

SENATE

Tuesday, January 27, 2015

The Senate met at 1.30 p.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

**LEAVE OF ABSENCE**

Mr. President: Hon. Senators, I have granted leave of absence to Sen. The Hon. Kevin Ramnarine and Sen. The Hon. Gerald Hadeed who are both out of the country.

SENATORS' APPOINTMENT

Mr. President: Hon. Senators, I have received the following correspondence from His Excellency the President, Anthony Thomas Aquinas Carmona O.R.T.T, S.C.:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD
AND TOBAGO

By His Excellency ANTHONY
THOMAS AQUINAS CARMONA,
O.R.T.T., S.C., President and
Commander-in-Chief of the Armed
Forces of the Republic of Trinidad and
Tobago.

Anthony Thomas Aquinas Carmona O.R.T.T., S.C.
President.

TO: MR. DANIEL P. SOLOMON

WHEREAS Senator Kevin Christian Ramnarine is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, 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, DANIEL P. SOLOMON, to be temporarily a member of the Senate with effect from 27th January, 2015 and continuing during the absence from Trinidad and Tobago of the said Senator Kevin Christian Ramnarine.

Given under my Hand
and the Seal of the President of
the Republic of Trinidad and
Tobago at the Office of the
President, St. Ann's, this 27th
day of January, 2015.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD
AND TOBAGO

By His Excellency ANTHONY
THOMAS AQUINAS CARMONA,
O.R.T.T., S.C., President and
Commander-in-Chief of the Armed
Forces of the Republic of Trinidad and
Tobago.

Anthony Thomas Aquinas Carmona O.R.T.T., S.C.

President.

TO: ARCHBISHOP BARBARA BURKE

WHEREAS Senator the Honourable Gerald Stephen Hadeed is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, 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, BARBARA BURKE, to be temporarily a member of the Senate with effect from 27th January, 2015 and continuing during the absence from Trinidad and Tobago of the said Senator the Honourable Gerald Stephen Hadeed.

Given under my Hand
and the Seal of the President of
the Republic of Trinidad and
Tobago at the Office of the
President, St. Ann's, this 27th
day of January, 2015."

OATH OF ALLEGIANCE

Senators Archbishop Barbara Burke and Daniel P. Solomon took and subscribed the Oath of Allegiance as required by law.

VISITORS

HON. RANDOLPH HORTON

(Speaker of the House of Parliament of Bermuda)

Mr. President: Hon. Senators, before we begin today's proceedings,

UNREVISED

I would like to welcome to the Senate, the Hon. Randolph Horton, the Speaker of the House of the Parliament of Bermuda together with his delegation who are visiting us here in Trinidad and Tobago from Bermuda. So we welcome them here today. [*Desk thumping*]

ARRANGEMENT OF BUSINESS

Mr. President: Whilst we welcome the parliamentarians from Bermuda, unfortunately we also have sad news to acknowledge that our former President of the Senate, Mr. Emmanuel Carter, passed away on January 20, 2015. It is my intention that we will pay tributes to Sen. Carter later in today's proceedings.

Agreed to.

ADOPTION OF CHILDREN (AMDT.) BILL, 2014

Bill to amend the Adoption of Children Act, 2000 [*Hon. C. De Coteau*]; read the first time.

Motion made: That the next stage of the Bill be taken at a sitting of the Senate to be held on Tuesday, February 03, 2015. [*Sen. The Hon. G. Singh*]

Question put and agreed to.

PAPERS LAID

Annual Audited Financial Statements of the Trinidad and Tobago Electricity Commission for the year ended December 31, 2013. [*The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh)*]

Proceeds of Crime (Prescribed Forms) Regulations, 2015. [*The Minister of Finance and the Economy (Sen. The Hon. Larry Howai)*]

Visitors
 Hon. Randolph Horton
 (Speaker of the House of Bermuda)

2015.01.27

Annual Audited Financial Statements of First Citizens Trustee Services Limited for the financial year ended September 30, 2014. [*Sen. The Hon. L. Howai*]

WRITTEN ANSWER TO QUESTION

Flood Relief Programme

(Details of)

20. Sen. Camille Robinson-Regis asked the hon. Minister of Food Production:

In relation to the Flood Relief Programme, could the Minister provide:
 a list of all the farmers that received relief cheques for the period June 2010 to November 2014;

the amount of each cheque given to each farmer; and

the justification for each payment?

Answer lodged in the Parliament Library.

ORAL ANSWERS TO QUESTIONS

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Mr. President. The Government is in a position to answer and provide oral answers to Questions No. 26 and No. 28 and also for written reply to Question No. 20 which will be circulated later in the proceedings. We ask for a deferral for two weeks for the other two questions.

Sen. Robinson-Regis: Thank you very much, Mr. President. Before I ask my question, I would like to find out about the other questions that have been deferred and the other questions for written answer that have not

come forward as yet.

Sen. The Hon. G. Singh: Thank you, Mr. President. As I indicated, we asked—there are three questions on the Order Paper for oral answer, we are responding to two; and there are three questions for written response and we

are responding to one. And we ask for a deferral for two weeks for those three questions: one oral and two written.

The following question stood on the Order Paper in the name of Sen. Camille Robinson-Regis:

Ministry of National Security

Advertisements and Public Relations Campaigns

(Details of)

27. Could the hon. Minister of National Security provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of National Security in the media for the period January 2011 to November 2014?

Question, by leave, deferred.

Social Programmes

(Audit Details)

26. Sen. Camille Robinson-Regis asked the hon. Minister of National Security:

A. Could the Minister indicate whether audits were conducted into the social programmes managed by his Ministry, inclusive of:

- a. Hoop of Life;
- b. Citizens' Security Programme; and
- c. National Mentorship Programme

B. If the response to A is in the negative, could the Minister indicate the reasons why not, and a date by which these audits will be conducted?

C. If the response to A is in the affirmative, could the Minister state which organization conducted the audits and the cost of each?

The Minister of National Security (Sen. The Hon. Gary Griffith):
Thank you, Mr. President. It pertains to information regarding whether audits were conducted into the social programmes managed by the Ministry of National Security, more so the Hoop of Life, Citizens' Security Programme and the National Mentorship Programme. The Ministry of National Security continues to remain focused on what is known as the primary crime prevention. That being the aspects of hard-targeting, law enforcement, patrols, road blocks and all other aspects that make life difficult for persons to commit crime based on providing that deterrent. However, we are also aware of the importance for secondary crime prevention which involves providing avenues and opportunities for persons to turn away from a life of crime. Bearing that in mind, the Ministry of National Security, recognizing the need for these programmes to ultimately curb the crime problem, we have offered a number of specialized youth service programmes which include the Citizens' Security Programme, Hoop of Life and the Civilian Conservation Corp.

The Ministry of National Security's audits are undertaken periodically and annually by the internal audit unit of the Ministry of National Security. In addition, the Auditor General's Report is annually published to highlight any concerns observed during the year. The audit unit of the Ministry of National Security is guided by the Financial Regulations, 1965 and Financial

Instructions 1965. The role of the audit unit with respect to social programmes is to examine all financial records, systems and control and to ensure proper procedures are adhered to in accordance with financial policy.

The audit unit of the Ministry of National Security, as stated, guided by the Financial Regulations 1965 and Financial Instructions 1965, the role of the audit unit with respect to social programmes is to examine all these records. They were all conducted in 2014 on the social programmes in the areas of expenditure checks, physical stock and stock records, inventories, fleet management. However, only expenditure checks were conducted on the National Mentorship Programme but the Schedule Officer was advised with respect to inventory, physical stock and stock records.

Mr. President, however, notwithstanding the internal audits which I just spoke about which were conducted by the Ministry of National Security that are generally of a financial nature, I have also requested the Ministry to conduct a more thorough investigation into our social crime reduction programmes. What is required for these social programmes is an independent review and examination of records and activities to assess the adequacy of these projects. Looking at their system controls to ensure compliance with established policies and operational procedures and to recommend changes where necessary to ensure maximum productivity.

So the Ministry of National Security is, at present, in the procurement process preparing to tender four independent service providers to conduct project audits for the Hoop of Life, Citizens' Security Programme and the National Mentorship Programme, and included in that brief will be a request for the auditors to determine whether these programmes are achieving the objectives set out in the programme designed, and whether the programmes,

in their current form, are the most efficient in meeting Government's stated crime reduction initiatives in the communities. Thank you, Mr. President.

[Desk thumping]

1.45p.m.

Sen. Robinson-Regis: Thank you very much, Mr. President. Minister, would you be able to indicate how soon these—you said you are preparing to have the audits done, can you tell me how long this preparation will take and consequently, how soon the audit will in fact take place?

Sen. The Hon. G. Griffith: Mr. President, from the Ministry of National Security, it is now being conducted and we are hoping to have it commence by the 1st of March, 2015.

Sen. Al-Rawi: Further supplemental, Mr. President. Thank you, hon. Minister. Insofar as the LifeSport Programme was introduced into your portfolio when the Minister of Sport resigned, by direction of the Prime Minister, are you able to tell us whether the internal audits which you described occurred in 2014, also had an associated investigation into that LifeSport Programme?

Sen. The Hon. G. Griffith: Mr. President, the LifeSport Programme being transferred to the Ministry of National Security almost immediately after that, just a few weeks after that the LifeSport Programme was scrapped, bearing that in mind, there is an investigation that is being held by the Trinidad and Tobago Police Service in that LifeSport Programme so it would not be appropriate in any way for the Ministry of National Security to be involved in any type of audit because that matter is presently being investigated by the Trinidad and Tobago Police Service.

Sen. Al-Rawi: Further supplemental. Insofar as that maybe the case

by your estimation, may I enquire how that fits in with the audit that is being conducted therefore by the Ministry of Finance and the Economy, if I could, perhaps rephrase for clarity? Insofar as your answer is, that because the TTPS is investigating that it, would be inappropriate for the Ministry of National Security to investigate, how does then stand up to the supposed investigation by the Ministry of Finance and the Economy into the same subject matter?

Sen. The Hon. G. Griffith: Well, the Ministry of Finance and the Economy, they are dealing with the financial aspects of the LifeSport Programme. If we are dealing with a police investigation and the police is being a subset of the Ministry of National Security, I think it would be inappropriate for the Ministry of National Security to be involved in an audit for something that is actually being investigated by the Trinidad and Tobago Police, which is a part of the Ministry of National Security.

Sen. Al-Rawi: Further supplemental. Hon. Minister, are you saying that the TTPS, which is under the control of the Commissioner of Police by virtue of the Constitution of the Republic of Trinidad and Tobago, is in some way influenced by the Ministry of National Security in that regard?

Sen. The Hon. G. Griffith: Not at all, Mr. President, Just the opposite. The headquarters of the Ministry of National Security, our role is to deal with the administration, logistics and financial aspects for the operational elements of national security, that being the Trinidad and Tobago Police Service but the fact being if there is an investigation, that is something that is operational, and if the police are involved in an investigation, the Ministry of National Security, it would be foolhardy for us to be involved in an audit for something that is presently being investigated

by the police service, especially of the fact that the LifeSport Programme no longer exists.

Sen. Al-Rawi: Further supplemental. Hon. Minister, insofar as there are both criminal and civil matters that one would imagine investigations involved and insofar as you are saying that the criminal aspects you feel in some way encumbered, and I beg to disagree, do you have any perspective relative to the civil investigation for the near \$1 billion being \$500 million/\$600 million in LifeSport, and the Sport Company's associated role at another \$500 million, that is nearly \$1 billion of expenditure, surely there must be some degree of civil investigation, both from the internal investigative department of your Ministry, as well as, perhaps, through the use of services including the now infamous "A Team", under the control of the Attorney General.

Sen. The Hon. G. Griffith: No, no. I understand what you are saying but any matter that is presently being investigated by the Trinidad and Tobago Police Service, the Ministry of National Security, I think again, it would be inappropriate for us to be involved in any type of investigation, audit, analysis for such a project, especially as they no longer exist in the Ministry of National Security.

The Trinidad and Tobago Police Service, they are heavily involved in an investigation and it would be unwise and inappropriate for the Ministry of National Security, the headquarters, to be involved in any type of audit at this time. There would be a, not duplication of effort, but this is a matter that is being investigated by the police service and there are other elements again that may also be involved in this investigation, whether it is the FIU or whatever, but the Ministry of National Security. The audits that were being

conducted are to ensure, again, quality and project management and to improve effectiveness. There is no need for the Ministry of National Security to improve effectiveness for a unit that no longer exists.

This is a matter that is being dealt with by the Trinidad and Tobago Police Service to ascertain if there was any questionable activity that took place and warrants any type of arrest.

Sen. Al-Rawi: Further supplemental. Thank you, hon. Minister, for your clarification. May I ask, hon. Minister, in answer to this question you informed us that there is an internal department of your Ministry. This internal department has oversight over expenditure, which would have fallen under this Ministry. The Hoop of Life and these other entities, and the LifeSport Programme have formed part of the supervision of the Ministry of National Security. Is it that there is no investigation, from an accounting perspective, into the LifeSport Programme via the Ministry of National Security?

Sen. The Hon. G. Griffith: Mr. President, again, I will say for the fifth time, as soon as this matter became a matter that was under the purview of the Trinidad and Tobago Police Service and an investigation commenced, it would be inappropriate for the Ministry of National Security to be involved in any type of audit, because what we will be actually doing is conducting an audit to ascertain financial irregularities or effective management, firstly, for a project that no longer exists but also dealing with a situation that is right now under investigation by the Trinidad and Tobago Police Service. It would be inappropriate for the Ministry of National Security, their audit team, to be involved in doing an audit of a defunct project that is now being investigated by the police service.

Sen. Al-Rawi: Further supplemental. Hon. Minister, I am extremely surprised by your answers.

Mr. President: Senator, Senator.

Sen. The Hon. G. Griffith: Yes, Sir.

Mr. President: Senator, you cannot embark on anything other than a question, no preface to the question. You may direct the question to the Minister.

Sen. Al-Rawi: Sure. Hon. Minister, may I enquire whether your Ministry is bound by some financial regulation to not investigate these matters, the internal investigation department of your Ministry? Are you bound by some law or authority, perhaps the 1965 regulations, that say that where there is criminal investigation that all investigations of an internal nature of a financial and investigation aspect are to be halted? What is the authority?

Sen. The Hon. G. Griffith: Mr. President, definitely not. But again this is based on just common sense. If the Trinidad and Tobago Police Service are heavily involved in the investigation of a project, what is the reason then for the Ministry of National Security to duplicate the same effort to conduct an audit, based on the Trinidad and Tobago Police Service having a thorough investigation, which will also include auditing of the same project and the same subject matter that is no longer under the Ministry of National Security? [*Desk thumping*]

Sen. Al-Rawi: Further supplemental, perhaps the last one. Hon. Minister, may I enquire whether the LifeSport Programme is being investigated since it has been transferred out of your Ministry, I understand you to be saying that, may I enquire whether it is being investigated at all by

any aspect of the Government of Trinidad and Tobago's internal or special purpose investigative arms other than the investigation by the Trinidad and Tobago Police Service?

Sen. The Hon. G. Griffith: Mr. President, just to clarify, it has not been transferred out of the Ministry of National Security, it no longer exists. So it is not that the LifeSport Programme moved out of the Ministry of National Security. It was shut down and the only—I could speak for my Ministry and in the Ministry of National Security, the only investigation that is taking place to deal with the LifeSport Programme, it is being conducted by the relevant authority, which would be that of the Trinidad and Tobago Police Service.

Sen. Al-Rawi: I am compelled, further supplemental. Hon. Minister, was this decision not to investigate the LifeSport Programme under the Ministry, which it sits being the Ministry of National Security, was it a decision of the Cabinet of Trinidad and Tobago?

Sen. The Hon. G. Griffith: Sorry, clarify.

Sen. Al-Rawi: Thank you hon. Minister. I am asking, whether the decision for your Ministry not to investigate, via its internal investigative department, and/or any special purpose entity and independent entity, whether that decision not to investigate the LifeSport Programme was a decision of the Cabinet of Trinidad and Tobago?

Sen. The Hon. G. Griffith: Definitely not, Mr. President, there was no need for it actually to get to Cabinet. There is a Minister of National Security and again funds were never distributed from the Ministry of National Security for the LifeSport Programme. As soon as it was sent across to the Ministry of National Security it was almost immediately shut

down. So it is difficult to do an audit of something in the Ministry of National Security when there was virtually nothing to audit. Hence the reason why the Trinidad and Tobago Police Service would be the most impartial organization to ensure that if there has been any act of questionable activity and for charges to be laid, it should be conducted by the relevant authorities who have that type of training and capability to enforce the law, that being the Trinidad and Tobago Police Service.

Again, if we look at the concept of the audit, it is to deal with financial records, systems and controls and to ensure proper procedures are adhered to. All of this is now being conducted by the Trinidad and Tobago Police Service, based on concerns of any questionable activities that may have taken place. And because of that, that is why the Trinidad and Tobago Police Service should be that investigative unit rather than the Ministry of National Security, which will conduct audits based on projects that are presently under the purview of the Ministry of National Security.

The LifeSport no longer exists. Funds were actually never really spent from the Ministry of National Security, so that it would be difficult to do such an audit. The correct arm is the Trinidad and Tobago Police Service and they would conduct a thorough investigation in this matter.

Sen. Al-Rawi: Further supplemental. Hon. Minister, with respect to the audit value-for-money enquiry, which the Ministries or Auditor General take into account in analysing any project under any Ministry, is the hon. Minister saying that has now been seconded or put to the Trinidad and Tobago Police Service?

Sen. The Hon. G. Griffith: No, I did not say that. What I am saying again is the LifeSport Programme no longer exists. It has been shut down

and because of this, now the Trinidad and Tobago Police Service, they are conducting enquiries to ascertain whether there are any questionable activities that have taken place to warrant charges being laid.

Sen. Al-Rawi: Further supplemental. Hon. Minister, are you saying that the criminal investigation excludes the civil and accounting investigation into this programme?

Sen. The Hon. G. Griffith: No, I would not be able to say that. What I can all actually say is that there is a matter that is undergoing investigation by the police and it warrants the police service should have full authorization to conduct the enquiry, inclusive of an audit that is taking place. The audit, that is all part of the investigation of the police.

Sen. Al-Rawi: Further supplemental. Hon. Minister, a simple question, apart from the crimes being investigated by the police, which I accept, is fine there, the question on the table is: which division of the Government of Trinidad and Tobago on this closed down project, which Ministry, is conducting the investigation into the LifeSport Programme, with respect to the audit, financial, value-for-money aspects of that programme?

Sen. The Hon. G. Griffith: Mr. President, you know, it is quite ironic because had the Ministry of National Security been the one conducting it, the first thing I may have heard from my colleague is that there is going to be bias to in the investigative process because it is being done by the Ministry of National Security. In fact, what we are doing now is to ensure that transparency, which the Trinidad and Tobago Police Service would ensure that the matter would be investigated, there would be no cover up and that the chips will fall where they may. If there is a matter of an investigation, the Trinidad and Tobago Police Service, that is the legitimate avenue for such an investigation to take place, inclusive of the same audit.

Sen. Al-Rawi: Hon. Minister, further supplemental. Is there a division of the Government of Trinidad and Tobago, headed by Mrs. Kamla Persad-Bissessar that is investigating—*[Interruption]*

Sen. G. Singh: “Doh ask dah question.”

Sen. Al-Rawi: You cannot tell me what to ask.

Sen. G. Singh: Well I can tell him what to answer.

Sen. Al-Rawi: The further supplemental is: Is there a division of the Government of Trinidad and Tobago, under this Government, that is investigating the audit and financial aspects of LifeSport?

Sen. The Hon. G. Griffith: Mr. President, I have to speak as the Minister of National Security and as the Minister of National Security, I wish to say that the Ministry of National Security, we are not involved in any audit at present, to deal with the LifeSport Programme. The Trinidad and Tobago Police Service, being part of the Ministry of National Security, that is the investigative body that is dealing with the audit and also all aspects of the investigation pertaining to that project, Mr. President.

Sen. Coudray: Print it and circulate it.

Sen. Al-Rawi: “Dahs wah yuh call duck.”

2.00p.m.

Advertisements and Public Relations Campaigns

(Cost of)

28. Senator Camille Robinson-Regis asked the hon. Minister of the Environment and Water Resources:

Could the Minister provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of Environment

and Water Resources in the media for the period January 2011 to November 2014?

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): [*Desk thumping*] Thank you very much, Mr. President. The hon. Member asked the question:

Could the Minister provide the Senate with the cost of advertisements and public relations campaigns conducted by the Ministry of Environment and Water Resources in the media for the period January 2011 to November 2014?

Mr. President, the Ministry of the Environment and Water Resources was established in July 2012. Therefore, the data available in response to the question will cover the period July 2012 to November 2014. The cost of advertisements and public relations campaigns, conducted by the Ministry of the Environment and Water Resources in the media for this period, July 2012 to November 2014 is as follows: year 2012, the cost \$83,263.60; 2013, \$298,713.91 2014, \$186,613.01. Total cost for three years, \$568,590.52. The breakdown is as follows: the breakdown comprises, the company that we paid, the item, the year and the amount:

Company	Item	2012	2013	2014	Amount
Ross Advertising	Hunting season 'open'	30.09.12			\$44,648.75
Ross Advertising	Public notice coloured ad on the hunting season	30.09.12			\$15,783.75

Ross Advertising	Creation and production of a black and white public notice – Hunting permits (3 Dailies)	29.09.12			\$22,831.10
Ross Advertising	Web design and development services		23.06.13		\$9,271.88
GISL	Tender notices for the Caura Rehabilitation Project		02.08.13		\$5,678.13
<i>Newsday</i> Daily News	Commemoration of the 35 th Anniversary of the Institute of Marine Affairs		02.08.13		\$1,863.00
Guardian Media Ltd.	Commemoration of the 35 th Anniversary of the Institute of Marine Affairs		02.08.13		\$2,530.00
Daily News	Public disclosure – hosting the International Development Bank (IADB), re. POS Flood Alleviation Project, September 16 to 19.2013		13.09.13		\$2,300.00
Guardian Media Ltd.	Public disclosure – hosting the International Development Bank, re. POS		16.09.13		\$8,308.75

	Flood Alleviation Project, September 16 to 19.2013				
GISL	Tender notice, Central Tenders Board, construction of sluice gate structure on Tacarigua River (3 Dailies)		23.07.13		\$8,553.13
Guardian Media Ltd.	Coloured advertisement on Wildlife Hotline for moratorium on hunting		22.11.13		\$8,202.95

Company	Item	2012	2013	2014	Amount
Daily News	Coloured advertisement on Wildlife Hotline for moratorium on hunting		22.11.13		\$8,625.50
Daily News	Black and white advertisement of Wildlife Hotline		29.11.13		\$14,375.00
Guardian Media Ltd.	Black and white advertisement of Wildlife Hotline		29.11.13		\$16,169.00
WIN Radio	Radio commercial for Wildlife		10.12.13		\$3,500.00

101.1 FM	Hotline				
CNMG	Radio commercial for Wildlife Hotline		10.12.13		\$8,280.00
CNC3	Video footage Scarlet Ibis birds Cacandee and interview with Minister Ramdial		27.12.13		\$ 805.00
Guardian Media Ltd.	Wildlife Hotline advertisement		01.12.13- 29.12.13		\$12,650.00
103 FM	Promotion of the Wildlife Hotline		31.12.13		\$10,867.50
103 FM	Promotion of the Wildlife Hotline		30.11.13		\$1,897.50
103 FM	Promotion of the Wildlife Hotline		30.11.13		\$ 690.00
103 FM	Promotion of the Wildlife Hotline		31.12.13		\$10,867.50
103 FM	Promotion of the Wildlife Hotline		30.11.13		\$1,897.50
103 FM	Promotion of the Wildlife Hotline		30.11.13		\$ 690.00
Guardian Media Ltd.	Printing of 1,000 draft Wildlife Policy		21.02.13		\$15,332.26
Daily News	Advertisement for the public		09.04.13		\$16,531.25

	consultation of the draft Wildlife Policy				
Guardian Media Ltd.	Advertisement for the public consultation of the draft Wildlife Policy		09.04.13		\$12,075.00
Company	Item	2012	2013	2014	Amount
<i>Trinidad Express</i> Newspaper	Advertisement for the public consultation on the draft Wildlife Policy		09.04.13		\$14,518.75
103 FM	Radio commercial on draft Wildlife Policy		12.08.13		\$1,840.00
<i>Trinidad Express</i> Newspaper	Advertisement for the public consultation on the draft Wildlife Policy		12.08.13		\$16,430.64
CNMG	Commercial on draft Wildlife Policy		26.08.13		\$ 552.00
Daily News	Advertisement of Ozone friendly		26.08.13		\$2,300.00

UNREVISED

Ltd.	gasses				
Guardian Media Ltd.	Advertisement of Ozone friendly gases		30.08.13		\$17,192.50
Guardian Media Ltd.	Advertisement on the draft Wildlife Policy		23.09.13		\$8,912.50
Daily News	Advertisement for the public consultation on the draft Wildlife Policy		23.09.13		\$7,187.50
Guardian Media Ltd.	Advertisements for the offer of three scholarships for the training of candidates as MET Assistants		04.02.13		\$2,587.50
Daily News Ltd.	Advertisements for the offer of three scholarships for the training of candidates as MET Assistants		19.02.13		\$2,587.50
<i>Trinidad Express</i>	Advertisements for the offer of three scholarships for the training of candidates as MET Assistants		04.02.13		\$3,090.63

Ross Advertising	Creation and production of a full colour press advertisement – Montreal Protocol, celebrating 25 years of commitment to protecting the world’s ozone layer		22.04.13		\$33,544.79
Guardian Media Ltd.	Publication, re Inter-American Development Bank for analysis mission on the POS flood alleviation		30.09.13		\$6,008.75

Company	Item	2012	2013	2014	Amount
Radio Trinidad Aakash Vani	Radio commercial for Wildlife Hotline			17.01.14	\$5,750.00
Daily News	Void list of uncashed cheques			27.03.14	\$10,626.00
Radio Jaagriti	Radio commercial for Wildlife Hotline			20.01.14 – 21.02.14	\$3,795.00
Radio Jaagriti	Radio commercial for Wildlife			20.01.14 –	\$3,795.00

	Hotline			21.02.14	
I95.5 FM	Radio commercial for Wildlife Hotline			20.01.14 – 21.02.14	\$5,692.50
Power 102 FM	Radio commercial for Wildlife Hotline			20.01.14 – 21.02.14	\$2,300.00
Trinidad Broadcasting – Akash Vani 106 FM	Radio commercial for Wildlife Hotline			20.01.14 – 21.02.14	\$5,750.00
Guardian Media Ltd.	International coastal clean-up advertisement			26.09.14	\$3,622.50
103 FM	Radio commercial for Wildlife Hotline			04.12.14- 01.01.14	\$11,557.50
Asa Wright nature Centre	Ministry's logo and tagline competition			10.03.14	\$3,036.00
Nanan's Tours	Ministry's logo and tagline competition			07.04.14	\$ 300.00

Keir-Marc Mohammed	Graphic artist (editing winning logo competition) design and production of logo brand book			29.03.14	\$7,200.00
Better Graphics	Standing banner for Ministry logo and tagline			25.06.14	\$2,875.00
Daily News	Ministry's Project Execution Unit advertisements			18.09.14	\$35,483.25
Script-J	Ministry calendars			16.09.14	\$26,444.25
Sharon Defour	Design and layout of tent calendars			25.09.14	\$2,800.00
Office Authority	50 Ministry diaries			29.09.14	\$4,140.00
DASACO Enterprises	100 Ministry journals			29.09.14	\$39,542.75
Script-J	500 forestry newsletters			19.11.14	\$1,158.26
Better Graphics	Ministry pennant			12.11.14	\$345.00
Sweet 103 FM	Promotion of Wildlife Hotline			22.01.14	\$6,900.00
Radio 101.1 FM	Promotion of Wildlife Hotline			23.01.14	\$3,500.00

TOTAL		\$83,263.60	\$298,713.91	\$186,613.01	\$568,590.52
--------------	--	-------------	--------------	--------------	--------------

Sen. Robinson-Regis: Thank you very much, Mr. President. Supplemental, please. Minister could you indicate whether there is a tender process in place for determining what agency is used for the various advertisements or publications?

Sen. The Hon. G. Singh: What is taking place is what has been used in the public sector all the time. These are very small amounts of money, and it is at the discretion of managers of the Communication Department, where to locate their ads, and where they think they get bang for their buck. [*Desk thumping*]

Sen. Al-Rawi: Further supplemental. Hon. Minister, thank you for such a comprehensive answer. May I enquire in answer to this question, does this fall under Head 62 of the Draft Estimates of the Republic of Trinidad and Tobago for this year?

Sen. The Hon. G. Singh: Well, I not familiar with that Head, because the Permanent Secretary will look after those Heads, but what I do know, we have a very small allocation for advertisement. We had dealt with that question when we came before the Finance Committee. We had answered that question.

Sen. Al-Rawi: Further supplemental. Perhaps hon. Minister, Sub-Item 62, Promotions, Publicity and Printing, hon. Minister, of the total sum that you provided this Parliament with, being \$568,590.52, are you in a position to tell us whether that—you said that was the total for 2012 to the date of the question. Hon. Minister—
[*Interruption*]

Sen. The Hon. G. Singh: The actual number.

Sen. Al-Rawi:—are you able to clarify the position as to that expenditure, that total expenditure for the period 2012 to the date of the question in 2015? Are you able to clarify how that stands against the actual expenditure for these same items as recorded in the budget documents, which say that the actual expenditure for 2013 was \$583,350; the actual estimated expenditure for 2014 was \$1,090,940, and the revised estimate was \$838,000 for that year, hon. Minister? How does that fit with that?

Sen. The Hon. G. Singh: I think that the hon. Senator in the supplemental should refer to the question. The question asks:

“...cost of advertisements and public relations campaigns conducted by the Ministry of Environment and Water Resources in the Media for the period January 2011 to November 2014?”

This is the expenditure, what is estimated and so on. This is what was in the media and what was paid for in the media over this period.

2.15 p.m.

Sen. Al-Rawi: Thank you, hon. Minister, for the reference to the question again. May I enquire whether that total figure is the breadth of expenditure? Are you saying that there is further expenditure beyond the advertising, promotions and publicity?

Sen. G. Singh: I think that the question was asked and this is the answer that I am providing for the House. If you know of any additional expenditure associated with that in the media and public relations, well, perhaps, you can bring that to my attention, but certainly this is what we expended over this period of time in the media as delineated and as itemized.

Sen. Al-Rawi: Thank you, hon. Minister. May I enquire whether, in

view of the slump in oil prices and revenue, the estimated expenditure of \$871,000 for Head 62, which includes these items, is going to be adjusted in any fashion in view of the austere circumstances that we are now in?

Sen. G. Singh: I think that your choice of words is different from mine. Certainly, we do not regard the situation as being austere, but certainly we can find a measure of comfort. But you can see, even before the drop in oil prices, we got value for money the way we managed our affairs. [*Desk thumping*]

Sen. Al-Rawi: A further supplemental, hon. Minister. May I ask, whether the expenditure by state enterprises, including WASA, falls as a separate item in any regard? Is it contemplated in any way with the overall expenditure from your Ministry?

Sen. G. Singh: The question asked specifically and I answered the content of the question specifically. If there is need for another question, I would provide the answer in the same fashion as I have done. [*Desk thumping*]

Sen. Robinson-Regis: Minister, would you be able to indicate whether the wild life advertisements have had any benefit?

Sen. G. Singh: Well, the way you deal with—I am going outside the remit of it, but I think that the way the wild life ads—you need to be more frequent because you are moving into a realm where you are seeking to bring a change of behaviour and that, therefore, you have to educate, you have to build awareness and also to enforce. So that, therefore, to a large extent, we need to spend a lot more money in that area building the level of awareness and education and promoting the enforcement as a result of the education and building awareness. I think that there is always room to change that behaviour.

JOINT SELECT COMMITTEE REPORT
(PRESENTATION)

Sen. Dr. Victor Wheeler: Thank you, Mr. President. I have the honour to present the following report as listed on the Order Paper in my name:

Eighteenth Report of the Joint Select Committee on Ministries, Statutory Authorities and State Enterprises (Group 2) on the Administration and Operations of the Government Human Resources Services Company Limited (GHRS).

STATEMENT BY MINISTER

Ongoing Dispute Between Cane Farmers

(Resolution)

The Minister of Food Production (Sen. The Hon. Devant Maharaj): Thank you very much, Mr. President. The People's Partnership has once again rectified another injustice brought upon by the previous administration. This Government has finally brought closure to the ongoing dispute between cane farmers, who were grossly neglected by the PNM Government following the closure of the state-owned Caroni (1975) Limited in 2003. This policy decision proved detrimental to the cane farming community and for several years very little has been done to alleviate their concerns.

In 2006, to comply with the World Trade Organization requirements, the European Union reformed the sugar regime providing guaranteed prices for sugar protocol countries, including Trinidad and Tobago. This context gave rise to the development of a National Adaptation Strategy of Trinidad and Tobago to address the negative impacts on the sugar industry. To

support the Government of Trinidad and Tobago in implementing the National Adaptation Strategy, the European Union has allocated funding of over euros 75 million over the period 2007—2013 through the Multi-Annual Indicative Programme.

These funds are provided through sector budget support and disbursed to the Government of Trinidad and Tobago directly into the Consolidated Fund. These funds are only disbursed by the European Union if performance indicators agreed upon by the Government of Trinidad and Tobago and the European Union, outlined in the Multi-Annual Indicative Programme, have been achieved.

There have been two Multi-Annual Indicative Programmes:

the Multi-Annual Indicative Programme, 2007—2010;

the Multi-Annual Indicative Programme, 2011—2013.

The activities outlined in the Multi-Annual Performance Indicator 2007—2010 were successfully implemented during the years 2009—2013. Currently the Government is working assiduously to achieve the performance indicators for 2011—2013, which has an allocation of euros 3.7 million and its implementation period is 2013—2015. The national authorizing officer in Trinidad and Tobago is the hon. Minister of Planning and Sustainable Development, and the Ministry of Food Production has been the implementing agency.

While these funds have been used to alleviate the agricultural sector and has benefited the cane farmers indirectly, the Government of Trinidad and Tobago has made the policy decision to allow these funds to benefit the cane farming community directly through a final settlement compensation

package. [*Desk thumping*]

Over the past seven years, several cane farming stakeholders have been lobbying the Government to finalize a strategy that will allow for an agreeable and fair compensation. Cane farmers have been engaging the hon. Prime Minister for several years to hear their plea for just compensation and alleviate the burdens following the closure of Caroni (1975) Limited.

In a response to the request, the hon. Prime Minister convened a meeting on November 29, 2013, to discuss the concerns. The cane farming groups included, pro tem, Cane Farmers Association of Trinidad and Tobago, Trinidad and Tobago Islandwide Cane Farmers Association, Cane Producers Association of Trinidad and Tobago and Direct Delivery Cane Farmers Association.

Subsequent to this meeting, the hon. Prime Minister delegated the hon. Minister of Planning and Sustainable Development and the Minister of Food Production to bring closure to this matter. Both Ministers sought to find a resolution to the plight of the cane farmers and were determined to empower these farmers whilst adhering to government policy to establish a viable agricultural sector with gainful employment and sustainable livelihoods.

Therefore, several meetings were held between these cane farming groups between 2013 and 2014 to arrive at the consensus that will foster increased agricultural production and allow for cane farmers to be duly compensated.

On November 25, 2014, a meeting was held between the hon. Minister of Planning and Sustainable Development, the hon. Minister of Food Production and the cane farmers groups. Several prospectives were

proposed at this meeting. However, consensus was achieved whereby the cane farmers proposed a final payment arrangement of TT \$130 million.

In 2008, 3,420 cane farmers were previously compensated with \$82 million. However, this compensation was considered a pittance to these farmers who had loans and other debts causing distress among the cane farming community. Today, I am pleased to announce that the cane farmers will now be justly compensated. [*Desk thumping*]

Cabinet, by Minute No. 3523 of December 30, 2014, agreed to:

approve compensation package in the sum of \$130 million for former cane farmers as the final settlement to the 2007 transition payment out of the sugar industry to be disbursed as indicated:

As a first tranche should be based on the TT \$27 million currently available under the European Union, accompanying measures of Sugar Protocol Programme, the Multi-Annual Indicative Programme, 2011—2013, on receipt of the Government of Trinidad and Tobago of the euros 8 million from the European Union in 2015, a second tranche of 75 million and a third tranche of 28 million in 2016.

a formula to ensure that all cane farmers benefit from this final compensation package to be developed. This formula is to be agreed upon between the Government of Trinidad and Tobago and the relevant cane farmers organizations, such arrangement to be finalized on behalf of the Government by the Ministry of Planning and Sustainable Development, the Ministry of Food Production and the Ministry of Land and Marine Resources.

I am also pleased to announce that the technical committee

comprising of members of the Ministry of Planning and Sustainable Development, the Ministry of Food Production and the Ministry of Land and Marine Resources will meet on January 27, 2015 to determine several prospective formulae for the final compensation of \$130 million. The proposed formulae will then be presented to the cane farmers groups within the upcoming weeks and it is envisioned that consensus will be attained for one formula that will allow for fiscal prudence on the part of the Government of Trinidad and Tobago, as well as satisfy the needs of the cane farming community.

Finally, let me state categorically that this compensation has been agreed as final. There will be no further disputes between the cane-farming population and any Government now and in the future regarding compensation for cane farmers.

Furthermore, since many of these cane farmers have diversified out of sugar cane production and are now involved in other agricultural activities, it is expected that these funds will be used to enhance their present agricultural activities. Several of the cane farming groups have expressed interest in engaging in rice production and livestock production in particular. [*Desk thumping*] Therefore, this policy will allow for the enhanced agricultural sector in keeping with the mandate of the Government of Trinidad and Tobago to provide a food secure nation.

Mr. President, I thank you.

**REGIONAL HEALTH AUTHORITY SYSTEM
(COMPREHENSIVE REVIEW)**

[Second Day]

Order read for resuming adjourned debate on question [November

UNREVISED

18, 2014]:

Mr. President: Hon. Senators, the debate on the following Motion which was in progress when the Senate adjourned on Tuesday, November 18, 2014, will be resumed:

Be it resolved that the Senate call on the Government to take immediate steps to conduct a comprehensive review of the Regional Health Authority system in the delivery of health care in Trinidad and Tobago.

The list of those who spoke: Sen. Dr. Wheeler, the mover of the Motion, the hon. Dr. Fuad Khan, Minister of Health, Sen. Camille Robinson-Regis. Senators wishing to join in the debate may do so now. *[Interruption]* I will have to make an enquiry.

Sen. G. Singh: She had not completed. She has 25 more minutes.

Mr. President: I see. My brief does not show that you have 25 minutes, but I will take it that it is so.

2.30 p.m.

Sen. C. Robinson-Regis: Thank you very much, Mr. President. Mr. President, I make every effort to speak the truth, at least in the Parliament, when I—*[Laughter and Desk thumping]* Mr. President, thank you very much for this opportunity to continue my contribution to this very important debate that hinges on an issue that is near and dear to all the people of Trinidad and Tobago. The health sector has been a sector that has come in for quite a lot of enquiry; for quite a lot of disturbance. It is a sector that really touches and concerns every citizen of Trinidad and Tobago and, consequently, it is a very important Motion that has been brought by Independent Senator, Dr. Victor Wheeler.

Mr. President, on the last occasion I made several observations as they

relate to the health sector; one in particular was the issue of the lack of drugs within the system and, consequently, a number of the hospitals do not have the pharmaceuticals that are necessary to ensure that doctors and nurses carry out their duty in relation to their patients.

Quite interestingly, soon after I had made that observation there was a joint select committee of the Parliament where that issue of the lack of pharmaceuticals came up, and it was interesting to note that the CEO of NIPDEC indicated to the Parliament and to that particular joint select committee that—with your permission, I would like to quote. This is from the joint select committee meeting held on Friday, November 21, 2014 and it says:

“CDAP drugs unavailable

At least 12 drugs that treat chronic illnesses including”

Our debate took place on the 19th—if I am not mistaken, I think it was November 19—and the joint select committee meeting was held on November 21, and it says:

“At least 12 drugs that treat chronic illnesses including asthma, heart conditions and diabetes under Government’s Chronic Disease Assistance Programme...are now unavailable for patients in need of them.

Opposition Senator Faris Al Rawi”—who is a member of that joint select committee—“wants an explanation.

During Friday’s meeting of the Joint Select Committee...which saw the National Insurance Property Development Company...officials in the hot seat, Al Rawi said he could not comprehend how the vital medications were out of stock.

Lolita Maharaj, acting general manager at NIPDEC, said Regional Health Authorities...made requests for drugs through the state agency, but the request always outstripped the funds available.

She said, ‘Our budget is a constraint. We have \$441 million allocated and our budget is a serious constraint. When NIPDEC is allocated funding, if there is any delay, the procurement process is then delayed. Even when drugs are ordered on time and arrive on time, supplies quickly run low because the RHAs ask for more drugs than money can buy—at least, more drugs than is in NIPDEC’s budget to purchase.’ Maharaj said, during the last fiscal year, \$1.2 billion worth of drugs were ordered—almost three times the \$441 million budget for the purchase of drugs.

Hamlyn Jailal, chairman of NIPDEC said the company was working with the Ministry of Health to resolve the issue.

...‘I don’t think any Government in this world has an inexhaustive supply of funds or money to meet these kinds of growing demands.’”

Now, Mr. President, the question therefore has to be asked, if the Government is serious about ensuring that there is a proper health service in place, and that essential drugs are available for those who are in need of those drugs, is the Government going to do anything to ensure that this particular issue is dealt with?

I say this in the context of the fact that for several other needs money is found by this Government. Money is found for the LifeSport Programme; [*Desk thumping*] money is found for payment to the cane farmers. The European Community did not indicate that the payment was to be made directly to the farmers. [*Desk thumping*] It was for retraining and other

issues. We are very concerned about that, not that we do not want to see the farmers get their due, but it must be done with honesty and fairness and in keeping with our commitment to the European Community, so we were very concerned about that.

It is interesting that when the farmers got up and said that they were forming a party to oppose what they termed their betrayal, suddenly the Government was able to find over \$100 million to pay the farmers, [*Desk thumping*] five years after they had promised that they were going to pay the farmers. I am very concerned about that.

What is even more interesting is that the Minister of Health, in light of this situation with the CDAP drugs being unavailable said, and I quote:

“Health Minister surprised about CDAP shortage”.

Is he in charge of his Ministry, Mr. President? I really have to wonder, because, even in his contribution to us when this Motion was brought, he seemed to be in a totally different land from the rest of us who know what is going on within the health service [*Desk thumping*] and this is what the Minister said in his surprise about CDAP shortage.

“Health Minister Dr Fuad Khan says some of the issues raised about CDAP during Friday’s Joint Select Committee...meeting of Parliament are new to him.

He said a consultant was currently looking into the challenges under the programme, but funding, said the Minister, was not among them.”

But, Mr. President, funding was the main issue, because if they do not have enough funds to purchase the drugs then we will always have a shortage of drugs. We will always have that problem. He went on to say:

“...We are going to put things in place to look at those negatives of the supply chain. It’s not a problem with money for CDAP.”

The Minister was saying the complete opposite to what NIPDEC said.

“There’s absolutely no problem with that. I think it’s a matter of the way things are ordered and how they are distributed and what the negatives are for CDAP.”

Totally oblivious, Mr. President, totally oblivious. And then when I raised it, the Minister said there was no drug shortage, absolutely no drug shortage.

It was also said that there was an issue with the budget and, consequently, at the time the list that I read from was quoted, it was between the end of the 2013/2014 budget and the 2014/2015 budget, and as a consequence of that we were advised that is where the shortage came in.

It is now January 27, 2015 and from the Scarborough General Hospital, Pharmacy Stores Department, a list of all the drugs that are supposed to be supplied by NIPDEC—C-40 as it is called—I have that list available to me, and it is called: Scarborough General Hospital Pharmacy Stores Department nil list as at January 19, 2015. Mr. President, from abacavir to paracetamol to zuclopenthixol decanoate, all these drugs. It is over 100 drugs not available, all on the nil list, from A to Z, all not available.

So whereas the Minister of Health is saying money is no problem, and whereas we were being told that it was because of the end of the 2013/2014 budget and the beginning of the 2014/2015 budget, every single drug for the pharmacy stores department in Scarborough, they had none of the drugs available. Look at it, Mr. President, it is a list comprising one, two, three,

four—four pages of 29 drugs per page from A to Z not available.

I am told that when the hospitals do not get these drugs they have to go within their budget and try to buy two aspirins down the road or two paracetamol. We are in a sorry state when it comes to providing drugs for the people of Trinidad and Tobago, [*Desk thumping*] and I mean pharmaceutical drugs. Approximately 116 listed items not available.

Mr. President, while we find ourselves in this situation, the NCRHA chairman, as she then was, Dr Nalini Kokaram-Maharaj says to us.

“Trinidad and Tobago health sector is organized chaos.”

I think a better label was never coined for our health sector as it is today, because in every single regional health authority there have been issues. I make bold to say in most instances these issues have not been resolved. They have not been resolved. Mr. President, it means that the people of Trinidad and Tobago have to suffer through a public health system that is not working in their interest.

Mr. President, you would recall that on the last occasion when I spoke, I indicated that Minister Surujrattan Rambachan had indicated that he had some concerns about the Eric Williams Medical Sciences Complex, and I was able to read a list of complaints that he had. Mr. President, I want to indicate to you that really it was not just Minister Surujrattan Rambachan, who sits in the Cabinet of Trinidad and Tobago, who had problems or has problems with the health services that are being dispensed under this current administration.

2.45 p.m.

Mr. President, I want to quote from the Thirteenth Report of the Joint

Select Committee on Ministries, Statutory Authorities and State Enterprises (Group 2). It is a report on the commissioning process for the new Scarborough General Hospital and it is parliamentary number 14/6/13, and it is the verbatim record of a meeting on Friday, March 08, 2013, at the Arnold Thomasos Room in the Parliament building. Mr. President, permit me to quote from the verbatim notes where Dr.Lincoln Douglas says, in relation to the health sector—they were talking about the commissioning of the Tobago hospital—Dr. Douglas, another Member of the Cabinet, says, and I quote:

“Somebody called me the other day and said—not from Tobago—they went to a hospital and they could not get, like a—they were waiting for hours to get their arm—they had a broken arm or something like that. If somebody comes in, how efficient is the service and how would they be treated in terms of efficiency...?”

They were waiting for hours to get their arm looked after.

Mr. President, so it is strange that the actual Minister of Health does not realize that there are problems within the health services of Trinidad and Tobago, even his Cabinet colleagues, Dr.Surujrattan Rambachan and Dr.Douglas, recognize that there are serious problems with efficiency.

As we talk about efficiency and the need to use money wisely, with regard to the Tobago Regional Health Authority, in that same document they indicated that:

“...we do not have an MRI service at the facility. However, our patients receive MRIs free of charge in Trinidad, and to date we have done about 63 of those. We have embarked on a”—project of the getting the MRI machine.

“With respect to the MRI, the Ministry of Health by correspondence dated February 26, 2013 would have indicated that Cabinet...agreed to the purchasing of an MRI for the Scarborough...Hospital,”—with—“an estimated budget sum of \$34 million, VAT inclusive.”

Mr. President, I checked on that situation in Tobago, to date they do not have the MRI machine. I understand that it is coming and it should be there soon, but this is from 2013, February, nearly two years later they do not have this MRI machine. I understand that the company, Biomedical Technologies—I think it is, Mr. President—has been given the contract to outfit the hospital and, as a matter of fact, in terms of medical imaging, they do all the outfitting for medical imaging machines for the hospitals.

My further understanding is, however, that in many instances, even when the machines are placed in the hospital, the contract also includes maintenance and Biomedical has not been fulfilling that aspect of the contract, with the consequence being that in nearly every hospital in Trinidad and Tobago there are non-functional medical imaging machines, and, consequently, I repeat, the people of Trinidad and Tobago are not getting any value for the taxes that they have been paying. [*Desk thumping*]

Mr. Vice-President, I understand further that Biomedical has the contract for Siemens which does a number of the medical imaging machines, and they have the contract for Trinidad and Tobago. I also understand, consequently, they only bring in those types of machines, the Siemens machines. I also understand that there are General Electric and Philips machines, which are now available in Trinidad and Tobago from different suppliers, and despite the fact that Biomedical has not been giving the best

service, the Government continues to be wedded to Biomedical.

Mr. President, my further understanding is that in the private sector there has been a movement away from Siemens to General Electric, Biomedical imaging machines. The question that has to be asked is whether or not the Government is going to look at this contract again and insist that if Biomedical, through Mr. Jaikissoon, is going to continue to outfit the hospitals with these machines that the Government must insist that they fulfil that aspect of the contract where it relates to ensuring that the maintenance of these machines is carried out. On too many occasions, Mr. President, citizens of Trinidad and Tobago go to the hospital and they cannot get attention because the machines are not working, and that must not be the case in Trinidad and Tobago.

Mr. President, I charge this Government with behaving in a manner where they seem to be wasting taxpayers' money rather than ensuring that taxpayers are getting the benefit for their money, for their taxes. Mr. President, you would recall that from the PSIP of 2015 the Couva Children's Hospital and Multi-Training Facility has reached an overall completion of 24 per cent. And you would also recall that there has been an increase from the total cost of \$1,003 million to \$1.5 billion. The concern that we on this side have is there has been no clear explanation of what has caused that increase, an increase of over \$500 million, from \$1 billion to \$1.5 billion.

Mr. President, when the Minister made his intervention he gave no explanation. He talked about the hospital being worked on but he gave no explanation or indication that there had been an increase.

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. The Hon. G. Singh*]

Question put and agreed to.

Mr. President: Sen. Camille Robinson-Regis. [*Desk thumping*]

Sen. C. Robinson-Regis: Thank you very much, Mr. President, and I offer particular thanks to my colleague, Sen. Ganga Singh.

Mr. President, in the same vein where there has been an unexplained increase in the total cost of the Couva Children's Hospital from \$1billion to \$1.5billion, the National Oncology Centre, which was expected to cost \$663million and to be completed by November 2014, a new estimate has been made and it is now estimated to cost \$891.7 million, and that is an increase of over 34 per cent over the original estimate.

The question, therefore, that needs to be asked is why has that increase occurred, and the other question that needs to be asked is when it would be completed, because in June 2012 the Minister of Health announced that the project would be completed by November 2014. My information is that at the end of 2014 the Oncology Centre was just about 18 per cent complete, so that is a question that we on this side would like to have answered.

But, Mr. President, there has been a situation where there have been innumerable complaints from members of the public regarding the kind of health care that we have been getting, and the situation involving, particularly, young children and babies who have either died under circumstances that have not been totally explained or births that have taken

place, or stillbirths that have taken place or births that have taken place where there has been apparent malpractice by doctors is one that makes for worry in the society.

Indeed, Mr. President, despite that fact that in November 2010, Nikisha Caine of Trou Macaque, Laventille, who was in the final trimester of her pregnancy when she was admitted to the hospital, both she and her baby died and a probe was launched; in 2012 we had Ann Lynch of Tobago; in 2012 we also had Chrystal Boodoo-Ramsomair, and an investigation was launched; in 2013 Sarah Lutchman, 22, who died after a caesarean section at the San Fernando General Hospital; in 2014 Oneil and Leela Ganga, mother and baby died after the baby had been—the baby was actually born as a healthy baby and then died, an investigation was to be launched; in 2014 we had Quelly Ann Cottle and baby Simeon, and that was really very heartrending, and an investigation was launched. That baby's head was cut open during a caesarean section. In November 2014 we had the situation involving 25-year-old Kai Duncan, where a dead baby was left in the womb of the mother.

3.00p.m.

Mr. President, there are several instances—and again in Tobago with the 35-year-old woman and her baby who died during childbirth, Leciana Mitchell-Sheppard of Belle Garden, Tobago—where the Minister said that from 2010 to now investigations were launched and, in many instances, doctors were suspended. We do not know if the doctors remain on suspension, if the investigations have been completed, if whilst the doctors are on suspension they are getting full pay. The public needs to know and

must have a sense of comfort that at the end of the day an investigation is launched. We know what has happened. What has been the outcome of the investigation, and if somebody needs to be disciplined or needs to be removed for these occurrences, the public needs to be made aware of what has happened.

These were citizens of Trinidad and Tobago who met their death during their stay at our public hospitals. We need to know what has happened; what is the situation involving the doctors who participated in these incidents, whether they are back on the job, whether they have been disciplined, whether they have gone for further training; what has happened in these situations.

Mr. President, that is of particular concern, given a letter that was sent from the then Chairman of the North/Central Regional Health Authority to Prof. Samuel Ramsewak, Dean of the Faculty of Medical Sciences, University of the West Indies, Eric Williams Medical Sciences Complex, dated October 23, 2013. With your leave, I would like to quote from this letter:

“Dear Prof. Ramsewak.

On 22nd March 2013, within four (4) months of assuming the position of Chairman...Dr Rodney Ramroop, Chief Executive Officer (Ag.) Dr Andy Bhagwandass, Medical Chief of Staff (Ag.), and I, initiated a meeting with the University of the West Indies.

Matters of concern to them, and pertaining to their positions at NCRHA, were discussed in an open and frank manner. All of the concerns raised which were within the remit of NCRHA Board...have been

addressed...Prior to that meeting, the disparity in remuneration of UWI Lecturers was recognised by this NCRHA Board, as well as the distinct disparity in service. This was confirmed during the meeting.

I have continued to maintain an open-door policy with all UWI staff, and NCRHA has continued to make all attempts to address their needs in keeping with our belief that the presence of the University should serve to uplift the standard of health care, research and mentorship.

It is therefore with great consternation that I have observed, that though this NCRHA seems always willing to address and facilitate the needs of UWI staff..."—the university has not been the same."

The Chairman of the NCRHA goes on to be very specific, and she says, and I quote:

"Regrettably, I am now forced to highlight the following examples to name a few. You may observe upon perusal...that there are even more issues not highlighted in this letter, but which I hope we can address at future meetings.

Dr. Desiree Murray, Consultant Ophthalmologist, proceeded on three (3) months leave effective 6th April 2013, without adequate prior notice to NCRHA. The leave was approved by UWI without due consideration to the Head of the Department and the Medical Chief of Staff, EWMSC(Ag.), who are both responsible for the service, and with absolute contempt for the patients whose clinics and operating lists would have to be rescheduled...

Only subsequent to Dr. Murray's departure, was NCRHA made aware of the reason for her sudden leave, i.e. her alleged 'assault' on a junior doctor. Further, UWI failed to inform NCRHA of the incident, and of any

action taken to resolve the matters...

This is but one example of the absolute contempt shown by the staff and administration of UWI, Faculty of Medical Sciences, St. Augustine Campus, to the NCRHA, its staff, its patients and the public of Trinidad and Tobago.

2. Dr. Kenneth Charles, Haematologist, wishes to be paid twenty thousand dollars (\$20,000) monthly by the NCRHA to provide service, in addition to his University salary. Even though he was present at the meeting...in which parity amongst all UWI Lecturers was a key point of discussion, he has not budged from this position, and provides only a minimal service.

3. Dr. Alex Sinanan and Dr. Parmanand Maraj have drastically cut their provision of services when the payment of ‘fee for service’ in a public Health Institution ceased circa February 2012. Prior to this time, in 2011, Dr. Maharaj reported on 2079 scans and validated 4810 reports, and Dr. Sinanan reported on 1416 and validated 3701.

In 2012...”—after the fee for service ended—“Dr. Maharaj reported on 427 and validated 748,...”—moving, Mr. President, from over 2,000 and over 4,000, to 427 and 748, while Dr. Sinanan reported on 52 and validated 71; moving from 1,416 and 3,701 to 52 and 71.

In 2013, Dr. Maharaj reported on 35 and validated 50. Dr. Sinanan reported on 25 and validated 28. The decline is evident.

I continue to quote, Mr. President:

“Perusal of the data indicates several months in which both doctors would have reported on and validated zero (0) scans, since ‘fee for service’

ceased. Attached are also letters from the Head of Department,...pleading with these doctors to participate in the work of the department...

Incidentally, ‘fee for service’ amounted to between Forty-five thousand dollars (\$45,000.00) and ninety thousand dollars (\$90,000.00) for each doctor.”

Mr. President, despite the fact that these doctors were in the discussion which led to the change in the policy, because there was a change and they no longer were getting a fee, they no longer reported in the way that they reported.

It is the people of Trinidad and Tobago who paid for these doctors to go to the University of the West Indies, and now because they are not getting the fee for service, they no longer wish to do the kind of reporting and, consequently, several persons are just waiting in limbo and do not know when they would get their scans reported on. This is totally unfair to the people of Trinidad and Tobago.

Mr. President, number four:

“The Authority has received numerous complaints about Dr. Mary Singh-Bhola’s absenteeism during working hours and while on-call.”

[Interruption]

Mr. President: Senator, I will have to ask you to wrap up.

Sen. C. Robinson-Regis: Certainly, Mr. President.

In this particular case, Dr. Singh-Bhola was still on call. She was informed en route to Piarco Airport that an incoming obstetric team needed to perform surgery. The surgery was to be performed on a woman who was in labour with triplets. The triplets subsequently died.

It is a sad situation in which we find ourselves, where our entire health system seems to be on the verge of collapse. It is from lack of drugs to lack of care for patients of the hospital, to a situation where machines have been breaking down and there is nobody to fix them. It is a total breakdown of the system.

When my colleague, Sen. Devant Maharaj, said that the payment to the cane farmers was to rectify another injustice, I am calling on this Government to rectify another injustice by taking true care of the health service in Trinidad and Tobago.

Mr. President, I thank you.

Sen. Dr. Rolph Balgobin: Thank you, Mr. President. I rise in support of the Motion put forward by my colleague, Sen. Dr. Wheeler.

I just have a few observations to make, perhaps one jumping naturally off from the point at which the previous Senator left us at, and that is to say, health care is often a whipping boy. It is a national obsession, not just in Trinidad and Tobago, but in many countries in the world. If you recall, President Barack Obama almost staked his presidency on the issue of health care and health insurance provision for United States citizens. Similarly in the United Kingdom, you have a lot of discussion for the last 30 years on the performance of the NHS, the National Health Service.

Of course, only in Trinidad and Tobago do we not have a conversation about health care that is databased and that, of course, is because we lack many of the critical statistics that we need in order to have an informed conversation. However, what data we do have is not encouraging.

We heard from Sen. Dr. Wheeler there has been low or no

improvement in maternal mortality, no improvement to speak of; infant mortality, no improvement to speak of; neonatal mortality, no improvement. Life expectancy has gone down for males and slightly up for females, and all of this over the last 20 years, the time since RHAs were birthed. It is particularly disappointing to note that even a smaller Caribbean neighbour like Grenada out-performs us on many of these indices. So you get very early to the place where you wonder whether this is actually an issue of money, of resource.

Aside from the data that we do have, qualitative evidence is there. Anecdotal stories abound of people who have gone to the national health care system, to our hospitals or health centres, and have been treated atrociously. Some people walk in expecting to come back out alive, and their spirit leaves the institution before the body. Then, of course, there is the issue of where do we keep all of these bodies, and that in itself has been a mini scandal in the past.

You have a lot of stories about all the things that go wrong and how badly the sector performs. So to my mind, in considering the Motion, it is not clear to me at all that the RHA system has improved the delivery of health care in Trinidad and Tobago at all. You might say—you might—that it has improved the provision of secondary and tertiary care, but you might also say that that might have happened had medical care remained in the hands of the Ministry of Health.

So we are really looking here at a Motion that encourages us to examine: Why have we stood still? Why in some cases have we stepped backwards and in others, why have we not advanced more rapidly?

3.15 p.m.

In some, what jumps us off in this whole discussion, would be the point, the realization, the stark truth that we have spent billions and billions and billions of dollars, but there is no significant improvement in the health of the population. This, of course, demands a question that I have not yet—I have not heard often posed, either in here or anywhere else, and that is: what is the legitimate expectation for health care for a citizen of Trinidad and Tobago? What do you, as a citizen of the Republic, have a right to expect when we talk about health care here? What is your birthright in this regard?

When we talk about Trinidad and Tobago, of course, we talk about it as if it is one place, and in many respects it is. However, when we look at the deployment of the RHAs we note that there is a nuance where Tobago is concerned. And of course, nuances demand a nuance to understanding. Yet for all of these subtle distinctions there are certain things that would stand out to any, any observer. Why does the TRHA, which is the Tobago Regional Health Authority not have a chairman? Why? There continue to be questions of qualifications of key staff there. Why? Why have these things surfaced, and nothing has been done?

An issue arose sometime ago where board members were receiving a communications allowance which, as I understood it, was not approved by anybody. I believe that is why the Tobago RHA is minus a chairman, and yet—what has been done? Or have we become, as a society, so accustomed to stains being placed on the characters of people who opt to serve the public interest that these kinds of things come up, but they are not examined and either prosecutions brought or the matters dispensed with.

Who really is responsible therefore, for the Tobago Regional Health Authority? I mean, the law says that it is the THA. Right now you have the Ministry of Health building a facility in Tobago for either the THA or the TRHA. Who is reporting to whom? Where does the chain of authority lie? It gets muddied up—and it must. It must because the RHA system, at best, is an unwieldy and unworkable animal. It has become so over time. And that is just Tobago; what of Trinidad?—the bigger of the sisters.

Well, if I look at the majority of patients in a six-month period, and I examine those and say there are a million that go to the health care system in Trinidad and Tobago. The majority of them, as I understand it, would go to the South-West Regional Health Authority and the North-Central Regional Health Authority. Yet, from my assessment of budget documentation, it does not appear that this load correlates to budgetary allocation. Then of course, you have all sorts of imaginary lines that are crossed because the Eastern Regional Health Authority, I think, controls the health centre in Rio Claro. But if something happens to you in Mayaro, you are just as likely to end up in the San Fernando General Hospital.

So, you have people from the ERHA and the North-West Regional Health Authority, where if you go—I mean there are lots of problems in the environment there. I mean, if you look at the statistics last year, more than a dozen people were killed in the Port of Spain General Hospital, eh. [*Crosstalk*] No. No. No. I am talking about people entering the hospital and killing people. [*Crosstalk*] Yeah.

Sen. Lambert: I thought it was the doctors.

Sen. Dr. R. Balgobin: No. No. No. No. I am not casting any

aspersions on medical staff.

So, you have people who may not wish to go to some hospitals and they go to others. So, you would think that budgetary allocations would be consistent with that so that an adequate provision of health care can be developed and sustained, but it really does not happen. This to my mind zeros in on the fundamental problems of an RHA model. The first for me—there are just five or six for me—but the first is that the RHAs, as they are deployed, impedes the free movement of resources. I cannot take a neurosurgeon or a cardiologist from the Port of Spain General Hospital and ask him to go and perform an operation in Mount Hope. Why? He is contracted to the North-West RHA, not the North-Central RHA. You might think well, you know, one can borrow from the other, but you would have wasted a thought because, of course, he has to be covered by insurance and all this other stuff.

So, you end up with the peculiarity or the stupidity where in one hospital or in one facility you may have too much of a resource, and in another one just down the road you have too little. If it were confined to human resources that would be great, but you could also have the same problem with plant, whether it is CAT scanners, MRI machines, ambulances. So, the whole point of the RHA model was that it was supposed to facilitate a free movement of resources—human and physical—in a way that allowed the country to always have a dynamic equilibrium where we would shift resources to where they were be needed the most. It does not happen.

The second issue, of course, is that the current RHA model, to my

mind, forces responsibility on RHAs without any requirements for competence. When you take an RHA, you give them this big space there and you populate it however you want, and then you say okay, you are also responsible for building your plant. What competence do they have in building a hospital? Building a hospital is a very rare thing. Is this country really so big that we have the competences and the capacity to locate these abilities in four or five RHAs? Impossible! It is impossible. So, certain things ought to have been centralized, and they were not. So you have a bunch of people who are sort of using chewing gum and plasters and staples or whatever else, they are keeping the facilities going. But there is no facility expert. It is a very rare skill or ability.

So, you want to be able to have some of those competence, perhaps centralized, I do not know. You have an issue too with drug deliveries. You know, Sen. Robinson-Regis was saying, you know, everywhere you look they have no drugs. It may be true; it may not be. But one thing I am clear about, Mr. President, and that is, for some of the things that these RHAs are required to do, they do not have critical mass to be able to build and sustain the competence and the resources to do it because some of the skills that they require are very specialized and you have to pay them very well. It is difficult for them to hold onto that kind of talent. So, critical mass is, for me, a problem.

We say there are no drugs or we say that there may be, or maybe the supply is inconsistent. But you know, Mr. President, there are things that are delivered to every corner of this country every day. Newspapers are delivered to every corner of this country every day. Bread—every day.

Biscuits, corn curls, even cigarettes are fairly fresh, and yet we have not worked out how to get drugs to where they are needed? What is going on with central stores? Because central stores is really the body that does all of the centralized purchasing and so on.

To my mind, Mr. President, the problems of RHAs are not unique because you see that would be another justification for having so many of them. If you look at the mortality and the mobility statistics for Trinidad and Tobago, there is really very little or no difference at all. The challenges for plant are not much different either. There is no medical facility, I think, in our country, for example in the ERHA, that has to sustain sea blast, that requires some specialized skill to manage those facilities there, any different to what happens in north central or south or north west.

So, what is the justification for all of these different entities? Why not just have one RHA for Trinidad and one for Tobago? Perhaps the answer can be found in where you look at another signal problem that we have in the current RHA model, and that is the naked politicization of employment by contract. And this has been going on for years. So, you have cases which, I think, have become almost routine now, where people's employment are threatened or they are told well look, you know, when your contract is up, you gone—you are finished. So, people build up critical institutional memory and you flush it out all the time. You just flush it out. Paradoxically, even though we seem to be able to terminate people when we feel like it—in the contract model—disciplinary regulations, as I have seen them, make it almost impossible to discipline anybody. So, how do you get performance in an environment like that? I am not entirely clear.

When we examine board appointments and governance, it is really easy to see how unwieldy the RHA system becomes. Because it must be very difficult for any Minister to handle that many boards. It surely must be. Why not have a simplified structure? The RHA Act, I think it requires a community representative on the board. But in my experience, Mr. President, some of these community representatives can be extremely disruptive. Having been appointed to the board, walks through the hospitals and starts giving instructions to doctors and nurses, and say—you clear that bed and make available this thing for this person and so on! So, you have put something in there to bring the governance closer to the people, but you end up demotivating everybody and creating tremendous confusion. So, Mr. President, there is no room for populism or politicization in the delivery of health care. We must conclude that. We must!

So, in fact, I have not, in my examination, seen many instances where the community representatives model has worked, but I think in all that we have done with the RHAs, we have really lost or not taken account of the value of experience. So, we change these boards all the time. We change the people managing the hospitals all the time. We change the people managing the facilities all the time. We change the people who are managing everything all the time, and we never quite work out that we are flushing valuable experience, valuable insight. The thing has become a revolving door.

So to my mind what Sen. Wheeler is asking us to do is to review a model that is based on a logic which now appears dated. RHAs were meant to be nimble—they are not. And why are they not? If you look at the

history of it, we swept the same debris and detritus that we were trying to get away from, straight into the RHA system and expected something different to happen—to manifest. Well of course that is not going to happen. You plant a cactus, when it grows up, you will not get a rose. You will get a cactus.

Sen. G. Singh: It might be a desert rose.

Sen. Dr. R. Balgobin: The inflexibility that you find in the RHAs and in our inability to performance manage—I mean, these were things that the RHA system was intended to remedy, to repair, to fix, to change. Instead they have become bastions of inflexibility and no consequence. So, this demands that the RHA system be reviewed because some of these initial assumptions no longer hold true. They no longer hold true. For example, we must know by now what systems one needs to put in place to manage the delivery of health care.

3.30 p.m.

We must know by now what systems to put in place in order to manage health care professionals. We must. Why must we? Well, easy. We have had a faculty of medical sciences in Trinidad and Tobago here, for how long? For 30 years. Where is the knowledge? What is this faculty telling us? What is this faculty informing us that we should be doing and why is that not being adopted somewhere? Why do we have a centre of learning? We have a university. Every time we talk about it, Sen. Karim rightly stands up and says, “well, you know, we are doing all of this stuff”. So, where is the translation in things like this? Because that is the ultimate measure of success. The ultimate measure is, all of this education informing

practice. Are we informing the practice that we are purporting to educate people in? Where is it? Because by now we should be able to perform and manage the delivery of health care whether it is located in a Ministry or in an RHA. It really does not matter which? Does it?

So, I think there is a role for the faculty of medical sciences here, somewhere, and I have largely singled them out because of their silence. I would like to see them making an informed contribution to the assessment of the RHA model and its repair. Mr. President, when I think about the RHA system, I am not sure if it was a bad idea executed worse, or if it was a good idea implemented badly. And, really, this speaks to our inability to set things up and not circle back and check on how they are doing. Then we have to come 21 years after to review something, when it is unlikely that anybody in here would be likely to say that the RHA system is working. So, we all know the truth, but now we must ask somebody to go and find out what we already know. So, the outcome of the Motion really, I hope, is a review that make some recommendation that allows us to change something for the better. Because, we have spent billions and billions of dollars and we appear to be no closer to our goal, and relatively poor countries, not even located very far from us, are doing much better.

A review, therefore, Mr. President, in my mind, is long overdue, and it ought to ask questions such as, are RHAs really necessary? Are they necessary? And if they are necessary, do we need the number of RHAs that we have? And if we do not, if we reduce the number of RHAs, what is the optimal number? And if we did find an optimal number, what should we cause to be put back into the Ministry of Health and what should stay with

the RHAs? For example, should the Ministry of Health handle the back office? Handle major things like, procurement of things like ambulances and big machines, and so on? Do not leave that with the RHAs, you handle it in the Ministry. Should the Ministry handle all of those, like management facilities care, or facilities construction and project management? Should the Ministry of Health handle that? Or, alternatively, should the Ministry of Health handle primary care and leave secondary and tertiary care to the RHAs? Are RHAs getting value for the money they spend?

When this thing was originally conceived it was really a purchase from a provider model, but the relationship between the RHA and the Ministry of Health has never been arm's length. It has never been. And so, it really has not purchased anything. If you look at the purchase agreements and so on, they are jokes, really. Really, the Ministry of Health is not purchasing anything from the RHA, they are giving you a budgetary allocation. So, we need to understand what the appropriate distance between an RHA and the Ministry of Health is. Something that the Act caters for, which has never been materialized in Trinidad and Tobago, and has enormous potential, is a shift into fee based services. Why have we not done that? The private hospital system has exploded all around us, and yet if you really have a problem straight hospital they are sending you.

Fee-based services in some of these institutions, I think, can generate a lot of money. Why not have it? It is catered for in the Act. We have never pursued it. Every year, "geh meh", this is what I need to deliver the services you say you want. That is what it has become and, again, this to my mind brings up the question, why do we not yet have the sophistication to

leverage a means test on citizens who access public health care? Why can you not contribute to your health care if you are wealthy? Why not make health care totally free to the people who need it to be totally free, and then poll some small charge, even, for people who can afford it?

Now, when I say this, of course I get a barrage of notes from my friends who say, well, you know, they pay tax. Apparently, that means that they should get everything for free. So, I am not sympathetic to that stance. So, I think that we ought to try to arrive at a national patient information database, which you cannot do right now if you have five RHAs. You need to see if somebody is gaming the system, going here for some drugs, going there for some drugs. You need to be able to tell. So, the RHA system, I think, was a laudable initiative. I can understand the monsters you were trying to deal with. But, really, today, it has become all but impossible to manage.

Mr. President, I would close by circulating back to my original question, and, that is to say, even in a society where everything is for free, what is the our responsibility for our own health? You do not take care of yourself, but then when you get a heart attack you want everybody to intervene so you could get a faster operation; you do not take care of yourself, when you get diabetes you want everybody to intervene so that you could get insulin or whatever else you need; you do not take care yourself, you smoke, you drink, you do whatever it is you want to do, you are ready to fall down and die and then the State is supposed to come in and pick you up at your convenience and make sure that you are okay, and then, when you do not get immediate results that you are asking for or the immediate service

that you want, you are upset. How is that supposed to work? We are not managing expectations in our population very well. I would much rather spend money on prevention than on cure. Experience tells me, Mr. President, that is a far cheaper option. So, any discussion about what to do with the RHAs, I think, needs to be located in a wider question, and that is: what is the responsibility of the average citizen for their health?

So, Mr. President, I fully support the Motion. I think 21 years after is probably about 16 years too late, but better late than never. I am hoping that the Government adopts it, supports it, and proceeds to perform this review with all the vim that it can muster. So that, whatever happens as we go into the silly season, we know what needs to be done, so we can put down a piece of work there and say, whoever it is, this is your work.

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

Sen. Rev. Joy Abdul-Mohan: Thank you, Mr. President, for the opportunity to share in this debate on the Motion moved by Sen. Victor Wheeler, regarding a very, very important matter, and that is, the call on the Government to take immediate steps to conduct a comprehensive review of the Regional Health Authority system in the delivery of health care in Trinidad and Tobago.

From the onset, I want to commend Sen. Wheeler for his foresight and insight in presenting this Motion for debate in this Chamber. In my opinion, this Motion seeks to ask us whether quality health care services in Trinidad and Tobago are improving on a day-to-day basis. But, whether the delivery of those services have been effectively and efficiently monitored and evaluated with the decentralization of the health sector as envisioned by the

Region Health Authorities Act of 1994. And, I asked myself that question over and over before I prepared myself for this debate.

As I read the contributions of Members regarding this Motion in the *Hansard*, I found them to be informative and insightful, so I do not want to venture to repeat their statistical overviews given, but I want to preface my contribution by stating that a phrase became very significant and relevant for me in this debate, that is, “desired health outcomes”. And, I think, that phrase highlights the crucial link between how care is provided and its effects on health. You see, Mr. President, it underscores the importance of being mindful of people’s well-being and, of course, being mindful of their welfare, and of keeping patients and their families well-informed about alternative health care interventions and their expected outcomes.

Current professional knowledge emphasizes that health professionals must stay, must stay, abreast of the dynamic knowledge based in their professions and take responsibility for explaining to their patients their processes and expected outcomes of care.

3.45 p.m.

And so, Mr. President, concerns about quality could frustrate important changes and reforms in health care delivery and financing. That is why policy makers, managers and others must confront current and potential quality of care problems with the same vigour and sophistication, perhaps, which Sen. Dr. Balgobin spoke about, that they are directing to issues of cost. This message applies to public and private sectors alike and local governments.

At its best, some may say that health care in Trinidad and Tobago

both public and private may be a notch above other systems within the Caribbean and perhaps in other countries in the world. But from information, knowledge and experience many may disagree with this. However, they may disagree because early diagnosis of illness and advanced surgical and therapeutic services are sometimes inaccessible to many citizens, even persons with insurance may not always have access to adequate care.

[MR. VICE-PRESIDENT in the Chair]

And this is evident, Mr. Vice-President, when so many citizens raise funds to access health care abroad, especially for children. Even Ministers of Government have had to receive health care from abroad, and somehow persons feel more confident with the health care system abroad. At the same time many citizens have been subjected to inappropriate or unnecessary procedures. And so trying to balance cost-cutting initiatives with efforts to maintain and improve the quality and availability of proper health care is a major challenge and requires good information for policy makers, patients, consumers and others to use in judging whether we are on the right course. And I think this Motion will help us to be on the right course.

I believe, Mr. Vice-President, that several key objectives can help guide the development and implementation of public policies that will ensure the quality of health and health care provided to all citizens of Trinidad and Tobago. And maybe among these objectives are some that I would suggest:

One, to confront current and potential quality of care problems with the same vigour and sophistication that are being directed to issues of cost.

Two, to make information that is relevant to patient and consumer concerns more widely and easily available.

Three, to prohibit practices that might motivate providers to evade their ethical responsibility, to give complete information to their patients about their illness and treatment options.

Four, to continue efforts to improve average performance and correct substandard practices.

And last, to adopt the computer-based patient record as a standard for medical and all other records related to health care, always ensuring the confidentiality of person regardless of who holds the data.

In my research, I came across a very interesting article entitled: "Health sector reform in the Republic of Trinidad and Tobago", published in the July/August 2000 edition, of the *Revista Panamericana de Salud Pública* vol. 8. And this article was attributed to Hamza Rafeeq and Rosemarie Paul, on behalf of the Ministry of Education. And the point was made in that article that the area of greatest challenge for the regional health authority is that of monitoring and evaluation. The writers also suggest that there is need for the Ministry of Education to guide and monitor the ability of the RHAs, to develop and perform as envisioned and to ensure coherent and standardization among the regional health authorities.

The writers also identified that if the reform is to move forward, two critical factors must be taken into consideration: that of human resource and effective communication with all stakeholders. The question is for me and perhaps for many, Mr. Vice-President, do we have the proper mechanisms and structures in place to properly monitor and evaluate the regional health

authorities, to ensure that they are effectively and efficiently functioning and fulfilling the mandate outlined in the Act since 1994? And further, is there coherence and standardization among the RHAs? If these cannot be answered in the affirmative, then Sen. Wheeler's Motion is timely and needs wholehearted consideration.

Mr. Vice-President, globally for years, experts have been working to create reliable, valid ways to assess the quality of care of a wide range of services given for a broad array of health and medical problems. And you know what?—much remains to be learned about linking these concepts and tools, most of which are not yet familiar to health administrators, apparently. To other better-known disciplines and approaches in health, such as technology assessment, practice guidelines, clinical evaluation, medical decision making, as well as to the data bases and networks needed to incorporate them into day-to-day operations.

Overall, tools for measuring and improving health care must confront, at least in my opinion, three broad kinds of quality of care concerns: the use of unnecessary or inappropriate care, and what do I mean by that?—examples include the excessive or unnecessary use of X-ray or other diagnostic tests; unnecessary hysterectomies and open heart surgery; and over-prescription of antibiotics and some mood-altering drugs—and sometimes I think we are all on that. Those practices make patients vulnerable to harmful side effects. They also waste money and resources that can be put to more productive use.

Then we have the underuse of needed effective appropriate care. Some people do not get proper preventive diagnostic or therapeutic services

if they lack health insurance and if they delay seeking care or receive no care at all. Even those with insurance often face geographic, cultural and organizational or other barriers that limit their ability to seek and receive care. But then too, shortcomings in technical and interpersonal aspects of care.

What do I mean by this? Inferior care results when health care professionals lack full mastery of their clinical practice fields, and I think that is a real concern. They do not adequately explain key aspects of care or cannot communicate effectively with their patients. And that is why cases in point include: preventable drug interactions and surgical mishaps, failure to monitor or follow-up of abnormal or laboratory test results, neglect of appropriate education and information for patients, lack of adequate coordination of care and insensitivity sometimes to ethnic and cultural characteristics of patients.

So, Mr. Vice-President, suffice it to say, I have a concern also regarding privacy and confidentiality of patients' records. I believe that privacy and confidentiality are key elements of ensuring quality in the health care system, to the extent that people worry about the confidentiality of information that they provide to physicians and others. They might withhold information too, thus compromising the quality of their own care, undermining the quality of data used for other purposes and contributing to a deterioration in trust between patients and physician, between patients and health care providers as it were.

So, if people fear that seeking particular kinds of medical services will make their medical history available to employers and others they may even

avoid seeking medical attention or care. My question is, are the elements of privacy and confidentiality, as it were, do these characterize the regional health authorities in their present state? But I also have another concern: the quality assurance and accountability for quality also remain very much a concern. Quality assurance strategies should focus on health, on health care decision-making and patient health outcomes and must be able to enhance professional responsibility and capacity for improving care. The use of clinical practice as a source of information to improve quality of care and be able to demonstrate positive effects on the public health.

You see, Mr. Vice-President, quality assessment and improvement are knowledge-driven enterprises, and we know far more today than in the past—I want to believe we know far more today than in the past. Yet we still do not know enough about what works in medicine and health care, for what conditions, under what circumstances, at what cost, to improve the quality of health care to the greatest extent possible. Effectively functioning markets require that patients and employers and other consumers have good information for decision making, including knowledge about the efficacy and effectiveness and cost effectiveness of health care services, both new and established. And therefore we must look very, very, very, deeply into quality assurance within the health care system.

Another issue of concern is that of public health ethics, and that is a real concern for me. I want to believe that little empirical research has been done on public health ethics that aims to identify how public health practitioners recognize an ethical challenge when faced with one. You see, Mr. Vice-President, many persons share the view that ethical issues were

those that were difficult to resolve and that require judgments about what actions were right and how to balance competing concepts about what is right. Some recognize that at times laws or regulations may be insufficient to guide resolution.

In other cases, resolution may be complex because of multiple considerations that must be balanced in providing health care. Some ethical issues in public health policies or practices run counter to professional principles or values that are deeply held. Therefore, an emphasis on fairness, efficiency of practice and stewardship of public funds must be taken into consideration.

One health practitioner shared with me the importance of efficiency in this way when she said: I think sometimes we are not very good stewards of tax dollars or community resources because we are spending it on projects that I do not really see a need for and other people do not see a need for, and that may be debatable.

Other ethical values include: helping the most vulnerable, being consistent, helping the disenfranchised, those who cannot afford private health care, those who sit and wait for hours in hospitals corridors to get a bed and those whose names for years are on a waiting list for surgery. The question is, again, do public health ethics characterize the regional health authorities?

Mr. Vice-President, the final concern that caught my attention, as the hon. Minister of Health made his contribution on this Motion, is the issue of accreditation of our medical institutions and programmes. The Minister indicated that the accreditation Bill will be here soon. We look forward to

that. But I believe it is not soon enough because, this lack of institutional and programme accreditation, I believe it is a result of the brain drain of some the greatest medical thinkers and practitioners in our beloved twin island of Trinidad and Tobago. It is a cause for great concern that our medical institutions are not internationally recognized or accredited.

4.00p.m.

We must therefore move with determination and assiduously work towards getting our medical institutions accredited.

In conclusion, everyone needs to be well informed and concerned about the quality of health care. Everyone means patients and their families, consumer agents and advocates, health professionals, administrators of health facilities, also policymakers at every level. I think the messages to these audiences are: one, that the quality of care can be measured and improved and two, that quality of care should not be ignored in pursuit of cost control.

Reinforcing these messages means making sure that quality of care stays on the health care delivery agenda with clear identification of the risks and opportunities that are posed by the changes in health care in Trinidad and Tobago. It also means describing how the health care authorities and medical professionals should be accountable to the society, to patients, to human beings, and conversely, how individuals—and I think Sen. Dr. Balgobin mentioned this—also to individuals to take appropriate responsibility for their own health. If the Regional Health Authorities have not been able to ensure the above, then it is incumbent on all to take this Motion seriously so that immediate steps can be taken to conduct a

comprehensive review of the Regional Health Authority system in the delivery of health care in Trinidad and Tobago. It may also be noteworthy that in considering this Motion we may need to consider the establishment of a quality programme advisory commission to oversee the work of the health sector and report to the relevant authority.

Mr. Vice-President, I support this Motion and I thank you. [*Desk thumping*]

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Mr. Vice-President. Mr. Vice-President, it is our intention to end the debate for today at 4.15 and then to take the tributes post 4.15.

In the time allotted to me for today, Mr. Vice-President, I rise to contribute on this Motion moved by Sen. Dr. Victor Wheeler and to really thank the speakers who have contributed thus far. Lest I give the impression that there is a total collapse—as one speaker spoke before me—of the health care system, it is my intention to demonstrate that there were, and there are, systemic and institutional problems associated with the RHAs and that they started at the very embryonic stage, in the formation of the RHAs, and that notwithstanding that flaw in the DNA of the RHA, that the RHAs have, in fact, delivered health care to this country in the 21-odd years that they have been in operation. [*Desk thumping*]

The RHAs began as a system of public sector transformation in the mid-990s, and if I were to really look at it, you would see that Sen. John Eckstein, then Member of Parliament as the Minister of Health, piloted the RHA Bill in 1994 that gave rise to the current formation of the RHAs.

This Motion calls upon us to take immediate steps to conduct a comprehensive review of the Regional Health Authority system in the delivery of health care in this country. The review of the Regional Health Authority system is a systemic review, an institutional review, and the point I made earlier on about a congenital flaw in the DNA, it is because immediately you had in the health sector reform programme, funded by the IDB in the mid-1990s—you had dual tracking, where you had employees who were within the public service system existing alongside employees in the RHAs. So immediately you had a management problem; you had a discipline problem and you had the recipe for chaos in the context of the management of the RHAs.

I say so, Mr. Vice-President, because I faced that same kind of problem when we sought to bring about change in the postal sector—transformation of the postal department—from a department of Government into a postal corporation. [*Desk thumping*] The issue there was: how do you deal with the personnel, the human resource management of the personnel? I chuckled when I heard Sen. Dr. Balgobin spoke about, “you took the same detritus and you transferred them into that area so that therefore you must get the same kind of a response”.

Now, in the context of transformation of any public sector department there are three options open to employees: they remain within the public service; they take the voluntary separation programme, or you then become part of the new entity in whatever tenure that is available in the new entity. But in the context of the RHAs, the voluntary separation programme did not come into being until 2008. So when you go back to base documents, for

example, as in the Health Sector Reform Programme of the IDB, and you look at what the Ministry of Health was supposed to do and what the RHAs were supposed to do—and I think Sen. Dr. Balgobin did, in fact, make mention that the RHA was supposed to be a health services provider based on an annual service agreement with the Ministry of Health, and the Ministry of Health now was to assume a leadership role focusing on policy-making, planning, monitoring and regulation.

I quote from the IDB document, Health Sector Reform Programme. So that when you have that situation and that did not work, what really happened? What really happened was that now you have a series—you have what was crystallized in the Regional Health Authorities Act, Chap. 29:05 in section 6. It says:

“The powers and functions of an Authority are”—that is the Regional Health Authority—

“(a) to provide efficient systems for the delivery of health care;

(b) to collaborate with the University of the West Indies and any other recognised training institution, in the education and training of persons in research in medicine, nursing, dentistry, pharmacy and bio-medical and health science fields, veterinary medicine as well as any related ancillary and supportive fields;

(c) to collaborate with and advise municipalities on matters of public health;

(d) to operate, construct, equip, furnish, maintain, manage, secure and repair all of its property;”—and that is the competence point and capacity point made by Sen. Dr. Balgobin.

- “(e) to facilitate new systems of health care;
- (f) to provide the use of health care facilities for service, teaching and research;
- (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.”

You cannot fault those objectives. You cannot fault it. And you have to give yourself, in a contextual frame, a bit of history. You had several health care commissions of report in this country: You had the Moyne Commission Report in 1938; the Julien Commission Report in 1957; the National Advisory Council Interim Report, 1978. But the mother of all Commission Reports on the health care sector was the Report of the Commission of Enquiry into the operations and delivery of public health care services in Trinidad and Tobago, in three volumes—the Gafoor Commission of Enquiry.

And what was consistent, as indicated by these commissioners, was what whether it was 1938, 1957, 1978 or 2005 to 2007 that they took these three volumes to be done, to be reported upon—three volumes reported upon—in the health care sector, with the operation of the RHAs, you had a consistency. So the point made by Sen. Dr. Balgobin that whether it was the Ministry of Health or the RHAs, there are systemic problems—institutional problems—that perhaps were exacerbated by the failure to delegate properly, to get the human resource management right at the time of the conception of the RHAs. And you know, Mr. Vice-President, even in the

face of that, you have had significant delivery of health care.

In my review, in the Southwest Regional Health Authority for October 2013 to September 2014, patient visits to the Southwest Regional Health Authority are: total outpatient clinic visits at hospital, 214,716; total admission to hospitals, 53,302; total emergency visits, secondary care facilities—hospitals, 119,658; district health facilities, 182,709; primary care visits, county of Victoria, 137,623 persons; county of St. Patrick, 112,332; Caroni south, 688,814 persons; surgeries conducted at the San Fernando Hospital, 16,805; the area hospital in Point Fortin, 497. So there is a measure of functioning even within the dysfunctionality.

So how do we proceed, having regard to at the time of conception there was a congenital flaw? How do you proceed?

Sen. Robinson-Regis: Minister, may I ask a question?

Sen. The Hon. G. Singh: Sure.

Sen. Robinson-Regis: Thank you very much. Minister, when you said visits, you mean visits by patients to health institutions?

Sen. The Hon. G. Singh: Yes.

Sen. Robinson-Regis: That is what you mean. Because remember, there was a system of health visitors, you know, nurses—thank you.

Sen. The Hon. G. Singh: So that therefore what you see here is a significant increase in visiting, outpatient visits, visiting to hospitals, and it also has to do with lifestyle diseases in this country. I mean, for Grenada and Barbados, you cannot compare the Bajan lifestyle with the Trinidadian lifestyle. Mr. Vice-President, when we were at Cave Hill in Barbados, the Bajan will come with his sandwich and watch the cricket like lawn tennis;

we would go to Bridgetown with a cooler and all the contents of the cooler—[*Interruption*] So that therefore the lifestyle of the Trinidadian and Tobagonian is quite different and it is reflective in what is happening in terms of the health care sector. [*Desk thumping*]

Mr. Vice-President, in Trinidad and Tobago our health care is delivered through the public sector health care services through a network of four general hospitals: in Port of Spain, San Fernando, Eric Williams Medical Sciences Complex at Mount Hope and the Scarborough Hospital, Tobago. And integrated into this network are two district hospitals in Sangre Grande and Point Fortin. A third component of this public health care service delivery is the following specialist hospitals: the women's hospital at Mount Hope, hospital for the elderly at St. James, the St. Ann's Psychiatric Hospital, Caura Hospital and the Thoracic Hospital.

4.15 p.m.

A fourth component in the integrated network of the delivery of public sector health care services is 105 health centres located throughout Trinidad and Tobago.

The fifth component of this health care service delivery by the public sector is 24 hours availability of health care in the following areas: Mayaro, Rio Claro, Princes Town, Siparia, Couva, Chaguanas, Arima and St. James.

So when you look at what we have and when we talk about the congenital flaw at the time of conception, 21 years after we must be in a position—[*Interruption*]

Mr. Vice-President: Minister, I am just reminding you that you said you will speak for 15 minutes, it is one minute—you have a minute left.

[*Laughter*]

Sen. The Hon. G. Singh: Thank you very much, Mr. Vice-President. Mr. Vice-President, in accordance with the agreement in the Senate, before I adjourn, I wish that tributes to Emmanuel Carter, former President of the Senate be made; and on the Government's behalf, Sen. Dr. Bhoendradatt Tewarie who worked with him in the Senate and in the House will bring tribute on behalf of the Government.

I thank you. [*Desk thumping*]

Mr. Vice-President: Just before, I just want to inform you, Minister, that you have 28 minutes and a couple seconds to continue in the next contribution.

Hon. G. Singh: Of original time?

Mr. Vice-President: Of your original time.

CONDOLENCES

(MR. JOSEPH EMMANUEL CARTER)

Mr. Vice-President: Now as indicated by the President, he had indicated that the Senate would pay tribute to Mr. Joseph Emmanuel Carter, who was a former President of the Senate. May tributes now be made and I call on the hon. Minister of Planning and Sustainable Development on behalf of the Government. [*Desk thumping*]

The Minister of Planning and Sustainable Development (Sen. The Hon. Dr. Bhoendradatt Tewarie): Thank you very much, Mr. Vice-President. I rise to pay tribute to Mr. Joseph Emmanuel Carter, who was born in 1929 and who died on January 21, 2015. Mr. Carter was a former President of the Senate. Mr. Emmanuel Carter was a colonial product who

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. The Hon. Dr. B. Tewarie

2015.01.27

served at the highest levels in independent Trinidad and Tobago. He was a public servant who served our Parliament and our country diligently, loyally and well, and we on the Government Benches mourn his passing and pay tribute to his service and his contribution.

He once served in the Colonial Secretary's Office and he was transferred to what was then the Legislature Department in 1954, and thereafter, he served for 35 years until retirement in 1989 in the Legislature, or as it evolved, the Office of Parliament.

Before independence, he was appointed Second Clerk Assistant of the Legislative Council in 1960 and was Clerk Assistant House of Representatives in 1961. After independence, he became Clerk of the Senate and Deputy Administrative Head of Parliament in 1964 and ex-officio assistant secretary of the local CPA branch. He was promoted to Clerk, House of Representatives and Administrative Head of Parliament in 1975.

Mr. Carter served for 25 years as secretary and assistant secretary of the local CPA branch, and during that time he was able to engage parliamentary conferences all over the Commonwealth—in Uganda, Bahamas, of course here in Trinidad and Tobago, Malawi, Sri Lanka, India, Canada, New Zealand, Fiji, Kenya, United Kingdom, Malaysia and Saskatchewan in Canada. I think I mentioned Canada.

He was awarded the Medal of Merit in 1989 for Public Service to Trinidad and Tobago, and three months after retiring he became President of the Senate until 1990 and served for five years. He leaves to mourn his family, wife Barbara, son Wayne and daughters Ann Marie, Lisa and Julia,

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. The Hon. Dr. B. Tewarie

2015.01.27

and we offer our sincere condolences to them.

Mr. Carter had his defining role when, as President of the Senate, he had to serve as President of the Republic of Trinidad and Tobago in the absence of President Noor Hassanali, and it was during one of these periods as acting President of the Republic that he, Emmanuel Carter, found himself in the eye of the storm, so to speak, during the attempted coup of 1990. This period and the role that he played in resolving this situation was a defining moment in his professional career, but this single event did not define Joseph Emmanuel Carter, the man.

I had the opportunity to work on occasion with Mr. Carter as a Member of Parliament when he was Clerk of the House, and he always the epitome of decorum and civility. He was someone that you could rely on for advice and he took time to explain things in a very detailed way to make sure that the parliamentary business was properly conducted. He was also, as he grew on in age, always concerned about his health and we would exchange sometimes little stories. So he would tell me about the importance of coconut water, for instance, and the difference between coconut water from a young coconut and the coconut water from a coconut with jelly, and the difference it made in terms of the cholesterol that you would intake in the process. He was a jovial man and he had a good sense of humour. He was serious most of the time and about his business, but he was a jovial man. He loved his country, Trinidad and Tobago. He served it well. He loved the Parliament and the parliamentary system and he had a lot of respect for the traditions of that system that we had inherited from the British and evolved in our own way in Trinidad and Tobago, and he was

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. The Hon. Dr. B. Tewarie

2015.01.27

very interested in the minor differences that emerged in terms of parliamentary practice and conduct and habits in various jurisdictions compared to how ours had evolved in Trinidad and Tobago.

He was a good soul, a good man, a decent and honourable citizen. He gave much to the Parliament, to the country, to his family, to community, and we are sad at his passing and we mourn his loss.

Mr. Vice-President, it is an honour to say a few words in his tribute.
[Desk thumping]

Mr. Vice-President: Opposition.

Sen. Camille Robinson-Regis: Thank you very much, Mr. Vice-President. For me, on behalf of the People's National Movement on this side of the Senate, it is indeed a privilege to have served in this esteemed Upper House alongside the late Joseph Emmanuel Carter. So I am very privileged to have the opportunity to say a few words in tribute to his memory.

Mr. Vice-President, nothing great could ever be achieved without great men and women, and men and women are only great if they are determined to be so, and so it was with Emmanuel Carter. From personal knowledge and from his outstanding biography one would know that he lived a fuller life, and we the people of Trinidad and Tobago have benefited from at least 47 years of it. To have been accepted into Queen's Royal College in his day was no small achievement, and further, to be granted admission into the public service, straight out of that institution, was already open acknowledgment of the high standards to which he was destined.

Joseph Emmanuel Carter was a professional public servant.

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. Robinson-Regis

2015.01.27

Everything one could hope for in a public servant—poise, humility, intelligence, diplomacy, depth of perception, coordination and organizational skills—he possessed them all. Most who possess these attributes today aspire to far higher echelons of endeavour, but Joseph Emmanuel Carter made public service a highly esteemed profession because of his demeanour through it all. Certainly, as Clerk of the House, anyone observing the course of business of the House would have been awed by the decorum with which he discharged his role.

Mr. Vice-President, really it was no surprise and certainly no disappointment whatever, when in 1989, having retired from public service, he was sworn in as a Senator and asked to sit as the President of the Senate. How could he have known the height of drama he would have to face a mere four months later as insurrectionists staged an attempted coup in our Parliament in 1990? We remember with gratitude that it was his hand that signed the instrument of amnesty, but we also remember that it was his hand that ensured all Members of the House and the supporting staff and the Trinidad and Tobago Television staff their freedom. Scarred some persons would be, but able to emerge from it alive. We must all be grateful for his hand in the lives of all the innocent on that fateful day.

Mr. Vice-President, may I from personal experience talk very briefly about the humility of Mr. Carter while he served as President of the Senate. There was one day when a Member of the Senate was, to my mind and certainly to the mind of others, somewhat disrespectful to the President of the Senate—Mr. Carter as he then was—and he made the point that one should not mistake his humility for weakness and that always stuck with me:

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. Robinson-Regis

2015.01.27

“do not mistake humility for weakness”. I will inform my younger Senators who that person was, who was disrespectful. I am sure some persons know of whom I speak, but I will not do that here.

Mr. Vice-President, Mr. Joseph Carter, even after he left the halls of the Parliament, continued to be a source of inspiration to many and we need to be grateful for that. The Psalms of the Bible will tell us that our lifespan is 70 years or 80 for those who are strong. Joseph Emmanuel Carter was granted 85 strong years.

On behalf of the People’s National Movement and on my own behalf, I express sincere condolences to Mrs. Carter and their four children. I say thank you for having shared your husband and your father with us all. Condolences too to the many family members and friends who continue to mourn his passing. His memory will live long in the hearts of all who knew him and may God grant him happy and eternal repose.

Thank you very much, Mr. Vice-President.

4.30 p.m.

Sen. Helen Drayton: Mr. Vice-President, it is my honour on behalf of the Independent Bench to pay tribute to the late Emmanuel Carter who was President of the Senate from 1990 to 1995. I open by extending our deepest condolences to his beloved wife, Barbara and his three children. I am very saddened by his passing and would always remember him as a person belonging to the special ranks of true patriot and soldier in defence of our Constitution and the country.

As I pay tribute, I remember how we met which was during the dreadful attempted coup in 1990 by the Muslimeen. I was at the Hilton

Condolences
 (Mr. Joseph Emmanuel Carter)
 Sen. Drayton

2015.01.27

doing whatever was asked of me. He came into the office in which I was working, and I remember he handed me the draft amnesty. I gave him my views and of course, those views are not material to this tribute. What is material was his great humility, his graciousness and the expression that was on his face. The concerned expression spoke volumes to the burden of the lives of those held hostage and the country as a whole that he had to carry, and his duress was very evident. These lives weighed heavily on his shoulders.

Today, on reflecting that moment, I recall reading the *Essay on Man* by Alexander Pope, the 18th Century poet and satirist, and I now read a pertinent verse:

“Honour and shame from no condition rise;
 Act well your part: there all the honour lies.
 Fortune in men has some small difference made;
 One flaunts in rags, one flutters in brocade,
 The cobbler apron’d, and the parson gown’d;
 The friar hooded, and the monarch crown’d.
 ‘What differ more,’ you cry, ‘than crown and cowl?’
 I’ll tell you friend! a wise man and a fool.
 You’ll find, if once the monarch acts the monk,
 Or, the cobbler-like, the parson will be drunk,
 Worth makes the man, and want of it the fellow.”

Mr. Emmanuel Carter acted excellently his part and therein lies his honour. This refers not just to his role as acting President at the time of the attempted coup but in his role as President of the Senate and prior to that,

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. Drayton

2015.01.27

Clerk of the House. Here, we had a good man who was a gentleman. He was kind and compassionate and, unquestionably, he served with honesty and integrity. And once again I say, we have been fortunate to have had many people in leadership positions who were exemplars in the best traditions of civility; respect for the trust placed in them by citizens, the Constitution, Parliament and the Judiciary.

As Clerk of the House, he was a legend among practitioners of parliamentary management throughout the Commonwealth. He was highly respected in Commonwealth circles for his knowledge and expertise in parliamentary procedures and practice, and for his willingness to share his knowledge with those interested in learning. In particular, as Clerk of the House, Mr. Emmanuel Carter was most respected for his knowledge of the history of parliamentary democracy in the Commonwealth. He distinguished himself as the foremost Clerk of the Parliament in the Caribbean, and left a solid legacy of independence of clerks of Parliament from political control. So his accomplishment is much greater a significance because he imbued his successors with the same independent conscientiousness to administer the machine of the Legislature without fear or favour. The clerks of Parliament and the rest of the staff that we know today represent the best of service quality in Trinidad and Tobago; that is part of his legacy. They possess a work ethic that is refreshing, and if we are seeking optimism despite the kinds of quagmires that confront us today, it is here in the legacy of Emmanuel Carter.

In his mentoring of Parliament's recruits, he would often stress that clerks of the Parliament are not answerable in any way to governments nor

Condolences
(Mr. Joseph Emmanuel Carter)
Sen. Drayton

2015.01.27

do politicians appoint them. They are servants only to Parliament. So that whatever the complexion of Government in office, the Parliament must receive the completely impartial expert service upon which all Members can rely. He was rigidly, almost religiously, non-political. He always had time to listen to his staff and showed interest in them and their families. He fought to ensure their fair treatment by the Executive authorities who by virtue of distance never gained an appreciation of the value of good parliamentary support.

President Emmanuel Carter's purpose in life was service to the people of Trinidad and Tobago. He had the humility of a humble cobbler and the stature of a monarch. He was who he was: a wise man made by his worth which made him noble and exceptionable man among men. Thank you.
[Desk thumping]

Mr. Vice-President: Hon. Senators, I myself will bring tribute on behalf of the entire Senate. Whilst I have not been as privileged as Sen. Robinson-Regis and others to serve with him but I have been advised.

Mr. Joseph Emmanuel Carter first served as President of the Senate during the Fifth Session of the Third Republican Parliament 1990 to 1991. He was re-appointed in the same capacity during the Fourth Republican Parliament.

Mr. Carter was born in 1929 and completed his full secondary education at the Queen's Royal College. He joined the public service in 1948 and after serving the Colonial Secretary's Office was transferred to the legislature department in 1994 where he served for 35 years until retirement in 1989.

Condolences
(Mr. Joseph Emmanuel Carter)
Mr. Vice-President

2015.01.27

Mr. Carter was appointed Second Clerk Assistant, Legislative Council, in 1960 and was Clerk Assistant of the House of Representatives in 1961. He became Clerk of the Senate and Deputy Administrative Head of Parliament in 1964 and an ex-officio Assistant Secretary, Local Commonwealth Parliamentary Association branch and was promoted Clerk of the House of the Representatives and Head of Parliament in 1975.

Three months after his retirement, Mr. Carter was appointed as a Senator and elected as President of the Senate in March 1990, following general elections in December, 1991, which saw a change in Government. He was re-elected President of the Senate in January, 1992. As President of the Senate, he was required by the Constitution to act as Head of State during the absence of the President of the Republic and did so for periods averaging approximately one month per year from 1990 to 1993.

Most noteworthy was his acting as President of the Republic at the time of the attempted coup of July, 1990. During his career, Mr. Carter was attached to the House of Commons, London, in the summer of 1964 and benefited from an intensive management training course in 1967. For several years, he lectured on the functions of Parliament to public servants attending various courses.

Mr. Carter served for 25 years as Secretary and Assistant Secretary of the Local CPA branch. During that time, he attended CPA Annual Plenary Conferences in Uganda, The Bahamas, Trinidad and Tobago, Malawi, Sri Lanka, India, Canada, New Zealand, Fiji, Kenya, Saskatchewan, United Kingdom and Malaysia.

In 1989, he was awarded the Medal of Merit for public service in

Condolences
(Mr. Joseph Emmanuel Carter)
Mr. Vice-President

2015.01.27

Trinidad and Tobago. He was married and had four children: one boy and three girls. Mr. Carter passed away on Wednesday, January 21, 2015 in Miami, Florida.

Condolences on behalf of this honourable Senate to his bereaved family and I request that the officers of the Senate send a condolence card to the bereaved family of the late Joseph Emmanuel Carter.

The Senate stood.

ADJOURNMENT

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you very much, Mr. Vice-President. I beg to move that this Senate do now adjourn to Tuesday, February 03 at 10.30 a.m. when we will deal with the children's adoption Bill.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 4.42 p.m.