SENATE

Tuesday, April 28, 2015

The Senate met at 1.30 p.m.

PRAYERS

[MADAM PRESIDENT *in the Chair*]

LEAVE OF ABSENCE

Madam President: Hon. Senators, I have granted leave of absence to Sen. The Hon. Vasant Bharath who is ill.

SENATORS' APPOINTMENT

Madam 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
>
> /s/ Anthony Thomas Aquinas Carmona O.R.T.T. S.C.
>
> President.

TO: MR. LARRY LALLA

WHEREAS Senator Vasant Vivekanand Bharath is incapable of performing his duties as a Senator by reason of his illness:

NOW, THEREFORE, I, ANTHONY THOMAS AQUINAS CARMONA, President as aforesaid, in exercise of the power vested in me by section 44(1)(b) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, LARRY LALLA, to be temporarily a member of the Senate with effect from 28th April, 2015 and continuing during the absence by reason of illness of the said Senator Vasant Vivekanand Bharath.

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 28th day of April, 2015."

OATH OF ALLEGIANCE

Senator Larry Lalla took and subscribed the Oath of Allegiance as required by law.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Airports Authority of Trinidad and Tobago for the year ended December 31, 2006. [*The Minister of the Environment and Water Resources* (*Sen. The Hon. Ganga Singh*)]
2. Audited Financial Statements of the National Schools Dietary Services Limited for the financial year ended September 30, 2011. [*Sen. The Hon. G. Singh*]
3. Audited Financial Statements of the National Schools Dietary Services Limited for the financial year ended September 30, 2012. [*Sen. The Hon. G. Singh*]

ANSWERS TO QUESTIONS

Sen. Camille Robinson-Regis: Madam, excuse me. Under Questions to Ministers, may I ask two questions with regard to, one, the written answer that appears, and I think my colleague said that this week we would get. I think that is what was said, I may be wrong. I do not know if it is here, but the answer was due on January 5, 2015, so I do not know if it is here.

Just one other question. I know that the Minister of Finance and the Economy has a lot on his plate at this time, but I would like to know when we will be getting the information with regard to the

questions where we had some discrepancy between the information that we had on this side and the information that was proffered by the Minister with regard to advertisements, promotions and the like, because the Minister did give an undertaking that we would get that information quite soon. Thank you, Madam.

The Minister of the Environment and Water Resources (Sen. The Hon. Ganga Singh): Thank you, Madam President. Madam President, question No. 19 to the Minister of Sport has a very—it asked for all the clubs, organizations, individuals and other entities and or persons that have received funding from the Ministry of Sport and the Sports Company for the period June 1, 2010 to November 30, 2014. And the Minister has indicated to me they have embarked on an exercise to collate this information. We hope to get this answer, I was hoping to get it by next week. We had given the indication in two weeks, so it would be next week. So that therefore, we hope to get that and provide it to the Senate on that occasion.

With respect to the reconciliation of what constitute promotions and advertising and so on, that is an ongoing exercise by the Ministry of Finance and the Economy. I am not in a position to say when that reconciliation exercise will be completed, but certainly I would seek,

when the Minister of Finance and the Economy enters the Senate, I would be able to give an appreciation of that on the next sitting.

Sen. Robinson-Regis: Thank you.

STATEMENTS BY MINISTERS

Audit of Crude Oil Reserves

Madam President: The hon. Minister of Energy and Energy Affairs. [*Desk thumping*]

The Minister of Energy and Energy Affairs (Sen. The Hon. Kevin Ramnarine): Thank you very much, Madam President. Madam President, sometime last year I gave an undertaking to the Parliament that I would make public the findings of the oil audits, the audit into the oil reserves of Trinidad and Tobago that was conducted by the Ministry of Energy and Energy Affairs. And to some extent I made some of those numbers public at the energy conference in January.

Madam President, in 2012 the Ministry of Energy and Energy Affairs engaged petroleum consultants, Netherlands, Sewell and Associates Incorporated of Dallas, Texas to conduct an audit of the crude oil reserves of Trinidad and Tobago, that is, crude oil. This audit looked at crude oil reserves of Trinidad and Tobago as at December 31, 2011. The Ministry of Energy and Energy Affairs received the final report in 2013. The technical team at the Ministry of Energy and Energy Affairs then spent time studying the report to

reconcile with data from the companies and to understand how it can inform energy policy in the future.

It should be mentioned that in 2008 a similar audit was done, that is an audit as at December 31, 2007. That audit was conducted by the Ryder Scott Company of Houston, Texas, USA. The results of the 2007 oil audit were never released by the Ministry of Energy and Energy Affairs.

The primary objective of the audit was to prepare a certified statement of the country's crude oil reserves in the categories of proved, probable and possible, in accordance with accepted industry standards. These audits are important as they inform policy direction and policy formulation. Both the 2007 and 2011 audits were based on the 2007 Petroleum Resources Management System, PRMS, which is "project based" and classification is based on the project's chance of commerciality. The base case uses the evaluators forecast of future conditions. To assign recoverable resources of any class, a development plan must be identified and consist of one or more projects.

There must also be data available which indicate that assumptions are valid. Volumes may only be classified as reserves if they are discovered and recoverable, commercially producible and

there is a firm intention to proceed with its development based on a timetable that is within five years. The reserves are also based on an assumption of economics, market conditions and facilities that are in place to produce those reserves. These are indeed very stringent parameters which the auditors have applied.

The results of the crude oil audit, and these are the crude oil reserves of the country as at December 31, 2011—and, of course, the country would be more familiar with the annual Ryder Scott Gas Reserves Audit numbers—the results of the crude oil audit as at December 31, 2011, showed our proved reserves was 199.54 million barrels of crude oil. Probable reserves, 85.46 million barrels and possible reserves, 124.77 million barrels. Therefore, the 3P crude oil figure, which is, proved plus probable plus possible, was 409.77 million barrels of crude oil.

The country's condensate reserves, which are associated with natural gas, were evaluated in the annual natural gas reserves audit conducted by Ryder Scott at the year end 2011. They showed proved reserves or condensate at 43.45 million barrels, probable reserves at 24.39 million barrels and possible reserves was 30.83 million barrels. Therefore the 3P or the proven, probable and possible condensate figure was estimated at 98.67 million barrels. When we add the

country's 3P reserves for crude oil with the country's 3P for condensate, we get 508.42 million barrels as at December 31, 2011. Again, I wish to stress that given the very stringent parameters used by the auditors, these figures are very conservative.

At a rate, Madam President, of 30 million barrels of oil and condensate produced per year, which is where we are right now, the reserve to production ratio using the 3P number is approximately 17 years. From the 2007 audit which was done by Ryder Scott, the 3P oil and condensate reserves of the country were 572.40 million barrels of oil and condensate.

It should be noted therefore, that the total crude oil and condensate figure declined by 63.98 million barrels or 11 per cent between 2007 and 2011, between the two audits. This was mainly as a result of a decline in condensate reserves and of course ongoing extraction or production of oil and condensate.

The consultants also estimated exploration resources which are those quantities of petroleum which are estimated to be potentially recoverable from undiscovered accumulations by application of future development projects. They represent exploration opportunities and quantify the development potential in the event a petroleum discovery is made. The high estimate of exploration resources in 2011 audit was

924.5 million barrels of oil and condensate, being, 811.5 million barrels of crude oil and 113 million barrels of condensate. This shows, Madam President, that there is significant remaining potential for new oil production.

1.45 p.m.

This evaluation, I wish to stress, did not include any of the deep water blocks as these had not been licensed as at December31, 2011. According to the in-house estimates of the Ministry of Energy and Energy Affairs, the potential for deep water oil resources range from 2.2 billion barrels of oil to 8.2 billion barrels of oil, and that is what they call oil initially in place. That is not recoverable, and those are for the deep-water production sharing contracts that are currently under licence.

It should be noted, too, that there were no major discoveries of crude oil between 2007 and 2011. However, from 2012 to 2014, there were four major discoveries of oil. These included the Petrotrin Jubilee discovery, the Bayfield EG8 discovery, the Trinity TGAL 1 discovery and the Repsol Teak Bravo North discovery, all made between 2012 and 2014. These four discoveries would also inform the next oil audit which will be conducted in the first quarter of 2016 and will look at the country's crude oil reserves as at December 31,

2015.

Based on the above results, there is a need for Trinidad and Tobago to aggressively continue to encourage exploration as well as appraisal and development drilling so that exploration resources can be moved to the proven reserve category. This requires investment and investors, of course, require a fair return on their capital. The audit is also telling us that more acreage needs to be made available to potential investors.

In this regard, the Ministry of Energy and Energy Affairs recently offered areas for competitive bidding in an Onshore Bid Round which closed in 2013 with licences being awarded in 2014. Three of the blocks coming out of that bid round have a potential of approximately 800 million barrels of oil, that is oil initially in place, and that did not form part of the 2011 audit; it will form part of the 2015 audit.

The future, therefore, of the petroleum industry in Trinidad and Tobago, is bright, given that we are yet to realize the significant potential of the deep water for which plans are now in place, the full potential of oil production on land, for which plans are now in place, and the significant potential that could be had from the development of our heavy oil resources, and I would add to that, too, the potential

that could be realized through investments in enhanced oil recovery. The 2011 audit, as well as the 2007 audit, will therefore inform the future energy policy of Trinidad and Tobago which is geared and aimed at increasing oil production in the future.

I thank you very much, Madam President. [*Desk thumping*]

Development of Tourism Economy

The Minister of Tourism (Sen. The Hon. Gerald Hadeed): Madam President, my fellow Members of this illustrious Senate, I am extremely pleased to rise to make a statement on our plans for the development of the tourism industry in Trinidad and Tobago. I would like to thank the hon. Kamla Persad-Bissessar, Prime Minister of the Republic, for affording me the opportunity to serve in the capacity of Minister of Tourism and for her continuous support and confidence in me. And most of all, I thank God for blessing me with health and strength.

I also wish to acknowledge my Permanent Secretary, Ms. Donna Ferraz, and the dedicated team within the Ministry and its agencies, and all our tourism stakeholders. It is really a privilege working with such a wonderful bunch of people, all extremely talented, qualified and passionately committed to the sustainable development of our local tourism industry. This is an opportune

moment to stop and take stock of the progress we have made within our local tourism sector and also to think ahead for some of the challenges and opportunities ahead of us.

Tourism: The new oil—to create wealth for our country.

With the rapid decline in the energy prices, it has given us the opportunity to re-focus on new economic sectors, such as the tourism industry. Tourism is not a finite resource. It is a resource that is renewable and can play a central role in contributing to income-generation, job-creation and foreign exchange earnings. It is against this background that the People's Partnership Government has positioned tourism as one of the seven key pillars in our national diversification effort.

We have taken a new approach to tourism, not like in the past. The people's Government has a vision for the tourism sector and is strengthening the policy framework to ensure that tourism meets the needs of all its citizens from all walks of life for both economic and social development. We are putting in place mechanisms to ensure that there are sustainable benefits that enhance the quality of life for all of our citizens. The citizens of this country must feel that they are part and parcel of the tourism thrust.

Just for the sake of clarity, I would just like to spend a moment

to set out the mandates of the state agencies involved in our tourism industry. The Ministry of Tourism is responsible for tourism policy development, public education and awareness, catalysing and facilitating growth of the tourism sector, encouraging investment in the sector, building stakeholder partnerships and monitoring trends in the industry.

Established in 2004, the Tourism Development Company Limited is the marketing and implementation agency of the Ministry of Tourism and a special purpose state enterprise mandated to develop and market our tourism industry and its tourism product. The TDC is committed to establishing and implementing standards for the development and maintenance of all tourism infrastructure and amenities at all identified tourism sites.

The Tourism Division of the Tobago House of Assembly is responsible for the formulation of specific policy and plans for the tourism sector, destination marketing activities, product development, conducting tourism market research, and the provision of tourist information services as they relate to Tobago.

The Ministry of Tourism is also assigned responsibility for lifeguard services and the Emperor Valley Zoo.

Product Improvement: To differentiate Trinidad and Tobago from amongst our 'sun, sand and surf' Caribbean neighbours as an

attractive tourist destination, we have strengthened our efforts to create novel and interesting tourism products. In this vein, we are in the process of creating a few more additions to our tourism product inventory.

There is significant potential to expand our calendar of sports and leisure events. We are partnering with the Ministry of Sport, the Sporting Company of Trinidad and Tobago and the range or sporting associations to create new events that showcase the talents of our youth and fully utilize our sporting facilities. In this regard, Trinidad and Tobago is hosting the CPL semi-finals and finals and this will further boost our sports tourism niche market and strengthen our position as a lifestyle destination.

Besides the traffic generated from the hundreds of cricket fans regionally and internationally that will be certainly packing the cricket venues throughout this premier cricket series, Trinidad and Tobago will be showcased, via its live broadcasts, as a viable sporting destination for teams who choose our islands for winter training camps and other related events in preparation for their main sporting seasons in their respective countries.

Our business and conference tourism niche continues to "shine" and Trinidad and Tobago is one of the important business and conference destinations in the Caribbean. The TDC Convention

Bureau will be embarking on a North American Road Show in May 2015 that will host 70 meeting planners in Washington DC, Atlanta and New York, and will expose this group to the destination, Trinidad and Tobago. At this time, all meetings and presentations in these States have been oversubscribed and this give credence to the potential of the destination to attract conferences and generate business. As part of the Road Show, stakeholders and service providers will have a chance to be exposed to meeting planners in this valuable market source.

I turn to the Maracas Beach Upgrade. Maracas Beach, Trinidad's flagship beach, has been the subject of much concern as the facilities have deteriorated over time. The upgrade of Maracas Beach facility has suffered from some delays as Government sought to get value for money delivered for the citizens of Trinidad and Tobago.

We have comprehensively reassessed the development plans for Maracas, closed off previous construction contractual obligations and approval for funding within the present budgetary constraints. But funding has already been identified for this very important development. The Maracas Beach Project Upgrade is now on the fast track to development.

The Ministry of Tourism has engaged Community Improvement Services Limited as project manager for the

construction contract. It is anticipated that a design and build construction contract will be made by the beginning of this month—that will be May—and the construction period is estimated to be six months. An intrinsic aspect of the development plan is the active consultation and direction participation of the residents of Maracas and the environs.

The Maracas Beach improvement will result in:

- Lifting of the car park to prevent flooding and providing designated spaces for buses as well as car park spots for the physically challenged
- Modernization of the vendors' facilities
- Improved shower and toilet facilities, especially for the physically challenged in our society
- Less traffic congestion as the North Coast Road is to be diverted to the southern side of the existing car park
- Enhanced public safety and the elimination of pedestrian conflicts from crossing the North Coast Road through realignment of the North Coast road to the southern limits of the Maracas car park
- Improved water quality and supply reliability as the sewer system and the waste water treatment plant will

be replaced with adequate capacity to handle the average user base.

The contractor's design will also allow for a walkway to the north of the vending booths and seating areas between the vending booths, a permanent TDC facility, and expanded lifeguard facilities will also be constructed.

With the initiatives being taken by this Government to grow the cruise industry, the enhancement of Maracas Beach would lead to an increase in visitations to the beach by cruise ship passengers; bringing tremendous benefits to the surrounding communities.

Madam President, we are not limiting our improvement programmes to Maracas Beach. Improvements will also take place at Quinam, Los Iros, Salybia, Mayaro, Toco, Manzanilla and Vessigny. These beaches will be transformed to make quality recreation spaces available to the public residents and visitors alike.

Nature Trails/Eco Adventure Tourism: Madam President, the Ministry of Tourism is now making a bold move into the ecotourism niche markets with its nature trails project. This is a bold and innovative project that will add to our product offering. Research has shown that this is a niche market that should be pursued as the international visitors are ever more interested in the natural attributes of a destination. We are reopening the network of trails that existed

with cocoa production when cocoa production was a major contributor to the economy of Trinidad and Tobago. [*Desk thumping*]

2.00 p.m.

The primary objective of the nature trail project is to sustainably develop and maintain a minimum of 300 kilometres of multipurpose trails throughout Trinidad and Tobago, with a target of 1,000 kilometres of trails. Commencing in May 2015, the benefits from this project are numerous and include the enhancement of community tourism and creation of tourist signage along the route. [*Desk thumping*] Moreover, this eco-tourism project will establish Trinidad and Tobago as a Caribbean premier mountain biking and adventure tourism destination, as well as strengthening the destination's position as the Caribbean's premier bird watching destination.

I now turn to the Blue Flag certification of Las Cuevas. Indeed, Trinidad and Tobago is presently the only country in the Southern English-speaking Caribbean to have a Blue Flag certified beach—Las Cuevas. This is a highly coveted international certification from the Foundation for Environmental Education based in Copenhagen, Denmark, and was achieved in January of this year. The award indicates that a beach or marina meets stringent high quality standards for cleanliness, safety and environmental awareness and

sustainability. Among the requirements to maintain the status is scheduled water quality testing, as all Blue Flag facilities are expected to meet a certain standard in bathing water.

Recognized by the World Tourism Organization and awarded to more than 4,000 beaches and marinas in 48 countries, this Blue Flag certification ensures widespread recognition all over the world as a beach destination that is clean, enjoyable and safe.

Las Cuevas' Blue Flag certification now sends a strong message to the world that Trinidad and Tobago is serious about conservation and serious about tourism. [*Desk thumping*] Being able to tout independently and internationally recognized certification is one way to communicate to the world market with a high quality of experience can be expected. With the Blue Flag recognition, it means an increase in visitors to Las Cuevas, greater opportunities for local businesses and better revenue options for vendors and micro-businesses.

The Ministry of Tourism is now aggressively working towards obtaining Blue Flag certification for the ever popular Maracas Beach. Madam President, I now turn to the Sugar Heritage—[*Interruption*]

Madam President: Hon. Minister, may I point out that you just have about a minute left. So—[*Interruption*]

Sen. The Hon. G. Hadeed: Okay. Thank you very much. Madam

President, I would like to lay on the table here the balance of this report. It includes the Sugar Heritage Village and all that goes with it; it include medical tourism, all that goes with it; our cruise ship initiative, all that goes with it; the marina development in Tobago which is very important, Madam President. I lay this also as part of the plan; linkages with Cuba, another part of the plan; and our tourism incentives for both Trinidad and Tobago for funding the development of hotels and guest houses.

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

REGIONAL HEALTH AUTHORITY SYSTEM (COMPREHENSIVE REVIEW OF)

[Fourth Day]

Order read for resuming adjourned debate on question [November 18, 2014]:

> *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. [*Sen. Dr. V. Wheeler*]

Question again proposed.

Madam President: Those who spoke on Tuesday, November 18 2014: Sen. Dr. Victor Wheeler, the mover of the Motion; Hon. Dr. Fuad Khan, Member of Parliament and Minister of Health; and Sen.

Camille Robinson-Regis. Those who spoke on Tuesday, January 27, 2015: Sen. Camille Robinson-Regis continued her contribution; Sen. Dr. Rolph Balgobin; Sen. Rev. Joy Abdul-Mohan; and Sen. The Hon. Ganga Singh. Those who spoke on Tuesday, March 24, 2015: Sen. The Hon. Ganga Singh continued his contribution; Sen. H.R. Ian Roach; as well as Sen. Elton Prescott SC; Sen. Avinash Singh spoke for 21 minutes and we will be pleased to allow him 24 minutes of original speaking time. Sen. Singh. [*Desk thumping*]

Sen. A. Singh: Thank you, Madam President, for the opportunity to continue my contribution where I left off on the time occasion. On the last occasion I would have spoken to some of the issues that our current health care system currently has, and in moving forward I would like to speak to where the health system in terms of the world stands so we can take some information as comparative information in moving our own health care system forward.

Madam President, the World Health Organization accessed and assessed the world's position in health for the first time and this produced a document which was reported on June 21, 2000 entitled, "World Health Organization Assesses the World's Health Systems". In this document some of the experts that relate to health are quoted in this document, and I would like to share some of the advice given in

comparison to where we in Trinidad and Tobago also stand. I would like to start with the WHO Director General, Dr. Gro Harlem Brundtland. He said from the report compiled by the World Health Organization:

> "…'The main message from this report is that the health and well-being of people around the world depend critically on the performance of the health systems that serve them. Yet there is a wide variation in performance, even among countries with similar levels of income and health expenditure. It is essential for decision-makers to understand the underlying reasons so that some system performance, and hence the health of populations, can be improved.'"

Madam President, the report goes on and Dr. Christopher Murray, Director of WHO's Global Programme on Evidence for Health Policy is also quoted, and his contribution is as follows:

> "…'Although significant progress has been achieved in past decades, virtually all countries are under-utilizing the resources that are available to them. This leads to large numbers of preventable deaths and disabilities; unnecessary suffering, injustice, inequality and denial of an individual's basic rights to health.'

The impact or failures in health systems is more severe on poor everywhere, who are driven deeper into poverty by lack of financial protection against ill-health, the report says."

Another quotation in that report and I quote:

"'The poor are treated with less respect, given less choice of service providers and offer"—low—"quality amenities.'…'In trying to buy health from their own pockets,'…"

We can see this in our own current health situation and in terms of our health care facilities here locally, Madam President, where most citizens tend to lean towards private medical facilities as opposed to public medical facilities, and I will expand later on in my contribution with respect to that point.

The World Health report also goes on to list some of the main failures of many health systems around the world:

"• Many health ministries focus on the public sector and often disregard the frequently much larger private sector health care.

• In many countries, some if not most physicians work simultaneously for the public sector as well as the private sector. This means the public sector ends up subsidizing unofficial private practice.

- Many government's fail to prevent a 'black market' in health, where widespread corruption, bribery, 'moonlighting' and other illegal practices flourish. The black markets, which themselves are caused by malfunctioning health systems, and low income of health workers, further undermine those systems."

In fact:

"• Many health ministers fail to enforce regulations that they themselves have created or are supposed to implement in the public interest."

In relation to that same document, Madam President, one Dr. Julio Frenk, Executive Director for Evidence and Information for Policy at the WHO says, and I quote:

"…'By providing the comparative guide to what works and doesn't work, we can help countries to learn from each other and thereby improve the performance of their health systems.'"

He also goes on to say—in fact, Dr. Philip Musgrove, editor-in-chief of the reports says:

"'The WHO study finds it isn't…how much you invest in total, or where you put facilities geographically, that matters. It's the balance among inputs that count—for example, you have to

have the right number of nurses per doctor.'"

Madam President, recent developments in our own country have shown where most public health care facilities have this problem where there is not sufficient numbers of nurses per doctors or even doctors per patients, and this is one of the most critical elements in terms of a good health care service. So these instances and these reflections that the World Health Organization compiled in this report is definitely sufficient evidence that serious considerations must be placed in moving the health care sector where short staffing is concerned.

Madam President, recent developments have turned my attention to, and I call it a dark horror that took Trinidad and Tobago by surprise in recent times, and it is this whole situation that surrounds C-section or caesarean section surgeries and so on. If fact, only a few days ago we have seen tragedy struck, where young mothers lost their lives to the health care system for whatever reason. So whereas on one hand we as a nation, Trinidad and Tobago, we stand in solidarity and sympathy with all those lives lost in India—in Nepal to be exact—with respect to the earthquake, and only an hour ago it was reported that the Nepal Prime Minister indicated that the deaths can reach over 10,000. We here in Trinidad and Tobago also have our

own death rates climbing, when you see mothers die because of caesarean section, and I would like to spend a few moments on this issue as it relates to our health care system.

Madam President, a few days ago one Charlene Kowlessar, and prior to that Keisha Ayers, would have lost their lives to the health care system—and one article would have quoted: "Mom dies 26 days after C-section"—and it leaves you to wonder what is taking place in our health care system. I am no expert in the health system, but I would have done some research as I was on this topic and my research pointed to me to some directions where I would like to share some of my own opinion in terms of this scenario surrounding C-section and so on.

2.15 p.m.

My opinion is that we here in this country, we need to educate and sensitize our young population with respect to family planning and the way forward in starting a family in that programmes should be placed on high agenda where the conceptualization and planning to have children is concerned, because my understanding of all the research is that C-section should be a last resort, only necessary when emergencies arise as such. In recent developments, we also saw a very high percentage of mothers leaning towards that direction of C-

section in their delivery.

I turn to an article written by Cari Nierenberg and he is a live science contributor. This article is dated March 20, 2015 and is entitled "Vaginal Birth vs C-Section: Pros and Cons". So, Madam President, in providing that level of understanding and education to our young mothers out there, I think it is necessary that the health care providers and the health care system really and truly educate our mothers, our young mothers and potential mothers on the practice having that imagination of having a child and then going through with that child. [*Desk thumping*]

This article goes on to say that:

> "Babies can enter the world in one of two ways: pregnant women can have either a…"—natural—"birth or a surgical delivery by Caesarean section…"

But I would want to really place emphasis in some of the issues here because from my understanding, most cases of C-section really occur when mothers would like to prevent or not have that hard-enduring labour or the natural labour process. As I said, I am no expert and I would not know of those circumstances. [*Crosstalk*] But, Madam President, the article stresses on the fact that women are three times more likely to die during caesarean delivery than a vaginal birth, and

it lists some of the issues that go with that and it is here, due to mostly blood clots, infections and complications from aesthesia and so on.

Madam President, I would encourage all in society to put some effort into reading and understanding. [*Desk thumping*] As I said, when planning a family, I would really like this Government to take into consideration that conceptualization of having a family where caesarean sections are concerned.

Sen. Hadeed: "Doh forget, chirn was placed in brown paper in the PNM time, you know. Chirn was wrapped in brown paper in PNM time. Doh forget that, eh."

Sen. Robinson-Regis: At least, they were being born alive.

Sen. Hadeed: Wrapped in brown paper.

Sen. Robinson-Regis: But they were alive.

Sen. A. Singh: Madam President, as I said, I can spend a few minutes in terms of the pros and cons but it is there to get that information.

But, I also wonder why there is a large percentage of persons now going towards caesarean section rather than giving natural birth and in my reading and research, in fact, our own localized position here has turned me to one issue called litigation. I am no lawyer but certainly the lawyers here can explain or offer some clarification as to what would went on in the past and continues to go on.

Because from my understanding, Madam President, a well-known attorney—[*Interruption*]

Hon. Senators: Who?

Sen. Al-Rawi: Ramesh, Ramesh.

Sen. A. Singh:—a well-known former AG, was well known to sue the State for every and any thing that happened to persons aggrieved. [*Desk thumping*] But it is by no strange coincidence that that same former Attorney General, after he was placed as Attorney General, it appeared as though that was a policy decision to settle all these claims because people now are perceived to be now compensated.

That same person would have sued left, right and centre in the past but after being placed with the mantle of law would have changed focus, changed policy. I do not know if it is a policy decision but this is to prove the point that now persons are scared, persons lean towards the C-section rather than natural birth and natural delivery, and elements in society are there to compare when litigation occurs, the compensation that is given. Because now it is perceived to be that once you make a claim, or once you sue the State, under this arrangement, you will be compensated and that has been the precedent set by those who went under this UNC Government. In fact, you can go and sue and they will try all in their power to not have that

situation brought in court but settled outside.

Madam President, I would like to also turn my attention to situations that would lead to some of the issues that lead to our mothers dying days after or moments after delivery. We have heard hon. Senators here mention the current state of our health care and hence the reason why we are here to try to review and make recommendations in moving forward. Research and in my own understanding in terms of where we are, I came across some of the issues and challenges that health facilities face and one such, Madam President, nosocomial hospital-acquired infections where this situation is caused by pathogens that are easily spread throughout the body and many hospital patients have compromised immunity systems.

So, in many situations, one person, you would go to a health facility, you would go with just a cold or a cough and you would leave that facility feeling worse than when you would have entered. So, strict measures and mitigation, policy decisions must be placed where, for example, hepa filters and all these sorts of things must be regularly cleaned and reduce nosocomial infections, because as we know, these infections can really occur up to 48 hours after hospital admission; up to three days after discharge; up to 30 days after an operation or in a

health care facility where a patient was admitted for reasons other than the infection.

Madam President, when you go to most of these public health care facilities, you would see patients lying on the ground, lying on the beds, lying on the benches outside; all over waiting to be warded. In fact, unfortunately, my own grandfather went into public health care via an ambulance just only a few days ago, and he is a patient, and he suffers from Alzheimer's, so it is very difficult for my family right now to have that relative be administered under normal circumstances in the health care. One such shortfall that we are seeing is that our system is not properly structured to really manage singular cases like these. In fact, he had to wait some 18 hours just to be administered or even be looked at and that is unacceptable. Because when you look at our health care budget after budget, you would assume that that situation would have been in a better place.

But, let me go on and quote some of the statistics that are available to identify where, in Trinidad and Tobago as compared to the world, we are right now. In fact, the Trinidad and Tobago statistics under the World Health Organization of 2012—2013 is there and you can see the top 10 causes of death. The first such is:

"Ischaemic heart disease was the leading cause of death, killing

1.9 thousand people in 2012"

In fact, this statistic paints a picture that it is worse than what it seems because when you go through all the statistics, in terms of per thousand, you see, as I said, ischaemic heart disease, 1.9 thousand, so you are looking at over 1,900 persons who would have died in 2012; when you look at diabetes, over 1,800 persons would have died; stroke, 1,000 persons; hypertension, 500 persons; prostate cancer, over 400 persons; respiratory infections, over 300 persons; kidney diseases, over 200 persons; colon and rectum cancers, over 200 persons. So this document is there as evidence to indicate that in Trinidad and Tobago, we have a serious problem where heart disease is concerned. It is the top and the leading cause of death in this country for the year I have mentioned, 2012.

When you look at this cause of death, ischaemic cardiomyopathy and we can call them cardiovascular diseases and so on, I would want to turn to, in terms of the diagnosis of this disease, I would like to know—in fact, because of the percentage of persons dying in this country, our health care must be such adjusted to suit that need and that requirement to effectively deal with these persons. So when you look at the diagnosis and how ischaemic cardiomyopathy is diagnosed, [*Crosstalk*] Madam President, your physician will

probably refer you to a heart specialist or a cardiologist, and he or she will take your medical history and perform a physical examination and test to confirm the diagnosis of IC.

Sen. Maharaj: "Skip dah word."

Sen. A. Singh: Yes, I should skip that word, it is a bit of confusion [*Laughter*] but say what. [*Desk thumping*] Madam President, I know you understand me clearly what I meant and that is just to show the proof.

In fact, blood tests to measure cholesterol and other factors; imaging tests such as X-ray or computed tomography scan or magnetic resonance imagery; electrocardiogram to record electrical activities in the heart; echocardiogram; stress test or even the treadmill test; coronary angiogram; radionuclide studies to access your heart's pumping function, myocardial to study your small tissue.

My point here is we know the statistics, we know the statistics of our country, and we know the leading cause of death as it relates to heart diseases. So, when one looks at the effects of even finding out if you have heart problems, our country, in fact, our health care facility must be in a position to adhere to almost all these that I would have identified in dealing with this problem that is the lead cause of deaths in our country. [*Desk thumping*] So after, as I said, millions of

dollars being placed, we must be in a better position to deal with this problem.

Madam President, I would like to also make reference or refer to something I personally, as a citizen, would have to endure as well as every single person who goes to private or public health care facilities, and it has to do with customer service.

2.30 p.m.

In my research I would have come across an article entitled: "Why Customer Service Matters in the Health Care Industry." I would like to pay a little emphasis on some of the items identified in this article.

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

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

Question put and agreed to.

Sen. A. Singh: Thank you, Madam President. Thank you hon. colleague, Sen. Devant Maharaj and all other colleagues for moving that extension.

As I was indicating, one of the issues that every single person wanting to go to a public or a private health care facility comes into

contact with is the way you are treated, as it relates to customer service. This article by James Merlino, Medical Doctor, CEO at Cleveland Clinic and President and Founder of the Association of Patient Experience, would have put some of his ideas and research into this document dated August06, 2013. I would like to read from this document so as to educate all those who would like to know where we should be, in terms of health care, because customer service—Madam President, the article goes on:

> "The importance of customer service is a given in"—any—"business, where companies such as Zappos and Southwest Airline…have built their success and reputations on the concept of delivering an outstanding customer experience. Yet, traditionally, this philosophy unfortunately has not translated to healthcare, and more specially, hospitals or health systems. This is especially unfortunate because hospital 'customers' are very different than those in any other industry for one important reason—they do not want to be there. The experience is scary, confusing, and they often feel as though no one understands them. Yet often these same patients are made to feel that because healthcare is a necessity rather than a luxury; they are not entitled to a superior patient experience. And this is

probably the biggest mistake our industry makes.

In fact, the focus on customer/patient should be the most important thing in healthcare—and it can be a real differentiator for hospitals. But for many hospitals, patient experience is about making and keeping patients happy, which misses the point completely because patient experience is also about a hospital's philosophy about the delivery of care. Yet too many doctors spend hours improving their medical knowledge, without thinking about improving their approach to patient care."

Madam President, it goes on to indicate:

"Customers in any other industry get to vote with their wallets. If they do not like the service in a restaurant, they do not go back. If they have a bad experience ordering online from a company, they will just use another company....The hospital industry has not had that same type of pressure before...

But all of this, what is in it for the patient? What does great customer service in a hospital actually look like? The answer really is not that different from any other industry. It all boils down to two concepts: attention and communication…that probably seems incredibly simple but the truth is that too many patients are going through sometimes

life-changing medical procedures in hospitals without these two basic needs—and rights—being met.

> "Being in a hospital can be scary at times. It is an unfamiliar environment where there are sometimes more questions than answers. Patients are woken up every few hours to have their vitals taken or given medication—all with a stranger in the bed next to theirs (unless they have the capacity to afford a private room). In short, it is experience— from the doctors to nurses, to food to medication. And it is one that needs to be communicated,…before the patient even steps through the door. …whether there are 50 or 500 patients in a hospital, it is a patient's right to feel as though he or she is the only one there. This means attention from the doctor and nurses at all feasible times, time to understand what each medical treats, and any possible side effects and most important, what to do after discharge.
>
> Customer service in the health care industry is an idea whose time has come—and deserves serious attention."

Madam President, in reviewing our own Regional Health Authority system and our own health care structure, we need to take these into consideration, because unfortunately patients are already so

delusional with the hospital system that they believe they should not expect the same superior customer service that so many other companies proudly proclaim, but nothing could really be further from the truth.

> "Customer service is something our patients should demand. It is up to us to deliver so we not only deliver the best possible care, but so that in return we have something that every business covets: satisfied and repeat customers."

This turns me to the point, Madam President, in Trinidad and Tobago we have something called health surcharge and that is a fee that is charged by the State, in terms of all employed persons, both self-employed and employed in other agencies.

Madam President, in fact, when you compare private to public, because it is perceived that our health care facility is free, but from the health surcharge we can identify it is not free because when you look at the rates of payment for persons employed, it is stipulated where the monthly or weekly income is more than $469 for monthly and weekly $109 respectively, you pay $8.25 per week. When the monthly or weekly income is less than that $469 and $109 respectively, the rate is $4.80 per week.

Madam President, when you look at our structure, when you

look at our health care system you would also find persons who are paying this health surcharge are simply not even using that health facility. You would find these persons going to private insurance facilities. When you compare the level of treatment, when you compare the facilities provided, it is a far differentiation, with respect to standards. I would simply suggest that when we compare or when we try to review our health care facility, we look at these standards and try to have one standard being set for private as well as public in the health care system.

It also brings me to a point, which I would like to find out just for my own clarification, where persons who are not paying health surcharge go in to private health facilities. There is an exemption here, persons under the age of 16 years, persons 60 years and over or persons whose only source of income is pension, these persons are exempted from paying health surcharge. Whereas, every employed person is liable to pay contributions under the National Insurance Act and any individuals other than the employed persons who are liable to furnish a return of income. Those are the persons who pay. When you go to some of these public health facilities and you see so many foreigners being administered, I would like to know what mechanisms or what do we really have in place to really monitor that system where

persons who pay health surcharge benefit and persons who do not pay, what is there to encompass those.

Madam President, in moving forward, with respect to—how many minutes do I have left?

Madam President: Seven minutes.

Sen. A. Singh: Thank you kindly.

In closing, Madam President, a report was made available as far as back as 2009. The report was done by the Pan American Health Organization and it would have researched and gave information from 2006 to 2009. I would not read all of them. I would just like to stress on some of the recommendations made by this report. As I said, this information is available and this, in my opinion, could really help us shape our health care facilities and systems in moving forward to that level of developed status and effective and efficient health care-providing entities.

Madam President, the article—I would read briefly from it, the health sector development challenges that were identified by the Pan American Health Organization. It goes on to say:

> "The health sector development challenges identified are diverse, but the priority challenges are categorized by critical areas that include: planning and policy development - the

regulatory framework; health information systems...surveillance, data analysis…"—and so on.

I would stick a pin here.

When you go to a health facility—just over the weekend I was speaking to someone who would have gotten injured from a rusty nail. Most of you all know when you get damaged from a nail you would have to go to the health facilities and get a tetanus injection. When that person went to the health centre, the administrators would have asked him: when was the last time he got a tetanus injection? It was he never got one.

So, with respect to data and how we manage and monitor our health facilities we should be in a position to have data readily available at any health facility, when you go, in terms of getting your immunization, in terms of when you are getting your vaccines and so on. So when you go, there should be an electronic database containing all your information of vaccines you would have received, vaccines yet outstanding and so on, so that when you go you do not have to get two tetanus injections one time to reach up to the standard, in terms of your well-being.

In moving forward to the 21st Century, Madam President, as a citizen paying your health surcharge, as a citizen benefiting from

health care, I would say publicly and privately that I am one of those persons who cherish the opportunity to go to a public health facility and be treated with respect, be treated accordingly. But most persons are not too fortunate to go and not having to wait this long period of time just to be even looked at, just to be identified, just to be warded or even placed on a bed. As I said, these are the critical areas that any common man on the street would like to have as an opportunity knowing that they could be well taken care of, that they could be met and greeted with a good customer service and a good customer relation in any health care facility and be provided with excellent health care.

The policy directions would have listed so many issues that we can shape our current health care and follow. As I said, I will not go into details because it is there and it is available since 2009, but this Government simply did not take any of this information and really put it to use. In fact, we have waited now and it is a shame that we had to wait for a Private Motion to really deal with our health care facilities after this Government has spent close to $300 billion in just five years and we really have not benefited from a sound health care facility which we could be proud of.

Madam President, I stand as a Member of this Opposition and

as a Member of this Senate in support of the intention of having a full review of our medical fraternity and of our medical and health care facilities in moving and shaping this economy and this society to a place where all citizens, whether you are poor, whether you are rich, whether you are from "small people party" or "big people party" or whatever, you will be treated equally in the eyes of the law, equally in terms of health care and we should have a health facility of which we can all be proud. Madam President, I thank you with those few words. [*Desk thumping*]

2.45 p.m.

Sen. David Small: [*Desk thumping*] Thank you very much, Madam President. It is my pleasure to join in the debate on this topic. Madam President, with your leave, please allow me to commend you on the resplendent attire you display in the House today. [*Desk thumping*] It certainly adds a different flavour to the usual sartorial elegance on display in the House. I should say that there is some comparison. I did not get the memo about the colours today, so forgive me.

Health is something that goes to the—it is one of the most fundamental and basic issues that require attention by any Government. I think that this debate is timely, and I certainly want to extend my heartiest congratulations to Sen. Dr. Wheeler, my

colleague, for bringing this Motion here for us to be able to talk about an issue that cuts across the entire strata of every level of the society in the country. Everyone in this country and around the world, has at some point in time had to deal with the health services in their country. So this is something that goes very, very basic, to our way of living.

There was clearly a set of problems that ultimately caused the Government of the day to decide to evolve from a centralized to a decentralized system. I think that the powers that be at the time were probably hoping that this system, the RHA system, would magically make all of the inefficiencies and the problems of the previous system go away. I think that was largely always fancy. I think that the effect in real terms is of closing one's eyes and hoping that when one opens them, all would be clear and everything would be wonderful. The experience to date clearly demonstrates the folly of that approach. I suppose that at least persons in charge would have been hoping that some of the administrative issues with a centralized system would go away simply by creating a decentralized administrative system. In reality, what has happened was the creation of, what I called, mini monster administrative arrangements. I want to be clear.

We had a health system where there was—everything was

under the Ministry of Health, and people complained everyday about the way it was performing. There were issues and there were problems, but all that has happened was that in creating the RHA system, those problems have simply been devolved to the RHAs. The problems were not—and it may have been unreasonable to say, fix the problems and then create the RHAs.

What has happened was that before the RHAs were formed, some sort of plan of action had to be put in place to say, listen, we recognize the problems with the general health service, and as part of the mandate of the RHAs, as part of their mandate in going out and rolling out, and doing their work, they should be charged with looking at taking a strategic view, and trying to understand and make recommendations for how we fix the endemic underlying problems in the health service system.

So while it might be extreme of me, Madam President, to say that the RHAs are broken, is a broken system, it might be a more correct comment to say that at the very least, it suffered a compound fracture, and that it needs medical attention. It needs some help.

Madam President, it is not all gloom and doom. I think that despite its many faults and occasional disasters, and the daily reports of its shortcomings, our health care service is still at core, an

important part of the State's social security net. However, there is a culture of denial and indifference in this country that allows problems to reach a crisis point, before we are forced to deal with them.

Madam President, all around the world, including in most OECD countries, decentralization of health care is a norm, but with a very divergent range of experiences. The RHA system may have been well intentioned, but has not yet come even close to being able to claim that they provide reliable, timely and quality health care services on a consistent basis. To be clear, I honestly believe that the vast majority of the current group of persons doing the jobs in the health service are hard-working and dedicated. However, we cannot ignore the fact that lack of an obvious strategic direction, lack of publicly noted and reliable service care standards, and lack of accountability, when things go wrong are some of the hallmarks of the current system.

Madam President, I ask, what is the current national health strategy? What are the targets? What is the stage of progress in achieving those targets? What remedial measures are being applied to deal with any slippage? In asking these questions, I assume that a holistic plan exists, that it is being followed, adapted as needed, and that there is some overarching set of deliverables, through which a

measurement of progress can be assessed. If not, then asking questions about the state of the health care system and having a debate is really an exercise in intellectual, and I say this very carefully, as there may be kids looking on, bleep!

The existence or extent of research and forecast on health issue occurrence, based on an application of current and past incidents rates, is not obviously known. This is a key element of health sector planning to guide in the RHAs in their preparations and strategies for managing future health care demands. Madam President, public expectations of delivery of health care is a key element of any strategy for managing health care in the country, but I ask, what is the nexus between this and the strategic plans for health care, because where we are, we try to understand that health care is a service that is supposed to deliver to persons? If persons are continually complaining that it is not delivering what they expect on a consistent basis, then there, obviously, is an issue. If it is fantasy, well then someone needs to say it is fantasy and show the data that you are wrong. If you cannot show the data, then there is a problem.

Madam President, throwing money at a problem does not in any way solve it. In fact, it may exacerbate existing issues. There is a clear lack of efficient use of the available resources. Testing services

are clearly inadequate. I know of someone very close to me who was told they had to wait nine months for an ultrasound, after complaining of kidney pains. I myself, a few weeks ago needed an MRI and my GP advised that I should seek a private option as the waiting time at the public institution was several months. These are the realities of the system, this is not about laying blame at any particular doorstep. We need to step back from this and understand that this is a service to be provided to the citizens, and whomsoever is the Government of the day is in charge, has the power and the authority to say, listen, these are issues that require our attention, and see how we can fix it. It will not be a fix that you can do in a year or even two years, but what I expect is that there is going to be a holistic plan to say this is how we go about fixing it.

Madam President, when was the last time, if ever, that the authority responsible for health in the country conducted the necessary research to identify the quantity of testing services required, given the statistics of current and past use as well as the voluminous waiting list in order to come up with a five or 10-year-plan that cuts waiting times from years and months to weeks and days? We seem to be in permanent firefighting mode with regard to these services.

Madam President, I am a stickler for strategic thinking. I am a

stickler for trying to say that we have a problem, but we need to roll up. We need to understand the problem but we need to roll up and say, okay, we have a problem, and let us strategically understand what the problem is and map how we are going to get there and come back and say, okay, we know we have a problem, we have a series of solutions, but this is not going to happen overnight. I think the population would understand if a Government says, we have a 10-year plan to improve health care service delivery and to show exactly how—what are the targets and how they are going to be measured going along. I have a favourite statement I always use: what gets measured gets done. If you cannot measure it, then we are just talking. It just does not mean anything.

I know, especially in this case, it is unfair to compare health service delivery in other countries with those in Trinidad and Tobago but it may be useful to see what we can potentially achieve here. In my experience with being a student in the UK and needing medical care, including hospitalization, was one of the most pleasant health issue experiences I have had in my life. The system worked. Doctors and nurses were courteous. There is a system of regular checks aimed at prevention rather than merely being responsive. Waiting times even for surgery, which I had, was only a matter of a couple of weeks.

The most amazing thing about that system for me was that it would be a rare week in the UK when someone did not complain publicly about the NHS system, and from where I sat, it was just about the most perfect thing in the world.

It is a function of what your experiences have been. But I understand what is important is about the setting of standards of service delivery and holding agencies hands to the fire to meet or exceed their targets. It has to be done. We are not going to move this really forward unless you set targets, set standards of service delivery, and then when they fail, hold their hands to the fire, put pressure on people. Otherwise, you will have a system that is meandering along.

Madam President, a more direct example was a few years ago after completing my studies in the UK. I was actually in London on business and in looking at the front page of one of the dailies, the headline story was that the Royal Mail principals were being hauled before the Parliament for failure to meet service standards. The reason for the front page story? Apparently, the Royal Mail is required to deliver 98 per cent of first-class mail by 10.00 a.m. the following day, and in the period under review, they had delivered only 94 per cent. But I digress, Madam President, and I beg your forgiveness.

It speaks to a culture that we really need to work in Trinidad

and Tobago on, and build, about service delivery, setting standards and then holding people to those standards, holding systems. Government is spending billions, upon billions, upon billions, untold billions of dollars on all sorts of activities. Health care is one of the most fundamental and basic rights of a citizen in every country. When we spend this amount of money, and we do not understand clearly what it is being spent on—if you have a series of RHAs, they should be able to say, "we expect X amount of surgeries". We expect based on historical data, this is not a rocket science event. If I had enough time I would do it for free, but they cannot pay me.

These are exercises that—there are enough qualified people in the system—can be done to help and inform a national health plan. I honestly, perhaps I am probably looking at it too simplistically but I believe that if enough effort is applied, the way we are continuing going is not sustainable. What we are doing is not sustainable. What we have to do is roll back and say, if going forward, this is how we are going to do this and change the way in which we focus our resources on health.

Madam President, the point of my recent digression was that the setting of service delivery standards and holding of agencies accountable for meeting their standards is a fundamental tenet of good

governance; is a fundamental tenet. Until and unless we get this basic management principle drilled down into the depths of the system, the entire system will continue meandering along its current unclear direction, with deleterious consequences for all citizens who need their services.

Madam President, I do not ever set out to be controversial. I try to every day—I wake up every morning, Madam President, and I give thanks to the Father for allowing me another day, because I am a simple, am a humble guy. I believe that we are all here to do a job for the people of Trinidad and Tobago. I really believe that in the way in which we are charged with doing things, we need to be able to apply rigour. I believe in rigour.

So, Madam President, does anyone wonder why anyone who can own or build a building, stick a hospital sign on the front, get a group of doctors together to provide even a modicum of good service, will have a booming business? This is largely due to the abject failure of the health service, whether RHA or centralized as previous, to provide consistent, high quality and timely care for citizens.

Similarly, everywhere you turn, you see private providers of X-ray, ultra sound and a whole range of medical testing services. The failure of the State system to provide for this adequately has made

many business-minded persons very successful. And to be clear, I have no problem whatsoever with private hospitals or labs and clinics. There is an opportunity in the market and they are pursuing that business opportunity.

However, as mentioned by my colleague, Sen. Roach, on the last occasion, there is a clear resource comingling issue between the facilities run by the RHAs and those run by private interests. One of the most obvious has to do with the rostering of personnel who have dual places of employ, sometimes with overlapping time commitments.

Is it fair to ask whether or not in this situation in Trinidad and Tobago, whether or not commerce is thumping the delivery of consistent and quality health service? Madam President, that is a serious question, and I—perhaps even my GP may stop talking to me after this, [*Laughter*] but it is what it is. This is a hard question that we need to face. We have to put it on the table, that we have a system where—I recall somebody bandying a number earlier, or at some other time —several thousand numbers of medical personnel are needed to really full out the establishment of the local health service, but putting bodies in there is not necessarily part of the solution, without service standards and without people being dedicated to the

job that they have. It needs to be that people are conflicted. They are conflicted, yeah.

3.00 p.m.

I think that, you know, nobody probably wants to touch it, and I would be the last to try to impinge on anyone's ability to earn revenue to take care of their families—that is their call—but what I do say is that if you are in the employ of the State and you are required to perform a service for a certain amount of hours, there should be no compromise on that in any circumstance. [*Desk thumping*] Madam President, as I say, I try not to be controversial. I do not do it deliberately.

CDAP: I want to say a couple things about CDAP. I think we need to find a way to make CDAP streamlined and more customer sensitive. There was a recent issue reported of an apparently uncaring and unresponsive pharmacist at a public institution, and it played out in a particular way that it just looked bad. Whether it was actually bad or not is irrelevant, it is the perception. We always have to be aware that perception is a lot of people's reality. Even if there was no culpability, just the messaging and people relations perspective, it showed a negative light on the system.

My own personal position is that while I am entitled to CDAP

medications, I take the prescription from my GP and I go to the drugstore and I insist on paying for it. And why? Because I believe that persons who can afford should demonstrate some public mindedness. I understand that trying to apply a means test is something that is going to be difficult or even impossible to do in the context of Trinidad and Tobago. But let me be clear, once again, this is my position, and I apply no pressure on anyone to copy my actions. What I will say is that as a nation, if we are to make great strides forward, more public-minded actions are required by many more persons, particularly those who are able to command their significant resources. That is another point I want to make, because CDAP is a service that provides medications.

I have medications that I need to take daily and it costs me several thousand dollars a month. I could get it free from CDAP, but for me that is my personal contribution to Trinidad and Tobago. In my position, I can afford the medication. I would not pull up in my vehicle and ask for it for free although I could get it for free. It is my personal decision, and I cannot place it on anyone. I believe if more citizens think more public mindedly about the resources of the State, and try to find ways in which we demonstrate very clearly our commitment to our country rather that our commitment to ourselves—

there is a lot of commitment to self all around the place, but commitment to country often only happens in times of crises.

I would love to see that in non-crisis times there is commitment to country where we can really come together and say: "This, I am doing for Trinidad and Tobago, I do not want anything back. I am not looking for anything back." [*Desk thumping*] I am a little emotional today, Madam President, forgive me. Health is a very important issue.

Madam President, I am taking a completely different tack. Given that parliamentarians are the lowest rung on the ladder, such as myself, receive no medical benefits whatsoever—this may surprise many people—not even a contributory plan. So you have an apparent anomaly whereby staff of the Parliament can access a medical plan, but many parliamentarians do not have such an option. In fact, I am happy to be corrected if I am wrong, but every public servant has the ability to join a contributory medical plan.

Hon. Senator: Compulsory.

Sen. D. Small: Well, someone said compulsory. I have no problem being corrected. Given the statements made in the public domain recently in commenting upon salary adjustments for parliamentarians being adjusted in line with those of the central public service, I would

very much like to suggest, very respectfully, that proper consideration and action be taken to level the playing field in that area.

I had a health issue a few weeks ago, Madam President, and I turned up at a private institution, and when the person recognized me: "Oh, you are a Senator, everything cool with you." I said: "No, I am a regular—after I leave this building, I am a regular private normal citizen. I have nothing, I am just me." So, I pulled out my Credit Card and I paid, and I have no problem with that. In my previous life, I was a member of a plan, I was a public servant. So, I am saying there is a disconnect unless, of course, this is not public service, perhaps. I am not saying that it is wrong or I am demanding it, but if you are trying to say we are creating a level playing field, let us not say it, let us do it and let us be serious about it. Forgive me for digressing again, Madam President.

Madam President, the RHA experiment needs urgent review. Systemic problems exist. Overhanging issues from the previous system were not treated with and have been allowed to fester. Management problems exist. Given the nature of the beast, I suggest that ego issues also exist, which is why you have probably some of the management issues going on in these agencies now. Resource allocation and accounting issues exist. These have all manifested

themselves with inconsistent quality and timeliness of the delivery of public health care and increasingly frequent, apparent—and I choose my words carefully—medical blunders or unfortunate events that often leave families in sorrow.

While I did not want to call any names, we live in Trinidad and Tobago. There are issues that happen in the newspaper and you read and your heart goes out. Young mothers losing their child or, as recently, a child surviving and the mother passing away, and these things are heartrending. I am not trying to lay blame at anyone, but I think there is a systemic issue, because these things seem to be happening more and more frequently, and rather than trying to brush it aside or sweep it aside, someone should say: "Whoa, we think there is a problem and these things need addressing, let us try to drill down and see how we can fix these things." There is no silver bullet to fix these issues, but some acknowledgment that there is a problem. Even if you do not ever get there, it would not get fixed, it would just get worse respectfully.

So, Madam President, how do we fix this obviously broken system? One thing we should not do is set up a commission of enquiry. The history of problem solving from these efforts is on the record for all to judge and I would say no more on that. The real first

stage in fixing any problem is open admission that there is, in fact, a problem to be fixed. Until that happens, well you know the rest.

If we actually get to the stage of acknowledging that there is a problem, then a systemic analysis must be performed to get at the root causes as well as the attendant causative and contributory factors. Regarding this, I believe this to be a relatively straightforward exercise, given the litany of woes publicly expressed to date.

In the same way, Madam President, that one would identify items along the critical path of an activity in project management and focus attention on keeping these under control, the analyst would be able to determine what critical factors are necessary for a consistent high-quality health care system in the context of Trinidad and Tobago, in the context of the resources available to the State. The next stage would be a matching exercise of available state resources to the proposed recommendations and the relevant application of a ranking as per the critical items that have been identified.

The key element of the entire process would be support from the Government to implement the actions as well as the engagement of affected stakeholders—the RHAs, the Ministry of Health, finance, medical professionals, NGOs and citizen representatives—so that there would be some level of reasonable consensus on the plans to be

actioned.

Madam President, as I begin to wind down a bit, I have gotten wound up, but I am going to wind down. According to the United Nations, health is essential for sustainable development. The United Nations Resolution on Universal Health Coverage was unanimously adopted in the General Assembly that emphasizes health as an essential element of international development.

The resolution adopted on December 12, 2012 urges governments to move towards providing all people with access to affordable quality health care services. It recognizes the role of health in achieving international development goals and calls for countries, civil society and international organizations to include universal health coverage in the international developmental agenda. As a signatory to this resolution, the State is clearly the champion for achieving this and like the rest of the population, I wait to see how this turns out.

The entire philosophy of health care in the country needs to be revisited. The purely reactionary nature of the system to chronic ailments, in particular, is one of its core weaknesses. In this regard, it is not too late to get a preventative element rolled out if only for the youngest members of our society.

Madam President, in terms of how we deal with the RHAs, I mean, we have to be very clear about what we are doing. Perhaps, I could say that there are three options for the health care system: option one, for the RHAs, my preferred option, become more efficient; option two, provide them with more resources so that they could hopefully improve their services; option three, ration what services the State health care service decides to provide. That is totally unpalatable to persons in the country. So, for me, option one is it. They need to become more efficient, and it is not just saying that. It requires a process and there needs to be some rigour applied.

I think also what is important is that the RHAs, in order to be more efficient, they need more effective employment of technology to improve service delivery. They need to really work hard at pursuing cost and resource efficiencies within the current system, because the increasing demands on the health and social care system from an aging population will place more and more pressure upon them and if they are not efficient now: what is going to happen going forward?

We live in a society where everyone tends to be today-focused and live for today, and worry about tomorrow, tomorrow, but within the Government, the Government should not have that luxury. Certainly, we in this Parliament do not have that luxury. We cannot

live for today. We should be planning and developing strategies to inform legislation that takes the country along a structured developmental path.

I think that the advances in health care—I mean, years ago, when I was a much younger guy and I had probably an afro, those who could remember me then. I had a nice big afro. Not immediately obvious [*Laughter*]—but, you know, meeting people and they telling you that they have a heart valve or they have a replacement heart, or they have a replacement hip or a replacement knee, that was extremely rare. It was extremely rare. Now, I run into people—probably I am hanging out with my mom's church people ever so often—everyone has a new knee, a new hip and they are spritely. I mean, there has been advancement in health care that has made life more tolerable and allowed people to enjoy a better quality of life going forward, but the thing is the ability of the system to support that going forward is dependent on the State resources.

Have we thought of co-payments for services? It may sound like heresy. Of course, any such change or any such plan needs to be carefully considered, because the last thing we want is to have citizens of this country avoiding going to public hospitals for health care because they cannot afford it, but it is something to think about. At

this stage, where we are, I do not necessarily think we should take things off the table because they just immediately appear unpalatable. Let us do the work, do the research and try to understand what happens in other places and what is workable.

Madam President, I have one or two more points I want to make. I think I have plenty time. If one looks at the context of continuing public deficits and increasing levels of public sector debt, a difficult challenge is facing whichever Government is being saddled with the responsibility of managing health care. In order to address this properly, we really need meaningful attempts at bipartisan cooperation about this issue which could only redound to the benefit of the citizens of our nation. We hear and we hear and then we hear, but we really need people in the halls of power—I am on the fringes here. The hall of power is more on that side—but those on the fringes here, we would exhort that those in power and those who have another role to play understand that health care is a basic fundamental right.

3.15 p.m.

The Government of the day, many years ago, decided it will try its best to provide health care and many services as possible for the citizens, and people have become to depend on that. You go to the hospitals, on any given day and at any given time, and it is just a

nightmare. It is really difficult. It is really, really hard. I have had my own instances with sick children and having to go to Mount Hope, and having to wait hours, but that is what it is. And then I have had different experiences, Madam Prime Minister—forgive me, Madam President. My humblest apologies. I hope I am not prophetic.

Madam President, I have had the unfortunate experience of being ill overseas. I got ill on a 12-hour service from London to Johannesburg a few years ago, and upon arrival in Johannesburg, within 24 hours, I had to have emergency surgery. It was not fun. It was not a fun exercise for me, but here is what, I went into a facility recommended by the airline. I went there, I had emergency, I had an MRI, the whole range of tests, and I had a private room. I remember this little nurse who was with me right through the stay. She was a little Afrikaans lady just trying to understand where I am from—"Trinidad, where is that?"—and I am having an excellent health care experience in Johannesburg, and an excellent health care experience.

It was not free, but for the cost of what I paid—I am not saying everything is perfect, but everything is not also bad in every country you go to. I had a perfect, completely excellent health care service experience. These experiences have probably helped me in my thinking about what is possible, what I would like to see in my own

country where we have massive resources. We have oil and gas revenues that generate billions upon billions upon billions of dollars for the Government, and I think that health service is something we should place some focus on.

I have had more than one personal unfortunate travel experience and having to seek medical care, and I could say in Argentina I have had—I mean, I have had more than one issue, and I have had to use health services and I have found that, perhaps, I went there on a good day. Perhaps I went there on a good day, but I have had excellent health experiences, and I want that for Trinidad and Tobago. I have had health experiences in Trinidad. I have had surgery at Mount Hope here in Trinidad. I survived, I am here now—good. Yeah. So sometimes the thing works, it is not all bad. And do not get me wrong here, it is not all bad, but there are things that need to be fixed. There are things that need to be fixed.

Madam President, in closing—I am doing good for time—in closing, I want to reiterate my standard position, what gets measured gets done. If we cannot measure, or do not measure health care delivery because of a lack of standards and systems, is the RHA system to blame? Perhaps, just perhaps there is a larger problem that is simply being manifested in the way in which the RHAs are

performing or underperforming. If someone says, at some other time, that there is a coherent plan and that there are targets and there are measuring systems, then please be prepared for an interrogation by me to detail all of those plans, along with the supporting metrics and the places where I can access the raw data to substantiate same, otherwise it is just another exercise in intellectual bleep. We need to be serious about health care, and I am very clear about that, Madam President.

There is no reason for Trinidad and Tobago, at the stage of development where we are, with the resources we possess, we should not have an A-class, number one health care system that citizens can rely on and feel confident about, and, essentially, put the private health institutions out of business. Because the private health institutions are filling a gap, but they, themselves, have issues and challenges, because when they have real issues they refer you back to the national health system because sometimes they just do not have the resources.

So that these are things that really require a holistic view. We need a holistic view. A group of people needs to roll this up and say, "Okay, what is the health care strategy for Trinidad and Tobago? What is the health care strategy?", and then say, "Listen, this is the plan, we want to roll it out over X amount of years, and at the end of

year one this is what citizens are going to experience, at the end of year two"—whatever. But without some theoretical strategic underpinning and overarching strategy, and a plan of action, that was developed from the ground come up, we will struggle. And the RHAs, while—I suppose many of the people in the RHAs would tell you they are doing their best. Part of their issue is that with a lack of direction and a lack of a proper plan, they are doing—I think they call it muddling around, you are just muddling around, trying to do what they can with the resources that they have.

So, I really think that this requires some focused attention from the Government of the day, and I think that in bringing some closure to this issue, at least in terms of my contribution, I believe that health care in Trinidad and Tobago is something, as a citizen, I expect. I expect good health care. I expect that my family and all my friends, and all of my colleagues here should be able to go into a public institution to receive proper timely health care that does not require us to be stressed about having—"If we cannot get it today, do we have to wait months to get this service?" That is unsustainable. I am extremely unhappy about that, and I believe that where we are, as a nation, we can do better than that. I pledge my support and cooperation in trying to do what I can do to add value to that system

and to bring us there. Madam President, with these few words, I thank you for the opportunity to speak on this Motion. [*Desk thumping*]

Madam President: Hon. Minister. [*Desk thumping*]

The Minister of Tobago Development (Hon. Dr. Delmon Baker): Thank you, Madam President, for allowing me the opportunity to join the debate on this very significant and important Motion. I must tell you that I am very pleased. This is my second time in the Senate to have seen the conduct of this House. It is a little different from the House to which I am accustomed, the order and the quietness and the nature of the debates is a little different to what we are accustomed to as MPs in the Lower House.

Let me congratulate Sen. David Small and Sen. Avinash Singh. David's contribution, I think, was a bit mature. The Senator's contribution was a bit mature and spoke to some of the issues that ordinary folks face when they interface with the health care services throughout the country. I must point out, Madam President, that as the Minister of Tobago Development let me indicate, at the outset, that the Ministry itself is responsible for appointing the Board of the Tobago Regional Health Authority, and, therefore, as Minister, it is within my remit to contribute in this debate in the Senate. I say that

upfront, because on the last occasion I commented on another Motion in this Senate there were some queries on the other side. So before that happens, let me interject the reason for which I am here today.

With that in mind, we must also indicate that although the Ministry of Tobago Development is responsible for appointing the Board, under the Fifth Schedule of the Tobago House of Assembly Act, the Tobago House of Assembly is given the responsibility for health care policy on the island of Tobago. So that in principle and in law, the Ministry, though having the responsibility, has left the day-to-day management and operation of health care services on the island to the Tobago House of Assembly.

Madam President, the Motion that this Senate is considering today is important, and I am going to refer to the specifics of the last two paragraphs:

> "*And whereas* in spite of significant increases in annual expenditure in the health sector, there still remains numerous problems with the delivery of health care;
>
> *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."

A very wide Motion that spoke to, on the first ground, the nature of the formation of the RHAs in Trinidad and Tobago, of course, from 1994, and the experience that we would have had since that formation to the present time in 2015. So, we have had close to 21 years in operating this new system. I must indicate, Madam President, that the system, in and of itself, though it reflects health care policy than issues and systems in vogue at the time, is not necessarily always the cause of some of the challenges that are faced when the functionaries do not operate effectively within that system.

So, in giving that perspective, I must also indicate that, as a medical doctor, adverse events, even in the best of systems, will occur, and, unfortunately—or perhaps fortunately, depending on the nature of the circumstance or the position where you sit—death will occur. The discussion here is not to prevent death in all circumstances, but to show how we can, by pointing out some of the challenges and speaking to some of the improvements that the Government has made over time, seek to introduce a system that improves the quality of life of all of our citizens of Trinidad and Tobago. [*Desk thumping*]

In treating with this Motion, one must also understand that when—and I pause a bit to commend Dr. Wheeler, specifically, who

was my Hospital Medical Director, and, of course, the Head of the *Obstetrics and Gynaecology* Department while I was training there at the Tobago Regional Health Authority. So, I owe him my current practice, and, of course, my qualification in medicine. [*Desk thumping*] As I am in this debate I must say, Sen. Singh, you are a brave fella. He took on the pronunciation of some complex medical terms in the House today. He struggled a bit. Perhaps in 15 years—he is a good fella—he would be ready for the Lower House—15 years from now. [*Laughter*] But he was brave, very brave, and I must congratulate him on that matter.

Now, there was some discussion in the medical fraternity as to what a Government should spend in its budget using its GDP figures on reforming the health care system in general, and from the 1960s it was sought that the WHO gave a recommendation that most folks would have taken on in their discourses to indicate that spending should be somewhere between 5 per cent of a country's GDP. Now, in truth and in fact, the WHO never affixed a firm recommendation as to what a country or a nation should spend on its GDP, but sought to introduce a figure for some discussion. If one looks at Trinidad and Tobago's general contribution to GDP, considering this year's allocation, you would note that over the last four or five years we have

been spending above 7 or 8 per cent, in general, of our national budget on health care. [*Desk thumping*] That is significant. That tells this nation the nature of the priority that the Government places on the health care system and the health and the lives of its citizens in Trinidad and Tobago. But one must match the allocation or the spending with the service as provided to the ordinary citizen on the ground.

You see, the RHA system separated, in part, two mechanisms. It created a purchaser of health through the Ministry of Health and it created a service delivery platform through several distinct regional bodies called the RHAs, for which the Tobago Regional Health Authority is one, Madam President. Though we are speaking in general at this level, not necessarily as to how we improve diabetes care or heart care, we at this level will operate at the point where we seek to improve the management operation of the RHA or of the health care system, in general. So, it is there that I will focus my contribution in the Senate today.

Madam President, the important areas of responsibility in health care service delivery on allocation, and all of those matters attendant to those two issues, include the following areas. As a Government—and I speak to Government, speaking to this Parliament's very

important role in managing how we give our oversight to the allocation process called the budget in any given fiscal year. We must determine, collectively, how we allocate sufficient funding to ensure that the system that we have in place is operating efficiently.

3.30 p.m.

So determining the allocated efficiency level is one that brings itself to constant consideration in this House. In fact, it is almost a natural thing within the individual unit in a hospital, that once weekly, after the cases that the doctors would have seen over the period of a week, there is some nestling together of those colleagues, and they by peer review determine how they would have handled each of those cases individually. The same can be seen at the hospital level, when the Chief Medical Officer sits with her or his team, they determine over the course of those discussions how the hospital has been managing with the funds allocated to it, and through utilization of the indices, the numbers that they would have been reviewing, they determine how the hospital itself would have been functioning.

At the RHA level, constant board review is occurring, and the same would happen at the level of the Ministry of Health through their professionals engaged there, and at the level, of course, of Government when we see through the interface that we have—as

Members of Parliament we see constituents who come in with their complaints, and then at the level of Cabinet we discuss how the performance of each of the delivery platforms in the Government operate. So there is constant review throughout the system.

What I think this Motion is calling for today is that understanding the challenges, perhaps we must consider a systematic review of the entire system as a whole, which in my respectful view is a reasonable position by the Independent Bench to take at this point in time, Madam President.

Two: Through the decentralization process, or the devolution process, what has happened since 1994 is that there was an attempt to facilitate greater management at the levels of these distinct regional bodies. So that instead of waiting for some small group in the Ministry of Health to determine the priorities throughout the country, we had devolved the responsibility of managing individual health care systems, by providing non-executive boards with budgetary means to treat with the priorities in those areas. So the RHA system is essentially a system that allows each distinct region to manage its individual priorities quickly.

Madam President—soon to be changed to Mr. Vice-President—three is choosing the most cost effective service or treatments to serve

the patients' needs, and four would be ensuring the technicality of the efficient production of services. All of these vagaries often compete with each other, and allow for some discourse as to which of the individual issues take priority from time to time, from region to region. Therefore, we must be able to create a strong management arrangement to allow for efficiency in the RHA systems.

I must say, without a shadow of a doubt, that this Government in its operation has significantly increased the allocation to health care, is increasing the number of health care delivery facilities in the country. In fact, in Tobago, after waiting for a number of years, one of the first things that this Government did was to find close to $700million to finish the Scarborough Hospital now located in Signal Hill. So we thank the Government of the hon. Kamla Persad-Bissessar to finish this project that was started by the PNM so long ago, and not yet delivered to the people of Tobago until we came into office. [*Desk thumping*]

In concurring with Dr. Wheeler and his assertion that the system in the outset that preferred decentralization in the provision of health care services needs review, I must point out a few things. To an extent, every system itself needs to be accountable to the people that that system serves. Additionally, the decentralized system should

take into account the differences in the health care needs provided in each of the distinct regions.

So as an example, we do not see the same number of MVAs, shootings in the Tobago Regional Health Authority for their district, as one would see in the Port of Spain area. So the relative numbers of those incidents occurring in either of the two regions would be different, and thus the platform required to treat with those numbers would be different in either of the systems.[*Interruption*]

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

A comment is made in passing; when we indicated some time ago that the relative numbers—and those relative numbers took on board the incidence of an event occurring in Tobago in relation to the population size, which is different from the actual numbers occurring at the same time, and that is the point that we had made at that time, and perhaps Sen. Robinson-Regis will get the point at some point in time, I suppose.

Sen. Robinson-Regis: Is that your apology?

Hon. Dr. D. Baker: Mr. Vice-President, the initial step towards improving accountability is to clarify and specify the goals and the objectives of the purchaser. So in many jurisdictions, published in newspaper is the clear objectives of the central government or the

central body as to what it is expecting from each of the RHAs in the execution of their function. So that as a Parliament, Senate and Lower House, allocates funding to the RHA system, there also comes a list of services that would be anticipated to be provided to the population. With that list being published, in the public space there becomes a reasonable and rational expectation of those services that meet what the State would have promised as it is going to provide in this fiscal year or that fiscal year or the other. So that once expectation meets what is being purchased, then there is very little unease in the system.

Mr. Vice-President, one now has to ask themselves, when one looks at the RHA systems whether or not—and I could speak specifically to the RHA system for which I am responsible, and I am a citizen: diabetic, hypertensive. I have had about three surgeries myself, so I do not only speak here as a Minister, I speak also as a client of the RHA systems throughout Trinidad and Tobago. I feel very much, and I have been part of almost all of the itinerations of this system, when it was fully under the Ministry of Health and when it was separated under the RHA. Of course, we have had the experience of treating with some private facilities in Trinidad and Tobago, and would have seen many of the facilities in many countries outside of the Republic of Trinidad and Tobago.

In New Zealand and in the United Kingdom, the central Government would have published these annual guidelines setting out their purchasers' objectives in general. The UK Government issues in June of each year a policy document informing the health authorities of their purchasing intentions for the following year. In the longer term, performance would be assessed under three headings—this is in the UK system: equity, efficiency and responsiveness.

Under that same national health service, the following areas would be used to rate individual hospital systems occurring within that geographical region, and these are: wait time from referral to treatment; the length of stay an individual patient or client spends in the hospital; the risk of re-admission; the experience of a surgical procedure by the client; the patient themselves would give, based on specific guidelines, a rating of how the hospital care, the experience was and, of course, the survival rates of elective procedures detailed on the charter for that individual hospital.

All of these individual indices are then collated to determine how a hospital within the UK or New Zealand system would be ranked in general. Perhaps that is the kind of thinking that was presented in this Motion, to be able to cause across the RHA systems some real assessments as to how individual hospitals and health care

facilities are performing, and as to how we can improve the performance of those facilities. That is, again, I would say a fair assertion by the mover of the Motion.

So, let me speak to my health care system. Given this decentralization and given the platform of spending identified earlier, one must first understand that Tobago—and, in fact, I must go specifically to the Tobago House of Assembly and the Tobago Regional Health Authority—spends in relation to the island's allocation a little higher than what Trinidad and Tobago spends in general. We spend close to about 15 to 20 per cent—and when I say "we" I mean in Tobago—of the island's allocation, of the Tobago House of Assembly's allocation on the RHA system.

Sen. G. Singh: Was this supported by the Auditor General?

Hon. Dr. D. Baker: In fact, in 2014—these are the findings within the Ministry of Finance and the Economy really—about $600million—if one was to take the spending on the Department of Health and Social Services alone—around $600million is spent annually on the health care and social services platform in Tobago, which works out in general to about 15 to 20 per cent of the island's allocation. So Tobagonians should ask themselves whether under the present circumstances in the RHA system in Tobago, we are getting

value for the amount of money that is being spent on the ground.

Mr. Vice-President, evidence points that the management issues in Tobago have been exacerbated by the number of decision making centres on the ground. You have the Ministry of Health still responsible for general health care policies throughout the entire country, and the Ministry still has on the ground in Tobago the operation of the small primary health care operations and, in fact, still gives health approvals for the construction of new facilities on the ground in Tobago, and still is responsible for setting the roster—if Dr. Wheeler will help—for the on-call primary care physicians who will look after patients who are diseased in the community, not just in the hospital, on the island.

You also have a Department of Health and Social Services, as mentioned before, that has the right of setting health care policy specific to the island of Tobago, and specifically in giving direction to the Tobago Regional Health Authority. Of course, you have the Executive Council of the THA that in many instances—and there are many people who would disagree with me, but the facts are there—would be interfering in the operation of the RHA, specific to the service delivery responsibility or function as it is expected to do on the ground in Tobago.

Mr. Vice-President, the problems that existed before decentralization of the health care system in Tobago continue to exist, and in many cases once one objectively looks at our present situation, the conclusion can easily be made that the RHA system in Tobago may not be working in the best interest of those of its clients on the ground on the island. Why do I say this?

There have been a number of public discourses on a series of issues that brings into question how are we actually spending this $600million allocated to the Department of Health and Social Services in Tobago. One of the most serious of them, and I must start there, would be staffing issues.

3.45 p.m.

Mr. Vice-President, it has been brought to the public space that the Chairman of the Tobago Regional Health Authority recently resigned over what would have been considered extremely scandalous in Trinidad and Tobago, an unusual allowance of $1,000 being paid to individual board members.

Now, I am—as Minister of Tobago Development—the Minister responsible for bringing that board to the Cabinet in the first place. We made a decision, a policy decision as the TOP that for Fifth Schedule items we will try our very best never to interfere in those

matters and allow the population on the ground in Tobago to be the reflectors of those issues. So that for the RHA even though we see many challenges, as Minister, unless I am duly informed by the line secretary or the Chief Secretary, we allow the THA to have full management control of the day-to-day operations of the RHA in Tobago. So, I allowed the secretary to come with her list of board members, we prepared the Cabinet Note in full discussion with the secretary. I presented that board to the Cabinet and advised the Cabinet that this is the wish of the Tobago House of Assembly and because of the Fifth Schedule we should respect that list and of course, the Government of the hon. Kamla Persad-Bissessar agreed with her Minister of Tobago Development on that matter and we approved, in full, the entire list of all of the members of the board of the RHA.

Lo and behold, the resignation occurred earlier this year and not a single notice of such a resignation found its way to the line Ministry; a clear breach of the protocols that we observed and established in our meetings with the Assembly some months ago, Mr. Vice-President.

The resignation according to—and this is Mr. Trevor Craig speaking:

> "According to Mr. Trevor Craig, the 'dishonest' actions of the Secretary of Health and Social Services, Mrs. Claudia Groome-

Duke, prompted his resignation."

This was said at a press conference reported in the media on November 17 in 2014. We are in 2015 and up to this day not a single notice of the resignation of the Chairman of the Tobago Regional Health Authority was brought to the attention of the line Ministry. I read for you the article that found its way—and last of it on March 24, 2015.

"The Chairman of the Tobago Regional Health Authority (TRHA) Board has resigned.

According to Mr. Trevor Craig, the 'dishonest' actions of the Secretary of Health and Social Services, Mrs. Claudia Groome-Duke, prompted his resignation.

Speaking at a Media Briefing held at his Mt. Grace office on Monday morning, he explained that during a private Board Meeting on November 4th 2014, Health Secretary Groome-Duke said the Board was not under investigation regarding the $1,000 telephone allowance they allegedly paid themselves.

However two days later, at a Media Briefing held at the Calder Hall Administrative Complex, Mrs. Groome-Duke said the Board was"—in fact—"being investigated.

It was a response to a question posed by the media thereafter

> that took the former Chairman and members of the TRHA Board by surprise.
>
> Members of the Board"—she said—"sat there listening and when the question was asked of her, I can't remember by whom, whether this caught her by surprise, she said that she was most surprised. Now the Board was even more surprised than the Secretary to learn that the Secretary was surprised because the Board and the Secretary had"—according to Mr. Trevor Craig—"a very tight relationship."

Virtually everything that went on in the TRHA was known to the Secretary of Health.

So, she could not deny knowing that the board members, against the financial regulations set out by the Ministry of Finance and the Economy, were paying themselves a grossed-up allowance of over $1,000. That matter was referred by the DPP—was referred by the DPP to the police for further investigation. In fact, that matter is before the Integrity Commission and is now being investigated by that body.

There are other staffing issues, other staffing issues in almost—in another surprising decision—a week, Dr. Melville who was the head of primary care in the RHA, his contract, without any report of

wrongdoing in his HR file, was terminated. I am reading from *Newsday* article dated March 19, 2015 by Kinnesha George:

> "Answers are yet to emerge with regard to the firing of the general manager of Primary Health care within the Tobago Regional Health Authority, Dr. Mentor Melville.
>
> Melville's contract was terminated last Friday, when he received a dismissal letter dated March 12, signed by the Acting CEO Godwyn Richardson, which came into effect on March 13.
>
> Today, in an attempt to get some answers Newsday attempted to contact the sender of the correspondence Godwyn Richardson as well as the Secretary,…"—Assemblywoman—"Claudia Groome-Duke. However, all calls"—to Secretary Duke and the CEO—"went unanswered."

So that there is a lack accountability, a lack of transparency in the operation of the Tobago Regional Health Authority.

So if we as a purchaser of health put out in the public space that these are the service deliveries available and we institute a management system and allow a matured management system to operate effectively and efficiently, and outside of the remit of political activity, then we would expect that that service delivery mechanism

will have inherent in it some improvement in its delivery platforms, Mr. Vice-President. But that is not occurring on the ground in the TRHA system.

I want to point out one important thing—the RHAs are not cheap. We spend quite a bit of money for high-level professionals with management degrees in the system to be able to execute their management functions, and in the Tobago Regional Health Authority, Mr. Vice-President, there is a manager of human resources. But added to that in a most unusual approach you have hired next to the manager of human resources in Tobago, a consultant with almost the identical function—a consultant in human resource. But what is the most offending thing is not that you hired a consultant to tell you how to restructure your RHA. You were paying this consultant—this is—I am reading again from—I am trying to get the excerpt. Saturday, November 22, 2014—2013. The title of the article is, "London: TRHA board needs to take responsibility", and it is in—I am trying to get it in two seconds for you. It is saying this:

> "The TRHA Board has also been heavily criticized for authorising extra allowances for its members and for hiring Human Resources Consultant, Carol David at a cost of around $4,700 a day…"

Hon. Senator: What? Repeat that? How much?

Hon. Dr. D. Baker: "$4,700 a day, (approx $94,000 monthly)."

[*Desk thumping*] That is significantly higher than any of the skilled medical professional staff of the Tobago Regional Health Authority.

So with all that money being pumped into the management team, there has been a persistent and consistent refusal of the system, Mr. Vice-President, to respond to the questions raised by the individual users of the system. There is no accountability in the Tobago Regional Health Authority. I want to point out that there is even more—there is even more.

"Probe begins into mom and baby's death". This is an article written by Kinnesha George of Friday, March 13, very recent, 2015 in the *Newsday*.

> "No word yet on the status of the investigation into the deaths of Leciana Sheppard and her baby, Ajani…Sheppard, who was 35-years-old died during childbirth, along with her son on October 31, 2014."

Mr. Vice-President, the article continues:

> "Meanwhile, Secretary of Health and Social Services…"—the same name comes up again—"initially stated that an

investigation was launched and would take two weeks."

The event occurred on October 31, 2014. We are now in April of 2015, 28th, and to date we have not received in the public space any report of the investigation into that matter. Further to that, the line Ministry has not even received a copy of the report into that investigation, another breach in the protocols. The Tobago House of Assembly cannot even follow their own protocols that they have established. To date, when the Secretary was:

> "Questioned on the issue, the THA Chief Secretary Orville London"—said this—"whilst indicating that he is not the line Secretary added that he is aware"—of—"the investigation"—and—"should either be completed or close to—sorry—it would be either completed or close to completion."

And he said this, and I will say—he gives good talk. He is an eloquent speaker, and I am recording some of his eloquent statements in the public space.

> "'What I know for sure is that the investigation is expected to done in two phases; the preliminary and the final stage.
>
> The preliminary report should be available and I expect that the final report should be completed very soon and I expect that when the final report is completed, that the contents be made

> available to the parents and the public as a matter of urgency,' he said.
>
> Responding to whether the line Secretary has gone into hiding,…"—the Chief Secretary Orville—"London said, 'whatever the outcome, it should be brought into the public domain, good news, bad news or indifferent news would get out in any case. So if you have it; bring it, it doesn't make sense to sit on it,'…"

En passant—it sounds almost identical to the claims he made when we had the email scandal in the Parliament, where he said if there was any error in his political leader's comments, when those errors were adjudged by the relevant investigating bodies, he must then cause his leader to be brought into account for those errors to be made. It is claimed [*Desk thumping*] that this eloquent Tobago speaker is not consistent, honest or truthful in his pronouncements when he makes them.

I will tell you this, Mr. Vice-President, this is another article appearing in the *Newsday* by Mersha Ramsey. This is in relation to the Sheppard family hiring a lawyer, Martin George, and that same lawyer going to the TRHA knowing that the investigation is complete and asking them for a copy of the report. The very said report that

Mr. London says, once it is ready, it will go to the family and be made available in the public space.

> "George,"—the article begins—"who is acting for Sheppard's husband, Brinsley, is bringing a civil case against the TRHA Chairman on behalf of his client. He showed Tobago News an excerpt of the TRHA's defence to the case, which is stamped March 27, 2015 by the Civil Court…"
>
> "It states, 'As regards the particulars of pain and suffering"—and—"(ii)…the Defendant (TRHA) states that the Claimant (Brinsley Sheppard) is not entitled to any report prepared in relation to the deaths as…such report is not directly relevant to any matter in question…"

So that even the family of the deceased is being denied access to a very damning report on the management of the health care services in Tobago.

4.00 p.m.

There is no accountability and transparency in the PNM-managed health care system in Tobago. [*Desk thumping*] And that is a warning that if we allow, for one second, that administration to be in control of Trinidad and Tobago, that the same inconsistency in their statements, and the same lack of accountability in their approaches in

Tobago will find its way into Trinidad and Tobago as well. Let this nation be warned. [*Desk thumping*]

Mr. Vice-President, the ambulance service, and I say this understanding the road networks in Tobago, that it takes, from Parlatuvier, the village of my grandfather, it takes you about 45 minutes to get to—I am being safe, Minister—Crown Point. So, about 35 minutes to get to the Scarborough Hospital at Signal Hill. And for almost six months Tobago operated with only two ambulances, and this is in relation to an island that has received close to $2 billion almost every year, and compounded to that I must say this, every time an issue is raised with service delivery in Tobago, the first statement they make is that they do not have enough money.

We brought the Chief Administrator into this Parliament under the new system that we have in the Lower House, to ask him to account, and the Auditor General, to ask them to account for moneys being allocated to the Tobago House of Assembly, and it was clear by the documentation that in the last five years close to $100 million of the Tobago House of Assembly's allocation is being kept and passed into its Contingency Fund. In fact, the Auditor General's report indicated that in the first quarter of fiscal 2006, $10 million against the financial rules that were invoked at the time, was taken out and

banked into an account. So the THA has no right to raise the question of insufficient funding, if every single year it banks $100 million. [*Desk thumping*] They could have taken that money and bought more than 10, or 15, or 20 ambulances. But, focusing on winning an election in the Tobago space they are now spending the money in Tobago, paving every street everywhere to give a colleague a chance to beat me, Baker.

Sen. Hadeed: "Nah", how they could beat you.

Sen. Robinson-Regis: You get beat already.

Hon. Dr. D. Baker: But, they could run high—what is the statement?

Hon. Senator: Jump high.

Hon. Dr. D. Baker: They could jump high, they could jump low, they are not winning Tobago West and they will certainly not win Tobago East. [*Desk thumping*] So, keep your seat warm, colleague, Senator. Keep your seat warm in the Senate. [*Interruption*]

Mr. Vice-President, I am pleased when a reasonable debate comes and absolutely good suggestions are placed on ground in the public space for us to take on board in Trinidad and Tobago as a whole. But if your party is responsible for Tobago, you cannot even whisper to your colleagues to take on your very suggestions in the Tobago space of transparency, of accountability. If they cannot do it

when their own party is in power in Tobago, you think they can do it when their party comes into power in Trinidad and Tobago? Let this nation be warned the PNM is no alternative for the People's Partnership in Trinidad and Tobago. [*Desk thumping*]

I did not plan to spend too much time in the Senate today—

Sen. Robinson-Regis: You spend too much time already.

Hon. Dr. D. Baker:—but I am so pleased with the wonderful reception I am getting from Sen. Robinson-Regis and her team and the rest of the Members of the Senate, that in treating with this issue, Mr. Vice-President, one must be absolutely concerned that we look at it from the point of view of improving service delivery over time, and when one considers health care outcomes, one must widen the scope of the debate not just on health care, but seek to treat with a number of attendance issues that improve outcomes. [*Desk thumping*]

And in that regard, one must seek to see what this Government is doing in sectors like education, where the numbers of persons attending university and gaining their certification with CVQs and so on, has increased over the time for which this Government has been in office. One must look at employment issues where we have kept unemployment, Minister Dr. Tewarie, to record low figures, less than 5 per cent which is considered to be the bar for full employment. In

fact, the numbers would say that somewhere between 3.5 to 5 per cent is the unemployment figures in Trinidad and Tobago at this present time. [*Desk thumping*] All of these affect health care outcomes in the country. In addition to that, Mr. Vice-President, our management of chronic diseases and acute challenges, the delivery platforms—

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

Motion made: That the hon. Minister's speaking time be extended by 15 minutes. [*Sen. S. Cudjoe*]

Question put and agreed to.

Hon. Dr. D. Baker: I thank you, Mr. Vice-President, and, of course I thank my Bethel Village colleague, Sen. Shamfa Cudjoe. [*Desk thumping*] I know she knows the better speaker so I will continue for the 15 minutes that she has asked that I have. [*Interruption*]

I was indicating that one must consider all of the Government's improvements in the country over time that would, of course, have an impact or an effect on the health care delivery system, and in that regard we mentioned employment or jobs, we mentioned the improvement in the education sector and, of course, the last and the important thing, the Government's impact on security matters that have brought down serious crimes in the country significantly over the

five-year period. All of these things [*Desk thumping*] when netted together would increase the quality of life and individual experiences in Trinidad and Tobago and, of course, incrementally move up his life expectancy.

So, it is in that regard we collectively sit in these deliberations, considering this system here today, and as to how we can contribute in this debate to improve that system. One must also note that for any system to operate effectively, we must give them the space to operate and we must allow the functionaries, the room for them to articulate their ideas, and to bring their ideas to bear on the functions that they are asked to express for the people. And, therefore, we must move sometimes, Government interventions, out of the system to allow for the professionals to have some degree or measure of autonomy in their operations. You see, some administrations talk autonomy, but in their actual operations they defy the very essence of the word autonomy. [*Desk thumping*]

So, while you speak to autonomy of the Tobago House of Assembly, you have given no autonomy to the Tobago Regional Health Authority to operate on the ground for the people of Tobago. And while you speak in the public space about accountability, you have removed yourself from being accountable to the very people for

whom you are asking for accountability. So I warn my good friends in the THA, and I warn the people of Tobago, as they now have virtually all of the seats in the Assembly, 12, and there is no opposition speaking for the people in Tobago, that if we have a system where the politicians continue to have that much control over the system, we are never to expect improvement. A word to the wise, Mr. Vice-President, is sufficient.

I thank you. [*Desk thumping*]

Sen. Shamfa Cudjoe: Thank you, Mr. Vice-President. Allow me to say first and foremost congratulations, and I want to commend the hon. Sen. Dr. Victor Wheeler for bringing this Motion before us. [*Desk thumping*] I think that it is a very timely and very relevant issue with which we must treat if Trinidad and Tobago is supposed to get to the place it needs to be as it relates to advancing health care system in this country.

Mr. Vice-President, before I jump into my contribution, I want to treat with some of the comments raised by my dear friend from Bethel

Village, where stones are made into diamonds and where stars are born [*Interruption*] and my former mathematics teacher, my colleague.

Hon. Senator: Maths he taught?

Sen. S. Cudjoe: Yes, mathematics, CXC.

Hon. Senator: You passed?

Sen. S. Cudjoe: Yes, I passed. Not because of him though. [*Laughter*]

Mr. Vice-President, let me clear that up. I was taught by Cecil Dalrymple and when I wanted to do Add Maths I took some classes from the hon. Delmon Baker that made it—[*Interruption*]—I had already passed. [*Laughter*] But anyway, I am thankful, we are colleagues. So, let me tread on. Mr. Vice-President, the hon. Minister stood here today and—well, when I saw him walk into the Parliament today I felt very, very pleased, because I said here is a trained medical doctor who has experience working in the Tobago Regional Health Authority, he was practising before he entered politics, and he has gotten the chance to see the picture from both sides, from being a member or a doctor within the TRHA, and now a Member of Cabinet who claims that he holds responsibility for the TRHA, and that is an issue that I am going to treat with later on, because that is one of the major issues relating to the management of the health care system in Tobago. There are too many chiefs and not enough Indians. You have the TRHA reporting to—[*Crosstalk*]

Mr. Vice-President: Hon. Senators, please! [*Crosstalk*] Hon.

Senators, please! [*Interruption*] Senator! Senators, can we please allow the Senator to make her contribution in peace. Please, continue.

Sen. S. Cudjoe: Thank you, Mr. Vice-President. I would not be egged on or intimidated by the Members across the floor, they are looking for company. They are looking for company, Mr. Vice-President, where they use the Parliament to do all kinds of craziness and say all kinds of silly things. [*Desk thumping*] The hon. Minister Alleyne-Toppin had the spotlight for herself and she could stay there by herself, she would not get company.

So, I am not intimidated by that. As they say in Tobago—

Mr. Vice-President: Sen. Cudjoe, if you continue to engage the period that is afforded to you in bantering and calling names of persons that are not here, I am here to ensure that everyone here is protected when the opportunity comes to speak. But I am sitting here and I am hearing you bantering again and then I will have to ask for protection for you, so please make your contribution relative to the debate that is in the Senate. Thank you.

Sen. S. Cudjoe: Thank you, Mr. Vice-President, I am guided. I am still confused as to which part of the contribution was bantering by saying that the Minister was in the spotlight, because she was. I did not say why she was. But anyway, I am guided. You are in the Seat,

you have your way.

So, I want to respond to some of these allegations, because the Minister came here and made all kinds of statement and casting aspersions on the Tobago House of Assembly and so on, and asking for responses relating to matters that he knows well and good, based on the reports that he has read in the papers, are under investigation by the Tobago House of Assembly, and most of these issues are before the courts.

4.15 p.m.

So for me to come here and to respond to these or to speak to these issues, it would be sub judice. So as I said, they are looking for company and I would not give them that kind of satisfaction.

Now, the Minister also—it is interesting that this Minister would stand before us today and say, I am responsible for the Tobago Regional Health Authority. And we could recall that he has responsibility for the Tobago Regional—[*Crosstalk*] I would not be distracted. I have read the *Gazette*. I have a copy of the *Gazette* here with me and the *Gazette* states that he is responsible for the Tobago Regional Health Authority.

The point I was making, this is a top heavy arrangement, where you have some responsibility being placed with the Ministry of

Tobago Development, some responsibility to the Central Government under the Ministry of Health, and we know well and good that the Fifth Schedule in the Tobago House of Assembly Act clearly states that the Tobago House of Assembly is responsible for health care in Tobago.

What you find, Mr. Vice-President, is that whenever there are good stories or successful stories about the health care system in Tobago, Central Government and the Ministry of Tobago Development are ready to take the applause. And whenever there is something that puts the Assembly or puts the TRHA in a negative spotlight, there are investigations going on, then you hear the Ministry of Tobago Development, the Minister and the Central Government casting the blame on the Tobago House of Assembly or the Tobago Regional Health Authority.

So, first and foremost, we need to figure out who has the responsibility for the Tobago Regional Health Authority. The Government cannot be allowed to take praise when things are going good and then say, okay, we are not responsible, they are responsible when things are not going the way they are supposed to.

The Minister also spoke about not standing in the way of the Tobago House of Assembly and allowing them to do what is

necessary under the Fifth Schedule. We could all recall in 2011 and in 2012, the Minister was fighting tooth and nail with the Chief Secretary as it relates to who is going to appoint the Tobago Regional Health Authority Board and some other issues relating to health care delivery in Tobago.

I can also recall in 2012, somewhere thereabout, when we left the old building for the Scarborough General Hospital and moved to the building down at Signal Hill. It was this same Minister of Tobago Development who was promoting the cause that the old building belongs to Central Government and not to the Tobago House of Assembly. All these issues have been played out in the public domain.

So you have a very ironic strange situation where you have a Ministry that was set up to assist with coordinating the activities relating to Tobago's development under the Sixth and Seventh Schedules, but finds itself getting involved in all Fifth Schedule matters. This is the same Minister and Ministry of Tobago Development that is handing out grants to churches, grants to youth groups, calling youth groups asking them to accept—[*Interruption*]

Sen. Maharaj: Mr. Vice-President, 35(1), relevance, we are here to discuss RHAs and not awarding of grants to churches and so on at this

point in time.

Sen. Robinson-Regis: He opened the debate.

Sen. Maharaj: "He aint talk about no churches, grants and so on."

Mr. Vice-President: Please, continue.

Sen. S. Cudjoe: Thank you, Mr. Vice-President. I know you would have some appreciation for the Tobago House of Assembly Act that Sen. Maharaj may not be aware of. You see, they want to run Tobago and do not know anything about Tobago. The Minister would have raised the issues relating to the Fifth Schedule responsibilities, Sixth and Seventh Schedules responsibilities. He, probably, does not know what the Schedule is, so I will not waste time to address that.

Second, another point, Mr. Vice-President, let me end with what I want to say to—[*Desk thumping*]—no, no, I have 45 minutes.

Sen. Maharaj: I thought you end.

Sen. S. Cudjoe: I have an hour. I want to speak finally on Minister Baker's point because I would not waste my time addressing what the people of Tobago already know and have already made their decisions about.

He blamed or he said that the Tobago House of Assembly saves money and saved it up to be used for election to pave roads and so on. And we know very well that the Tobago House of Assembly Act, and

it has been the practice of the Tobago House of Assembly, since in the days of Robinson and since in the days before the People's National Movement, for moneys to go towards the development programme of the following year, because we know that development programme is already underfunded, and we do not benefit from the IDB loans and the bonds and so on that you benefit from in Trinidad.

So I would not waste my time there, but I want to tell the hon. Minister that the people of Tobago have been alert, we have been very aware of what is happening and we do not have to spend a cent to win. [*Desk thumping*] We do not have to spend a cent to win, you know. You are not winning Tobago West.

Hon. Dr. Baker: Talk, talk, talk.

Sen. S. Cudjoe: We do not have to spend a cent to win you. We do not have to jumbie you, you already jumbie yourself. Right now, a matter of fact, you are not fighting an election, you just fighting up. [*Laughter and desk thumping*]

So, Mr. Vice-President, and he makes these claims that we are going to win in Tobago. Win who? When he does not even know which party he is fighting an election under, if he is fighting at all. Because in one day he is a TOP and the other day he with Tobago Forwards with Ms. Christlyn Moore and them. So they need to figure

that out first.

So, you are confused. You are confused. You have a Ministry and you know, God bless, God rest Lionel Coker soul, because he was one of the persons who wrote in the *Tobago News* about this TOP, Tobago Forwards collaboration and using state resources to advance the work of the Tobago Forwards through the Ministry of Tobago Development.

Hon. Dr. Baker: Be careful with that.

Sen. S. Cudjoe: That is what he said in the papers. So you would tell the people of Tobago if it is true or not.

So, Mr. Vice-President, I would not waste my time. Today, we are here to speak about Regional Health Authorities and we need to review the systems. Some may also say that there is a need to overhaul the system, Mr. Vice-President, but I think we can all agree that the time is right and the time is ripe for us to conduct a careful study of this health care system so that it can be of better benefit to the people of Trinidad and Tobago.

We can boast about having universal access to health care in this country. We are the envy of some of our neighbours in the Caribbean region and in the developing world as it relates to this. But over the years we can all testify that there have been some major

challenges and difficulties and the entire health care system has been plagued with ineptitude which has sparked much fury in some quarters and in the general public. You do not have to dig deep or look too far to understand some of the issues that now affect the nation.

In Trinidad last week and this week, I think it was even today or yesterday, you had two women, there were two women under the age of 30 who died during childbirth as a result of some problem that happened during C-section. You do not have to look far or dig too deep, Mr. Vice-President. Last week Thursday I was in Trinidad and the workers of the Port of Spain General Hospital came out large in their numbers and they were protesting outside on Wrightson Road.

So there are several issues as it relates to the delivery of health care in Trinidad and Tobago. Doctors and nurses complain that they are overworked, they do not have the necessary resources and the facilities are dilapidated. And we as a people have begun to wonder whether or not the health system has the capacity or whether or not the Ministry of Health and the powers that be, have the capacity to resolve these issues in a timely fashion, because these matters seem so uncontrollable and they have been long standing.

We have adopted in this country a Regional Health Authority

system which we would have modelled from the European system. The European countries would have outgrown this system and would have changed over, would have adopted a new system in 1996 called the National Health Trust. And I think we as a people also, we as decision makers, we also have to look at our system because I believe that we have also outgrown our system.

Now, this inter-RHA system was developed in such a way so there would be developing centres. So each regional authority would be responsible or would specialize in a specific area. So, for instance, you have San Fernando General Hospital which would specialize in Neurology; Port of Spain General Hospital which specialize in orthopaedic; Eric Williams would have specialized in cardiology and paediatric. So it was never designed, so that each hospital would have everything.

And it is in this light I want us to look at this problem, because you would have different hospitals or different regional authorities complaining that we do not have this or we do not have that. I know, especially in the case of Tobago, people would say, we do not have this machine or we do not have this unit, but the system was not created for each hospital to have everything.

So we also have to consider whether Tobago fits into this kind

of model considering that, a ride to get to Port of Spain general or San Fernando general for whatever specialty that they provide it is not a car ride, you do not jump in a taxi and get there, you have to fly and we already know the different constraints involved in our inter-island transportation and so on.

So the RHA system was developed in such a way so that there is inter-facility cooperation. Some hospitals would have some kind of equipment and certain specialists would have reported to those hospitals or would belong to those hospitals, would be assigned there and some would not. So we share equipment, we share specialists also. So, because to have—let us say, MRI system in Tobago, we are not just thinking about an MRI machine, we are thinking about the specialist who operates the machine that comes with the supporting equipment and the staff to support this function.

So, Mr. Vice-President, in a normal case where specific machine would cater 250,000 people, we have only roughly 60,000 people in Tobago. Or in a specific area, let us say, Sangre Grande, San Fernando, Port of Spain, and at that time when the system was created it would not have made economic sense to put everything in each hospital. So it was done that way. So there are tremendous challenges as it relates to equipment cost and maintenance, specialists

and staffs and it is a very complicated system. The reporting is cumbersome, both in the Trinidad situation where some of the responsibilities are with Central Government and some of it are with the RHA.

Leader of Government Business, I would like to ask, are we going past 4.30 p.m. or—no. All right, I would not be able to complete my contribution today so—[*Interruption*]

Sen. Robinson-Regis: I look forward to it—[*Interruption*]

Sen. S. Cudjoe: I look forward to addressing many more of the matters that the hon. Minister would have raised and to shed some light on how we can review and improve our regional health care system.

But, Mr. Vice-President, before I end today, I want to place on the record that we spend much time harping on all the different problems in the system. For instance, the delivery of health care services in Tobago, and the Minister went on and on as to what could have happened and what should have happened and what does not happen, but he was not forthright in letting us know some of the things that the Tobago House of Assembly and the Tobago Regional Health Authority have been excelling in. For instance, we have the only retinal surgery capacity in the whole RHA in Trinidad and

Tobago. [*Desk thumping*]

We are the only RHA that provides corneal transplant surgery. [*Desk thumping*] Mr. Vice-President, we are one of the most effectively run RHA, where patients get to see their physicians every single day. We are the only RHA that offers speech and language therapy in the whole of Trinidad and Tobago. [*Desk thumping*] As it relates to imaging and cat scanning, there is a very quick turnover in Tobago, so you have—[*Interruption*]

Mr. Vice-President: Sen. Cudjoe, thank you, I am sorry. It is now 4.30 p.m. and therefore it is Private Members' Day, and you know we normally stop at 4.30 p.m. The Leader of Government Business.

Sen. G. Singh: Thank you.

Mr. Vice-President: You have—just a minute, you will have 25 minutes left of your ordinary speaking time whenever this debate is resumed, 25 minutes. Yes, please, Leader of Government Business.

ADJOURNMENT

The Minister of the Environment and Water Resources (Sen. the Hon. Ganga Singh): Thank you, Mr. Vice-President. Mr. Vice-President, I beg to move that this Senate do now adjourn to Tuesday, May 05, 2015 at 10.30 a.m., when we will start the debate on the Insurance Bill, 2015 and, if time permits, we will continue with

the Motor Vehicles Authority.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 4.31 p.m.