-Greaves spoke about.

As you know, there have been certain departments there which were approve and should be operational, but were never operationalized for one reason or the other. Hopefully, we can remove those kinds of challenges we face where a government may make a decision and say: “this is what we have in mind,” but then somebody who is in charge of the facility decides this should not be here, and then you do not seem to have coordination and you go to Mount Hope and they say: “you should have that facility in Arima or Diego Martin or elsewhere;” it just does not exist.

I get the impression as we talk about procurement issues, that in some of the rural communities, there seem to be even greater challenges in terms of implementing some rules, regulations and legislation that make the lives of the citizens of some of the rural communities much more difficult than those who are certainly living in the cities and in the boroughs. I can speak, for example, having been a representative for Arima—persons living in places like Paria and Morne La Croix, La Filette and Blanchisseuse where you have those health facilities and the doctor may come once a week, once a month. If the doctor misses that particular period for which they are supposed to come, then clearly the residents have that challenge. Or if the nurse—because it is not all rural facilities where you have a nurse there every day, they go on special days, but the truth is people in those communities have similar needs as all other communities.

7.40 p.m.

We all know the challenges people face—whether you are living in Cedros or Barrackpore or whatever—and, unfortunately, sometimes decisions are taken that are not always in the best interest of rural communities. Sometimes we do the

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cost-benefit analysis and we say, “Well, okay, when we look at what it costs, we decide we will close down a facility because it is going to cost too much.” The point is that there is no cost really to health care in terms of having healthy communities, and those are sometimes policy decisions that we need to take as Governments to ensure you have greater equity, so both the rural and urban communities have the benefit of the legislation that is passed and the policy decisions, so that they too can enjoy whatever is the best possible medical care.

Mr. President, Sen. Dr. Tewarie spoke in his initial contribution about the Opposition being non-cooperative and finding a way to make the debate more complex. I have been here in the Senate for almost two years, and I can say with pride that we have supported as much as 90 per cent of the Bills. There are very few Bills that the Opposition has not supported, and if we have not supported the Bills, we have given very good reason for not supporting the Bills [*Desk thumping*] and, therefore, his statement about being non-cooperative is not only just unfortunate, but it is very incorrect because the evidence, certainly, does not support that statement. [*Desk thumping*]

He talks about playing politics with procurement, and he mentioned Invaders Bay as an example. He gives the impression that the Opposition is the only one that is making noise and complaining. I do not have the newspapers with me today, but if one read the newspapers over the last month or so, one would realize that it is everybody in the society—everybody is probably being a little alarmist—but, certainly, a large section of the population is quite dissatisfied with many things that the Government is doing and, as a democratic society, which we still are, people enjoy the right to disagree.

I think, as a Government, one should recognize that if people say to you that they do not want this or they object to this, you should listen and, at the end of the day, you may not agree with their objections, because we know that over the years there are those who have perfected the art of objecting. At the end of the day, the right to object, the right to criticize and the right to offer alternative solutions are part of the democratic process, and that is something—if you decide to govern and you want to be part of government—which you have to accept as part of the political process [*Desk thumping*] and do not just say that people are complaining for the sake of complaining.

What is more important is the fact that in talking about the issue of procurement, and expressing the concern of the Opposition not being cooperative, one of the concerns we have had and one of the concerns that Dr. Rowley has raised is the issue of being transparent and giving the Opposition [*Desk thumping*] the kind of information

that would allow us to make some decisions which we can defend because we are also accountable to the people who have voted for us. I mean, you have 12 Members of Parliament who have been voted there, and they have to account to the people who they represent. So when we raise our objections, we do so and we do so validly.

He spoke about the Invaders Bay project and you have had the Joint Consultative Council, the Trinidad and Tobago Manufacturers' Association, the Chambers of Commerce and many other persons raising their objections. The truth is, it is not only the PNM raising those complaints. When you have a scenario where somebody who may possibly be awarded a contract saying to the entire Trinidad and Tobago that I have made presentations to 19 Ministers and I already have a plan—to give the impression as though they are fairly certain that they will succeed in terms of being awarded that tender—that is where concerns are raised and people are entitled to say, “Well, is this how procurement processes are developed?” And, therefore, if we object to it that is our right.

We have had situations where, for example, Ministers have given different explanations and even different figures as they relate to projects that are taking place and people wonder, who do you really believe? We have, for example, the recent situation in relation to CAL where you have the former chairman saying one thing and disagreeing with the Minister of Finance. You have a situation where the former Minister of Works is saying, “Well, when I left there it was all a question of profit and nothing was owing.” Then you have another Minister saying, “Well, you know, when we got there the PNM left a large debt.”

The information is, at this point in time, as far as I am aware, you have a situation where as of October 2010, the balance sheet was some US \$169 million in cash with a profit of \$9.2 million, and you had an increase in owner's equity of some \$164.3 million. So, who do you believe, if they are from the same Government and the chairman of the board is saying one thing, the present Minister of Works is saying one thing, the former Minister is saying one thing and also the Minister of Finance?

When you talk about a procurement procedure where they have to provide to the people of Trinidad and Tobago and the legislators with information so that we can make proper decisions, we have the right to object. *[Interruption]* Sorry, Minister of Transport. If at times we decide that based on the information that we have, we feel it is a situation for which we should not cooperate then we have the right to do that.

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So if you have those inconsistencies with the present Minister of Transport, the former Minister of Works, the chairman of a board and the Minister of Finance, we have to raise in the public domain those issues. If a chairman of a board says that he doubts the information of the Minister of Finance, then we begin to wonder. I just want to say, therefore, to the Minister of Planning and the Economy that I hope he understands the position that we take when we object.

Mr. President, as I wind up, I support the concerns raised by Sen. St. Rose-Greaves as it relates to education in relation to issues of mental illness, families, relatives, employees and even legislators. I mean, we all need to be educated. The Senator expressed some concerns about matters raised by Sen. Al-Rawi. I think that Sen. Al-Rawi's concerns really had to do with ensuring that whilst you have a balance on the issues of education and educating the family and relatives and so on, you also need to have a balance in terms of the rights of the individual.

Again, I go back to what I said a while ago as it relates to people in positions who can take a decision and say, "Okay, do not worry to clean this room, do not worry to fix this air-condition unit." People are powerful in Trinidad and Tobago at all levels and people can take decisions that deny people their rights. So, we must, at all times, know that when we pass legislation—there is legislation that more or less deals with any particular situation—we have to ensure that we follow the legislation and the procedure. We cannot legislate for everything, but where legislation exists, I think that is what we have to ensure that we follow, and I think that is the point, in my humble view, that Sen. Al-Rawi was making—you balance the rights of the individual, look at the situation and ensure that proper procedures and practices are followed.

Mr. President, it came to my attention, for example, and I would ask the hon. Minister of Health to investigate these two situations to which I am going to refer. I am advised that, for example, in the North Central Regional Health Authority, the board approved to buy out the vacation leave of a civil engineer in the sum of \$70,000. Mr. President, that civil engineer was due to go on retirement leave, and rather than let him go on retirement leave, they buy out his vacation leave.

Now the question that arises is, if that is the case, it is clearly a situation where this particular civil engineer is a specialist in his field, and is needed by the institution in such a way that they felt they needed to adopt this course. Now, that, as I understand it, has never been done before and is totally contrary to the public service practices in the North Central health facility and I would like the Minister, who I am sure will not condone any such thing.

The other situation is where an employee at the Caura Hospital is on vacation leave, and has been allowed to go on extended vacation leave so as to take up another job as an acting CEO with the National Quarries Company and is now being paid two salaries. Now, if that is the case, I know that the Minister is not going to condone any such thing, but the fact is the Minister cannot know everything. I would just like him to investigate whether or not the information I have received is true and correct, as we would say in law.

So, Mr. President, as I close, I think that having looked at the mission and the vision, I believe that, at the end of the day, a lot of the utterances of the Minister of Health as they relate to improved health care for Trinidadians and Tobagonians are very welcomed.

The fact that he has indicated that this amendment is necessary to achieve certain things, I hope that some of the statements that he made about some of the persons working in the health industry will certainly take them very seriously, and as we move forward we can all, at some point in time, say at least, that the Ministry of Health—which impacts on the entire Trinidad and Tobago—that we can see some sort of transformation and, hopefully, an improved quality of health care for the whole of Trinidad and Tobago. Thank you very much. [*Desk thumping*]

Sen. Dr. Rolph Balgobin: Thank you, Mr. President for the opportunity to make a small contribution to the Bill to amend the Regional Health Authorities Act, Chap. 29:05. Having the opportunity to observe some of the off-camera stresses and strains that might be evident on some of the speakers and the listenership, I would like to begin, Mr. President, by recognizing the Minister of Health for having done—in my view—a very good job in extremely difficult circumstances. [*Desk thumping*] I think that he has conducted himself in the pursuit of his duties with much wisdom, and he has been very even-handed in his approach to the challenges that he has faced while serving as the Minister of Health.

I have paid close attention to that in the public domain and recognized him for his efforts. It cannot be easy being a Minister of Health listening to this debate. What is supposed to be a very straightforward improvement to RHA procurement has turned into a general discussion about health care in Trinidad and Tobago. The latter is a much more complex debate, not just because of the sophistication of the sector, but also because of the emotive nature of the subject matter at hand.

7.55 p.m.

We are dealing with wellness, illness, birth, life and death. We are dealing with death at a time when people are less and less prepared to accept it. So if someone goes into the public health system and dies, public health practitioners now find themselves in a litigious zone. Aside from that, everyone has some personal experience, but I have seen as well people who seek to profit when bad things happen to relatives and so on in the health sector. This is a very real issue that any Ministry of Health or any RHA has to contend with, these folks who will seek opportunities to cash in.

But how did we get here, Mr. President? How did we get to this place? It bears noting that we got here in 1982 or thereabouts when oil dropped from \$36 a barrel to \$9. That initiated a period of about 10 years of GDP contraction in Trinidad and Tobago—10 years. There were massive inefficiencies that became exposed in the operation and management of the State, many of which continue up to this day.

If you want to see how badly this country is actually run, let us take oil and gas away, as happened in the 1980s with the collapse in oil prices. Massive inefficiencies were exposed and one of those had to do with an over-centralized Central Tenders Board. There is a document looking at the Trinidad and Tobago Health Sector Reform Programme, there is an interesting statement made. This says:

“Modernization of procurement mechanisms is also taking place through efforts to develop alternatives to the over-centralized Central Tenders Board system.”

This is dated 1995. So for almost 20 years we have recognized the problems attendant to public procurement, and how it constrains the Ministry of Health and the public health care sector. So up came an ambitious plan to separate regulator and provider, and RHAs were created. They were created to solve problems of execution and governance. That is why they were created.

The RHAs themselves were not endowed with any particular set of skills that the Ministry of Health itself did not have. It was really a system that was used to push health care management out closer to the citizen, because the Ministry of Health, for whatever reason, was unable to do it. So when RHAs came into being, they were conceptualized as bodies that would sell services to the State. They would sell services to the Ministry of Health.

The Ministry of Health would do this via the creation of an entity, a document, a mechanism called an annual services agreement, what is known as an ASA. So the ASAs are really meant to govern the relationship between the RHAs and the Ministry of

Health. It really was supposed to be a very simple system. The Ministry of Health would specify via its ASAs what services it wanted, and the RHAs would say, "This is what we think we need," and they would barter with the Ministry of Health on that, they would agree and the Ministry of Health would pay for the RHAs to supply services to them.

I suppose that is one point at which massive failures occurred, because if the ASA system ever actually got off the ground, I do not think it was anywhere near the level of detail, of specificity, that would really have caused a proper separation between regulator or purchaser and provider. That did not happen. If you look at ASAs, as I have, they are very broad statements: provide maternity services. What does that mean? Provide accident and emergency? What does that mean? The ASAs really became a laundry list of things that the Ministry of Health said that the RHAs should provide.

So the RHAs then said, "Well, we will do our best with what we have here and we will send you the bill." So no real separation occurred, and a whole lot of bad things happened inside of there as a result. One unintended consequence of which is we have really never specified to the public, to the citizens of Trinidad and Tobago, what they have a right to expect free from the national health care system that we have.

So you have all sorts of things; we are very much approaching some elective procedures in some RHAs. So the general public is no longer just unwilling to accept death, but also finds that they should be given more and more things free, in terms of health care.

How do you assess then, if you have very broad annual services agreements? How do you assess then the performance of the RHAs, of any particular one of the entire system? What is the objective measure that we are supposed to use, as a Parliament or as a public, to know whether this system has worked well or worked badly? I invite the Minister of Health to consider an assessment of the RHA model and its performance and to make the results public. [*Desk thumping*] I invite him to do that, and a time series would be fantastic.

This Bill seeks to remedy really but one issue, that one mischief that was created by the existence of the RHAs and the system as it was operationalized, given that it was never truly separated from the Ministry of Health, and that is: how can these RHAs, collectively or in pairs or however they choose, from time to time, where economically feasible, jointly contract for services or for the purchase of goods? This fixes a significant problem.

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This is not just about getting together to buy five ambulances that three RHAs need, to my mind. I heard a lot of talk about that and about buying things that are not relevant for one RHA or the other, and I will come to that in a bit, because that argument would have very dubious moorings, as it were. A very significant aspect of improvement that comes out of this legislation is the ability for RHAs to come together to purchase services: neurology, cardiology, radiology. There are examples, even recent ones, where you have in the North Central RHA a number of anaesthetists, but you have a shortage in the South West Regional Health Authority, and you cannot send someone from one RHA to work in another. So they may be underutilized in one zone, and there is a screaming demand for them somewhere else.

The only way that the RHAs can jointly contract for this would be, apparently, by amending this section 20. If that is so, what mischief does this do, what problem does this cause? If you think about the population and the epidemiology profile of Trinidad and Tobago, you look at incidences of mortality and morbidity, and you look at what is killing our people.

Do people in Debe or Penal die more from heart attacks than people on the East-West Corridor? No, there is no significant difference, no major distinction in terms of what is killing people in one place to another. Our top causes of mortality, and I stand to be corrected by the hon. Minister, would be things like diabetes, heart problems, cardiovascular problems and cancer. So it begs the question, Mr. President: Why do we have so many RHAs? What are they dealing with that is so specific to a particular place, that you need a whole different governance structure set up there?

I can understand the justification for a political constituency. I can understand the logic behind the location of a police station, a post office even. But what is the difference between the cases that Mount Hope sees and the cases that the Arima District Hospital sees, or Sangre Grande for that matter. I suppose a lot of people go up to Sangre Grande for venom problems, snake bites and passports—*[Interruption]* not passports.

So we have a system that appears to be complex, for a purpose that is very difficult to fathom. I think that we should be able to pool our resources for purchasing so that we can share, perhaps not goods, but certainly services. We can share those things and leverage our collective power to make the best resource, and avoid instances of resource mismatch by allowing more than one RHA to take advantage of the resources that we contract for.

The other thing that seems largely to have escaped our debate so far, really has to do with the governance challenge involved in setting up competent boards and tenders committees for these RHAs. It is extremely difficult. The Act makes certain requirements clear for who may sit on the board of an RHA. But if you look at these boards in operation, it is a duplicated governance system and it is very difficult to manage. What does that lead to? It leads to delays.

What else are we having to contend or treat with? The RHAs of course. The people on the front line are “boofed” wrongly because they do not have the drugs or they cannot dispense drugs. You know, Mr. President, when we were working on Vision 2020 an interesting question was put forward. How is it that some parts of our country run out of drugs, say in our health centres or hospitals, but you could get the day’s newspaper to read in the furthest corner of this country? You could get a fresh pack of nuts, you can get fresh bread.

8.10 p.m.

So, how is it that the supply chain and the logistics have been worked out by some parts of the socioeconomic fabric, but we have problems in the Ministry of Health and the RHAs? The answer is in large, if not entirely, but in large to do with Nipdec’s involvement in the purchase of drugs for the RHAs. So they must requisition these from C40, almost infamous now, but we all know how procurement works, and I would be very interested to know how much emergency purchasing is done by Nipdec because that is where corruption occurs. You wait, you wait, you wait; you hold it up, you hold it up, you hold it up, and then you buy when it is an emergency and you pay 10 times the price—the public pays, nobody loses. [*Interruption*]

So, I would like to know how many emergency purchases Nipdec has been involved in and what power does the Ministry of Health have in terms of Nipdec’s activities with regard to the purchasing of drugs and so on for the RHA system? Because, it is not right or proper to have RHAs strangling for drugs or in need of them and subject to the inefficiencies of Nipdec. As I understand it, all that can be done is an audit of C40 operations. I do not know if that is true or not, but what I do know is that the RHAs need to be much more flexible and much more responsive in terms of their ability to purchase goods and services if they are going to deal with the changing and accelerating needs of our population.

I think that if the Minister is bold enough to take my invitation, I would be bold enough to make a suggestion to him, that you have one RHA in Trinidad alone, or two, maximum, north and south, or an RHA for Trinidad and one for

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Tobago. What that allows us to do is to streamline the operations of our various health care facilities and make our governance arrangements simpler. It also reduces the drama involved in the politicization of boards and of staffing.

It remains a continuing stupidity that employees in places like these have their contracts wiped out at the first convenient opportunity every time a Government changes. You are losing institutional memory, so we reinvent the wheel all the time. That is what we do and we call ourselves a progressing nation. We must hold ourselves to a higher standard, look past narrow political interest, particularly where the employment of skilled persons are concerned.

I wish to refer to the contribution made by Sen. St. Rose-Greaves, when she spoke of services, and a lot of people spoke about services and the bad services that they have received in the health care system. It seems as if, just like with the police, almost everybody has a story to tell. But, Mr. President, if we want to talk about services, we ought to recognize that the public has a role to play where courtesy is concerned.

I have been in public offices and in health institutions, public ones, where members of the public can be extremely rude and difficult with health-care service providers, who, over time—any organizational psychologist will tell you that the psychology and the approach of a person—they become callous and as they become more and more callous they come across as uncaring. They shield themselves from the emotional hurt that is attendant with a member of the public, a stranger walking up to them and vomiting all over them, not literally but figuratively.

So, we are not going to get better service just by beating these people up. I think that we need to train them to deliver better services and that is something, certainly, that joint contracting would serve well. I also want to make a point in response to a couple of things Sen. Tewarie said, as I wind up. Some people have said, why do we need to consider this now when we have procurement legislation that we are thinking about? I would be extremely surprised if we saw that procurement legislation hit here before the end of this session. *[Interruption]*

I would be impressed. I would like to be impressed, but I am going to bet on surprise because it is an extremely big and very complex matter with which we must deal when we talk about public procurement. The RHAs cannot wait for that, they just cannot, so if we have bodies corporate that are set up as a result of this legislation, and we need to make their purchasing ability more flexible, then by all means change the legislation. I think that is about the only thing we can do, as a sensible country.

Mr. President, in closing I wish to just make some candid observations. The first one would be, I do not think that we should address each other the way that we do. I think that if we are addressing each other this way, the public looks on and they do not—to use a term that someone shared with me a few days ago, “it not irie.” It is not the way that we should operate.

If the public wants to ask questions we should answer the questions. [*Desk thumping*] Whether it is about Invaders Bay or about public procurement or about anything else, we just have to take these questions on and answer them; and I think when we talk about stigmatizing people with mental health issues and so on, I think that my colleague needs to recognize that, if you take the Cheryl Miller example, she was stigmatized when she was sent away, and it is a fact. It is not a stain on a Government to say that. It is an error of judgment, maybe, I do not know. What I do know is if it was a member of my family I would not like it.

Mr. President, you, in committing Sen. Al-Rawi to the committee of privileges, made an observation about actions that can bring this Senate or its Senators into disrepute, and I wish to make the observation as I close, to say that no matter how we judge ourselves, how does the public perceive us when we take so long to pass a Bill that long? [*Holds up Bill*] How does the public perceive us, when you add up all the degrees and all of the education and all of the experience we have and we take weeks to pass a piece of legislation like this; when we take so long to get something so simple done?

I think it is a very poor reflection on us; and so, even as we examine the behaviour of ourselves then in a privileges committee or not, I think that as a group we need to consider why we take so long sometimes to do simple things, and also why we speak to each other the way that we do. I do not think that we can build a nation this way. I am sure that we cannot.

Mr. President, I am in support of the proposed legislation. I empathize with the Minister having to sit here for all these weeks and hear us deal with him and I am hopeful that we can get past this and on to other critical matters that are as important or even more important for the well-being of the citizens of Trinidad and Tobago.

I thank you for the courtesy, Mr. President.

Sen. Danny Maharaj: Thank you, Mr. President, once again for this opportunity to contribute in this Senate. It is indeed an honour and privilege always to share my thoughts and ideas and also to articulate the voice of the common man as it relates to the Bills and Motions that are brought to this Senate.

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This Bill, which effectively enables the regional health authorities to procure goods or services collectively, where it is economically expedient to do so, as the goodly Sen. Dr. Balgobin indicated, is a very simple Bill. It is a Bill that is really geared to make an adjustment to ensure value for money, value for dollar, because this Government is about ensuring our taxpayers get their money's worth. So when the Minister of Health—and we have an excellent Minister of Health [*Desk thumping*—recognizes an opportunity to save money, he does so immediately to bring and to take action that would resonate and result in the saving of money; money that could go towards the purchase of beds, of medicine and of other facilities to upgrade the health sector. So, Minister of Health, I thank you for an action-oriented approach to governance. [*Desk thumping*]

We talk about bulk purchasing because when we look at the different RHAs, there are commonalities: all doctors and nurses would have use of gloves; in all the RHAs they would have uses for needles, for blood bottles, for bed sheets; and if one RHA is purchasing a bed sheet for \$20 and another for \$10, and it is the same bed sheet supplied by the same company, then something is wrong, because we are not getting value for money if the same item is being sold to different RHAs for different prices. [*Desk thumping*]

8.25 p.m.

So the RHAs could now bring their collective experiences in terms of their purchasing history to say, “You know, this supplier has a good price, but this supplier is uncompetitive”, and as such now they can make best decisions, again resonating value for money.

Mr. President, the debate took a wide scope and when we talk about the health care system in Trinidad and Tobago, we have major institutions. We have the San Fernando General Hospital, the Port of Spain General Hospital; we have Mount Hope; we have the Sangre Grande facility; and those are major medical institutions that are situated in the urban centres of Trinidad and Tobago that facilitate the majority of the population to a quick response.

Then we have our health centres that service the outlying communities. In Mayaro and Siparia we have health centres. But what we must recognize is that we have had significant population growth over the period and now the system as it is cannot respond to the demands and the needs of the population. This is something that had to be monitored over a period of time, and the adjustments, the investment and the political eye to make the decisions along the course of our history—to make the necessary improvement to respond to the population needs—that has not happened as it was supposed to.

This is why today we are in a position where this Government is placing a special emphasis and a high priority in picking up the slack that was left behind, because we understand that no citizen of our country deserves to go to a hospital or a health care facility and wait four, five, six, seven or eight hours for attention. We will not stand by and look at that and take no action. We will take action towards solving that type of scenario.

I will demonstrate the type of action this Government is taking because we say no to that situation. We say no to a situation where a person might have cause to do a minor surgery or a non-emergency surgery, and must wait six months or eight months or a year or two years to have that surgery performed. We say no to that situation. We say our citizens deserve better than that. [*Desk thumping*]

I have had cause to interact with the San Fernando General Hospital on many occasions due to either family members, relatives or friends that had cause to utilize the facility there, and I want to say that the doctors and nurses and the staff at that facility—and I presume the Port of Spain General Hospital, Mount Hope and other facilities—are hard-working; they are dedicated and they are patriotic to Trinidad and Tobago.

It is no easy job to face the patients in which the decisions you make and the actions you take could result in life or death, and you have to face that situation on a recurring basis, a continuous basis, a daily basis, and they face that and they do their best within the constraints and the limitations that exist to try to save those lives. The system is not perfect. We recognize that and we admit there must be heavy investment, heavy thought, heavy upgrade of our health facilities.

The hon. Prime Minister, in her speech on Monday January 25 at the South Academy for the Performing Arts, said, and I want to quote her speech, where she said—my friends opposite spoke of a vision for the health care system and so on. She said:

“The healthcare sector in Trinidad and Tobago will become an increasingly attractive place for international healthcare investors, providers, services, facilities and healthcare professionals. We want to harness this potential. By learning from the experience of others like Dubai, Singapore and Thailand and by building strategic relationships with local, regional and international partners, health will continue to play its part in the exciting development of Trinidad and Tobago.”

And she went on further to say:

“By 2015, the Trinidad and Tobago Healthcare City, as it will be known, will become a globally acknowledged location of choice for healthcare, a centre of excellence for specialist medical services, medical education, life science research and technology leveraged health care services.”

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This Government, our Prime Minister, our Ministry of Health, our Cabinet, in recognizing the problem, in agreeing to the problem and in pursuit of solving the problem, have taken action. Of course, you cannot wish a hospital to appear tomorrow in some location, or five hospitals or 10 hospitals. It is a process but we are saying that we are moving along with the process. We have come a long way, but it will not take 12 years.

When you drive along the highway you already see the site of the Children's Hospital in Couva. That is the hospital that will be specially geared towards providing for our young people by way of the Children's Life Fund. What has happened over the years, we have a lot of brilliant minds in Trinidad and Tobago in terms of our medical doctors, our medical practitioners, but we have not had an opportunity to train them in the specialist fields and develop their skills. So what happens is we have a brain drain, and they leave our country; our nurses leave.

By setting up these hospitals now, we give the opportunity to our medical practitioners to further develop their skills in these specialist fields. When a parent recognizes through assessment by a medical practitioner that their child has a particular ailment, many times the treatment cannot be done in Trinidad and Tobago. And what happens? They need to find out from someone; they do research; they ask around; they ask doctors: "where can we go?" They decide to go to the United States of America; to Canada, to England, to Pakistan, to India, to Venezuela, to seek treatment. But this treatment is not free. This treatment is expensive and costs money. So they must now engage in a process of fundraising. Sometimes it costs US \$10,000, \$20,000, \$50,000, \$100,000, \$200,000, for some treatment. Where will they find the money?

Well, now they are getting help from the Children's Life Fund. [*Desk thumping*] By setting up this facility in Trinidad and Tobago they do not need to go abroad anymore. They would have the services provided right here in Trinidad and Tobago, and when it is developed properly, it is the vision of the Government that people from other countries will come to Trinidad and Tobago to access our services because the idea is about medical tourism in Trinidad and Tobago.

We have the talents; we have the skills; we have the capabilities. If we put the infrastructure in place, provide the equipment and train our people, we could now offer the services to the outside world. No longer will our people have to seek those facilities outside, but people from other countries might see us now as a location to come to us and seek our services, and that is vision. That is vision!

Further, I go on to indicate our Government has come under heavy fire for travel, for our journeys to Brazil, to India, Panama and Colombia. But we have dealt with that and the results will show themselves. I have full confidence in that. But just in terms of the RHAs and health, when we look at the journey to India, we see from the Press Information Bureau, the Government of India, an MoU—traditional medicine—signed with Trinidad and Tobago and I quote:

“The signing of the MoU provides a legal frame work for the cooperation between the two countries for the promotion of Indian traditional medicine in the Republic of Trinidad and Tobago. The main objective of the MoU is to strengthen, promote and develop co-operation in the field of traditional systems of medicine between the two countries on the basis of equality and mutual benefit.”

There are many countries with experience that we could harness in terms of the health sector and its development and we must have the ability to reach out and say, “We know you all are specialists in this field, we know how”—let us say Cuba. Cuba is highly rated in terms of health care. We have a good relationship with Cuba, with most nations in the world, and we could use our diplomatic relations to understand those sectors better and to import the experiences so that we can make the best decisions in developing our health care sector in Trinidad and Tobago.

I also want to congratulate our Minister of Health because—from this *Newsday* article, Sunday March 25, 2012, by Andre Badoo—the article is titled, “Free will and the fight the fat campaign.” This is a Minister of Health who is taking a frontline approach, because if we do not bring simple things to the forefront, in terms of health care that affects our citizens, and it results in our health care services being strained, then we are not taking the initiative. Our people need to be educated.

8.40 p.m.

I agree with Sen. Deyalsingh when he spoke about diabetes, hypertension and so on. We need to embark on educational outreach programmes where we go into the communities, villages, towns and cities and let our people know about lifestyle changes that will result in a better level of health and a better lifestyle altogether so as to result in a healthier population.

Mr. President, I thank you for the opportunity to contribute and I thank the Minister of Health for bringing this Bill. I am fully in support. [*Desk thumping*]

Sen. Elton Prescott SC: Thank you, colleagues. Mr. President, I thank you for the opportunity to join the debate on the Bill to amend the Regional Health Authorities Act, Chap. 29:05.

In joining the debate, I am inclined to raise some concerns about its true purpose and, at the end of the day, I anticipate that the Minister, who has carriage of this Bill, will elucidate, for our benefit, on the true purpose of the piece of legislation. For now, I am not inclined to be supportive of it in the absence of true and reliable material. [*Desk thumping*]

You may recall, Mr. President, that the Bill was introduced by the then acting Minister on April 17, 2012 and he told us that among its objects was to allow RHAs to procure goods and services collectively, where it is economically expedient to do so. I think I quote him correctly.

So he introduced the Bill on the platform of procurement being made more efficient, and so the irony of it is that—and I am sorry it fell from the lips of my colleague of 50 years or more, Sen. Dr. Tewarie, that he commenced his contribution by saying: “The introduction of procurement”. I know that my quotation is not going to be incorrect; my understanding of it may be a bit off. “The introduction of procurement,” he said, “was the introduction of something to make much ado about nothing.”

Very ironic because one is tempted to say that this piece of legislation contributes nothing. There is much ado about nothing in it and we spent three sessions on it already and we are about to wrap it up, not knowing precisely what the Government is after when they introduce legislation of this sort.

Let me read from my notes of what Minister Dr. Gopeesingh told us in this Senate on April 17, 2012. He said it was to facilitate new systems of health care; to create public/private sector partnerships, which may be more cost effective; to make Trinidad and Tobago a hub for tertiary health care—he actually used the term “health tourism” and today Sen. Maharaj spoke about the Prime Minister saying we can become the globally acknowledged location of choice for health care, which seems to be of the same mould.

Then he took us to the need for there to be better purchasing of equipment and more access to training in the use of machinery and the obtention of cheaper maintenance of equipment. Those are all admirable, but one is tempted to ask, as I do now: what is it that is so weak about the regulations which already exist in the Regional Health Authorities (Contracting for Goods and Services) Regulations, which were passed in 1995?

Can the Minister tell us: where are the weaknesses as between the Act itself and these regulations, which now need to be addressed to strengthen our capacity to have purchases done by the regional health authorities? What has led the Minister to think that the regional health authorities do not now possess the capacity and the authority to themselves collectively make purchases, to procure the goods and services which the Minister has sought to persuade us are only going to be able to be done efficiently if done by means of this piece of legislation?

I am not satisfied that we have been provided with the material on which the Minister is relying. [*Desk thumping*] One would have hoped that when the question arose, as it did across the floor, about regulations, that the Minister would have found less imprudent words to answer by saying: “Well, they will be made available when the Bill is passed.” The regulations will be made available when the Bill is passed.

We already have regulations here. Why not come to this Senate and seek to amend the regulations if you think they are in need of strengthening? [*Desk thumping*] We would not have spent all this time because I think there are joint select committees that can address those—the regulations are subject to negative resolution according to the Act and we may well have been long gone from this and would probably be dealing with the Children Bill or the land regulation. We could have gone on to something of great substance—not greater necessarily—over the last two sessions, had we simply had to deal with a regulation seeking to bolster existing regulations, which exist specifically for the contracting of goods and services.

So, in the absence of that direction or words which will lead us to feel satisfied that the Minister who presented this Bill understood what its purpose was, I now ask: has the Minister not observed—and I am inviting my colleague Senators themselves to observe—that in the Regional Health Authorities Act, Chap. 29:05, at section 6, the following powers and functions are set out:

“The powers and functions of an Authority are:

- (a) to provide efficient systems for the delivery of health care;...
- (g) to establish and develop relationships with national, regional and international bodies engaged in similar or ancillary pursuits; and
- (h) to do all such things as are incidental or conducive to the attainment of the objects of the Authority.”

In section 10, if I may invite your attention to it, a Chief Executive Officer is provided for—and it goes on to say at section 10(6):

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“A Board”—of a regional health authority—“may delegate to the Chief Executive Officer such functions and powers as the Board deems necessary or desirable for:

- (a) the effective management for the delivery of health care;
- (b) the execution of the functions necessary for the attainment of the objects of the Authority.”

So the regional health authorities already have the power to delegate to their Chief Executive Officer the very thing we are seeking to do here—to execute the functions of the authority in order to attain their objectives. So that, for example, if you go back to section 6, the provision of facilities to facilitate new systems of health care are the things that the regional health authorities are empowered to do. The Chief Executive Officer can, by a decision of the board, be empowered to do precisely that.

In section 13 of the Act:

“(1) A Board may delegate to a committee any of its powers and functions concerning the delivery of health care, including staff-related matters.”

There again we find that the power of the authority is not by any means discounted. The authority can conduct its business through a committee of its own making. Do we really need to be spending all this time introducing a few lines into this piece of legislation? I will deal with the precise language of the legislation in a very short time.

What we seem to be doing—we are being asked to assume that there are procurement benefits to be gained by this amendment and that those benefits will outweigh the management challenges that are bound to follow if you set up this super procurer of goods and services. We have difficulty managing small regional health authorities in four or five regions in the country and this piece of legislation seeks to create this hyper RHA, which will be managing all of the procurement of goods and services for the entire country.

Are there really procurement benefits that are going to be received, that are going to come to us? Are they going to outweigh the management challenges that are bound to be associated with the creation of this gigantic procurer of goods and services? I am not convinced that we have the capacity in Trinidad and Tobago to function at that level. The Minister, who presented on behalf of the Government, has not even attempted to persuade us in that direction, so that there is this concern that I have.

I return, once again, to the question of this super RHA. It is true that we do not have anti-monopoly legislation in this country. It may well be for good reason, but some advanced societies do have such legislation. We are now being asked to create another monopolistic body in the country, which has the power to control all of the purchases of medical health care and goods and services in the country and that could never be to the benefit of all of us at the same time.

We know that any one error on the part of the purchaser could result in the country being without medical care or medical supplies. One storage error, one late delivery of a shipment and all of us will find ourselves standing in line—if we are in good health—to receive medical care or medicines or whatever goods and services regional health authorities now provide.

Mr. President, we tend to overlook that, in the middle of all this, the Tobago Regional Health Authority, unlike those in Trinidad and Tobago, is said to be—and I had better read from the Act, “subject to the provisions of the Tobago House of Assembly Act.” So the Tobago Regional Health Authority, by its very definition and by the provisions in section 5(2) of the Act, may well say, “I cannot become party to any collective agreement to purchase goods and services for the people of Tobago.”

It may be very irresponsible of the Tobago Regional Health Authority to do that. Tobago already experiences great difficulty, as we know—and they are very vocal about it—in getting from Trinidad goods and services which people need to survive. We hear about it in the construction industry. We hear about it in the provision of education. Now to put into the hands of this hyper procurer in Trinidad and Tobago the business of Tobago getting its hands on goods and services in health care would be to make a grave error and one ought to take that into consideration when deciding to vote on this particular amendment to the Regional Health Authorities Act.

8.55 p.m.

Mr. President, the next point I wish to bring to your attention has to do with the amendment itself. If I may invite your attention to clause 2 of the amendment, it says that we should now insert the following subsection:

- (1A) Notwithstanding subsection (1) and where it is economically expedient to do so, a Board may—
- (a) pursuant to an agreement with any other Authority;
 - (b) in accordance with regulations made under this Act for the purposes of this subsection; and
 - (c) acting on behalf of its Authority and an Authority referred to in paragraph (a), invite, consider...offers...for the supply of goods or the undertaking of works or services...

Why are we amending section 20 to introduce this kind of provision? In the first place, you may recall that I have been speaking about a super RHA. If you read the new proposed section (1A), (a) to (c) you would find that what this new board is going to do—this super board— it is required, for the purposes of this subsection only, to act on behalf of itself and another authority. So, the amendment gives to one authority the power to act on behalf of another authority. If there is a Minister who has the power, and is so inclined, he may put in the hands of one authority only, the power to act on behalf of all the others and the role is never reversed because subsection (1A)(c) says the board may act on behalf of itself and on behalf of another authority; never the other way around.

I trust I am getting through to the Minister what we are saying. Do you wish to have these regional health authorities meet and independently determine which of them shall go out and procure services, or, do you wish to treat with one of them as being the central procurer and all others must subordinate their authority to that super or hyper body? In the hands of an unscrupulous Minister of Health, in years to come, we may well find that the power is exercised from within the office of the Minister, and that no regional health authority can, by itself—mindful of the peculiar requirements of the regions over which it has control—go out and purchase those services.

We ought to be concerned that this is precisely what this clause is going to create. [*Desk thumping*] Those who have set it out may be well intentioned—I have listened to my colleagues, they have all said that this Minister is clear about what he is doing and he is doing it in the interest of the country; but he may well not be observing that he is creating—I would use a colloquialism —“track for ’gouti to run on”. We ought to be concerned.

The Minister, in wrapping up, may wish to address this for us. He could tell us how it is he proposes that subsection (1A) could be so hermetically sealed that it avoids that kind of unscrupulous behaviour in the future.

I now move further on into the body of subsection (1A) to make the following observation. In subsection (1A) it says that the board may, by acting collectively:

...invite, consider, accept or reject offers...

I would skip the next few words for the moment.

...for the supply of goods or the undertaking of works or services necessary for carrying out the objectives of the respective Authorities.

Now, strangely, we find those very words in section 20(1), with the exception of language which may well be either thrown in there accidentally—if deliberately, we need to know why. In section 20(1)(a), the following may be found:

- 20 (1) for the purpose of any transaction, contract or covenant a Board may, on behalf of the Authority for which it was constituted—
- (a) invite, consider, accept or reject offers for the supply of goods or the undertaking of works or services necessary for carrying out the objective of the Authority...

Can the Minister tell us why he has introduced the term “and enter into contracts” into the language of 20(1A)? It is a redundancy, we know—those of us who read a little law—that if you are already empowered to accept or reject offers, you do not need a further power to enter into contracts. When you accept an offer you have entered into a contract.

It may be that the framers of the legislation just thought it might look good to make it look different from 20(1A) as it exists now, or, in the event that I appear facetious, it may be that the person who framed it thought the first incarnation of section 20(1A) was inefficient. I do not think so. If you say, in the same language of 20(1A): “invite, consider, accept or reject offers for the supply of goods or the undertaking of works or services...” then you achieve the same result.

Perhaps, therefore, one may conclude that it had to look different from what exists today, so we threw in these words, redundant as they may be, “accept or reject offers”, ergo, to accept to enter into contracts, and then you just add, “and enter into contracts”. So, you now have a double force—double power—to be a contracting body. *[Interruption]* I do not know if what we are creating is an ambiguity or just a bit of confusion for those who may wish to challenge the decisions of an RHA in the future.

So, Mr. President, I ask: What Minister—given as section 5 does, the power to give directions, specific or general, to RHAs—what Minister, in the future, is going to be able to resist the temptation to insist that all purchases of services be made from one particular supplier? What CEO, what board of a regional health authority, in the future, will feel able to resist the specific directions of a Minister to do that? Should we be careful not to create those loopholes, as I say, for 'gouti to run on? *[Desk thumping]*

I think I have found an answer. It might be unpalatable, but it struck me. I read in the *Daily Express* of Monday, April 16, 2012 by—a writer whom I exchange with from time to time, and I think he writes well—Mr. Keith Subero. The caption was

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“Ominous connections”. It just struck me, out of the blue. He does refer in it to Dr. Khan—I do not know that I would be contravening any Standing Order if I just read it as it is.

Mr. President, with your leave, may I?

He says:

Was Dr. Khan on script when he first revealed a plan to invite international medical centres to establish facilities on lands, leased by the Government, which in turn would purchase their services under a proposed privatized health care system? Is he also following that script, seeing that his name remains...on the door of a private office?

What that caused me to think is, this amendment does make way for these proposed specialist medical centres. If you got your hands on, by way of land acquisition or what have you, lands such as those in St. Ann’s—this article was in respect of St. Ann’s—and specialist medical centres were established there—more particularly, if they were to come from another country and required certain guarantees—it would be good if you had legislation of this sort, as is to be amended, which would permit you to provide to those specialist medical centres, facilities, goods and services coming from a particular supplier, or the other way around. The specialist medical centre comes into this country and itself becomes the procurer and the supplier to all of the regional health authorities.

Is that not a realistic picture of what could happen in this country? That we would, once again, find ourselves looking outside of Trinidad and Tobago for all of the services that we need, and this time, in health care. The risk that we run is similar to the one that is posed to the carnival operators, that the delivery of the shipment may not come in time and the carnival has to be postponed. [*Desk thumping*]

I hear people talk, all the time, about our CDAP beneficiaries receiving medical supplies that are of an inferior quality and so on. Is that not a likely scenario in this kind of circumstance, that we are bound to accept what we have contracted to provide, whatever the quality may be? Should we not be concerned, as a population, about it?

Mr. President, if, therefore, my reading of the amendment is not by any means alarmist—I am making bold to say that it is not—then the whole purpose of this amendment escapes me. [*Desk thumping*] I suspect that among my colleagues, some questions must now be arising: What is it that we really want to do when we introduce this piece of legislation? What is it that causes a legislative draftsman—No, I had better not put the blame there. What is it that causes those who have conjured up this

amendment to take their time to set it out in this kind of language, when all that was needed was to address the current piece of legislation, see if it does not provide you with the power that you think you do not have, and you would find that it is there?
[Desk thumping]

Mr. President, perhaps, I need to say no more. The current furore over the Brian Lara Cancer Treatment Centre gives us an opportunity to ask ourselves: Should we not be paying more attention to how we do things now, given the systems we have, and the skills we have in this country, and ensure that the management of our health facilities and the delivery of health care is placed in the hands of skilled personnel who are concerned about this country and not provide, as this appears to do, for some other body to take it over?

Thank you very much, Mr. President.

Mr. President: Hon. Senators, it is now 9.08 p.m. I propose to take a break for dinner and to return here at 9.40 p.m. This House is suspended until 9.40 p.m.

9.08 p.m.: *Sitting suspended.*

9.40 p.m.: *Sitting resumed.*

Mr. President: Before the break, I understand Sen. Armstrong was due to enter into the debate. [Desk thumping]

Sen. Dr. James Armstrong: Thank you very much, Mr. President, for the opportunity to join in this debate on the RHA Bill. When I looked at the Bill, the first thing I asked myself as I would usually do is, what is the purpose of this Bill really? What is the objective? I questioned whether it was about wellness, whether it was about health care. I really saw those as what I would call long-term objectives, and I concluded that the immediate objective of the Bill really has to do with procurement, and that is primarily what this Bill is about.

Then I asked myself: what is the situation with procurement in general in the country? And that is where I became extremely concerned—not simply about whether we are going to improve health care in the short run, but what are we going to do about procurement in the short run, and the impact of this legislation or this Bill if it is passed?

I have had some concerns for quite some time that, over the past several years, we have not been doing very well with respect to procurement. We have wasted much of the resources which we have had in this country. We have not had value for money, and that, in fact, is what is influencing my thinking and my approach to the

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consideration of this Bill. We have had a situation where we have tried to circumvent proper procurement procedures, simply to achieve alternative ends quite apart from anything beneficial to the public.

We have had a situation where we have created a lot of special-purpose companies, in my view very often to circumvent procurement procedures, and in doing that we have had a very, very poor history. In fact, one of the impacts of that really is that we have now a very large Government, and we are paying a significant amount of money simply to deliver what we are supposed to be delivering to the people of this country. We have a central government which we always had. We have a Government, and then we created all these other units, and when you really look at the cost of Government, it is a significant waste for a country of our size. It is a terrible situation that we are in, and I am extremely concerned with that.

We have had the problem with UdeCott, Mr. President, and I do not know that there has been any progress. We have had a commission of enquiry at significant cost with a number of recommendations made—91, if I recall correctly—and I am not satisfied that anything has been done to implement those recommendations. But here it is we are trying to now pass legislation to again deal with a procurement issue which would seek to centralize in a certain way, procurement in the health sector, and like some persons who spoke before me, I have some significant problems about that.

What are some of the other concerns I have about the practice of procurement at this point in time? As was mentioned earlier, we have the JCC, up in arms about procurement, and not just the JCC; within there you have the Chamber of Commerce, the American Chamber of Commerce and a number of civil society groups concerned about procurement, not simply in this regime, but for years this has been going on, and we have not been getting value for money at all.

Mention was made earlier of the Invaders Bay matter, and as much as I do not necessarily want to bring that up again, I have to indicate that I personally have some professional concerns about it, and this has nothing to do with the current Minister under whose portfolio this falls. The point is there has been nothing so far to demonstrate to me that this was clearly above board; so I continue to have problems with that.

More recently we heard of the university about to award contracts to a Chinese firm and immediately I said: “We are going down the same road again.” We have decimated the construction sector in this country. I heard the Minister of Labour and Small and Micro Enterprise Development saying—I believe it was

yesterday or day before yesterday—unemployment is at about 5 per cent/5 point something per cent, but then he said something that is very interesting, amongst youths, it is 16 per cent, but I will tell you something else, in some communities, indications are that it could be as high as 30 per cent or even above with respect to youths in those communities. Why then or how could it be that a state agency, an agency that is supported totally by the State, could proceed to procure services which would not take that into consideration? It is mind-boggling!

Furthermore, how could you have the primary institution of learning in this country training engineers, people in project management—I heard Minister Tewarie indicating that, I believe, there are 5,000 persons coming out of UWI every year. *[Interruption]* Okay. So if we have 5,000 persons graduating, how could you then turn around and engage in procurement practices which would not take that into consideration? It does not make any sense; we are not thinking these things through. So we are training people and giving away the jobs which these people can do, and how is that possible? It is possible because the services which we are engaging—those people are really circumventing our laws. If you look at a Chinese company, clearly we cannot compete against them because they are breaking all of our labour laws. All! I am sorry Sen. Abdullah is not here because I am sure he would have to agree with me—and those are the concerns I have.

So it is not simply about whether we can more effectively provide procurement services in the health sector, but it is the ongoing practice of procurement which is troubling to me. And if there is total disregard in other areas, the fear that I have is that once you have this type of legislation, it then ties up the procurement process in which—someone indicated a while ago, my colleague next to me, Sen. Prescott, that while everyone speaks well of our current Minister of Health, what if he is not there and someone is unscrupulous? We are in serious trouble because then you tie up the whole thing by centralizing it in a way that if a Minister or a board, a CEO, really wants to be unscrupulous, we are going to be in a serious dilemma.

I do not want to rain on your parade, Sen. Tewarie, but one, I would like to commend you for the boardwalk, good. It looks good, but I have a problem with it, and again to me, it is not thinking it through. I will tell you what the problem is, and I am sure services were procured for that, and the point here really is, it seems to me, that there is a certain amount of haste to do certain things, to build certain things, to pour concrete. You were not there at the time, but think for instance where you have that boardwalk, would it not have been better to leave the beach alone?

9.55 p.m.

Why would you put a boardwalk on the beach when the beach is already there, and people like to go to the beach? Since we heard about boardwalk and we like boardwalk, we say “we gotta get one, we must build one”. It looks good but, in that case, what I would have done is to move the road. If you like boardwalk and you want to build one, and you think that there are some benefits in it, put the boardwalk where the road is, and push the road back a bit, so we keep our beach. [*Desk thumping*] So the design of it, the procurement, I do not know who—as I said, when I heard about it, and I saw what was happening, I do not think you were there at the time, but you have to accept collective responsibility.

Sen. Dr. Tewarie: I was there for the brief.

Sen. Dr. J. Armstrong: Sorry?

Sen. Prescott SC: He was there for the brief.

Sen. Dr. J. Armstrong: Oh, you were there for the brief? However, the point is, again, I do not think there was proper consultation or adequate professional services, and this brings me to another point.

We are about to build a number of judicial centres. We have competent architects in this country, underemployed, and we have gone to a foreign company to do the preliminary work while we have architects here. What is the reason for that? That cannot be right.

In terms of the location of these facilities, I have been looking at some of the land use issues and they have not been adequately considered. So why not engage some of the professionals that can advise and consider these things properly? Again, there seems to be some need to, once you come upon an idea, race down the road. So, as I said some time ago, it is as if you go to buy a bus, you run a taxi and the pitch is, you could get from zero to 60 in five seconds and leave the passengers standing on the road. What do you want to do that for? That makes no sense to me at all. What is this great haste?

I would agree—and I think it was mentioned here—you cannot stop development simply because you need information. I appreciate those things, but I think that what can be done is to take into consideration the likely negative impact of some of the things that we are doing, and if it has to take another six months, then let it take another six months.

We have the waterfront project. I do not know whether Minister Tewarie’s Ministry has had sight of some of these things. Not only that, but competing proposals. How is this happening? We may think that there are no consequences to our

omissions, but in the long run it is going to have a serious impact on the society. You know, it is like sometimes I sit “dong de islands” and I see the *TT Spirit* passing, and it is after a while I notice that the water is very rough, and I say but why? *TT Spirit* gone, but that is the wake, the disturbance—gone already, but we are now observing the disturbance.

Sen. Karim: The spirit went on May 24. [*Laughter and desk thumping*]

Sen. Dr. J. Armstrong: Backwash, that is correct.

Sen. Karim: The spirit gone!

Sen. Dr. J. Armstrong: Minister Karim, I would not dispute the point that you are making, however, my concern is, you are going down the same road. That is the point. [*Desk thumping*]

Sen. Al-Rawi: UNC spirit!

Sen. Dr. J. Armstrong: You are going down the same road. I heard Minister Tewarie warning that, in due course, he might have some disclosures, but “I have no cocoa in the sun”. I am not briefing anybody. What I am saying, as I am pointing out really, has nothing to do with this regime. I am looking at it from a professional point of view, and what has been happening over the years with whichever regime.

So I have a deep concern about our total disregard for proper procurement procedures. [*Desk thumping*] I must commend Sen. Moheni when he said in his contribution—I do not think that we have observed that—when he spoke about the impact or influence of proper procurement on poverty alleviation. He said that and that really resonated with me.

In fact, I had a peep at an atlas that Sen. Tewarie shared with me recently, and I might advise you that in Trinidad and Tobago, Tobago is the best place to be living right now [*Desk thumping*] if you look at the indicators. Are we aware of that? Very good! [*Desk thumping*]

The other thing that I was not clear on is, I looked at the functions of Nipdec, and I could not quite understand—and, perhaps, the Minister in his winding-up could explain—why Nipdec could not do some of the things that we are talking about or exactly what we are talking about. Nipdec undertook to do procurement of pharmaceuticals and so on, starting in 1993 from what I saw.

My understanding is that they have acquired a significant amount of experience in this area and they have handled it for the RHAs and so on. They also procure for the CDAP programme. I was doing a little research and looked at their website, and as

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of December 14, 2011 within the CDAP programme, there were 271 pharmacies participating and 953 physicians; there are 681,000 patients and 542,000 prescriptions were filled. So, it is not clear to me, why we could not consider Nipdec to continue or modify their functions to address what we need. Maybe the Minister could deal with that.

The other thing that I want to touch on that some of my colleagues mentioned, and I would not dwell on it for too long, has to do with the quality of drugs that we are getting. I think Sen. Baptiste-Mc Knight also touched on that. Again, I was doing some research which indicated that China, for instance, in 2000 was exporting about US \$300,000 in pharmaceuticals, and by 2007 that went up to US \$675 million, and this information came from the *Washington Post* dated June 17, 2007.

I also looked at India and we spoke about that briefly. In 1997, India was selling eight generic drugs and by 2007 that increased to 305 and today it is alleged to be much more. Between China and India, they are now exporting or providing to the West in the vicinity of 40 per cent of the active ingredients in genetic drugs and so on. What is interesting is that they are now exporting to the West, and it is my understanding that we are also importing a significant amount of drugs from these two countries. Sen. Baptiste-Mc Knight raised the issue: are we really checking on the drugs that we are importing?

I have been seeing a doctor. I suspect I have a touch of arthritis. I went in to see him and he said, “Well take so and so.” Then as I was leaving, he said, “But listen, do not buy the one from so and so and so.” I said why? He said, “Well, listen, all my patients tell me it is not working. It is no good.” That is something I would like the Minister to really look at.

So, the further question that I would have, therefore, is what is the responsibility of the Ministry in monitoring the provision of these services and procurement of drugs on behalf of the people? I have a case that I would like to bring to the Minister’s attention. This is someone who is well known to me—someone that I am in touch with on a regular basis and someone I have a lot of concern about—and this relates really to the Brian Lara facility. I know that my colleague, Sen. Prof. Ramkissoon, dealt with that at some length.

10.10 p.m.

It is a specific case that I would like to bring to the attention of the Minister, because I am sure that a number of other people are affected. This person in question discovered while in New York that she had cancer. She came back to Trinidad

and was referred to a particular doctor. She went to the doctor who said, “Well, you have to have this operation, radical surgery.” She said, “Okay.” This is a poor woman. She said, “Okay, I will go in the Port of Spain hospital”. He said, “No, no, do not go to Port of Spain; do not do that there.” She asked, “What will I do?” He said, “Go to such and such a hospital.” She went, because the lady does not want to die.

So she went to the hospital and paid the hospital \$12,000; that did not include the doctor’s fee. She paid the hospital \$12,000, and the doctor said, “You will pay me separately.” That is another payment; fine. She went, and the surgery apparently did not go too well, because she was still having all these problems. Somebody recommended that she should go to another doctor. She went to that other doctor. That other doctor said, “From what I see here, you got messed up. This was a botched job.” Interestingly, that second doctor wrote a letter explaining the case, copied it to 17 other doctors, including the then Minister of Health. No response, nothing, but she is just struggling along.

She is then sent to the Lara centre. I understand the Government is paying \$8,000 per shot—\$64,000. There she received some treatment, and then this thing broke over radiation. She then goes back to another private doctor. From the St. James facility—she went there for a CT scan—St. James said, “Look, go to the Port of Spain hospital because we do not have that here. We cannot do it,” the machine or whatever it was. Port of Spain then said, “Well our machine not working, you have to go to Mount Hope.” She goes to Mount Hope. Mount Hope says, “Well, listen nuh, we cyar help you here, you know; go to Grande”. She goes to Sangre Grande and their machine was down. She then goes to a private facility and has to pay \$2,000.

Could you imagine if we have a situation where specialized services are tied up in one specialized facility, controlled by a few unscrupulous doctors and then they tell you, “Well listen, you cannot get this operation here? You cannot get this drug here. This facility is not working. Go to that facility.” That is what is happening with poor people in this country. So this woman is now scared out of her mind that she is going to die.

As if that was not enough, she then gets a letter from the cancer treatment centre. “You know wha dat letter say? Dis ting in de papers.” “You might have read about so and so in de papers; but doh worry about it.” I am sort of paraphrasing here, interpreting. “It is not a problem.” But then she reads the newspapers—90-something people died, so she is scared again. That is what we have to be dealing with. What are we going to tell this woman? Nobody telling her anything; up and down “de” place. I

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think that letter was on July 20. It said, “Doh worry; no big ting.” That is worse than the UDeCott fiasco, because people are dying, and if even they are not dying, they do not know that they are not dying. As far as she is concerned, she is not going to be around for too long.

The other brief point that I want to raise, Mr. President, has to do with something I think was raised by one of my colleagues, Sen. Ramkhelawan. He was talking about these advertisements that we have on television. I am also concerned about it. But yesterday, and a few days back, I have been noticing on a regular basis that these advertisements are not simply about these products going to cure cancer and diabetes and whatnot. You know what these conmen are now doing? There is a new twist to it now. There is a connection between the drug and God, because one “fella” I used to see him on “de TV” as a preacher and now he is selling these products. I found it strange. I said, “But I know this man to be preacher.” He found a twist to it; he says something to the effect that, “Well God also wants you to live;” and there is an endorsement. In other words, there is a connection. I said, “What madness is this?” What are we doing about these things?

So, Mr. President, these are the concerns that I have. As I said, this is a straight case of procurement. I am not particularly happy with procurement procedures over the past several years. We have a Bill that is under consideration; that is something else that we need to also look at. Again, what is the haste? Why are you leaving the passengers on the road? I do not understand it, because there is procurement consideration, procurement legislation that we have under consideration now. Like everybody else, I am very, very hopeful that it would come to this Senate so we could deal with procurement in a very comprehensive way, and tie up a lot of these loose ends that we have.

I would suggest that if the Minister could convince me—because I am really not convinced—in fact, my colleague, Sen. Prescott, also indicated he shared my view that we could very well deal with the requirements that are on the table now, with the existing arrangements that we have, and that we look at this whole business of procurement in a comprehensive manner. Perhaps this would also encourage the Government and all concerned to get this on the table as quickly as possible.

So that is my contribution, Mr. President, and I thank you very much.

The Minister of Health (Hon. Dr. Fuad Khan): Mr. President, I want to thank everyone who has contributed to the debate up to this point. I have been struck by a barrage of information concerning the health sector. May I start this contribution by indicating that I have been a surgeon for as long as I could

remember; a long time, and a doctor for longer than that. I have participated in the private sector. I have participated in the public sector. I have been the chairman of the medical association, the vice-president of the medical board. I have been a district medical officer. I have worked at the regional level. I have worked at the Sangre Grande hospital. I have worked at the Eric Williams Medical Sciences Complex. I have worked in the Port of Spain hospital and the San Fernando hospital.

I would like to bring to the table that in 1994 a group of young doctors, when this RHA Act was starting to be formulated by the then John Eckstein, we looked at the Act. At that time I was the president of the northern branch of the TTMA, and we looked at the deficiencies of the Act. We articulated those deficiencies to the then Minister of Health and indicated that this would not work. That was in 1994.

We continued to indicate that the RHA system, as it is purported to be in this Act, would provide more problems than answers. If we are just doing it to, as you say, procure various goods and services, then it is not going to work. However, in 1994 John Eckstein, the Minister of Health at that time, came to Parliament and it was passed because there was a majority.

I am not ashamed to say it—working in the health system in the private sector—and I do not want to say it because it will tread on some toes—we left Government in December 21, 2001—and this is for Sen. Cudjoe. In December 21, 2001 the United National Congress was heralded out of office based on the then President and his actions. From 2001—2010, it was impossible for me as a senior urologist to obtain a job in the public sector, because I was told I was a UNC. The health sector was deficient in the amount of specialists in that area.

This process continued into the realm of the last regime and we were in Opposition. As a result of that, a lot of doctors were victimized in the RHAs, Port of Spain to be exact, and they left the region and went out into the private sector where they built their lives. In doing that, they created a deficiency in the system, a deficiency of neurosurgery, a deficiency of urology, a deficiency of cardiology, pathology, and I can go on and on and on; all because of a political action, and a perceived political action. As Minister of Health I have said to myself that I will not ever go down that path; I have not and I do not intend to.

This Bill that we have in front of us speaks to the legislation to correct some of that wrong that occurred in the RHA as it is today. The RHA has what we call geographical boundaries, and as a result of those boundaries it has now become physical boundaries, where the North West RHA may have the neurosurgeons, but they cannot be deployed to the North Central RHAs, because of the contractual arrangements.

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10.25 p.m.

Taking into consideration what the learned senior counsel Sen. Prescott said, this Act cannot do it because it is specific for authorities and contracts of authorities—when you go to section 5, and you go to the regulations, I will just read a part of it:

“Authority” means a Regional Health Authority established under”—the Act at—
“section 4.”

And you go to section 4, it tells you there is:

“...a body corporate to be known by the appropriate name...”

So it is specific.

You stay there. You are contracted there so you stay there, and if you have to go to another region you either have to go as a private practitioner/specialist into that region or you resign from this region, lose all your benefits and you go across to the other region. That is how it works according to the Act. In fact, this amendment was drafted long before I became a Minister, and I looked at it and we looked at it and we realized that there is a serious problem in the regional health authorities because they have failed. As a result of the regional health authorities failing, the health system in this country is failing, so how do we fix it?

Do we continue to do the same thing over and over again and, stop change, expect a different result? Do we do that? Are we going to say that because you do not have “a”, “b”, “c” and “d” correct, then the rest of the alphabet does not work? Because we could always find in anything something that is not 100 per cent correct. That is why in business they say, 80 per cent of sales come from 20 per cent of activity and vice versa.

So, this legislation or the amendment to the RHA Act is seeking to develop a system in a system that does not work, and I am very glad Sen. Balgobin saw that the regional health system does not work, the RHAs do not work, but that is what I am living with, that is what I have to deal with. I cannot come inside here and change the whole system, then they would say I am a crazy man, although it is supposed to be done. We need to find a system out of this mess that is occurring because what is happening is, everything is being outsourced to the private sector, and it is long before our time—my time or whatever time—it is a process that has been going on for years.

So I hold no brief for anyone, although you may see my name on a private medical institution door; that is because I could not have gotten a job in the public sector, I had to do that. What happens in the public sector? Let us walk ourselves through it because we heard stories about the lady and I understand that story and I could actually name the doctors you are speaking about.

We heard stories about the CDAP; Sen. Ramkhelawan indicated about his experience, but let me give you another experience: you are somewhere in San Fernando, South West Regional Health Authority, you end up in an accident, you are transported by an ambulance, hopefully, if the ambulance or the GMRTT arrives on time, as you know what is happening these days, you may reach there in time or not. But that is a service that has been there for a while, eight years. A private-sector service has been there for a while, and it has disallowed the public-sector ambulances—which are the ambulances from the regional health authority, any health centre—from taking up any patients to move them to any institution. You cannot do that.

You eventually reach the institution, you find that you have a head injury in this diagnosis, you want a CT scan, but when you do the CT scan you want to see the CT scan or whatever it is, MRI, you find that the person did not come out to work or the technician is not there—and we try to find technicians, and it is more lucrative in the private sector. They leave and they go to the private sector because we have a problem with HR and payment of salaries in the regional health authorities.

Everything has to pass through the CPO for terms and conditions, and when you move it across to that realm you end up with the CPO telling you that that salary you are trying to give to that professional, whether it is a radiographer, a nurse, specialist, doctor or whatever it is, is too much. You can never compete with the private sector. So you end up in a situation that your radiographer or your CT scan technician has gone to the private sector and you do not have one there, so what do you do?

You have to now outsource services to the private sector as what happened to him. As a result of that, you do your CT scan, it takes a couple hours and then you think you need a neurosurgical consultation. Now you are in South West Regional Health Authority that has no neurosurgeons. You sit there and they now tell you that you have to go to Port of Spain. You call Port of Spain from south and Port of Spain tells you, “we not taking any more patients because we only have two neurosurgeons and the beds full and we saving that place for intensive care”, et cetera, so what do you do?

You send it to Community Hospital who accepts it, or a private sector. And nine out of 10 times you end up with somebody having an operation ending up in an intensive care unit and billing the Ministry now close to a million dollars. That is a reality. That is what is happening and that is what I deal with.

So we had to come up with a plan, because the law—and I will read it for you—the regulation says:

“A member of a Board or Tenders Committee or a member of staff of an Authority shall not enter into a contract for the supply of goods”—and services—“or the undertaking of any works or services for the Authority.”

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That disallows anybody from giving service to the same authority. It disallows it. You may think differently and you may have arguments against it, but that is what the counsel and the senior counsel and the legal person have said to us, you cannot utilize that service in there. So, how do you get around it?

Sen. Al-Rawi: What section was that, Sir?

Hon. Dr. F. Khan: That is the last part.

Sen. Al-Rawi: The regulations or the section?

Hon. Dr. F. Khan: Regulation 26(2). So what are you looking at? You are looking at a system where you cannot use your staff to develop what you want. If you outsource it you are going to get a bill that is exorbitant. With this amendment when you put “where it is economically expedient to do so, a Board may—

(a) pursuant to agreement with any other Authority”—so all the authorities can get together to determine what they need.

This is not one super RHA doing it. This is the board, all the boards getting together and determining what the need is. The need is going to develop at the ground level what the patient requires, and you are going then to determine—I want this need in all my regions, in accordance with the regulations made under this Act. And I have the regulations here but I cannot release it because it would be anticipation, I will be contravening the Standing Orders.

So I have to indicate that the regulations will take care of the perception of corruption that we are so tuned to be looking at and we are so tuned to be dealing with, the perception. Nobody says there is no corruption, because we would not have such a high corruption index in this country, but we do everything to decrease the corruption. This is the procurement cycle, and the regulations take care of the need to prevent corruption.

So, I will now have the instrument, if this is passed, to negotiate with a group of neurosurgeons in the private sector to supply the service of neurosurgery to the whole country, and it will be brokered by people from all the boards sitting on a tenders committee and determining that this need is to be done and will be negotiated by means of a contract and the contract will be that—enter into a contract. Of course we can enter a contract as we do, and contracts we enter into.

I understand the ambiguity but it is there and if you want to take it out you could take it out, but what I am saying is it does not make sense to take it out, you would not achieve anything. What I am saying is we can enter into contracts with

the group of doctors who were basically left out of the public sector and they would provide services to the regions as a whole for neurosurgical services in one instance, cardiology services, haematological services—right now there is a deficiency in haematologists in this country. The two haematologists that we do have work outside in the private sector on their own. I am trying to entice one to come back and she is over 60, but if I had the instrument—I would have to use this instrument because what I have been speaking to the hon. Prime Minister about is that it is time we start considering what we call selective immigration policies as they do in developed countries.

We have a need for health care services. There is a shortage that cannot be satisfied. The hon. Minister of Science, Technology and Tertiary Education is trying his best to develop a programme so we could deal with the nurses and the doctors. We are trying it; it is going to take a couple years. In that interim period we would always be short because we have been doing for years the same thing over and over and over expecting it to fix, and now we are trying to produce something that will change this system. And by doing this I will be able to provide services—what I am really about—to the regional health authorities that are vital. That is why it says, “economically expedient to do so”. This is only going to be used when it is necessary; they said, notwithstanding subsection (1); subsection (1) stays there. This is another piece of the instrument that I can use.

Now, if you imagine yourself in my position, inheriting a health system that is a mess, that everybody says is a mess; going into the health system and trying to figure out where we are going to change it. The first thing I did when I went into the Ministry of Health, I put an oversight committee to look at all tendering that is above \$750,000; that oversight committee looks at every aspect of a tender that is done above a certain value in the regional health authorities. I have a lot of complaints. I have dropped it from \$1 million to \$750,000; and by doing that I am able to hone in on where there are problems. We have a list of criteria that was developed by the manager, head of policy, Miss Andrea Yearwood and she has done a good job in putting it together so that we are actually able to see if any discrepancies lie.

Sen. Drayton was indicating that the tender committees for the regional health authorities—you were saying “may”; the tender, the board, the committee “may”; that is only for \$50,000 and below, anything above that is the word “shall”, and anything above \$1 million according to the Act—in my case is \$750,000—the Minister has to approve it. But my oversight committee deals with it first, prior to approval, and if it is not in order we send it back to find out exactly what goes on,

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so you have a little delay. That is the way things are going joint procurement; even if you go in the European Union—and Sen. Nicole Dyer-Griffith brought out documentation of the European Union and the joint procurement techniques.

Joint procurement gives you a certain—I would say, combines economies of scale. It combines the ability to buy in a purchasing area, bulk, services, goods or whatever it is and negotiate at that level for a larger volume. Now, in the smaller health authorities, the skilled people to procure—there are fewer than in the larger health authorities, let us say the North West or even Eastern—so they have a very hard time finding evaluators and people for their tendering and evaluation.

By combining the whole system to something that is necessary and vital—and I go back to “economically expedient to do so,” the regional health authorities will, and I think Sen. Baptiste-Mc Knight asked that: how is it going to be done? Each one may shift eventually. Not one regional health authority will be the ultimate regional health authority to do everything. It may be North West today, it may be North Central tomorrow, because right now North Central has the dialysis system, but that is by private procurement. It may be South West, it may be Eastern, but what will happen is that each one will indicate what is needed for the whole system and provide members who would sit on the tender committee and the evaluating committee and come up with the need and the specs, et cetera, to procure.

10.40 p.m.

So in doing that, we will be able to develop a system that will satisfy the total region because the regional health authorities—that was their function, and Sen. Dr. Balgobin said that. Their function was for the regional health authorities to deliver health care to the patient. The Ministry of Health is a monitor and a regulating body. We monitor and regulate what they do. We buy services.

You mentioned about the ASA, Annual Services Agreement. Today I had a meeting and I have decided that it is not going to be a laundry list where the Ministry says—it is not going to be top-down; it is going to be down-up—bottom-up. What the regional health authorities indicate is necessary for their region will be put into the Annual Services Agreement by negotiation with the Ministry of Health and we will now monitor the delivery aspect of it, based on what we pay for. So we will have meetings to determine that and see exactly where they are going and how they are going. So that will take into consideration that aspect of it.

But I quite understand the fear. I had the fear. I understood the fear even when I was on that side, when I was out of politics, et cetera. I understand the fear of giving out procurement and thinking that there is a barrage of corruption outside there just waiting

to happen. I will tell you that is the way we think. If you notice our newspapers, what do our newspapers report? Anything good? What is the front page of a newspaper? Negative. It always shows you something—we have been tuned; our minds have been tuned into expecting the negative, even if the negative is 1 per cent.

Now, I will tell you something. Out of 100 patients that are treated, less than 1 per cent will get complications, but you will never hear the 99 walking around the place and saying, “Ay, I had prostate surgery; it was real good, yuh know.” The one that goes bad, you are going to hear, “I went by that doctor and he do a prostate surgery on me and it was real bad; look ah bleeding still.”

What I am saying to you here is that you only hear the negatives, and what is reported. So what our mind has become tuned into is looking at one part of it, since we were small, on TV, et cetera, or reading whatever. It is tuned into the negatives, and we are tuned into corruption because that is what politicians say and do. They say, “We are seeing this corruption, corruption, corruption”. You are saying that now to us. We said that to you. We said it to you.

So at the end of the day what takes the limelight is not the spirit of the legislation. It is who could talk better about the corruption part of the whole Bill, to tell everybody else, which is the independent part of it to say, “Look, this is corruption, you know. All yuh doh vote for this thing”, and you forget the bigger picture, that somebody needs neurosurgery, cardiac surgery, et cetera, and we are spending too much money in the private sector for it.

I have put a hold on outsourcing in the private sector. Now, Sen. Elton Prescott, I have come from the private sector, why should I put a hold on outsourcing in the private sector? I tell the public sector that they have to make it work inside there. I did that. The reason behind that, I came here to do a job and if I cannot do the job I will leave because I could always go back to the private sector. But while I am standing here and in that Ministry, I work accordingly, like a professional, at what I am put there to do—[*Desk thumping*]*—*and that is how it is going to work.

When I came up with the concept of specialist centres—Sen. Dr. Wheeler would understand what I am saying. The specialist centres that we intend to produce are hospital cities in this country. I am hoping to have a Port of Spain hospital city, a San Fernando hospital city, and an Eric Williams hospital city. But I cannot do it with what is happening here.

We will be sitting here—not us—for the next 20 years in the same position if we do not think out of the box; if we do not think exactly that what we are going to do is something different. A specialist centre is like the oncology centre that

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will be going up in Mount Hope. The tenders will be out by June and I hope to start work on the oncology centre in the Eric Williams Medical Sciences Complex by September/October. Everything is finished.

It took nine months to pay for the plans and the licence for the plans for the architects because that is how procurement works in the public sector. In the private sector we pay already and we would be building already. Now we have to determine whether we want this company, that company or this company after evaluation, and that is the way it is supposed to be because you are working with taxpayers' money. But it is going to happen.

It should have happened five years ago. It did not. It is the same way with the Scarborough Hospital, and the learned Sen. Cudjoe spoke a lot about the Scarborough Hospital. The Scarborough Hospital was conceptualized in 2001 by two Ministers: Hamza Rafeek and Fuad Khan as junior Minister. We conceptualized Scarborough Hospital, and the reason I remember that was because the then Chief Medical Officer said that Scarborough Hospital does not need intensive care: "we will fly people from Scarborough to Trinidad", and I was the one who said, "No, you must have an intensive care in Scarborough Hospital." And things happened over the years, and I would say that God is good; he allowed me to open what we conceptualized. [*Desk thumping*]

Scarborough Hospital will have MRI, which I had promised; they are going to have cardiac services; they are going to have neurological services; they are going to have all the specialty services that we could assist with the Ministry of Health because I have left a Ministry of Health team there for human resources, for radiology and other things, labs, et cetera. My team is still there and we are still liaising and collaborating, and I must say thanks to your Secretary of Health, Mrs. Groome-Duke. She was very, very instrumental in collaborating to get that hospital open.

We tried to get the mortuary opened. It is finished; it is ready to go. I do not know why you say it is not ready. It is ready, and also the oxygenator. They have sent for the other oxygenator. The oxygenator is working there and you have oxygen tanks in case there is no oxygen, but that will hardly ever happen. If current goes they have enough tanks. The other part of it, the BMI system is working. You have an electronic medical system that we have put there that is better than anything you have in Trinidad.

As I say, electronic medical systems, may I go to medical records in this country? Medical records in this country are a disaster. For years, if somebody tries to get a medical record in this country and they go to the medical records, you cannot find it; it is on the ground; it is in all different areas. I think you all might have had experiences with that.

With this amendment, we could negotiate as a group—which is all the regional health authorities, Tobago included—for an electronic medical record system and a health information management system as a total, rather than just the Ministry of Health trying to do it; as well as a cloud service to put electronic medical records—and the same thing that Sen. Ramkhelawan said: rather than each one of the regional health authorities having a different IT system to develop the patient medical records, you will have one negotiated system.

So in doing that, we would be able to negotiate that. We do not have this. Each one of the regional health authorities has a different system: one selmar, one rio, one something else, and Minister Karim will tell you that is a disaster in the making, because they would not be able to speak to each other.

Right now, the University of the West Indies, for the last, I think, how many years—about eight years, the telemedical system?

Hon. Senator: Yes.

Hon. Dr. F. Khan: Telemedicine has been done through the Wendy Fitzwilliam Paediatric Hospital and the SickKids Hospital in Toronto, and we pay for the telemedicine movement. What we are hoping to do is to put the telemedicine system throughout all the RHAs so they could speak to each other by telemedicine. It is being done, and they could link with foreign hospitals—as Sen. Baptiste-Mc Knight has said—for advice and for relating surgical, medical or any other services that one could see, for both training as well as management.

There is a problem, Sen. Baptiste-Mc Knight, with accessing backlogs in other countries unless you have legislation to do it. We do not have the legislation to do it as yet because there is a medico-legal aspect that is attached to it. We have addressed it and tried to do it, where the backlogs of the radiology, et cetera—and even pathology slides—could be sent by telemedicine into various countries: United States, India, Mexico, Canada, and Britain.

Because there is a medico-legal aspect to it—which we are now exploring to see how best we could move around it—if somebody misreads a slide or misreads an X-ray in a country that we sent it to and the patient gets the wrong diagnosis, the wrong treatment, they could sue the Ministry of Health or the hospital. They cannot sue the people in the place of origin that gave the wrong diagnosis in the first place. So that has to be addressed before we could go externally to access that. It is different if you have to do voice systems and, as they say, selling items, but once you are dealing with health, it is a different matter.

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Procurement, as we see it, is not just goods; it is services. And overall, I have come here this evening to tell you that the RHA system has failed. In fact, I am at present discussing with the regional health authorities and the Ministry of Health—we have a team together and what we are doing is trying to focus to see whether we need one RHA with subsets or two RHAs, and merge the boards and merge the management together so we could get movement around. That will take a while to realize itself. Until that has realized itself, I need this to move the system around and to provide better health care. I cannot say it more simply than that, and I have tried to cover every aspect of it.

Now, we have a poor history of maintaining medical equipment. We buy medical equipment; we do not maintain it, and by not maintaining it, we end up in a system where we keep buying new equipment and dumping the old ones, when simple maintenance, and the maintenance contracts, will keep our machinery and our equipment at an optimal level continuously.

But a maintenance contract is an expensive thing. If you have five regions, or four regions, buying the maintenance contract and one technician comes and services all at one time, rather than this region today; that region next week, or next year, or whatever it is, you could get economies of scale, and you also get standardization of equipment. So when you need parts, et cetera, you could get that standardization and you know exactly who is the supplier and how the suppliers will work. So you get standardization as well as a proper service movement.

There are no services in this country right now. There is no service for any of the equipment. That is why you continually hear that the CT scanner is not working; this is not working, as you found out. The CT scanner in about three regions was not working because the service contract is not being done in the appropriate manner. Had this legislation been in place, the regions themselves would be able to do two things: proper service contracts and at the same time link with an external group, which is a private group of radiologists, at a negotiated rate, to run the service after hours. You do not have to run it in the day; run it after hours, and come to some sort of agreement that you run the service weekends and from four to eight the next morning because we do not have staff to do it just yet. But the staff that we have there cannot now supply extra services based on the regulations.

So rather than being in a catch-22 situation, I am trying to work around it, but the only way I could work around it and get services delivered is if I get legislation like this to help me.

10.55 p.m.

Now you could take the position and say that a Minister of Health may come and if a Minister of Health does arrive there and is unscrupulous, he will tweak the system; but I will tell you, at that level, it is difficult to tweak that system because of the checks and balances that have been put in place and the procedures that are in there. The only people who can tweak a system—is as it is now.

As it is now, you can tweak the system because the board can get together with a supplier and they can develop their own tender rules and everything else and do their thing. Now, they can do it. What you are saying is that if you keep the system now, you can continue with what is happening.

With the system that we are putting in place now, it will be difficult because the regulations will be tighter and the Oversight Committee in the Ministry will only have to deal with one board rather than five. That is simple maths. It is easier to deal with one than five.

I have dealt with most of the items and I do not want to go into the Brian Lara affair. I want to thank the professor for raising it last week. Since then, I have taken a different approach. The approach we had taken before was an approach that looked at what happened to the patients after the incident. That was the approach that the IAEA came to look at. They came and they looked at the patients. They got the information for the machine, et cetera. The IAEA were the ones who determined the terms of reference; we did not. They were only coming, when we agreed to their terms of reference, to look at 10 per cent of the patients; and they chose which ones, a random thing—who got the worst. They looked at it and gave us an idea.

I realized, thinking along the lines, we got a report; we looked at it; the report showed certain things, but it did not really put a finger on exactly what caused the incident up to that point where the patients were radiated this way. We looked at the forward movement.

What I have done now is that I have asked them to produce terms of reference so that we can do an incident investigation. The IAEA, which is an independent body, will now do the incident investigation on what occurred there, so that we would get the information exactly what went on and that, you know, takes time. In the meantime, we are servicing the patients that got negative results.

Radiotherapy in medicine is not an exact science. For years, the cobalt machine in the National Radiotherapy Centre was burning people and as a result there were proctitis, bladder problems, skin problems, breast problems, chest problems, et

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cetera. That is the complication of radiotherapy and, combined with chemotherapy, you end up with more complications and you just put your fingers together and hope. That is how it works. It is either that or palliative radiotherapy and you die.

The 91 people who died were getting palliative radiotherapy. They were on the verge of going, but we were trying to keep them alive with the radiotherapy and chemotherapy, most of them, when we looked at the results.

The other ones who had over-radiation, we have now to determine what was the extent of the over-radiation. Was it more than 10 per cent? Was it less than 10 percent? There are certain standard deviations that you can go through; how it occurred. That is what the IAEA will check out for us. I am trying my best to come to a conclusion on this matter and deal with whatever patients that have been irradiated, in the most appropriate manner.

Sen. Dr. Armstrong, that doctor who indicated to the other lady that she was being messed up, should never be said in the presence of a patient, to be honest with you. You should not tell a patient that this doctor messed you up, even though you feel that way. It produces unnecessary fear and the patient now goes through the system saying, "My God, what is going to happen to me now?" It is a trauma, an emotional hell you put the patient through for your own self-interest, of course. You see, competitors do that and sometimes, I will be honest with you, the competitor is wrong.

Sometimes a surgeon does an operation and he does the best he can do at the point in time he is in there. It is, as I said, not an exact science. You have to look at what has occurred and work with what you have, rather than trying to destroy the emotional well-being of the patient. Just taking that on board, there is more emotional hell when that poor patient had to go to different regions to try to get a CT scan, which did not work.

The pain, management drugs: food and drugs. I came and met a food and drugs culture that has been going on for years and nobody sought to change it. That is one fallout of the Food and Drugs Department. There is a Drug Advisory Committee that has been there for a long time. They give these drugs to people they call readers. The readers hardly read and the advisory committee did not sit for two years, so a lot of those drugs did not get assessed.

I have racked my brains to find a way out of that. I have had a meeting with the Food and Drugs Department for the last couple months to come up with a system, so I am toying with the idea of putting CARIRI, which has the capability for

research and assessment, to assist the readers to do it fast. I have to go into a Memorandum of Understanding with them. I am just telling you what is on my mind, so those things may now come to the forefront. There has been a backlog of two years in food and drugs, but I am dealing with it to try to change that.

As far as the CDAP medication is concerned, no drug comes into this country unless it is analyzed for its substances. We cannot check the efficacies, but we have the bio-availabilities and that is presented with the drug itself. The bio-availability is the activity of a drug and how it works either in vivo, which is in a patient, or in vitro. It is presented to the Food and Drugs Department together with the items. We are not too sure if the items that you get here are then changed. We just hope that people will not be unscrupulous and we can trust the supplier. In this world, you must have an element of trust or you might as well just pack up and go somewhere else.

What is presented to the Food and Drugs Department has efficacy. The bio-availability is there and we also have inspectors going out and taking random samples and bringing it back and checking it. Now, when you say to somebody that this drug does not work on me, drugs work differently on different people and brand-name drugs we know work better. That is why they cost more. A brand-name drug will cost about \$15 while the same generic drug will cost \$1, \$2 or \$3.

We want to give everybody brand-name drugs, but if we have good generics from good houses that work good, that is what we use. We do not buy generics from houses just like that. There are good generics that come from good houses and Genetics, one of the suppliers, does a lot of research in their labs in this country. They have been in the business for about 20 years.

We buy the drugs, the pharmaceuticals, from recognized labs and recognized people. You can get a lot out of China and India that are designer drugs, but what has happened—and I have been finding this out through the audit system of the C40 and the same Nipdec we are touting out, that they buy drugs from suitcase traders. They do not buy drugs from bona fide suppliers.

When you buy drugs from suitcase traders and you put it in the system, you are going to get bad drugs. So we are now embarking on a system in the Ministry of Health to deal with the suitcase traders. The drugs that are coming may have the correct packages and everything else visual, but the substance itself may not be correct. That is what we are looking at. You have to be on top of this game all the time and to be on top of this game, you have to have good human resource; able to procure things properly and this is the legislation once again—back to it.

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Nipdec has been procuring for God knows how long, but when you go to C-40 and you see all the expired drugs sitting there, the same set of employees there have now gotten so accustomed to the system that they know they are going to be there and all the Ministers will leave eventually. So it is a new Minister coming to check them out.

I tried to change C-40 in 2001. We are now in 2012; I am back again trying to change them. I might be their worst nightmare.

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

Motion made: That the hon. Minister's speaking time be extended by 15 minutes. [*Sen. E Moheni*]

Question put and agreed to.

Hon. Dr. F. Khan: Thank you very much. I do not want to belabour the point, but I am trying to indicate to this honourable Senate that this is a change of something; a complete change to fix a system that is not working. You cannot fix the total system. I just want to be given the opportunity to deal with the system in a different manner. If it does not work, fine! We change it again until we can find something that works for the best interest of the patient.

I have also put into place a system of customer service. I have been trying to drive the customer service and the NCD's approach, which is the Fight The Fat Campaign, Partners Forum, healthy lifestyles. That is where we are going because prevention is better than cure. Cure is extremely expensive.

A lot of our hospitals are being built; everything that is being done is being done for the complication of the non-communicable diseases. That is where all our money is going. If somebody has these NCDs and they have to pay for it, they are going to end up as Sen. Moheni says, poor. They push people into poverty and the social determinants of health show it quite easily that this is what is occurring. If a breadwinner has a heart disease and cannot work, the family goes into a poverty tailspin. However, we are trying to prevent that in future generations and the childhood obesity, et cetera—I do not want to go too much into it—with the healthy lifestyle approach. That is about it, I think.

Hon. Senators, I hope you support the Bill. I will try to answer what I have not answered at committee stage. I beg to move.

Question put and agreed to.

Bill accordingly read a second time.

Bill committed to a committee of the whole Senate.

11.10 p.m.

Senate in Committee.

Question put and agreed to.

Clause 1 ordered to stand part of the Bill.

Clause 2.

Question proposed: That clause 2 stand part of the Bill.

Sen. Al-Rawi: Mr. Chairman, fortunately, this Bill is a very short Bill, so I do not think we would be here for very long. I would just like to first start by saying that I thoroughly appreciate the hon. Minister's frank, candid explanations in his winding-up. If I could say, on the outset, that policy wise, we absolutely support the move in the direction the Minister wants to go; it is a joint enterprise there. The sole concern that I personally harbour had to do with the law in relation to why we need to get there. So that all of the intentions—things which you hope to achieve—we support fully and totally; there is no lack of support there.

The Minister mentioned in his winding-up that section 26(2) of the regulations provided the disqualification and that this is the reason why we need to make the amendment. Section 26 of the regulations deals with disqualification of a person who sits on the tenders committee from entering into a contract. [*Interruption*] Of the RHA Regulations.

Unless I heard it wrong—I took the opportunity to ask around to make sure that I did hear what I thought I heard—the advice as I heard it is that one of the reasons we need to do this lies in section 26(2) causing a complication, but when we look at section 26(2)—which is contained in the regulations, which is the Third Schedule to the parent Act—that is a specific disqualification for a member of the tenders committee entering into a contract, not the RHA, itself, entering into a contract.

So, the simple fundamental issue that I have is: Why can we not, through the auspices of the Minister—the Minister is quite properly capable of entering into contracts for matters above \$1 million in the Order, as unamended; \$750,000 is the limit the Minister said he is using. He has that perfect authority, just by way of Order, to direct that sum any which way he wants. I do not think there is any need for fetter there. Why is it that we need to touch this and that you cannot—

If I were to speak to where my mind is in terms of addressing the mischief of how we procure services, for example, for neurological services between RHAs 1, 2, 3 and 4, why is it not possible to have a contract with X neurologist or neurosurgeon, saying in his contract, “In the event that you are required to function at another RHA, you will not object to being seconded or transferred to that RHA provided that you have no loss of terms and conditions; at no less favourable terms and conditions and pensions and other things can apply”? In fact, those were amendments which were done in the RHA Act itself.

Now, the Minister said, “Look, give us a chance, let us see if this thing works; if it does not work we can always come back to it.” The problem is the mechanism in coming back to it. I am not quite yet convinced. I am hoping that the Minister can assist us by clarifying the simple issue of why go about this amendment in this way when you can go through the door of the Minister procuring the relationship, for and on behalf of all RHAs, and the contract with the individual person—in the example that I have just chosen, just as one example—can provide for a secondment to another RHA, transfer without loss of terms and conditions, and without a move down in benefits and other things.

Sen. Prescott SC: Mr. Chairman, before the Minister attempts to answer—this is really to build on the point raised by Sen. Al-Rawi—could he look at section 26(1)(c), as opposed to the Regulations, which deals with staff of the authority, and tell us whether, in light of what he has been saying, and what Sen. Al-Rawi has brought to his attention, whether he thinks section 26(1)(c) contains the power he needs to transfer medical professionals, permanently or on secondment, between regions?

Hon. Dr. F. Khan: I have taken the points. The first point Sen. Al-Rawi has indicated, the Ministry, if it gets involved, they are no longer RHA employees; the staff will become a ministerial employee system and the Ministry could only have public service employees. That negates that part of it. If the Ministry has to go in that direction, it will have to incorporate a private supplier. It cannot do it with the same members of the authority. You cannot do that, you have to go out of the bounds. This Act does not allow for you to do something like that. It is like the ambulance service. The ambulance service is a ministerial one; it is not a regional health authority service; that is the general ambulance service.

Sen. Al-Rawi: Sorry, just to clarify; I am not saying that the Minister enters into the contract. The theory behind this amendment, we have suggested, is let us have one procuring entity; this is the board, the one RHA board. It will procure on

behalf of others and it can enter into a contract which can be delivered to others. In the aspect of procurement I am looking at, it is similar to the Cabinet decision which allows for the procurement through Nipdec.

I am asking here, in this instance: Is it possible, in light of the architecture of the Act, as it exists, to have the Ministry have an expert team which can procure, that is, go through the tender aspect, vet and approve? Then the contract, itself, can be entered into between the RHA and the individual with the suitable caveat in the contract for secondment or transfer. My view, from a contract law perspective, is that that is possible.

Hon. Dr. F. Khan: We looked at that. We have looked at it and, according to the Act, it cannot be done in the manner you are suggesting. It cannot be done. We have gotten opinions on it.

The easiest way out of that is to let the RHAs do it in the manner that is being suggested. If we try to go through the ministerial aspect of it—to put a team together, as you say, and secondment, et cetera—that is a difficult process which has been tried in the past and it has not worked.

Sen. Prescott SC: Mr. Chairman, I return to section 26(1)(c) and ask the Minister—I am not with the regulations, I am on the substantive Act. Does the Minister interpret section 26(1)(c) as permitting the authority to bring about the transfer of a doctor between authorities?

Hon. Dr. F. Khan: Section 26 was written for movement of public service staff around the system. The transfer of employees through the regional health authorities would mean changing the contracts. The employees themselves do not want to change the contracts because they are working under the contracts for the longest while.

Sen. Prescott SC: Could I have misunderstood the Minister when he said, in his winding up, that difficulties arise where a doctor cannot transfer between one authority and another because there are regional boundaries? I wonder whether he thought section 26(1)(c) empowers an authority to bring that about?

Hon. Dr. F. Khan: The authority could transfer the doctor, but the doctor would then have to work in that authority that he is transferred in.

Sen. Dr. Balgobin: May I?

Hon. Dr. F. Khan: He would not be able to work back in the authority that he is in. He has to leave his authority and go to the other authority and stay there.

Sen. Dr. Balgobin: May I, Mr. Chairman?

Hon. Dr. F. Khan: Just one second, Sen. Balgobin. The person would not be able to work in the authority that they have left.

Sen. Dr. Balgobin: As I read section 26(1)(c)—just for clarification of this prior point—am I to understand that if I am a regional health authority employee—let us say I am a neurosurgeon—you have the power to transfer me, either permanently or on secondment, to the South West Regional Health Authority. However, you cannot say to me, “Dr. Balgobin, you are only busy here for three days of the week and South West needs someone for two days of the week, we would like you to take your two free days down there.”

Hon. Dr. F. Khan: If the doctor agrees to it which they do not agree to it may be possible, but they do not agree to it. Then what would occur, you have to split all the other parts of the system into that ratio.

Sen. Dr. Balgobin: Let us assume you had this amendment and we have existing people in the system. Let us say we have an adequacy of provision of services in the North West Regional Health Authority and we have no need to hire a neurologist because he has two free days in the week and he can go down south, we would still have to break his existing contract, recontract with him and have him agree under your system.

Hon. Dr. F. Khan: No. There are many neurosurgeons working in the private sector who could supply services, by agreement, to the regional health authorities, so we do not have to break any contracts.

Sen. Dr. Balgobin: So, you are using this as an instrument for new contracting, by and large.

Hon. Dr. F. Khan: Where it is economically expedient to do so.

Sen. Al-Rawi: Is it not then possible that we could hire people now? Let us say we kept the system as it was; we had some vetting or approval agency via the Ministry of Health doing the procurement; we have the specialist, we have looked at it, et cetera; we are leaving the system as is; it could be doctors do not want to change their terms and conditions, we are now going to enter into a contract; we are now going to instruct the RHAs boards, via the ministerial approach—through the regulations—to say, X, Y and Z are capable of providing supplementary services to you, this is the model of contract that you use which allows secondment and transfer from private entities, then it is possible.

If I could say this to the hon. Minister, what would help, sincerely, is if we had sight of the advice. The two lawyers asking the questions here, this evening, want to assist you—I, together with Sen. Prescott and every other Senator here—but, the problem is we are doing it in a vacuum.

You are perfectly correct, I understood what you meant by anticipation and not being able to lay the regulations forward, but some form of—I know it is our system of debate which causes this artificiality in itself; but the advice is so critical to making sure that we, as legislators, are doing the right thing.

Hon. Dr. F. Khan: The advice for the regulations will not be taken into consideration for the employees of the region. What I am saying here is if you do it through the ministerial movement then they have to work in one regional health authority because each regional health authority is a corporate entity in its own right. The vertical services of the Ministry work outside the regional health authorities.

Sen. Al-Rawi: Can I ask you this question?

Hon. Dr. F. Khan: Sure.

Sen. Al-Rawi: Your system passes; you get this amendment.

Hon. Dr. F. Khan: Right.

Sen. Al-Rawi: I am hiring Dr. Brown, who is outside. He is going to work now for four regional authorities—

Hon. Dr. F. Khan: Because he has been procured by one regional authority on behalf of all the others.

Sen. Al-Rawi: Question: How do we devise the payment and reporting mechanisms?

Hon. Dr. F. Khan: It would be easier because now he is coming into a system that has been developed by all the regional health authorities coming together to determine that they have a need. They would then determine exactly where and how they want that person or that team. That team is not just one person, basically; it would be a team of people. Let us suppose you have a team of people of two or three, they will be deployed and given specific terms of references, and terms and conditions that you have to develop: you have to be on site on so and so days; this is what the call days are; this is when you call in; when you need to be in the operating theatre and provide service for all the regions.

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Now, they could choose one region to work in, but they would be taking patients from all the other regions or they could move from region to region on specific days and specific times on call services.

Sen. Al-Rawi: I am looking at the medical legal side of it. So, let us say, for example, we had a doctor who somebody alleged was guilty of some negligence. He is contracted in North West or based under this new system, but with roving abilities there. *[Interruption]*

Hon. Dr. F. Khan: Right.

Sen. Al-Rawi: We are looking at the typical control test scenario relative to employment, and we are looking to fix now who assesses his performance, how he is paid and, therefore, who should have exercised the better control over him to make sure he did the right thing, the registrar of a younger doctor let us say; there are many examples. How do we deal with that mush situation?

Hon. Dr. F. Khan: That person would be subject to the regional health authority which has engaged him, which would be, let us say, North West in this case on behalf of everybody else. As a result of that, the checks and balances would be on the Ministry of Health more so than the regional health authority because the litigation comes to the Ministry of Health; all litigation comes to the Ministry of Health. They may want to sue the regional health authorities, but at the end of the day it is the Ministry of Health which takes up the slack. The regional health authority which procures his services on the external market will be the regional health authority, based on the regulations, responsible for him. It may be North West today, it may be South West tomorrow for somebody else; so that will take care of that.

Sen. Al-Rawi: Hon. Minister, I so desperately want to support what you are saying, but I just do not understand the rationale in law as to why the system as it is cannot work. I genuinely do not understand what the obstacle is.

Hon. Dr. F. Khan: The obstacle at this point in time is that you cannot have a doctor moving between regional health authorities for services.

Sen. Al-Rawi: Notwithstanding section 26 of the Act.

Hon. Dr. F. Khan: You cannot. You could transfer across, but you cannot have him work in two regional health authorities; you cannot. Number one, the doctor will have to agree with it and they do not, they do not agree to it because it breaks them up with their benefits, et cetera, a decision which they do not want, so they choose not to

do it. An external person procured on behalf of all the regions is a different entity, a different movement than what we have as employees at this point in time. We cannot do it with this legislation.

Mr. Chairman: Sen. Prescott, you had a question.

Sen. Prescott SC: I am most grateful to you, Mr. Chairman. May I just once again go back to the Minister. I am given to understand that regional health authority doctors can now continue to have a private practice. If that is so, does the proposed amendment not permit a regional health authority to employ such a doctor on his days off to provide the same services which he provides for his own region to an authority in another region?

Hon. Dr. F. Khan: According to the Act as it is now, the regulations hoped to come, that doctor is an employee and is receiving a salary from a regional health authority right now; that doctor cannot partake in this system.

Sen. Prescott SC: Cannot provide—

Hon. Dr. F. Khan: He cannot provide services.

Sen. Prescott SC: He cannot provide his private professional services?

Hon. Dr. F. Khan:—because he is already getting a salary in a region. He is already an employee in a region.

Sen. Prescott SC: Are doctors who are employed in a region now prohibited from conducting their private practice?

Hon. Dr. F. Khan: No they can do practice private.

Sen. Prescott SC: Offer their services privately to another person?

Hon. Dr. F. Khan: Privately to private patients.

Sen. Prescott SC: Pardon me, I am sorry, let me hear you through. Yes?

Hon. Dr. F. Khan: They could offer their services to private patients, but the Act disallows that doctor from receiving—*[Interruption]*

Sen. Al-Rawi: What section?

Hon. Dr. F. Khan: The same 26(1), the regulations.

Sen. Al-Rawi: No. It does not.

Hon. Dr. F. Khan: But this is what we were told.

Sen. Al-Rawi: Hon. Minister, look at 26(1) of the regulations, it is on page—I have it electronically—

Hon. Senator: Ninety eight.

Sen. Al-Rawi: Ninety eight. Just let me get to it.

Hon. Dr. F. Khan: Do you want me to read it out?

Sen. Al-Rawi: Yes.

Hon. Dr. F. Khan: Regulation 26(1):

“Any person who, whether or not he has submitted a tender, offers a member of a Board or Tenders Committee or any member of staff of the Authority a gift of money or other inducement or approaches any member of a Board, Committee or member of staff of an Authority in respect of a matter that is before the Board or Tenders Committee or is expected to come before it, in addition to being disqualified from the award of a contract, is guilty of an offence and liable on summary conviction to a fine not exceeding five hundred dollars.”

We go to subregulation (2):

“A member of a Board or Tenders Committee or a member of staff of an Authority shall not enter into a contract for the supply of goods or the undertaking of any works or services for the Authority.”

Sen. Al-Rawi: But that is in the process of the tendering.

Hon. Dr. F. Khan: They did not say so.

Sen. Al-Rawi: But (2) comes after (1), disqualification and prohibition from being awarded a contract. The question is whether (2) is read *a justum generis* with 1. So is it confined in its interpretation by the ambit of subregulation (1)?

Sen. Prescott SC: Is it not clear that subregulation (2) says: the staff member may not enter into a contract to provide works to his own authority?

Hon. Senator: Right.

Sen. Prescott SC: It is clearly—well, that is a conflict of interest, but it does not prevent him from providing service to another authority.

Sen. Al-Rawi: That is right, because it is that authority only.

Hon. Dr. F. Khan: You are quite correct.

Sen. Prescott SC: Well, then if I am correct, let us please go back to—and permit this thing to happen.

Hon. Dr. F. Khan: What I am saying to you; that does not occur. What you are saying, we are dealing with people here not regulations, they do not supply their services to another authority.

Sen. Al-Rawi: So that translated means, the law is okay, but the fact is the human reality, is that they are frustrating it.

Hon. Dr. F. Khan: We are changing it, yes, to make it easy for an external entity to supply services to all the authorities.

Sen. Al-Rawi: But, hon. Minister, on your line saying—look basically I translate that position to be: “Fellas the law might be clear, but these guys are not going to cooperate and, therefore, we need to go outside the system.” If you are going outside of the system this forms no fetter because it is a fresh person, not with the same attitude of that which you were met with.

Sen. Drayton: Could I just ask for clarification on one point? What I am hearing is that the regulations need to change, not necessarily the parent Act.

Hon. Dr. F. Khan: The regulation needs to change as well as the parent Act.

Sen. Al-Rawi: If 26(1)—

Sen. Dr. Balgobin: An observation before my point, lawyers do tend to occupy the majority of our time—*[Laughter]* I do not feel like I could—*[Interruption]*

Hon. Senator: “You fall into that category, too eh. Yuh could add bush lawyers into dat list.” *[Laughter]*

Sen. Dr. Balgobin: Hon. Minister, if I direct your attention to section 18(a) of the Act, it says under financial dealings and the financial powers of an authority, that an authority:

“may charge fees for services provided by it;”

Would this not permit one authority to contract services and then sell those services to other authorities?

Hon. Dr. F. Khan: There has been a statement in this Parliament by the hon. Minister of Health that has not been changed: that all services in the regional health authorities are free.

Sen. Dr. Balgobin: What I mean, can they not—[*Interruption*]

Hon. Dr. F. Khan: No they cannot charge.

Sen. Dr. Balgobin: Can they charge another authority—[*Interruption*]

Hon. Dr. F. Khan: No.

Sen. Dr. Balgobin:—for that service?

Hon. Dr. F. Khan: No.

Sen. Dr. Balgobin: But the law says they can.

Sen. Drayton: The law says that they can.

Hon. Dr. F. Khan: The law says they can, but they cannot.

Sen. Drayton: But the Act specifically says they can.

Hon. Dr. F. Khan: Yes. But there has been a statement in Parliament which says they are not supposed to.

Sen. Drayton: But I am asking—if I may, colleagues? I am asking the question in light of the amendments suggested here, which basically says an authority, a single authority would still be a party to a contract with a service provider, and even though a group of authorities would get together to purchase this contract, as you just said, one authority would be the lead purchaser. My layman's interpretation of 18(a) is that that is already permitted under the law, and while this amendment makes it clearer—[*Interruption*]

Hon. Dr. F. Khan: Eighteen says that:

“an Authority may, with the approval of the Minister—

(a) charge fees for services provided by it;”

You are charging fees to the person using it, which is the patient.

Sen. Dr. Balgobin: No. No. I am North West and I am selling to you in South West my services.

Hon. Dr. F. Khan: That is how it was initially interpreted, that each region would buy services from the other regions. That did not work out because regions owed other regions and did not pay. So what I am saying here, the Minister made a statement in Parliament that there will be no fees charged and the Ministry of Health takes up to slack.

Sen. Drayton: But it seems to me we are dealing with two things here. If I had to interpret what you are saying, you are dealing with practice vis-à-vis what can, in fact, be done under the law. What you are saying is that it can be done, but they are not doing it, so they are obviously operating on a procedural—[*Interruption*]

Hon. Dr. F. Khan: Charging fees amongst authorities does not really allow movement in authorities. One authority if it did the service—let us say Port of Spain neurosurgery can charge fees to whomever they do it for, that is what this part of the Act says. What we are trying to propose is that all the regional health authorities get together to procure services and goods at the same time and pay for it as a group.

Sen. Al-Rawi: Hon. Minister, we are amending the law today. The first issue which arises is whether the law as set up by this Act is in need of amendment to achieve the legal purpose that you want; that is the real issue before us.

Hon. Dr. F. Khan: That is the issue.

Sen. Al-Rawi: The statement in Parliament can be reversed. WASA made a statement it would not charge domestic rates in 1990-something, they collected arrears last year, so that is not a problem, that is not an estoppel in the law, provided something else can be stated otherwise. The question is really, do we need to change the law? It seems to me that we are getting the position that it is a human problem we are having, as opposed to a lawful problem we are having, and if we change the law, then we can hold these people to a different standard. Is that what is happening?

Hon. Dr. F. Khan: That is part of it; the other part of it is the interpretation of providing services to an authority.

Sen. Al-Rawi: That is authority to authority? Do we have any— *[Interruption]*—sorry?

Hon. Dr. F. Khan: That is just one part of it, the other part is the bulk procurement; you cannot do it right now if you want to go for bulk procurement. But like you say, you could go through the Ministry, you could go through Nipdec; you can go through different places.

Sen. Al-Rawi: If the Ministry were to say it is not efficient. If the Ministry were to say: “I have four regional health authorities, I have Tobago. Gentlemen, we have had discussions at the Ministry by way of advice to you with Siemens, Philips, GE, relative to CT scanners and MRI equipment, we have discussed with them the ability to provide better services, bulk aspect savings, et cetera, and, therefore, we are recommending to you that you consider this.”

My fear is that whilst you very laudably looked at the reform of the RHA system may be down to two RHAs, or one in Tobago and one in Trinidad, so you split policy to the Ministry of Health, and management to the RHA, for example.

R.H.A. (AMDT) Bill
[SEN. AL-RAWI]

Tuesday, May 08, 2012

Whilst you are doing that the question is, how do we insure that we are not creating a legal nightmare relative to enforcement and relative to conflicts of interest? That is what bothers me.

11.40 p.m.

Hon. Dr. F. Khan: I understand what you are saying. I understand exactly what you are saying. The thing about it is if the Ministry takes it on board and does that, it is the same procurement mechanism that is occurring right now, which is, let us say for the ambulance contract or the different other contracts that come with the vertical services.

Sen. Al-Rawi: Hon. Minister, can I truncate this by asking you a simple question?

Hon. Dr. F. Khan: Sure.

Sen. Al-Rawi: This Bill is a simple majority Bill.

Hon. Dr. F. Khan: Yes.

Sen. Al-Rawi: I lay my cards on the table and say that I have an intellectual problem in understanding the need to amend the law. I just do not understand the proposal. I understand what you want to achieve, but I do not understand why it should be done this way. Without wanting to protract the night, as I often do in this Senate [*Laughter*] if I could ask, whether it is the Government's policy that it is not going to budge from the need for this amendment. If that is the case, then you could, perhaps, move to a vote on the point because really and truly I have no difficulty at all with what you are intending to achieve. I compliment you openly.

In the way that you are thinking about it, I just do not understand why you need to do it this way in terms of law. I would love to support you, but I do not understand or support the need to change the law without further and better information. That is our policy, at least, on the Opposition bench, if I could say that.

That being said, if the Government is going to stick to its policy, because of the exigencies of the situation that you are in, et cetera, then we could, perhaps, subject to what the Independent bench says, move along a little faster by saying, "Look guys, we are not going to bend on this position, it is either you take it or leave it." That could be one of the positions that you could take. I am only saying that in the interest of time. I am quite content and I have all the energy to talk about this all night, the question is whether other Senators agree.

Sen. Baptiste-Mc Knight: Thank you, Mr. Chairman. Mr. Minister, what guarantees do you have that the same personalities who declare themselves totally incapable of interpreting the current legislation to allow them to achieve the goals that you want will find it easier to comply with this formula?

Hon. Dr. F. Khan: When you say the same people—

Sen. Baptiste-Mc Knight: Well, it is a people problem that you have. The people are not budging. The people are not accepting the normal obvious interpretation of the existing legislation. What guarantees do you have that these persons are going to understand this new formulation?

Hon. Dr. F. Khan: The new formulation Senator, will give an overall—in fact, it would break the geographical barriers of the procurement into one.

Sen. Baptiste-Mc Knight: No, it does not do that, not as far as I see it. If any of the personalities involved happens to have thought processes that mirror mine, you have a problem.

Sen. Prescott SC: Mr. Chairman, may I? This does not necessarily require a response from the Minister, but let us all consider whether the provision in section 18 of the Act, that is to say:

“For the purpose of carrying out its functions and powers an Authority may, with the approval of the Minister—

(a) charge fees for services provided by it;”

This seems to be given application in the regulations themselves. You may charge fees for services, and those services, according to the regulations, include assistance in doing things. I am reading regulation 3 now on page 85 of the Act:

“services’ includes assistance in doing things or getting things done and includes professional or consultancy services;”

So, it appears to me, between section 18 and regulation 3, the very thing the Minister says a statement in Parliament prohibits is permitted by law. Why are we going into the trouble of spending a fourth day changing this?

Sen. Al-Rawi: *Hansard* would bear it out from 1994.

Sen. Prescott SC: Section 18 says you may charge fees for services, and the Regional Health Authorities (Contracting for Goods and Services) Regulations say at regulation 3—the word “services’ includes assistance in doing things...” If my authority assists another authority to do something, for example, to get some goods, it may charge a fee. For getting things done, it may charge a fee—cutting grass—and includes professional or consultancy services.

So that I may go out there, Regional Health Authority 1, and provide professional services to Regional Health Authority 2, with the approval of the Minister, and everybody is happy.

Sen. Al-Rawi: That is right.

Sen. Prescott SC: What does this amendment introduce that I am not seeing?

Sen. Dr. Tewarie: If I might say something here, I think the problem arises because while you may have contractual services between two agencies, if I am the person, the surgeon, delivering the service, and I am already employed in RHA “A”, then there is no one that can force me from doing that service for RHA “B” without an additional fee, and the arrangements are between the two entities, and I am not a party in it. I think that is the source of the problem; the individual is caught between the agencies.

Sen. Prescott SC: And that individual, if he were to do like the State does and sets up a private enterprise through which he offers his services, he can achieve the same result.

Sen. Dr. Tewarie: Not really.

Sen. Dr. Balgobin: If I may. I thought I understood the Minister to say that because of that problem that Sen. Dr. Tewarie was describing, the intention was not to try to compel an existing employee to go and do something else, but rather to go outside and to contract for a bundle of services with a private sector supplier—

Sen. Dr. Tewarie: That is what happens now.

Sen. Dr. Balgobin:—for a number of RHAs.

Hon. Dr. F. Khan: What happens now is that you contract with a private supplier in their facility, so the cost factor is greater. What this amendment is going to do is to negotiate and allow the private sector arrangement to work in the regions.

Sen. Drayton: So, if I may, I think it is what I assumed, initially, that this Bill is not solely about regional health authorities. This Bill is really about public/private sector partnership. This is what this Bill is intended to facilitate. If that is so, I mean, I understand and I think we all understand what the goals are in that regard. One is we have a great deal of empathy in that regard. If we are dealing solely with the regional health authorities, as I said, initially, I cannot understand the reason, the rationale behind the amendment. If it is to facilitate and bring the private sector providers into the equation and to facilitate bulk purchasing of goods and services, I can understand the need for the amendment.

Hon. Dr. F. Khan: That is exactly what it is about. Right now, we have the employees of the regional health authorities and they are unable to provide the service after they have committed their daily hours and overtime hours, and we have areas that need service. The only way we could do it is to do it on a bulk purchase of both goods and services throughout the regions, and this mechanism would allow that. The Regional Health Authorities Act as it is now will not allow it.

Sen. Dr. Balgobin: You will still need to have one lead contracting authority.

Hon. Dr. F. Khan: That is what the thing is about. That is what the whole amendment is about.

Sen. Dr. Balgobin: So, it is almost as if the law is permitting—your amendment says that you have a lead contracting authority—

Hon. Dr. F. Khan: Yes.

Sen. Dr. Balgobin:—and you have a sort of a side arrangement with another authority.

Hon. Dr. F. Khan: No, all the authorities are getting together, and one authority will do the purchasing with the supplier—

Sen. Dr. Balgobin: Right.

Hon. Dr. F. Khan:—on behalf of the other authorities. So that supplier will be able to go to every single authority based on the negotiated agreement. At present it cannot be done.

Sen. Al-Rawi: Yes, but Hon. Minister, in the law right now—

Hon. Dr. F. Khan: That cannot be done.

Sen. Al-Rawi: Where? Why can it not be done? That is the crux of it.

Hon. Dr. F. Khan: It cannot be done because each—

Sen. Dr. Balgobin: Could the guys to the left of the Leader of Government Business—if they are meant to provide some illumination on this point—point us to the precise spot in the legislation that prevents this from occurring right now so that we are clear on—

Sen. Al-Rawi:—or the combination, because there may be several clauses together.

Sen. Dr. Balgobin:—what the actual problem is? I think everybody is supportive of what the Minister is trying to do. We just think he can do it now. [*Crosstalk*]

Hon. Dr. F. Khan: The part of the law that is disallowing this movement is, if we go back to section 26(2) of the regulations, this disqualifies a member of the board, tenders committee or a member of staff from entering into a contract for the supply of goods and services for an authority.

Sen. Al-Rawi: Could I stick a pin?

Hon. Dr. F. Khan: Sure.

Sen. Al-Rawi: The regulations under section 35 of the Act are subject to amendment and put before Parliament by negative resolution. So, let us say, you just simply said, “Fellas, I am amending under section 35—I am chopping off section 26 of the Act.” What is there to stop you from doing that? That solves the whole problem right there. You are saying that a regulation, under the principal Act, can be amended via section 35. Section 35 of the parent Act says, regulations can be made by the Minister subject to negative resolution. Chop off the offending regulation because the powers as described under the Act right now permit you, in my humble view, to do exactly what you want to do.

So if the obstacle is the regulation, the regulation can be done simply. It can be removed easily. Hon. Minister, my deep, deep, deep caution to you, I am very concerned about the medical legal issues that can arise in terms of responsibility in the event of something going wrong. There is a caveat.

If you have ever seen, and I am sure you have, contracts between international suppliers like Philips and GE, et cetera, where there is procurement, it is usually a tripartite contract. You have the supplier, the big company GE selling to John Brown to be delivered at a hospital. When you look at how non-negotiable those boilerplate precedents are that come from those entities, the liability aspect for the user by the hospital where you place it is very, very, difficult to pin when something goes wrong.

So, I have a serious concern from a legal point of view as to how will I enforce rights and obligations under the contract in the system that we are thinking about. If it is the regulation that causes the problem, one stroke of the pen, by way of order, regulation amended and put before us for negative resolution solves your problem.

Sen. Dr. Balgobin: Mr. Chairman, if I may? Just to further build on that point, section 35 of the parent legislation does make it very plain that the Minister may amend the regulations at pretty much his whim. However, if I look at regulation 26(1), (2) and (3) it is very clear that this particular set of regulations is intended to treat with matters of conflict of interest, and subregulation (2), in particular, appears to have been drafted to say that an employee of a particular RHA or a member of the board or a member of the tenders committee cannot sell something to his RHA.

11.55 p.m.

For example, I am a doctor working in the RHA, I own Joe's Mattress Factory and Tent Rentals. I cannot rent tents to you. I am already an employee of the authority, so for the avoidance of corruption or the smell of corruption, this is what I think this regulation was originally developed to do, if you read it in the context of (1) and (3). In any event, the Minister has the power now to strike it from the regulations, if that was his wish.

Hon. Dr. F. Khan: I would like to put the committee stage on hold and do it at a later date. I will have to study the positions that you all have put forward. We will continue the committee stage at a later date.

Sen. Prescott SC: Under the circumstances, may I invite the Minister at the same time, if he could go down to line four before the end of the Bill. I forget what the legal term is for that part of the Bill. The words "and enter into contract", since they are superfluous, he may wish to consider removing them when he comes back.

Hon. Dr. F. Khan: We will look at it.

Mr. Chairman, I would like to move that the committee stage of the Bill be adjourned until a later date.

Mr. Chairman: We will have to report the progress.

Senate resumed.

Mr. President: I now call upon the Minister.

The Minister of Health (Hon. Dr. Fuad Khan): Mr. President, I want to report that the Bill was considered in committee and some progress has been made. I ask for us to sit again on a date to be fixed.

Mr. President: Hon. Senators, the question is that a Bill entitled an Act to amend the Regional Health Authorities Act, chap. 29:05 was considered in committee and some progress was made, and that this House do grant leave to have the committee resume on a date to be fixed.

Question put and agreed to.

Adjournment

Tuesday, May 08, 2012

ADJOURNMENT

The Minister of Public Utilities (Sen. The Hon. Emmanuel George): Mr. President, I beg to move that the Senate do now adjourn to Tuesday, April 15 at 10.00 a.m., when debate will take place on the amendment to the Maternity Protection Act. If we get through that one, and it is hopefully short, we then go on to debate the Children's Bill, 2012.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 11.59 p.m.

**WRITTEN ANSWERS TO QUESTIONS
Employment Contracts**

58. Sen. Penelope Beckles asked the hon. Minister of National Security:

“Could the Minister provide the Senate with a copy of the employment contract of the following persons:

1. the Commissioner of Police Mr. Dwayne Gibbs;
2. the Deputy Commissioners of Police;
 - (i) Mr. Jack Ewatski
 - (ii) Mr. Stephen Williams
 - (iii) Mr. Mervyn Richardson”

Response:

“Copies of the employment contracts for Dr. Dwayne Gibbs, Commissioner of Police and Mr. Jack Ewatski, Deputy Commissioner of Police are appended for the information of Honourable Members of the Senate. There are no contracts for Mr. Stephen Williams and Mr. Mervyn Richardson since they are serving members of the Trinidad and Tobago Police Service having entered the organization in the rank of Police Constable. During their tenure, both officers received promotions in the respective ranks up to their current rank of Deputy Commissioner of Police to which they were promoted on June 29, 2010 and April 27, 2011 respectively.”

TRINIDAD AND TOBAGO

A **CONTRACT** made the 20th day of September in the Year of Our Lord Two Thousand and Ten Between **JENNIFER BOUCAUD-BLAKE** Permanent Secretary in the Ministry of National Security (which expression shall mean and include the person or persons for the time being carrying out the duties of Permanent Secretary in the said Ministry) acting herein for and on behalf of the Government of the Republic of Trinidad and Tobago (hereinafter called “the Government”) of the One Part and **DWAYNE GIBBS** of No. 70, Ridgemont Crescent, Sherwood Park, Alberta T8A 5N3, Canada (hereinafter called “the person engaged”) of the Other Part.

WHEREBY IT IS AGREED by and between the parties hereto as follows:-

1. The Government shall employ the person engaged and the person engaged shall diligently and faithfully perform the duties of **Commissioner of Police in the Ministry of National Security** and will act in all respects according to the instructions and/or directions given to him by the Government through the Minister of National Security and/or the Police Service Commission (or such other Office duly authorized by the Police Service Commission) in conformity with the terms and effect of this Contract and the appendices hereinafter referred to.
4. The person engaged will be paid a Signing Bonus of **Sixty Thousand Dollars (\$60,000.00)** Trinidad and Tobago currency fifty percent 50% in the sum of **Thirty Thousand Dollars (\$30,000.00)** upon signing of the contract and 25% in the sum of **Fifteen Thousand Dollars (\$15,000.00)** Trinidad and Tobago currency at the end of Year I and Year II.
5. The person engaged shall be eligible for **Thirty (30) calendar days’** vacation leave per annum. Such vacation leave is subject to the approval of the Minister of National Security and the Personal Leave Clause and is to be taken in accordance with the Vacation Leave Clause contained in the Conditions of Contract hereto.
6. The person engaged shall be provided with:
 - (i) an official car fully maintained by the Government; and
 - (j) an official driver.

7. Subject to the provisions of the Transport Facilities Clause in the Conditions of Contract hereto, the person engaged shall be eligible for following:
- (a) An advance to a maximum to Two Hundred Thousand Dollars (\$200,000.00) Trinidad and Tobago currency, at a rate of 6% per annum to be repaid within the term of engagement to facilitate the purchase of either:
 - (i) a new motor vehicle with exemption from Motor Vehicle Tax limited to the amount payable on a vehicle with an engine capacity of 2200cc and exemption from Value Added Tax to a maximum of \$45,000.00; or
 - (ii) a used motor vehicle with exemption from Special Motor Vehicle Tax limited to the maximum amount payable in respect of Motor Vehicle Tax on a vehicle at (i) above and exemption from Value added Tax to a maximum of \$45,000.00 payable under Minister of Finance Circular No. 4 dated August 27th 2009.
12. (i) The person engaged is entitled to excess baggage allowance to a maximum of 20 kilograms by air freight or one additional piece of luggage each of self, spouse and unmarried, dependent children under the age of 18, as well as a Refund of actual expenses incurred in shipping, by sea or air, personal and household effects from country of recruitment to a maximum of TT\$25,000.
- (ii) In the event that the person engaged terminates his employment for any reason other than ill health or in the event of death, the person engaged shall, in respect of the sum of TT\$25,000 above, be liable to refund to government, in a 'one-off payment, an amount calculated as follows:
- (a) Within the first 18 months of service – 100% of the amount expended; and
 - (b) Between 18 and 24 months of service – 50% of the amount expended.
13. The person engaged shall be provided with uniforms free of charge.
14. The person engaged shall be entitled to medical attention/treatment dental and optical treatment and prescribed drugs for self at any health centre facility under the Regional Health Authorities, including the Eric Williams Medical Sciences Complex. Where such attention/treatment is not

available at such health facility the office holder is required to seek approval from the Permanent Secretary in the Ministry responsible for National Security to have costs met at any other hospital institution or nursing home in Trinidad and Tobago (prescribed drugs excludes drugs which are obtainable with prescription).

Appendix "A"

CONDITIONS OF CONTRACT

- | | |
|-----------------------|--|
| Duties: | <p>1. (a) The person engaged shall be required to perform the normal duties of the position in which said duties are outlined Appendix B hereto and any other related duties which he Government may call upon him to perform.</p> <p>(b) The person engaged shall occupy himself in such manner as the Government through any of its duly authorized officers shall direct and shall not directly or indirectly engaged or be concerned in trade or private professional practice without the prior written consent of the Permanent Secretary.</p> |
| Salary: | 2. Salary shall be payable in arrears no later than the day previous to the last full business day or every month. |
| Deductions: | 3. The salary of the person engaged may be liable to deductions under the Liability to Make Good Damage Clause. |
| Transport Facilities: | 4. (a) Subject to sub-clause (b) where the person engaged accesses an advance to facilitate the purchase of a new or used motor vehicle under this Contract, such advance shall be repaid over the period of engagement at a rate of interest of six percent (6%) per annum. |

(b) The person engaged shall not be entitled to access the provision of sub-clause (a) above if he had utilized those provisions within the last three (3) years save and except where the Permanent Secretary is satisfied that a vehicle purchased under sub-clause (a) above is stolen or irreparably damaged.

On the grounds of illness shall be treated as leave without pay.

Compassionate Leave:

8. The person engaged shall be eligible for Compassionate Leave of three (3) working days upon the death of a member of his immediate family, that is, a parent (including parent by adoption), child, sibling, guardian, ward, spouse and cohabitant (in accordance with the Cohabitational Relationships Act Chap. 45:55 of the Laws of Trinidad and Tobago)

Gratuity:

9. On the satisfactory completion of the term of engagement, or if the employment of the person engaged is terminated by the Government other than for cause or unsatisfactory performance, or if the person engaged dies during the period of engagement but his work and conduct had been satisfactory, the person engaged (or his legal personal representative as the case may be) shall be paid a gratuity equivalent to twenty per cent (20%) of gross salary earned over the period of employment. Such gratuity shall be liable to deductions for income tax purposes.

Ill Health:

10. (a) If the person engaged shall be compelled by reason of ill-health (not caused by his own misconduct) to resign his office, he shall be paid up to his last date of work subject to the Sick Leave Clause; or

(b) if (If) at any time it shall be certified by a duly qualified medical officer employed by the Government and approved by the Permanent Secretary that he is incapable by reason of any infirmity of mind or body of rendering further efficient employment, the Police Service Commission shall terminate the person's employment and pay him one month's salary at the date of certification.

Performance Appraisal

11. The performance of the person engaged failed to inform the Police Service Commission of the cause of his absence,

(b) **for cause**, (other than breach of contract and misconduct) including poor performance and reported inefficiency as reflected in the performance appraisal report, after giving him an opportunity to be heard; or

(c) In situations where the contractual positions are abolished or are no longer relevant to the Ministry/Department by the provision to the person engaged of three (3) month's notice, **in writing**, or by the payment of three (3) month's salary in lieu of notice.

(d) The employment of the person engaged may be terminated for breach of contract or misconduct without notice or payment of salary in lieu of notice.

(e) Upon termination under sub-clause (d) all rights and advantages reserved to the person engaged by this Contract shall cease.

Written Answers to Questions

Tuesday, May 08, 2012

Wrongful Termination of Contract

15. In the event of the termination of the term of engagement by the person engaged at any time prior to the expiration of three (3) months from the commencement of the said term of engagement for any reason other than ill-health of the person engaged or of its determination by the person engaged after the said period of three (3) months without him first giving one (1) month's notice of such intended termination, the person engaged shall pay to the Government a sum equal to one (1) month's salary as liquidated damages.

Liability To Make Good Damage:

16. In the event of any pecuniary damage arising from the person engaged disregarding or failing to comply with any order or departmental instructions or from any neglect of duty whatsoever on his part he may be liable to a deduction from his salary

Appendix II

TRINIDAD AND TOBAGO

A **CONTRACT** made the 20th day of September in the Year of Our Lord Two Thousand and Ten Between **JENNIFER BOUCAUD-BLAKE** Permanent Secretary in the Ministry of National Security (which expression shall mean and include the person or persons for the time being carrying out the duties of Permanent Secretary in the said Ministry) acting herein for and on behalf of the Government of the Republic of Trinidad and Tobago (hereinafter called "the Government") of the One Part and **JACK EWATSKI** of No. 58, Newcroft Road, Winnipeg, MB Canada RCJ 3M8 (hereinafter called "the person engaged") of the Other Part.

WHEREBY IT IS AGREED by and between the parties hereto as follows:-

1. The Government shall employ the person engaged and the person engaged shall diligently and faithfully perform the duties of **Deputy Commissioner of Police in the Ministry of National Security** and will act in all respects according to the instructions and/or directions given to him by the Government through the Minister of National Security and/or the Police Service Commission (or such other Office duly authorized by the Police Service Commission) in conformity with the terms and effect of this Contract and the Appendices hereinafter referred to.

(Salary and allowances except Transport Allowance shall be subject to deductions for Income Tax, Health Surcharge, National Insurance contributions and all other taxes that may become payable during the term of this Contract)

4. The person engaged will be paid a Signing Bonus of **Fifty Thousand Dollars (\$50,000.00)** Trinidad and Tobago currency fifty percent 50% in the sum of **Twenty Five Thousand Dollars (\$25,000.00)** upon signing of the contract and 25% in the sum of **Twelve Thousand Five Hundred Dollars (\$12,500.00)** Trinidad and Tobago currency at the end of Year I and Year II.
5. The person engaged shall be eligible for **Thirty (30) calendar days'** vacation leave per annum. Such vacation leave is subject to the approval of the Minister of National Security and the Personal Leave Clause and is to be taken in accordance with the Vacation Leave Clause contained in the Conditions of Contract hereto.
6. Subject to the provisions of the Transport Facilities Clause in the Conditions of Contract hereto, the person engaged shall be eligible for following:
 - (a) An advance to a maximum to **Two Hundred Thousand Dollars (\$200,000.00)** Trinidad and Tobago currency, at a rate of 6% per annum to be repaid within the term of engagement to facilitate the purchase of either:
 - (i) a new motor vehicle with exemption from Motor Vehicle Tax limited to the amount payable on a vehicle with an engine capacity of 2200cc and exemption from Value Added Tax to a maximum of \$45,000.00; or

11. (i) The person engaged is entitled to excess baggage allowance to a maximum of 20 kilograms by air freight or one additional piece of luggage each of self, spouse and unmarried, dependent children under the age of 18, as well as a Refund of actual expenses incurred in shipping, by sea or air, personal and household effects from country of recruitment to a maximum of TT\$25,000.
- (ii) In the event that the person engaged terminates his employment for any reason other than ill health or in the event of death, the person engaged shall, in respect of the sum of TT\$25,000 above, be liable to refund to government, in a 'one-off' payment, an amount calculated as follows:
 - (c) Within the first 18 months of service – 100% of the amount expended; and
 - (d) Between 18 and 24 months of service – 50% of the amount expended.
12. The person engaged shall be provided with uniforms free of charge.
13. The person engaged shall be entitled to medical attention/treatment dental and optical treatment and prescribed drugs for self at any health centre facility under the Regional Health Authorities, including the Eric Williams Medical Sciences Complex. Where such attention/treatment is not available at such health facility the office holder is required to seek approval from the Permanent Secretary in the Ministry responsible for National Security to have costs met at any other hospital institution or nursing home in Trinidad and Tobago (prescribed drugs excludes drugs which are obtainable with prescription).
14. The following documents shall be deemed to form and to be read and construed as an integral part of this Contract namely:-

Appendix "A"

CONDITIONS OF CONTRACT

- Duties:
1. (a) The person engaged shall be required to perform the normal duties of the position in which said duties are outlined Appendix B hereto and any other related duties which the Government may call upon him to perform.

(b) The person engaged shall occupy himself in such manner as the Government through any of its duly authorized officers shall direct and shall not directly or indirectly engaged or be concerned in trade or private professional practice without the prior written consent of the Permanent Secretary.

- Salary: 2. Salary shall be payable in arrears no later than the day previous to the last full business day or every month.
- Deductions: 3. The salary of the person engaged may be liable to deductions under the Liability to Make Good Damage Clause.
- Transport Facilities: 4. (a) Subject to sub-clause (b) where the person engaged accesses an advance to facilitate the purchase of a new or used motor vehicle under this Contract, such advance shall be repaid over the period of engagement at a rate of interest of six percent (6%) per annum.
- (b) The person engaged shall not be entitled to access the provision of sub-clause (a) above if he had utilized those provisions within the last three (3) ears save and except where the Permanent Secretary is satisfied that a vehicle purchased under sub-clause (a) above is stolen or irreparably damaged.
- On the grounds of illness shall be treated as leave without pay.**
- Compassionate Leave: 8. The person engaged shall be eligible for Compassionate Leave of three (3) working days upon the death of a member of his immediate family, that is, a parent (including parent by adoption), child,

sibling, guardian, ward, spouse and cohabitant (in accordance with the Cohabital Relationships Act Chap. 45:55 of the Laws of Trinidad and Tobago)

Gratuity:

9. On the satisfactory completion of the term of engagement, or if the employment of the person engaged is terminated by the Government other than for cause or unsatisfactory performance, or if the person engaged dies during the period of engagement but his work and conduct had been satisfactory, the person engaged (or his legal personal representative as the case may be) shall be paid a gratuity equivalent to twenty per cent (20%) of gross salary earned over the period of employment. Such gratuity shall be liable to deductions for income tax purposes.

Ill Health:

10. (a) If the person engaged shall be compelled by reason of ill-health (not caused by his own misconduct) to resign his office, he shall be paid up to his last date of work subject to the Sick Leave Clause; or
- (b) if (If) at any time it shall be certified by a duly qualified medical officer employed by the Government and approved by the Permanent Secretary that he is incapable by reason of any infirmity of mind or body of rendering further efficient employment, the Police Service Commission shall terminate the person's employment and pay him one month's salary at the date of certification.

Performance Appraisal:

11. The performance of the person engaged failed to inform the Police Service Commission of the cause of his absence,

(b) **for cause**, (other than breach of contract and misconduct) including poor performance and reported inefficiency as reflected in the performance appraisal report, after giving him an opportunity to be heard; or

(c) in situations where the contractual positions are abolished or are no longer relevant to the Ministry/Department by the provision to the person engaged of three (3) month's notice, **in writing**, or by the payment of three (3) month's salary in lieu of notice.

(d) The employment of the person engaged may be terminated for breach of contract or misconduct without notice or payment of salary in lieu of notice.

(e) Upon termination under sub-clause (d) all rights and advantages reserved to the person engaged by this Contract shall cease.

Wrongful Termination of Contract:

15. In the event of the termination of the term of engagement by the person engaged at any time prior to the expiration of three (3) months from the commencement of the said term of engagement for any reason other than ill-health of the person engaged or of its determination by the person engaged after the said period of three (3) months without him first giving one (1) month's notice of such intended termination, the person engaged shall pay to the Government a sum equal to one (1) month's salary as liquidated damages.

Liability To Make Good
Damage:

16. In the event of any pecuniary damage arising from the person engaged disregarding or failing to comply with any order or departmental instructions or from any neglect of duty whatsoever on his part he may be liable to a deduction from his salary

**Facilities and spaces illuminated by T&TEC
(Details of)**

59. **Sen. Penelope Beckles** asked the hon. Minister of Public Utilities.

Could the Minister provide the Senate with:

- (i) A list and location of all sporting, recreation grounds, cultural and other facilities and spaces that have been illuminated by the Ministry of Public Utilities (T&TEC) during the period 1st June 2010 to October 31, 2011;
- (ii) The total cost of the abovementioned projects; and
- (iii) A list of the companies or persons who have been awarded contracts to illuminate the abovementioned facilities and the value of each contract awarded.

The Minister's reply is as follows:

- (i) List and location of all sporting, recreation grounds, cultural and other facilities and spaces illuminated by the Ministry of Public Utilities (T&TEC) during the period 1st June 2010 to October 31, 2011 are provided in the **Appendix** of this note.
- (ii) The abovementioned projects were implemented at a total cost of \$22,548,441.30; and
- (iii) List of the companies or persons to whom contracts have been awarded to illuminate the abovementioned facilities and their value can be found in the **Appendix** of this note.

APPENDIX

Recreation and Sporting Grounds, Cultural Facilities and other spaces illuminated by the Ministry of Public Utilities during the period June 1, 2010 to October 31, 2011

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
RECREATION GROUNDS						
1	Erica Street Recreation Ground	Laventille West	2010/06/23	Jim Lambkin	\$19,585.50	84,830.89
2	Mon Repos Recreation Ground	San Fernando	2010/07/16	Gill Electrical Ltd	\$27,688.00	170,870.99
3	Frederick Settlement Recreation Ground (Harlem)	Caroni	2010/07/21	Cutech Services Ltd	\$106,365.80	493,550.91

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
4	La Paille Recreation Ground	Caroni	2010/07/21	Ragbir Deonarine	\$61,932.10	305,759.35
5	Coconut Drive Savannah	Laventille West	2010/07/30	Ragbir Deonarine	\$108,042.00	538,206.88
6	Pearl Parkway Recreation Ground	Diego Martin Central	2010/08/24	Oilfield & Marine Sales & Services	\$61,932.10	305,908.80
7	Subnaik Park (Recreation Ground)	Santa Flora	2010/08/26	N&S Electrical	\$80,654.10	501,588.60
8	Poonah Recreation Ground	Gasparillo	2010/08/26	Diptee's Electrical	\$100,238.60	309,583.19

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
9	Woodford Lodge Recreation Ground	Chaguanas	2010/08/26	Diptee's Electrical	\$102,059.05	449,667.86
10	Surprise Recreation Ground	Gasparillo	2010/08/26	Gill Electrical Ltd	32,688.00	164,840.31
11	White Rose Recreation Ground	Gasparillo	2010/08/30	Jim Lambkin	41,870.00	180,791.03
12	Maracas Recreation Ground	Maracas, St. Joseph	2010/09/16	Cutech Services Ltd	171,088.95	684,496.72

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
13	Real Spring Recreation Ground	Valsayn	2010/09/29	Diptee's Electrical	112,698.85	727,216.69
14	St. John Trace Recreation Ground	Avocat, Fyzabad	2010/10/04	Cutech Services Ltd	154,855.55	1,383,841.34
15	St. Mary's Children's Home	Tacarigua	2010/10/11	Diptee's Electrical	47,141.95	185,911.77
16	Katwaroo Recreation Ground	Penal	2010/10/14	Jim Lambkin	33,724.00	131,079.76

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
17	Bamboo No. 1 Recreation Ground (2010 Project)	Valsayn	2010/10/29	Cutech Services Ltd	177,258.70	589,236.57
18	Springland Recreation Ground Road	Gasparillo	2010/11/10	Diptee's Electrical	95,122.25	427,690.05
19	Kelly Village Recreation Ground	Caroni	2010/11/15	Diptee's Electrical	156,979.60	625,930.05
20	Bloody Bay Recreation Ground	Tobago	2010/11/29	Bago	124,996.95	844,449.59

<u>No.</u>	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
21	Powder Magazine Phase 1 Recreation Ground	Cocorite	2011/01/27	Ragbir Deonarine	62,931.45	258,053.57
22	Clayton Ince Recreation Ground	Maloney	2011/01/27	Harry Persad and Sons	42,015.25	1,112,634.00
23	Evergreen recreation Ground	Arima	2011/02/02	Power Distribution	246,941.80	134,153.59
24	Tabaquite Recreation Ground	Tabaquite	2011/03/05	J.E. & Daughters	155,537.50	474,706.07

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
25	India Recreation Ground	Arima	2011/03/16	Diptee's Electrical	154, 219.03	500,669.99
26	Islamic Community Centre and Home for the Aged recreation Ground (aka Ravine Sable Recreation Ground)	Ravine Sable, Longdenville	2011/04/05	Gill Electrical Ltd	36,814.00	166,639.48
27	Banyan Boulevard Recreation Ground	Arima	2011/04/13	Power Distribution	54,491.60	201,165.45

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$)</u> <u>(inclusive of labour and materials)</u>
28	Brothers Road Recreation Ground	Tabaquite	2011/04/20	N & S Electrical	166,536.10	510,227.93
29	Colley Street Recreation Ground	Fyzabad	2011/05/02	Oilfield & Marine Sales & Services	80,225.73	331,735.20
30	Brazil Recreation Ground	Brazil	2011/05/19	Cutech Services Ltd	148,041.80	488,313.13
31	Marac Recreation Ground	Marac Village	2011/06/14	Cutech Services	156,419.55	537,920.44

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
32	Knowles Street Recreation Ground	Curepe	2011/07/20	Gill Electrical Ltd	138,148.00	494,946.21
33	Princess Royal Recreation Ground (aka Rose Park)	Queen Street	2011/08/10	J.E. & Daughters	234,442.45	871,059.58
34	Penal Rock Road 4mm Recreation Ground	Penal	2011/08/04	Quality Electrical Supplies & Services	118,622.50	316,175.07
35	Palmiste Recreation Ground	Palmiste, Longdenville	2011/08/12	N & S Electrical	164,961.75	337,956.96

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
36	Bon Air Gardens Recreation Ground	Emperor Boulevard, Arouca	2011/08/02	Power Distribution	161,706.10	536,989.03
37	Wilson Road Recreation Ground	Penal	2011/08/27	N&S Electrical	202,439.10	653,283.01
38	Lopinot Recreation Ground	Lopinot	2011/10/03	Cutech Services Ltd	119,148.05	306,336.94
39	Calcutta No. 2 Recreation Ground	Couva	2011/10/04	Quality Electrical Supplies & Services	193,163.20	651,415.72

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
40	David Williams Recreation Ground (UPGRADE)	Penal	2011/10/10	Jim Lambkin	40,495.00	290,795.62
41	Mt. Stewart Recreation Ground (Green Arrow)	Palmyra	2011/10/12	Quality Electrical Supplies & Services	166,109.45	527,630.02
42	Beaulieu Recreation Ground	Bonasse Village, Cedros	2011/10/12	J.E. & Daughters	156,635.75	495,112.32
RECREATION PARKS						
1	Wendy Fitzwilliam Park	Diego Martin	2010/08/27	Dathea	33,254.55	235,265.59

<u>No.</u>	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$) (inclusive of labour and materials)</u>
2	Bellamy Park	Arima	2011/02/07	Udan Ramsahal	40,267.25	124,780.23
3	Lawrence Park	Arima	2011/05/31	Power Distribution	35,738.55	132,530.98
4	Albert Street Play Park	Marabella	2011/07/14	Jim Lamkin	1,542.00	16,612.82
RECREATION COURTS						
1	Sea Lots Basketball Court	Production Avenue Pioneer Drive, Port of Spain	2010/08/30	Urel	12,086.00	46,809.40

No.	<u>Recreation Facility</u>	<u>Location</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Value of Contract (labour) (\$)</u>	<u>Total Cost of Illuminating Recreation Facility (\$ (inclusive of labour and materials)</u>
2	Lluengo Basketball Court	Maracas, St. Joseph	2010/08/30	Power Distribution	26,669.65	96,635.21
3	Duncan Street Basketball Court	Upper Duncan Street, Port of Spain	2010/08/29	Cutech Services Ltd	9,631.25	38,385.85
4	Calvary Hill Basketball Court	Arima	2010/10/05	Power Distribution	25,878.45	98,256.19
TOTAL					5,001,880.19	20,065,647.66

* Contract value is for labour costs associated with each project.

Airport Authority of Trinidad and Tobago and Board of Directors

68. **Sen. Fitzgerald Hinds** asked the hon. Minister of Transport.

- A. Could the hon. Minister of Transport indicate the names and portfolios of the persons who formed the Tenders Committee that awarded the Piarco and ANR Robinson international airports runway/lighting improvements contracts?
- B. Could the Minister further provide the names, profession/academic backgrounds and the date of appointment of the members of the Board of Directors of the Airports Authority of Trinidad and Tobago?
- C. With respect to (B) above, is the present board the same as was appointed after the May 24, 2010 general elections?
- D. If not, who were the original board members and could the Minister give the reason(s) for the need to replace any such original member?

Response:

- A. At the December 9th 2010 Meeting of the Board of the Airports Authority of Trinidad and Tobago, Members unanimously approved the award of contracts for, 'The Upgrade of the Airfield Lighting Control and Monitoring Systems at ANR Robinson and Piarco International Airport', 'The Upgrade of the Approach Lighting System and the Airfield Lighting Infrastructure at the Piarco International Airport' and 'The ANR Robinson International Airport Runway 11/29 Rehabilitation and Perimeter Road and Fence Upgrade'.

It is important to note that the Board of the Airports Authority were appointed on December 7th 2010 and held its first meeting on December 9th 2010. Additionally, the Board established its Sub Committees at the December 9th 2010 meeting and held its first Tenders Committee in January 2011.

Consequently, the decisions to award the contracts were unanimous decisions of the entire Board.

Enlisted below are the names of all Members of the Board present at the time the decision was taken:

Captain Vaman Bajnath – Chairman

Mr. Felix Hernandez – Deputy Chairman

Mr. Dyanand Maharaj – Member

Ms. Ruth van Lare – Member

Mr. Suresh Ramdial – Member

Mr. Clyde Adams – Member

Mr. Gary Kalliecharan – Member

Ms. Diane Hadad – Member

Mr. Emile Baptiste – Member

Mr. Ian Gomez – Member

B.

Name	Professional/Academic Background	Date of Appointment
Mr. Gerald Hadeed (Chairman)	Business Management	January 5 th , 2012
Mr. Kurt Ajodha (Deputy Chairman)	Engineering (Civil) and Architecture	January 5 th , 2012
Mr. Rishi Mahadeo	Engineering (Chemical and Process)	January 5 th , 2012
Ms. Susan Charles	Law	January 5 th , 2012
Mr. Judith Baliram Ramoutar	Accounting/Finance	January 5 th , 2012
Mr. Premchan Sahadeo	Business Management (Marketing and Sales)	January 5 th , 2012
Ms. Maria Gonsalves	Business Management (Diplomatic and International Relations)	January 5 th , 2012
Mr. Charles Marks	Civil Aviation	January 5 th , 2012
Mr. Ruthven Goddard	Building Maintenance	January 5 th , 2012

C. The present Board is not the same as was appointed after the May 24th, 2010 General Elections.

D. The previous Board, as constituted, did not allow for the best synergies to lead and develop the organization for future success and sustainability.

**Commissioner of Police and/or the Deputy Commissioner
(Whereabouts during State of Emergency)**

- 74. Sen. Fitzgerald Hinds** asked the hon. Minister of National Security
- A. Would the hon. Minister of National Security indicate and/or confirm whether the Commissioner of Police and/or the Deputy Commissioner of Police were both absent from Trinidad and Tobago at any time after the coming into force of the State of Public Emergency, which was declared on August 21, 2011?
 - B. If these officeholders were absent, would the Minister state the purpose, the period of absence, their destinations and the cost of their trips abroad in respect of such absence and travel?
 - C. Is the Minister aware, whether any organization or entity, other than the Government of Trinidad and Tobago, sponsored any part of the cost of any such travel, accommodation, entertainment or business abroad?
 - D. If so, would the Minister indicate the name(s) of the organization(s) or entity and the value of such sponsorship?

Response:

- A. Honourable Members are advised that the Commissioner of Police, Dr. Dwayne Gibbs and the Deputy Commissioner of Police, Mr. Jack Ewatski, were absent from Trinidad and Tobago, after coming into force of the State of the Public Emergency, which was declared on August 21, 2011 and ended on December 05, 2011.
- B. **Office Holder** – Commissioner of Police, Dr. Dwayne Gibbs.

Reasons for absence – To attend the signing of a Memorandum of Understanding between Directors and the Police Community of the Americas (AMERIPOL) on August 21, 2011.

Period of absence – Dr, Gibbs was absent during the period August 19-23, 2011.

Destination – Dr. Gibbs proceeded to Brazil.

Cost of Trip – The total cost is unknown to the Ministry since airfare, accommodation and meals were provided by the Police Community of the Americas (AMERIPOL). Dr. Gibbs was also provided with the sum of TT\$3,445.40 representing the following allowances which were approved in accordance with the Ministry of Finance Circular No 2 of April 07, 2006:

ITEM	COST	
	US\$	TT\$
Subsistence and travel related allowance at US \$125 per day for 2 days	250.00	1,610.00
1 Travel day at US\$ 205.00	205.00	1,320.20
Flat allowance at US \$80.00	80.00	515.20
		3,445.40

This expenditure was met from the Official Overseas Travel Vote of the Trinidad and Tobago Police Service.

Office Holder – Deputy Commissioner of Police, Mr. Jack Ewatski.

Reasons for Absence – Mr. Ewatski was absent from Trinidad and Tobago on two (2) occasions subsequent to the declaration of the State of Public Emergency:

- (i) Mr. Ewatski was on approved vacation leave.
- (ii) To attend the 32nd Crime Stoppers International Conference for the period October 23-26, 2011.

Period of absence – Mr. Ewatski was absent for the periods August 08-26, 2011 and October 22-27, 2011.

Destination – With respect to his attendance at the 32nd Crime Stoppers International Conference Mr. Ewatski proceeded to Montego Bay, Jamaica.

Cost of Trip – The total cost of Mr. Ewatski's attendance at the Conference was \$19,456.00. In addition, Mr. Ewatski was provided with the sum of TT\$3,922.30 representing the following allowances which was approved in accordance with the Ministry of Finance Circular No 2 of April, 2006:

ITEM	COST	
	US\$	TT\$
Subsistence and travel related allowance at US \$75 per day for 5 days	375.00	2,411.25
1 Travel day at US\$ 155.00	155.00	996.65
Flat allowance at US \$80.00	80.00	515.40
		3,922.30

This expenditure was met from the Official Overseas Travel Vote of the Trinidad and Tobago Police Service.

C. Yes.

D. As indicated in Part B, the Police Community of the Americas (AMERIPOL) sponsored the airfare, accommodation and meals of Dr. Gibbs. The value of this package is not known by the Ministry of National Security. In addition, the cost of Mr. Ewatski's travel in October 2011 was sponsored by Crime Stoppers Trinidad and Tobago in the sum of \$19,456.00."

**Current Members of Customs Brokers' Board
(Details of)**

79. Sen. Fitzgerald Hinds asked to hon. Minister of Finance.

- A. Would the Minister indicate the persons who are the current members of the Customs' Brokers Board?
- B. Would the Minister indicate further, the qualification(s) of each member for such membership and the date of his/her appointment?
- C. Would the Minister also indicate when last and how many times in the past two (2) years did the Board meet?

Response:

- A. Mr. President, the matter of the appointment of the Customs Brokers' Board is currently being considered by Cabinet.

B. Mr. President, the composition of the Customs Brokers' Board is prescribed by Section 3(1) of the Customs Brokers and Customs Clerks Act, Chapter 78:03 which states:

“3. (1) There is hereby established the Customs Brokers' Board, hereinafter called “the Board”, which shall consist of the Comptroller and six (6) other members appointed by the Minister as follows:

a) three (3) persons nominated by the Minister and drawn respectively from –

i. the department of Customs and Excise;

ii. the Federated Chambers of Industry and Commerce; and

iii. the Shipping Association.

b) three members of the Customs Clerks' and Customs Brokers' Association nominated by that association.”

Accordingly, the representatives of Board are chosen based on three nominations from the Minister of Finance and three members from the Customs Clerks' and Customs Brokers' Association. As indicated in part A of the question, the matter of the appointment of the Customs Brokers' Board is currently being considered by Cabinet.

C. Mr. President, the Customs' Brokers Board met four times in the past two years.