

HOUSE OF REPRESENTATIVES

Friday, June 25, 2021

The House met at 1.30 p.m.

PRAYERS

[MADAM SPEAKER *in the Chair*]

LEAVE OF ABSENCE**PAPERS LAID**

1. Audited Financial Statements of First Citizens Holding Limited for the financial year ended September 30, 2020. [*The Minister of Planning and Development (Hon. Camille Robinson-Regis)*]
To be referred to the Public Accounts (Enterprises) Committee.
2. Annual Report and Consolidated Financial Statement of Accounts of the Central Bank of Trinidad and Tobago for the year ended September 30, 2020. [*Hon. C. Robinson-Regis*]
To be referred to the Public Accounts Committee.
3. Annual Report of First Citizens Bank Limited for the financial year ended September 30, 2020. [*Hon. C. Robinson-Regis*]
4. Reports on the withdrawals from the Trinidad and Tobago Heritage and Stabilisation Fund under section 15A (3) of the Heritage and Stabilisation Fund Act, Chap. 70:09 for the period October 2020 to April 2021. [*Hon. C. Robinson-Regis*]
5. Corporation Tax (Small and Medium Enterprises Loan Guarantee Programme) (Extension of Exemption) Order, 2021. [*Hon. C. Robinson-Regis*]
6. Ministerial response from Ministry of Finance to the Twenty-Third Report of the Public Accounts (Enterprises) Committee on the Examination of the

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Audited Financial Statements of the InvesTT Limited for the years 2014 to 2017. [*Hon. C. Robinson-Regis*]

7. Report on the Operations of the National Insurance Board of Trinidad and Tobago and the Audited Financial Statements for the Financial Year ended June 30, 2019. [*Hon. C. Robinson-Regis*]
8. Report on the Operations of the National Insurance Board of Trinidad and Tobago and the Audited Financial Statements for the Financial Year ended June 30, 2020. (By the Minister of Finance who will move that the *Papers 7 and 8 to be referred to the Public Accounts Committee.*)

URGENT QUESTIONS

T&TEC Natural Gas from NGC (Government No longer to Subsidize)

Mr. Rudranath Indarsingh (*Couva South*): Thank you very much, Madam Speaker. To the Minister of Public Utilities: Could the Minister inform this House if the Government has made a decision that the natural gas which the Trinidad and Tobago Electricity Commission (T&TEC) purchases from the National Gas Company (NGC) will no longer be subsidized?

The Minister of Public Utilities (Hon. Marvin Gonzales): Thank you very much, Madam Speaker. The question from my friend from Couva South apparently emanates from the deep, dark recesses of UNC conspiracy theories, [*Desk thumping*] obviously meant to provoke the national psyche. The simple answer to this question is no. [*Desk thumping*]

Mr. Indarsingh: Madam Speaker, this is no conspiracy theory. This is the responsibility of the Opposition.

Madam Speaker: Question, question.

Mr. Indarsingh: Can the Minister confirm information that is currently in the public domain that electricity rates should be doubled or tripled in short order?

Hon. M. Gonzales: Madam Speaker, it is very shameful that the Member is coming here to repeat the conspiracy theories of one Sen. Anil Roberts that has absolutely no foundation in truth and, therefore, my response to him is no. [*Desk thumping*]

Mr. Indarsingh: Madam Speaker, this is the place to hold the Government accountable.

Madam Speaker: Question please.

Mr. Indarsingh: Minister, can you inform this House when the Regulated Industries Commission will complete its rate review in relation to the Trinidad and Tobago Electricity Commission?

Hon. M. Gonzales: Madam Speaker, for the information of my hon. friends on the other side, the Regulated Industries Commission is an independent organization established under law, and when they are finished with their work it will be submitted to the hon. Minister for further action. [*Desk thumping*]

**Discovery in Vicinity of Maximum Security Prison
(Urgent Probe into)**

Dr. Roodal Moonilal (*Oropouche East*): Thank you very much, Madam Speaker. To the Minister of National Security: In light of the recent discovery of explosives, communication devices and weapons in the vicinity of the Maximum Security Prison, could the Minister indicate the status of any urgent probe into this abominable discovery?

The Minister of National Security (Hon. Fitzgerald Hinds): Thank you very much, Madam Speaker. The Trinidad and Tobago Prison Service is conducting an internal investigation which includes reviewing any footage, and with the support of intelligence briefings, in and around the Golden Grove area, where the explosives and weapons and other items were found. However, this is a seriously criminal and troubling matter and the Trinidad and Tobago Police Service, they are

conducting investigations to ascertain the culpability of any person or persons who might be responsible, pursuing all leads in this regard, some of which I am unable to divulge, for obvious reasons.

Additionally, all security protocols in and around the nation's prisons have been heightened, as well as several new layers of security elements and applications have been put in place. I thank you, Madam Speaker.

Dr. Moonilal: Thank you very much, Madam Speaker. Minister, in light of the answer, Minister, do you consider it prudent to have effectively two ongoing enquiries and investigations by the prison authority and by the TTPS, as opposed to one integrated, collaborative, joint investigation and probe?

Hon. F. Hinds: Madam Speaker, all of these operations are driven by a common shared intelligence platform that drives them. And the prison service of necessity would conduct an internal investigation, because there might be an indication, the closeness, the proximity to the prison, that that is necessary. But at the same time, the Trinidad and Tobago Police Service is conducting a more wholesome and deeper and far-reaching investigation to determine who might be responsible for that criminality.

Madam Speaker: Member for Couva North.

Trinidad and Tobago Taxi Drivers Network (Industrial Action)

Mr. Ravi Ratiram (*Couva North*): Thank you, Madam Speaker. To the Minister of Works and Transport: In light of the recent announcement by the Trinidad and Tobago Taxi Drivers Network that it will be calling on its member to embark on industrial actions next Tuesday to register their displeasure over the 50 per cent capacity load imposed by the Government, could the Minister state whether it is reconsidering its decision to impose the said 50 per cent capacity load on these same taxi drivers?

The Minister of Works and Transport (Sen. The Hon. Rohan Sinanan): Thank you, Madam Speaker. The health protocols of Trinidad and Tobago are guided by the Ministry of Health and not the Ministry of Works and Transport, however, in light of the statement by the taxi drivers, the Ministry of Works and Transport will undertake discussions on the matter with the Minister of Health. Notwithstanding, it is expected that the decision on the 50 per cent capacity would be based on the best interest of the well-being of the citizens of Trinidad and Tobago at this time. I thank you.

Mr. Ratiram: Madam Speaker, can the hon. Minister indicate whether he has met with the Taxi Drivers Association, or he is conducting any investigation to determine how the policy position of this Government which has been imposed on the taxi drivers, has been affecting the taxi drivers thus far?

Sen. The Hon. R. Sinanan: Madam Speaker, the Ministry of Works and Transport has had several meetings with the different stakeholders under the Ministry of Works and Transport, which includes the Taxi Drivers Association, but as I said, the health protocols are guided by the Ministry of Health. Seeing that they have raised their concern on this specific action, the Minister of Works and Transport commits to speaking to the Minister of Health to have a discussion going forward, in the best interest of all the citizens of Trinidad and Tobago. Thank you.

Mr. Ratiram: Thank you, Madam Speaker. In light of the Taxi Drivers Association expressing their displeasure with Government's position of this 50 per cent, and how their income has been affected, is the Minister considering to reintroduce the taxi drivers Fuel Relief Grant to benefit these taxi drivers?

Sen. The Hon. R. Sinanan: Madam Speaker, the introduction of any grant has to do with consultations with the Ministry of Finance. The Ministry of Works and Transport is in consultation with the Ministry of Finance at this point in time.

However, history would have shown us if something is not working, you have to try something else. The last time this grant was offered, a mere 500-odd taxi drivers accessed the grant, so we are looking at other ways, with the Ministry of Finance, to see how we can bring some measure of relief to the taxi drivers going forward. Thank you.

STATEMENT BY MINISTER

National Insurance Board of Trinidad and Tobago (Report on Operations of)

Madam Speaker: The Minister of Finance.

The Minister of Finance (Hon. Colm Imbert): Thank you, Madam Speaker. I am authorized by the Cabinet to make this statement on the report on the operations of the National Insurance Board of Trinidad and Tobago (NIBTT) and the audited financial statements for the financial year ended June 30, 2020. This report was laid today, together with the 2019 report.

In the area of key operational statistics, the following was provided by the report:

- a) the number of contributors in the National Insurance System during 2020 was recorded at 404,197, declining by 4 per cent from 420,638 in 2019, while the number of beneficiaries increased by .9 per cent, to 204,613 from 202,800 last year.
- b) contribution income collected for the 2020 financial year amounted to approximately \$4.69 billion, decreasing by .44 per cent from the 4.71 billion earned in 2019.
- c) administrative cost for the 2020 period was recorded at 251.2 million, increasing by 14.3 per cent from 219.7 million in 2019, and also increased as a percentage of contribution income, from 4.7 per cent in 2019, to 5.4 per cent in 2020; and.

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- d) the net yield of the investment portfolio for the 2020 period was 4.4 per cent, compared to 8.1 per cent in 2019.

Madam Speaker, the report highlighted economic challenges in fiscal 2020, as the energy sector suffered from depressed output and low commodity prices internationally. This situation was exacerbated by economic challenges arising from the public health restrictions associated with the COVID-19 pandemic. Notwithstanding the challenges, the NIB was able to meet its overall contribution income target for fiscal year 2020, on the strength of arrears collected inter alia, while it observed a decline on the level of regular contribution income as a result of depressed economic conditions due to the COVID-19 pandemic.

Madam Speaker, the ageing population continues to be a concern of the NIB. This dynamic is represented by a decrease in the number of births resulting in a decline in the working population and a sharp increase in the number of NIS pensioners. This trend, based on NIS data as well as data from the Central Statistical Office, has classified the Trinidad and Tobago population as an ageing society, with 13.4 per cent of the population aged 60 and over. Furthermore, since 2010, the number of pensioners has increased by over 50 per cent, with the number of pensioners projected to increase again by as much as 40 per cent in the next 10 years. This huge increase will put a strain on the system as a shrinking contributory base is required to support a growing number of beneficiaries.

In this context, the widening gap between benefits paid out under the NIS and contributions made to the NIS, we must as a country seriously examine the merits of the recommendations made in the Tenth Actuarial Review of the National Insurance System laid in this Parliament in March 2019, and make decisions regarding their feasibility, efficacy and social and economic impact.

These recommendations include, increasing the retirement age to 65,

increasing NIS contributions, and including the self-employed and migrants in the NIS.

I wish to assure you, Madam Speaker, that this Government will not shirk from its responsibilities with respect to this very serious matter, and we will not be distracted by the tirades, threats and irresponsible statements made by agent provocateurs, whose only intent is to create confusion, fear and doubt about the sustainability of NIS pensions. I wish to make it clear that contrary to rumour, under this Government, NIS pensions will continue to be paid as and when required, in accordance with established procedures and in accordance with the law.

We in this Government consider it our sworn duty and responsibility to serve and protect the public interest and, in this regard, the Ministry of Finance will soon embark on a series of national public consultations, as well as consultation with all stakeholders, including trade unions and employers' representatives, before any decisions are made with respect to the appropriate way forward to preserve and protect the long-term viability of the National Insurance System.

In the area of payments, beneficiaries receive a total of approximately 5.4 billion, which represented an increase in expenditure of 4.1 per cent over the previous period. Also, the number of long-term beneficiaries increased by 2.7 per cent, to 177,410 persons in 2020, from 172,703 persons in 2019. Payments to this group totalled roughly 5.1 billion and accounted for 94.7 per cent of total benefit expenditure, an increase from the 94 per cent in total benefit expenditure in 2019. The payments to short-term beneficiaries totalled 204 million, or 4 per cent of total expenditure. This represents a decrease of about 11 per cent, from around 230 million in 2019.

In the area of employment injury, the number of beneficiaries decreased by 5 per cent, to 4,759 persons in 2020, from 4,985 persons in 2019. Payments to this group totalled 79.7 million and accounted for 1.5 per cent of total benefits.

During the 2020 financial year, 154 appeal notices were received by the Appeals Tribunal, of which 171 were issued responses by the NIBTT. This figure included some appeal matters from the last financial year.

In the area of reciprocal agreements, during the year 2020, 225 of 534 backlog applications made by persons in Canada/Caricom accessing Trinidad and Tobago benefits through the relevant social insurance partners were authorized and payments finalized. As at June 30, 2020, 211 applications were awaiting responses from Caricom and Canada, which have not been reactivated. Seventy-four responses were received and are to be reprocessed upon submission of life certificates. Additionally, 24 reciprocal claims are pending for various reasons such as compliance investigations to be conducted before claims could be processed. At the end of the reporting period, 309 applications from previous years remained pending.

In the area of revenue, during the 2020 year, contribution income of the NIS was recorded at approximately 4,686 million—4.686 billion, a total of 68 million over the budgeted estimate of 4.618 billion. Income from penalties and interest for the review period, amounted to close to 34.6 million, more than double the 15.3 million collected in the previous year.

In the area of investment, as at June 30, 2020, the market value of the investment portfolio of the National Insurance, the NIBTT, decreased by .44 per cent to around 27.7 billion, from 27.9 billion in 2019. This was mainly attributable to the approximately 120 million in unrealized losses, with equity and fixed income portfolios accounting for 10 million and 87 million respectively.

The worldwide pandemic significantly affected global markets in 2020, as equities in particular experienced the steepest decline since the global financial crisis. As such, the NIB's net investment yield experienced a decline from 8.1 per cent in 2019, to 4.4 per cent in 2020. The decrease in the NIB's portfolio was further impacted by withdrawals of 950 million from the investment cash account to support the shortfall between expenditure and contribution income.

The equity portfolio, which accounts for the largest asset class of the total fund currently stands at 14.6 billion, reflecting an increase of just 0.8 per cent, while the fixed income portfolio decreased by 6.1 per cent of 605.7 million to approximately 9.4 billion, and had a purchased yield to maturity of 5.2 per cent.

In technology, the NIB continued to expand its plans for the development of IT infrastructure, while preserving appropriate standards of performance. Continuing its efforts to develop an end-to-end solution, the NIB rebranded this initiative with the new name "Empower" in fiscal year 2020, with the key activities within the year focusing on the development issues and evaluation of an RFP for this IT solution.

As part of its continuing efforts to safeguard its assets, the NIB continued to use all legal measures to ensure the recovery of moneys owed. Through court agreements, promissory notes as well as litigation actions, the NIB recovered a total of 128.6 million in contribution arrears, penalties and interest from 22 non-compliant employers. In addition, two judgments were obtained against employers or directors for arrears of contribution penalties and interest payments in the amount of 1.9 million.

In the area of compliance, a media campaign which began in financial year 2019 was continued in 2020. This campaign has been featured in print, radio, social and digital media, targeting employers and employees, and providing critical

information to both segments. The main objective of this campaign is to better educate the public about their obligations to the NIB, as well as to provide information about the NIB's benefits and services.

Madam Speaker, in the area of mortality, after the signing of a memorandum of understanding in the previous financial year between the University of the West Indies and the NIB, work commenced in fiscal 2020 on a joint mortality study for salaried workers in Trinidad and Tobago. The aim of this collaboration was the development of a new mortality table, and is expected to assist with the improvement of the accuracy of insurance pricing models used in the local insurance industry. It is also designed to assist the NIB in its own understanding of pensioner mortality. This exercise was completed, and the results were jointly present by both the UWI and the NIB at the—

Madam Speaker: Minister of Finance.

Hon. C. Imbert: Yes, Madam Speaker?

Madam Speaker: Your time is now spent.

Hon. C. Imbert: Thank you very much, Madam Speaker. [*Desk thumping*]

Madam Speaker: Member for Barataria/San Juan.

Mr. Hosein: Madam Speaker, I stand on Standing Order 24(4). Is it because of the leave granted by High Court of justice yesterday to sue the Minister of Finance to lay these reports, he has found himself in Parliament today—

Madam Speaker: Member for Barataria/San Juan. Member for Barataria/San Juan, I am sure you are hearing me. That question is out of order. It does not comply with the Standing Order.

FINANCE BILL, 2021

Bill to make provision of a financial nature and other related matters [*The Minister of Finance*]; read the first time.

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**MINISTER OF HEALTH
(LACK OF CONFIDENCE IN)**

Madam Speaker: Member for Caroni East. [*Desk thumping*]

Dr. Rishad Seecheran (*Caroni East*): Thank you very much, Madam Speaker. I beg to move the following Motion standing in my name:

Whereas the Minister of Health has persistently demonstrated his inability to effectively undertake his duties in the health sector for the welfare of our citizens;

Be it resolved that this House express a lack of confidence in the Minister of Health and call for his immediate resignation.

Madam Speaker, I would like to begin today by first thanking all of our health care and frontline workers [*Desk thumping*] that have toiled consistently during the surge of the COVID-19 pandemic that happened in the aftermath of the Easter weekend.

The other side today will attempt to say that this Motion is vexatious, it is scurrilous and it is ill-founded, but today in this Parliament we will show that the incompetence of the Minister of Health has cost the lives of citizens of this country. [*Desk thumping*]

Madam Speaker, no one is denying the fact that COVID-19 is a highly transmissible as well as a deadly virus, but because of his ministerial incompetence and indecision, we are in the state that we are in today in Trinidad and Tobago.

Today, Madam Speaker, we will go through his functions as in the *Gazette* of Trinidad and Tobago, and my colleagues will expand on some of his errors in the Ministry of Health.

Today, Madam Speaker, I am calling for the resignation of the Minister of Health for his complete and incompetent handling [*Desk thumping*] of the COVID-19 pandemic, as well as all of his other functions in the Ministry of Health.

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Madam Speaker, this Minister of Health has failed to act swiftly to procure vaccines in sufficient quantities for the citizens of Trinidad and Tobago during this COVID-19 pandemic. He waited, he did not sign the purchase orders in 2020, and now we, citizens of Trinidad and Tobago, are left to rely on the goodwill of our neighbours in Caricom, as well as our international partners, for donations of COVID-19 vaccines.

Madam Speaker, in my contribution today I will make reference to a fallen son of Caroni East, Abdullah Hazim, who tragically died suddenly from COVID-19 a couple weeks ago, and may he rest in peace, as well as may everyone who passed from COVID-19 rest in peace.

His parents are very disappointed in the actions of the Minister of Health and the Ministry of Health in the delay it took to have family members tested for COVID-19 after Abdullah's death. Abdullah lived with the family and he died in his mother's arms. Five days after his death, his father made a plea to the Ministry of Health for his family members to get tested at the residence in which he died, and it was only five days after his death they were asked to go to the Montrose health facility in order to get tested for COVID-19.

Abdullah's father went on to say that they did not know of their COVID-19 status. They did not know if their son died of a heart attack or if he died of COVID-19, and they were unable to have family members to come into their residence and to mourn with them over the death of their son.

2.00 p.m.

Abdullah's father also said that had they contracted COVID-19 from their son, they would become another COVID-19 statistic and another death in Trinidad and Tobago.

Madam Speaker, I would like to move to the issue of testing with regard to

the Minister of Health. In March of 2020, the World Health Organization alerted the entire global community that emphasis must be on testing. And, in fact they said test, test, test. The more tests that are conducted it becomes easier to track the spread of the virus, as well as to reduce transmission.

Madam Speaker, I spoke about this in a previous occasion here but testing is important for two reasons. It warns the individual person of their status and it allows them to protect their family, as well as it provides surveillance in the community and it allows public health officials to track the transmission of the virus. Madam Speaker, this is even more crucial given that the Brazilian variant is embedded into our population, and it is very highly transmissible, as well as deadly.

Madam Speaker, the Minister of Health was very, very slow in ramping up the testing capacity in Trinidad and Tobago since March of 2020. In fact, one of the initial requirements for a PCR test for most of 2020 was the fact that persons needed to present with COVID-19 symptoms. This, given the fact that we knew early on in the pandemic's history that at least up to 50 per cent of persons that are COVID-19 positive are asymptomatic. So an asymptomatic person could not qualify for a COVID-19 test and could go about their duties in the population and in the community as normal transmitting this virus.

Madam Speaker, the Minister of Health was also very slow in issuing licences to private laboratories to conduct COVID-19 testing and this reduced our testing capability as a country. And, in fact, in the lead up to the 2020 elections we were among the least tested countries in Caricom and we have the figures to support that.

Madam Speaker, during the COVID-19 surge post the Easter weekend it took persons in excess of a week to get back their COVID-19 PCR test results from

state laboratories and this greatly hampered our effort in flattening the curve of COVID-19 cases. Many persons during this time did not know their status and it resulted in further spread of the COVID-19 virus.

Madam Speaker, the Minister of Health is on record of having purchased hundreds of thousands of rapid testing kits from WHO to ramp up this country's testing capability. I spoke about this before but I have to make mention of it again. How effectively has he used these testing kits to the benefit of Trinidad and Tobago? Just a couple of weeks ago in this very Parliament we passed a supplementation Bill of \$2 million to facilitate payment to PAHO to enable the acquisition of additional pharmaceutical supplies including the Abbott rapid testing kits. In fact, we paid roughly \$500,000 of 24,000 of these testing kits.

Madam Speaker, as I said before, these testing kits you are able to get results in 15 to 30 minutes and it enables the expansion of the testing capability of a country that does not have extensive laboratory facilities. These tests are very portable, they are reliable and they are easy to administer. You can administer them anywhere and thus it makes testing possible in a decentralized environment. They are faster and they are cheaper than the PCR tests and it increases the pace of testing. Madam Speaker, these tests, the Minister of Health has not allowed the private importation of these tests despite the fact that they do not require a prescription to acquire one, they are over the counter. These tests are so common in the United States that they are sold in a pharmacy, as well as in Europe and most other progressive countries around the world. All that is needed is simple lower nostril nasal swab, and you do not need the longer swab that you need for a deeper nasopharyngeal test.

Madam Speaker, this test can be used by anyone by themselves from age 15 and upwards, as well as it is certified for persons two years and older. It can be

used in persons with or without symptoms. It is very, very accurate. The US Food and Drug Administration actually issued emergency use authorization for these tests since the 15th of December, 2020, and we are in June 2021 and these tests have still not been made available for private individuals to purchase.

The Minister of Health spoke last when I engaged with him about the positive agreement and the negative agreement of these tests. The Abbott tests, Madam Speaker, has an 84.6 per cent positive agreement or sensitivity and a 98.5 per cent negative agreement or specificity. Madam Speaker, I would just like to put this in context. The US Government is currently setting up express testing sites in major cities in America. And what they are doing it is just a tent with volunteers and they have the rapid testing kits at this tent. And anyone, it is free to all, anyone regardless of their immigration status can go up and get a test, that is how easy it is. You do not have to pay for that test. And if you test positive, Madam Speaker, for example in New York City, all that is required is that you do a PCR test to confirm your result.

Madam Speaker, why is this so difficult to do here in Trinidad and Tobago? Could we not have set up these express testing sites around our so-called clustered areas in Trinidad and Tobago where COVID-19 is so prevalent so persons can go to these sites and get a rapid test? We do not have to reinvent the wheel, Madam Speaker, all we have to do is just look at the best practices around the world. Rapid antigen tests are not a mechanism to bypass the system of the PCR tests but simply to increase our capacity. Given the very long wait times that we currently experiencing in the public health sector because of the increased loads on our labs, this should be a welcome addition to combating the surge of COVID-19. Every effort, Madam Speaker, should be made to flatten the curve, as well as to restore health and safety to Trinidad and Tobago.

Madam Speaker, we are approaching a week in which we have SEA examinations. I am calling on the Minister of Health to make rapid testing kits available to principals of these schools so that should a child present for their SEA examination and they have some sort sniffles or some sort of symptoms, you can simply test this child, Madam Speaker, and in 15 to 30 minutes you can have an idea of if this child is COVID-19 positive or negative and allow them to write the examination. We saw what happened last year during the SEA 2020 where we had a great surge of cases in the two weeks after the examination. And this is because COVID-19 spreads among children very easily, they are less careful than adults and they take less precaution than adults. Madam Speaker, the Minister has the tools in hand to facilitate this measure, and I am asking, does he not want to use them? Or does he not know how to use them?

Madam Speaker, in the United States the US Department of Health and Human Services purchased 150 million of these test kits and distributed them to kindergartens, primary and secondary schools in the United States free of charge. No training is required by the person who conducts the test. They are a powerful tool to prevent the future spread of the virus. Minister Deyalsingh, Minister of Health, I am asking you to do the right thing for our children.

Madam Speaker, moving on, the Prime Minister of Trinidad and Tobago is on record as saying that this Government's policy in managing the COVID-19 response is to follow the science, and I agree with that. The Prime Minister is also on record as saying, he has allowed the Ministry of Health and the doctors in the Ministry of Health, of which the Minister of Health is the lead, to formulate policy for Trinidad and Tobago.

Madam Speaker, it was just a couple of weeks ago Trinidad and Tobago became the Caribbean country most affected by COVID-19. This was said by Dr.

Carissa Etienne, Director of the Pan American Health Organization. And what Dr. Etienne said is, in Trinidad and Tobago we have the highest increase in cases and deaths; this was two weeks ago. Dr. Etienne also reported that Trinidad and Tobago is one of the three countries in the region with the lowest percentage of people vaccinated against COVID-19. She went onto say, Trinidad and Tobago, Guatemala and Honduras have only 1 per cent of their population fully immunized, that means the full two doses and the 10 days after that where you become fully immunized.

Madam Speaker, to add insult to injury, Trinidad and Tobago has also been placed on the United Kingdom's COVID-19 red list. And what that means—this happened on June the 8th of this month and the United Kingdom's travel department stated that British citizens should try avoid travelling to Trinidad and Tobago.

Madam Speaker, at a time when our Caricom neighbours are opening their borders to each other, we here in Trinidad and Tobago have been unable to manage the coronavirus. And Barbados is speaking of a bubble, I would like to inform the Minister of Health, it is not a real bubble. Right? It is a metaphor. It is similar to what we use when we said a dome. It is not a real bubble.

Madam Speaker, living in this country has become so unbearable to some that thousands of Venezuelans who sought refuge in this country are now asking to return to Venezuela. The boats that brought thousands to our shores are now finding new business in transporting Venezuelans back to Venezuela. Out of 16,500 Venezuelan nationals who are registered legally to live and work here, at least 8,000 Venezuelans have indicated that they would like to leave Trinidad and Tobago because of the state our country is in right now.

So, Madam Speaker, why have we reached this point?—and I would like to

make it in reference to what is happening in England right now. England wanted to ease their lockdown restrictions on the 21st of June coming up here and they were advised by their Ministry of Health that a significant resurgence in people needing hospital treatment for COVID-19 would occur if easing the lockdown went on the 21st of June. Prime Minister Boris Johnson in the BBC said that going ahead with the restrictions easing:

“...would mean a real possibility of the virus outrunning the vaccines, leading to thousands more deaths which could otherwise have been avoided.”

Madam Speaker, he went on to say that he is delaying the easing of restrictions to allow the NHS the National Health Service in England:

“...a few more crucial weeks to get people vaccinated.”

And this was on advice from his Ministry of Health. The chief scientific adviser in the Ministry of Health Sir Patrick Vallance said that there would be an increase in numbers and an increase in hospitalizations because what happens when you ease restrictions is that you get more mixing. Right? That is what they said and what is reported in the BBC.

Madam Speaker, in the lead up to the Easter weekend our Minister of Health said nothing in what could be regarded as the greatest public health fiasco in our nation's history [*Desk thumping*] this Minister of Health in an act of ministerial negligence allowed the Government of Trinidad and Tobago to allow 50,000 persons to move between Trinidad and Tobago and either way as well. Madam Speaker, I put that solely on the Minister of Health. He is in charge of the Ministry of Health. He has total and complete authority in advising the Prime Minister of this country on matters of health. That is what Sir Patrick Vallance did in the United Kingdom just last week.

Madam Speaker, I concede that there was a slight increase in cases starting from February 2021. We are not disputing that but this would usually signal trouble for most, but not for this Minister of Health, as well as the Prime Minister for that matter. Before the Easter weekend the Prime Minister triumphantly announced that Tobago was open for business.

Madam Speaker: Member, this is not a debate on the Prime Minister.

Dr. R. Seecheran: Of course. Of course. And restrictions were relaxed at the time, Madam Speaker. And at that time in mid-March 2020 when restrictions were relaxed, we had 1 per cent of our population fully vaccinated and 5 per cent of our population partially vaccinated, meaning that they had one dose of the vaccine or a two-dose regimen.

Madam Speaker, the roll-in daily average of COVID-19 in February were three to four cases per day. Some days of February we recorded zero cases of COVID-19. In the weeks approaching the Easter weekend, the Ministry of Health allowed places of worship to open, they allowed bars to open, as well as they opened the beaches and that contributed to some of the rise in transmission. Madam Speaker, our fallen sister's funeral was held on February 12th of 2021 and the vigils came to a halt soon after.

In a *Newsday* article on 25th of March, 2021, this is six weeks after the funeral, Dr. Avery Hinds said that even though the recent health conferences have concentrated on clusters around Trinidad, we are still listed as low-level community spread.

So, Dr. Avery Hinds, six weeks after our sister's funeral, said that we were in low-level community spread. Now six weeks, Madam Speaker, is three cycles of COVID-19 incubation periods. So three cycles of COVID-19 and we were still in low-level community spread. Dr. Hinds went on to say, the driving factors for

current surge of COVID-19 cases, and he said this on the 20 April, 2020, were congregation around the time of the Easter weekend. And he went on to say that:

“We’re now seeing the effects as this week’s figures roll out. We’re seeing that two-week gap between Easter and now being followed by that large surge...”—

Madam Speaker.

And he went on to say that there was an advanced pace of COVID-19 and it is a cause of concern in the surge of transmission.

Madam Speaker, what I am trying to say is, in the days after the Easter weekend we went into widespread community transmission in Trinidad and Tobago with all medical counties indicating a high level of COVID-19 cases. Madam Speaker, this was directly because of the decision to ease lockdown restrictions. In local parlance, Madam Speaker, we say “the pot was mixed”, the community was mixed. Persons were allowed to move from Trinidad to Tobago and persons from Tobago were allowed to Trinidad.

Madam Speaker, this is where I would like to get back to where I started. Persons that got onto a plane from the island of Trinidad where there were clusters of COVID-19 cases were not tested. We had rapid testing kits that could give you a result in 15 minutes, Madam Speaker. They were allowed to get on to plane and go to then COVID-free Tobago. Tobago at the time was almost COVID-free. Madam Speaker, Tobago was open for business. The Minister obviously thought that these testing kits were better used stored in a warehouse somewhere. Madam Speaker, you look at the graph for Tobago, you know, when they put up the graph, they put up the graph for Trinidad and Tobago. You have to look at the graph of Tobago alone. It is cause and effect. You look at the graph of Tobago and you count two weeks after the Easter weekend and you would see the massive surge in cases, Madam Speaker.

In Trinidad and Tobago, we recorded over 10,000 new COVID-19 cases in May of 2021 and over 250 deaths. Madam Speaker, I hold the Minister of Health solely responsible for this surge, Madam Speaker. [*Desk thumping*] The deaths of citizens of Trinidad and Tobago could have been avoided. It could have been avoided. The last two months, the last two and a half months was a self-inflicted wound by the Ministry of Health resulting in death and destruction in Trinidad and Tobago, Madam Speaker.

Madam Speaker, at the time of the Easter weekend Tobago had two or three deaths after 14 months of battling COVID-19. Today, three months after the Easter weekend more than 20 additional persons have passed, and may they rest in peace. On the 18th of May, Tobago recorded a high of 25 new COVID-19 cases in a 24-hour period. That broke the previous record of 24 new cases in October of 2020 when there was an outbreak at the prison. On the 3rd of June, Madam Speaker, Tobago recorded its highest number of active cases on the island with a standing count of 201. Madam Speaker, what could have possibly caused this large viral infection in our sister isle? It is obvious that the virus was planted in Tobago directly because of the decision to ease the lockdown restrictions and open travel to Trinidad and Tobago when our population was not vaccinated. Our population was not vaccinated, Madam Speaker.

Madam Speaker, just earlier this month the Airports Authority had to test 189 employees at the Crown Point Airport, as well as the Tobago House of Assembly had to test almost all the workers there because of a surge in cases of COVID-19.

Madam Speaker, I only have five more minutes, I have to move very quickly. I did not realize that my time was going so quickly. According to Bloomberg—I would just like to refute this quickly. The narrative on the other side

is that they could not buy vaccines in 2020, Madam Speaker. According to an article by Bloomberg dated 9th of December of 2020, over 80 countries made orders for COVID-19 vaccines pending approval. Right? So it was not the G7 that bought vaccines in 2020, Madam Speaker. That is wrong. Right? They would like to let you think Canada, France, Germany, Japan, Italy, the UK and the US only bought vaccines. That is wrong. Cyprus ordered 1.5 million vaccines. In December 2020 Estonia ordered 2.3 million vaccines. Trinidad and Tobago, Madam Speaker, we ordered zero vaccines in 2020. [*Desk thumping*] Zero vaccines, Madam Speaker. Madam Speaker, our population requires roughly two million vaccines if we use a two-dose regimen, and these are how many vaccines some of these countries ordered in 2020, and we did not order any, Madam Speaker. Why? We passed an allocation for vaccines in October of 2020, in the budget of 2020. Why did we not order vaccines pending WHO approval?

The Prime Minister went on to say, he was in talks with Sinopharm but, Madam Speaker, he was in talks with Pfizer and he was in talks with Moderna as well—sorry, the Minister of Health. Why did we not order Pfizer and Moderna? Was it because of price? Or was it because of preference, Madam Speaker? Madam Speaker, according to Bloomberg we are the 132nd most vaccinated country out of 200 countries, Madam Speaker, Trinidad and Tobago. You know who are ahead of us Bangladesh, Cambodia, Kazakhstan, Myanmar, Azerbaijan, Angola, Libya and Yemen. Libya and Yemen are in war, they have conflicts going on in their countries for the last few years and they are more vaccinated per capita than Trinidad and Tobago. Madam Speaker, how much more time do I have?

Madam Speaker: You end at 2.15. So you have roughly 10 more minutes.

Dr. R. Seecheran: Okay. [*Crosstalk*] Madam Speaker, they are using vaccines for their citizens to protect them from the coronavirus. Madam Speaker, the Pfizer

CEO— [*Interruption*] Madam Speaker, I will not yield. Madam Speaker, Pfizer's CEO went on record saying that low and middle-income countries opted not to order the COVID-19 shot in 2020.

Mr. Young: On a point of order. What is the source of information? The Member has a responsibility to point out to the floor what is the source of information.

Dr. R. Seecheran: I have the source. Madam Speaker, I have the source. I have the source, Madam Speaker. Would the Member please go to “US ranks behind the EU, Australia, UK in vaccines buys but says it will meet [*Desk thumping*] goal” in Bloomberg. Madam Speaker, I have all my references and I am willing to make them available to those on the other side because they are not informed. So, Madam Speaker, as I was saying, Pfizer's CEO asked all to order vaccines and that was not able to be done. I have a lot more to be said, Madam Speaker, but hopefully I will get to say it later on this afternoon, and I beg to move. [*Desk thumping*]

Madam Speaker: Member for Pointe-a-Pierre.

Mr. Lee: Madam Speaker, I second the Motion and I reserve my right to speak at a later time.

Question proposed.

Hon. Member: Division.

Madam Speaker: Well, if we are calling for a division, you know we have to wait three minutes. [*Crosstalk*] So you will announce the division.

Dr. Moonilal: What is the division about? It is to proceed to a debate.

Madam Speaker: I have proposed the question for debate.

Dr. Moonilal: You proceed to a debate.

Madam Speaker: Minister of Health. [*Desk thumping*]

The Minister of Health (Hon. Terrence Deyalsingh): Thank you very much,

Madam Speaker. Madam Speaker, is that it from the UNC? Is that it? That is it? That was the most powder puff, [*Desk thumping*] anemic, insipid Motion I have ever heard in my entire life. If that is it, let us go home nah. Let us go. If that is the best that the UNC can do today—Madam Speaker, thank you very much for the opportunity. I just want to respond to three issues that my colleague raised, and the UNC has this way of perpetuating—can I say the big lie? The big lie which is a term, the big untruth. The UNC has this way of perpetuating the big untruth. Say something that is false, strong enough, long enough and people will believe it. They have consistently misquoted Dr. Tedros when he said test, test, test. They never go on to the second paragraph of that speech. When he says test, test, test every suspected case of COVID, isolate and contact trace. They never say that part. Never. So let me debunk that one time.

On the issue of private labs, we were never against private labs. What we were guiding the private labs to do in the initial stages was to make sure that they were technically proficient because in the early days, hon. Member, they were getting a high percentage of false negative tests.

2.30 p.m.

So we were standardizing them against CARPHA. That is why. And as you know, or ought to know, a false negative test is the most dangerous thing you could have. But the UNC does not care about truth. The Member goes on again, song and dance about Abbott Rapid Antigen Kits. Go on to the website *MedTech*, where it says a study of Abbott's rapid C19 antigen test may miss two-thirds of asymptomatic cases. Do you do your research? That is the kit you want here? Missing two-thirds of asymptomatic cases? Is that the UNC's position? We are using our rapid antigen tests in all our A&E departments. They are not in a warehouse. But say the big untruth and some people may believe you. We are

using it in all our A&E throughout both islands. We are using them for pre-op. We are using them for pre-dialysis, and over 1,000 patients on dialysis. And we are using them in the community for SARI, Severe Acute Respiratory Infections. That is what we are using, and then we confirm it with a PCR. So I totally denounce your claim that the rapid antigen tests are in a warehouse. The untruths of the UNC are just phenomenal.

Madam Speaker, COVID-19 is a pandemic of biblical proportions. This pandemic is a once in a 100-year activity. At a glance the figures are this: 180,739,298 known cases globally with 3,918,224 deaths; and our condolences to all those families. Madam Speaker, 3.9 million deaths. That is three times the population of Trinidad and Tobago. Imagine that. Every life and every industry and every country, over 220 countries and conveyances have come down with COVID. What has been the Trinidad and Tobago's response? And if this is about me, what has been the Minister's of Health response in this?

Our timeline will show that we took 220 individual measures from January 29, 2020, when we started thermal screening, up to June 19, 2021, all in an effort to save lives. And we have always believed in the science and the evidence. But the UNC, the UNC litigated everything at every turn. They never sided with the population of Trinidad and Tobago. They sided with the virus. [*Desk thumping*] They litigated by the scores of cases, by the hundreds of cases, and that is their track record in COVID-19. And you want to come here today holier than thou and speak about this Government and my approach to COVID-19. Because, you see, the UNC saw this as their political salvation. That is what they saw it.

Madam Speaker, if this is about me, then I take fully responsibility for the medical team assembled. I want to quote. I want to quote:

“Kamla under fire for ‘attack’ on CMO, health experts

“Opposition leader Kamla Persad-Bissessar in a statement...called the Health Minister...”

That is me. That is what this Motion is about.

“Chief Medical Officer and other prominent health officials as a ‘failed medical team now turned propaganda team.’”

Imagine that? Public servants, colleagues of the Member for Fyzabad, a colleague to MP Rai Ragbir, medical colleagues, and I call on those two doctors today, when they come up to contribute, do you agree with this statement or do you believe, like Basdeo Panday, politics has a morality of its own? What is your position on those statements?

Let me tell you who Dr. Roshan Parasram is, because I take responsibility for the team. Presentation College graduate; Masters in Public Health, Post Graduate Diploma in Public Health; went to the London School of Hygiene and Tropical Medicine; Certificate in Public Procurement and Practice; MBBS Degree; awards, honours at Phase 1 examinations, and the *Express* Individual of the Year. That is my team. His position was filled under the Public Service Commission, and I will tell you why I am saying this now. Because the hon. Leader of the Opposition is calling for their removal.

Dr. Avery Hinds, CIC, currently pursuing—yes, go CIC. [*Desk thumping*] Pursuing a Doctorate in Public Health, University of the West Indies. He holds a Post Graduate Diploma in Emergency Medicine; MPhil in Epidemiology from the University of Cambridge; MBBS, University of the West Indies; John Hopkins International, Clinical Research, visiting fellow. Dr. Michelle Trotman, a graduate of St. George’s College in Barataria. [*Desk thumping*] Howard University, College of Medicine; Howard University, Liberal Arts, major Zoology. She lectured at Howard. Lectured at Howard, you know. And this is what the

Opposition is calling a failed medical team. This is the team that saves lives.

Dr. Maryam Richards, Bachelor of Medicine and Surgery, University of the West Indies; Masters of Science and Family Medicine; Masters of Science in Public Health in Developing Countries; and an EMBA.

These are the people that the hon. Kamla Persad-Bissessar has savaged in the public domain; savaged public officers. Let me read one commendation for one company—I cannot call the company—to show you our response to COVID--19.

I can personally attest to Dr. Abdool-Richard's dedication and commitment to service, which on more than one occasion saw her going above and beyond the call of duty to put in place systems to contain outbreaks—

That is what we do at the Ministry of Health.

—on infections in our offshore installations.

Listen to this. This has contributed to the maintenance of gas production and operations that are so vital to the national economy.

These are the people, the team that is guiding this country. But you see, bullies know that soft targets cannot respond. Dr. Parasram cannot respond to the UNC, Dr. Hinds cannot respond, Dr. Trotman cannot respond. They are soft targets—and Dr. Richards cannot respond. Why? Because under the Code of Conduct of Civil Service Regulations, they must always:

“...impartially implement, administer or advise on Government policy.”

As such, public officers, and I am reading from the Code of Conduct. I am reading. So, the population must understand, when you attack these doctors, and I want the two doctors on that side today to stand up for your colleagues. Stand up for your colleagues. As such, public officers:

“...cannot respond to...”—or comment on, that is, give their opinion on—

“...questions of public policy...”—posed by any person.

And that includes Kamla Persad-Bissessar SC. [*Desk thumping*] Because they can be punished by the Public Service Commission. Soft targets. But that is what bullies do. That is what bullies do. They cannot respond. But I will respond for them here today. Because I am proud of these nationals, sons and daughters of Trinidad and Tobago [*Desk thumping*] went to school in St. George’s College, Presentation College, SAGHS, St. Mary’s College. These are our people that was so savaged by the hon. Kamla Persad-Bissessar.

I am asking, if the UNC has all the answers about hydroxychloroquine and all of these things, could you imagine if the UNC was in office now, and a Prime Minister like Kamla Persad-Bissessar SC, MP, was holding a press conference at the Diplomatic Centre, as my Prime Minister does, and he brings out with pride, you can hear the pride in his voice when he asks Dr. Parasram to come and give his daily report. [*Desk thumping*] Do you know the bush medicine that would be practised when the hon. Kamla Persad-Bissessar trots out Trevor Sayers? Trevor Sayers will be the CMO of this country under Kamla Persad-Bissessar Government. [*Desk thumping*] Because they believe in what? Sunshine. They believe in rum, keep the bars open—

Mr. Lee: Madam Speaker.

Hon. T. Deyalsingh:—the Puncheon and lime.

Mr. Lee: Madam Speaker, point of order, 48(8), this Motion is not about Kamla Persad-Bissessar.

Madam Speaker: 48(8)?

Mr. Lee: Yes.

Madam Speaker: Overruled. [*Interruption*] Member.

Mrs. Robinson-Regis: The Speaker said continue.

Hon. T. Deyalsingh: May I continue?

Mr. Hinds: Yes.

Hon. T. Deyalsingh: Oh, thank you. Sorry. Yes. Dr. Michelle Trotman is more the mother of the nation now than anybody else. [*Desk thumping*] Because she speaks, she is trusted, she is forthright, she is empathetic, she is direct. Right. And Resmi “doh” work with her.

But the UNC attacks public officers. Yeah, you put Trevor Sayers here to blow Bagon in your eye to cure COVID. That is your solution. The medical response. The medical response is based on our parallel health care system which these four individuals run. It was a proactive measure by the Government of the Republic of Trinidad and Tobago. We started off with a two-bed isolation ward at Caura and 20 ward beds. It has grown to 16 hospitals and stepdown facilities for the acutely ill and confirmed positive cases that could now house 1,022 persons. That is what the Minister of Health did.

The Minister of Health also, 12 state and state-supervised quarantine facilities for persons of unknown risks, 600 beds. That is what we are doing. And what is lost on this society is that we did not touch the traditional health care system. In Italy, which had probably the best health care system in the world, it was brought to its knees. At the height of the pandemic the priest had to stand up in a church, and the hearses had to pass, and he would bless each hearse for two seconds flat, because there was a line up. We did not have that. We did not have that. That is what we did. And, you know, they are going to come now—and death due to COVID-19 is tragic. These are real people with real families. But we must look at it objectively with statistic. When one looks at the global case fatality ratio, you will have outliers on countries which have zero. We do not compare ourselves to that. One of the countries my colleague called with a high vaccination rate,

Yemen, their case fatality ratio is 19.6. I did not want to do that, but he called the country. You know what our case fatality rate is, Trinidad and Tobago?—2.3. Which is the average between 2 to 4 per cent. We are on the lower range of the average. Some First World countries are, yes, 1, 2 per cent. Some advanced countries are 2.7 per cent, ahead of us. But following the normal bell curve, it is about between 2 to 4 per cent, and we are about 2.3/2.4 per cent. There it is. Those are the facts. And facts are stubborn things. They would not go away.

Madam Speaker, I now come to the issue of vaccines. I have no clue when the Member said, we refused to sign orders in 2020. Absolutely no clue. Flight of fantasy, as the AG says, in UNC la la land. We have been—and I have said it umpteen times, we have a non-disclosure agreement with Pfizer. We are in talks with Moderna, they say they cannot supply until the second half of 2020. We are in talks with AstraZeneca bilaterally. We were in talks with Sinopharm since October 01, 2020, and that has borne fruit. Just this week gone, I believe, for the first time in an Urgent Question here, Duppy—I am sorry—Naparima, in questioning me said, there is a global shortage of vaccines. Well, brain wave. Brain wave. Naparima said there is a global shortage of vaccines. But in UNC la la land, that does not register.

Dr. Tedros said, and I quote:

“...most countries do not have anywhere near enough”—vaccines—“to cover health”—care—“workers and others at high-risk...”

—groups, never mind the rest of the populations. There remains a shocking imbalance in the global distribution of vaccines. But in Trinidad and Tobago you would never hear the UNC admit that we have landed to date 457,590 doses of vaccines.

Hon. Member: How much?

Hon. T. Deyalsingh: Four hundred and fifty seven thousand, five hundred and ninety doses of vaccines. You will never hear them say we have landed that, and that we are using that. You will never hear them say that 75 per cent of the vaccines in the world have gone to 10 countries. But TT policy—you see, they always compare us to other countries, and that is when the hon. Attorney General got up to ask, what vaccines are these countries using?

Madam Speaker, if we and this Minister had brought into this country at that time, non-WHO vaccines, and there was just one adverse event, one death, do you know the uproar that would have caused, and rightly so? The lawsuits that would have been filed, and rightly so, would have been phenomenal. We took a policy decision that we will only go with WHO approved vaccines, but they always compare us to other countries that did not go that route, and hooray for them. Each country is a sovereign. So, we have been engaging with COVAX, the bilateral, the African Medical Supplies Platform.

You will also never hear the UNC talk about how smoothly the vaccination programme is going at UTT, at the Savannah, at the Racquet Centre, at SAPA; no recognition from my colleagues. I get hundreds of WhatsApp messages a day about how the process is. People say they feel they are in a private facility. That is what we are going. But the UNC has tried to derail this country vaccination programme at every turn. Talk about guinea pigs. We bringing in too many vaccines. But in the face of a global shortage we have landed, let me say it again, 457,590. And what are our stats to date? First dose, 193,840. That is 13.7 per cent of the population already received their first dose. Second dose, 63,647. And this weekend is a big weekend, we will be administering close to 20,000 doses this weekend, alone [*Desk thumping*] which would take us up to about 15.2 per cent first dose. First dose. That is what we are doing.

Another statistic that our colleagues used, the hon. Kamla Persad-Bissessar used it once, because I have the same statistic here. They would always use statistics conveniently. When we had not started up in a big way as yet, the Member will call other Caricom countries, and I am not going to call their names, that did 106,000, why can we not be like that? One hundred and sixty thousand, why can we not be like that? Sixty thousand, why can we not be like that? But today on the list we are now third. Third, with 187,774, according to this report. And we are closing in on second place very soon. But the Opposition will never recognize that, because as I keep saying, for the UNC to succeed Trinidad and Tobago must fail. That is their modus operandi. So our vaccination programme, using WHO approved vaccines, not experimental vaccines, not non-WHO approved vaccines. Because, heaven help this Minister of Health, if we had just brought in non-WHO vaccines and one person died, or you had one adverse event that would have collapsed the entire vaccination progress and programme. But we were careful. We followed the science. We followed the evidence.

Madam Speaker, in continuing our vaccination drive I want to alert the country that one of the groups that we will be targeting very soon are some vulnerable groups for vaccinations. Who are these vulnerable groups? We have already reached out to the Cerebral Palsy Association of Trinidad and Tobago, Autism Services of Trinidad South Support Group, Autistic Society of Trinidad and Tobago, Trinidad and Tobago Association for Differently-abled Persons, the Lady Hochoy Home, DRETCHI, Trinidad and Tobago Association for the Hearing Impaired, WeCare Deaf Support Network, Blind Welfare Association of Trinidad and Tobago, Persons Associated with Visual Impairments, National Centre for Persons with Disabilities, Immortelle Centre, Life Centre, Goodwill Industries, Memisa Centre, Strategic Learning Centre, and Princes Elizabeth.

We want to vaccinate those special groups, but we have one obstacle, especially for the groups of cerebral palsy and autism, the issue of informed consent. But we are working on. We are also going to reach out to those associations of persons, who, unfortunately, have auto-immune diseases, like lupus. So we will be reaching out to the voice of lupus, Lupus Society of Trinidad and Tobago. They have been singled out for very special attention very soon in our next wave of vaccinations. And I want say to all these organizations, if you do not hear your organization called here, please contact the RHA in which you are domiciled, in which you are located to put your name on the list. But it must be adults over 18. We cannot vaccinate the autistic child, we cannot vaccinate the child with cerebral palsy, we cannot vaccinate the blind child and so on. But we must have informed consent.

Madam Speaker, the other vulnerable group that we are having some challenges with, and you are hearing both myself say it and the officials from Tobago, my colleague with whom I work very closely, the Secretary for Health, Wellness and Family Services, Tracy Davidson-Celestine, is the continued difficulty in getting informed consent to vaccinate those in long-stay homes. So I am making a plea again, those long-stay homes we want to vaccinate both your caregivers and those in your care. The programme is not going too badly, but we could do a lot better. I just want to make that plea for that other vulnerable group.

Madam Speaker, in the four minutes I have left, the Member who moved this Motion spoke about my inability to manage the health care sector in general. Let me ask, which Minister of Health, which Minister of Health took on the role of Director of Women's Health and brought down maternal mortality rates in this country to First World levels? Who is that? [*Desk thumping*] You know who it was? The person you are bringing the Motion against today, me. Maternal

mortality was one of the bugbears that rode this country back for decades. Under the UNC it went nowhere. It was this Minister of Health who took on that responsibility and brought it down. And we have achieved our sustainable development goals of 2030 12 years early. [*Desk thumping*] We calculate that we have about eight to 10 women a year alive because of my actions. Infant mortality rates, we dropped it from 13 per cent to 7 per cent. The estimate is now you have 100 babies more being born alive and surviving because of this Minister of Health and the medical team that I assembled. Who fixed CDAP? You realize you hardly hear about CDAP again? That people cannot get the insulin and all of that. You know what was their solution to CDAP? To offer a \$30 million to a company a month before an election to manage CDAP; sole select. Sole select. Who build the NAC in St. James? [*Desk thumping*] Who build the Point Fortin Hospital? Who build the Arima Hospital and who is building Central Block now? [*Desk thumping*]

So, Madam Speaker, in the two minutes I have left, I just want to tell this country that this is the fourth Motion of No Confidence the UNC has brought against a PNM Minister, and this one is doomed to failed like No. 1 against the late great Franklin Khan, No. 2 against Minister Colm Imbert, and No. 3 against Minister Stuart Young, and now this one. Doomed to fail. The same way the UNC is doomed to fail. [*Desk thumping*] So the COVID response has been robust. Without this response, ask yourself, how many more lives would have been lost without that medical team that the hon. Kamla Persad-Bissessar denigrates. This country owes a debt of gratitude to Dr. Roshan Parasram, [*Desk thumping*] to Dr. Michelle Trotman, to Dr. Avery Hinds and to Dr. Maryam Richards. And, Madam Speaker, with those few words I thank them, and I thank every single health care worker for their dedication to duty in protecting this country. Thank you very much, Madam Speaker. [*Desk thumping*]

Mr. Barry Padarath (*Princes Town*): Thank you, Madam Speaker. Madam Speaker, I rise to contribute to the Motion brought by the Member for Caroni East. And, Madam Speaker, today's Motion reflects the pulse of a beleaguered population who has no confidence and no faith in the Member for St. Joseph in his capacity as Minister of Health. Today we say to the Minister of Health, on behalf of the people of Trinidad and Tobago, that no unreserved apology can bring back the dead from the grave. No unreserved apology brings back a mother, brings back a father, brings back a spouse, brings back a brother, brings back a sister or a child of someone. No unreserved apology removes the risk of the lives elderly people who were exposed to sun, rain and COVID. Madam Speaker, no unreserved apology vaccinates persons in this country who cannot get vaccines. No unreserved apology supplies much needed oxygen in the parallel health care system.

Madam Speaker, from someone who has lost a family member, be it extended, because of COVID, the incompetence of the Minister of Health does not cancel out the fact that when that person tried to access an ambulance, none came. When that person tried to access medical attention, they ran out of oxygen. And the Minister rhetorically asked today, Madam Speaker—

Mr. Al-Rawi: I rise on Standing Order 44(10), Madam Speaker.

Hon. Member: What?

Madam Speaker: So, Member I have observed that you are tied quite closely to your notes. You know, it is a debate, you are very experienced.

Mr. B. Padarath: I am, Madam Speaker, thank you. Madam Speaker, the Minister rhetorically asked today, what is the UNC's position? And I thank the hon. Attorney General for the intervention, because it gives me the opportunity to amplify the response to what is the UNC's position. The UNC's position to the hon. of Minister of Health is do not apologize, resign. That is the UNC's position,

Madam Speaker. [*Desk thumping*]

3.00 p.m.

Madam Speaker, this creepy obsession that the Member for St. Joseph and others have with the hon. Kamla Persad-Bissessar, was on display today as the hon. Member sought to deflect from the real issues that are affecting a beleaguered population. The hon. Member sought to engage in insults across the floor, but, Madam Speaker, no amount of that will restore confidence in a beleaguered population that has already rejected the Member for St. Joseph as the Minister of Health. [*Desk thumping*]

Madam Speaker, I want to remind the hon. Minister of Health that it was this Minister and his Government who told Trinidad and Tobago that we had the best health care in the Commonwealth. Madam Speaker, I want you to throw your mind back to when we first encountered COVID-19 in Trinidad and Tobago. It was this Member for St. Joseph who stood in this very Parliament and told the citizens of Trinidad and Tobago that there was no need to wear masks to protect themselves from COVID-19. That utterance came from the Member for St. Joseph.

Madam Speaker, this was the same Member who stood up today and spoke about one Dr. Trotman who told this country that we had mild effects of COVID and that there will be no serious impact on the population of Trinidad and Tobago. That is on the record. [*Desk thumping*] Madam Speaker, this is the Minister of Health who told Trinidad and Tobago it is a free for all, come, vaccines are available, and when you turn up there are only 50 vaccines available at health centres across the country. This is the very Minister of Health who stands up and boasts in a press conference that they have one million syringes in stock, but could not say that they had one million vaccines available to put in those syringes, Madam Speaker. Madam Speaker, the only thing that the hon. Minister said that

made any sense today was that he had no clue and he repeated it. But hon. Minister, it is quite evident.

Madam Speaker, the Trinidad *Express* has been running a poll for the past few days and the question to that poll is: “Do you have confidence in the way in which the Minister of Health has handled the COVID-19 response of Trinidad and Tobago”. I heard the hon. Minister a short while ago indicate that he was receiving hundreds of messages. Madam Speaker, self-praise is no praise. That is hog wash. Because the results of that Trinidad *Express* poll really are the pulse of our population, over 67 per cent of respondents have indicated that they reject and do not support the measures [*Desk thumping*] indicated by the Member for St. Joseph over the period. It has not worked and we have seen the scientific data to suggest that. Madam Speaker, what we have seen coming out of a year and a half of COVID in Trinidad and Tobago is over 700 dead bodies. But these are 700 dead bodies that are statistics to the hon. Member for St. Joseph, but for families these are loved ones, Madam Speaker.

Madam Speaker, I saw earlier today that even the Member for Point Fortin expressed that he did not have faith, in that agency, the SWRHA that is run by his colleague, that is under the portfolio of the Minister of Health. So if the hon. Minister’s colleagues opposite do not have confidence, do they expect the people of Trinidad and Tobago to have confidence? [*Desk thumping*]

Madam Speaker, another area where the Minister of Health has displayed tremendous incompetence, a dismal performance that has resulted in the loss of lives and prolonged suffering of the most vulnerable in our society is the Children’s Life Fund. And, Madam Speaker, that falls under the portfolio as gazetted by the Minister of Health. Madam Speaker, in 2018, you may recall, in 2019 and in 2020, I stood in this Parliament and I raised the administrative

challenges at the Children's Life Fund and I spoke about my own experience there, having gone to assist persons who required the assistance of the Children's Life Fund. Madam Speaker, in 2018, when I first encountered that Unit at the Mount Hope it was being run by one OJT officer. And I raised the administrative challenges because those bureaucratic effects were really stymying the entire process in terms of children being able to access the Children's Life Fund. That was 2018, it continued into 2019 and 2020.

A few weeks ago I had the privilege of visiting the Children's Life Fund once more to assist a family in my own constituency. Those bureaucratic challenges and administrative challenges at the Children's Life Fund remain; it is still being run by an OJT. There is a lack of any sort of administrative structure and staff to provide this sort of support. And, Madam Speaker, I will show how that lack of administrative support, that lack of structure at the Children's Life Fund has brought about a tremendous amount of pain and trauma to those that are trying to access that fund, Madam Speaker. And that falls squarely at the feet of the Member for St. Joseph, the Minister of Health, because that has been raised in this House, Madam Speaker, ad nauseam.

Madam Speaker, I refer to an article dated April 16, 2021, and this was published in the Trinidad *Guardian*. And, Madam Speaker, it spoke and I quote, of a little boy called Nathaniel James who suffers from— [*Interruption*] —it is in the public domain, and it speaks about a child who tried to access the life fund. And, Madam Speaker, what is most interesting—

Mr. Al-Rawi:—on a difficult point, there is an established tradition of anonymizing children's records, particularly sensitive personal information. And these Members have a consistent habit of raising children's names in this Parliament and I object under the relevance provisions and the general privileges of

the Standing Orders, Madam Speaker.

Madam Speaker: Okay, so, Member, as you said it is in the public domain. AG, it is reported in a newspaper. I will allow it.

Mr. B. Padarath: Thank you, Madam Speaker. Madam Speaker, in that same article this was the response coming from the Member for St. Joseph, the Minister of Health as it relates to this particular instance for this child who required critical life-saving surgery. And it says:

“When contacted, Health Minister Terrence Deyalsingh referred our queries to the Ministry’s corporate communications department.

The...family pledge to never give up on the one person they can’t go a day without and are hopeful the board at the Children’s Life Fund can honour its promise.”

Calls to the Corporate Communications Department went unanswered.

Madam Speaker, even when these matters are brought to the attention of the hon. Minister of Health, Member for St. Joseph as indicated in this article—if it was one of their children who required this life-saving surgery, they would have found that sense of urgency but what the article said:

“When contacted”—the Minister could not be bothered the hon—
“...Minister Terrence Deyalsingh referred our queries to the Ministry’s corporate communications department.”

Madam Speaker, and that is the modus operandi that continued to exist with respect to their performance as it relates to the Children’s Life Fund.

Madam Speaker, I would like to raise a particular issue and that has to do with public officers. The hon. Minister of Health spoke about the Member for Siparia making certain comments. I want to ask the hon. Minister, as the hon. Minister threw out several questions today. I want to ask the hon. Minister, “Where was

your voice”?”—as you are advocating today for public officers. What we are saying is that if you are not performing, then give persons the opportunity who can perform and who can deliver real tangible results to bring about satisfactory results in Trinidad and Tobago. But where was the voice of the Minister of Health, Madam Speaker, and I refer to this article which says:

“A child who was given contaminated blood while at Mt. Hope Hospital, died of HIV-related illnesses...”

Mr. Al-Rawi: Madam Speaker, I rise on Standing Order—

Mr. B. Padarath: Where was the hon. Minister then, Madam Speaker?

Mr. Al-Rawi: I rise on Standing Order 49 and the sub judice principles, Madam Speaker.

Madam Speaker: So Member, if this is sub judice, you know that we would not—

Mr. B. Padarath: Madam, I am not going into the substance of the matter.

Madam Speaker: Well, just be very careful and of course if it is, do you understand the risk you run.

Mr. B. Padarath: Thank you, Madam Speaker. Madam Speaker, and therefore I ask the question today, and is it because those that are involved are more concerned about the Minister and the Minister’s responsibility in terms of the public health care system. Madam Speaker, I also turn to an article dated May 05, 2021, and the headline read:

“Sick children paying the price, ‘Life Fund struggling, flight issues, higher air ambulance costs.’”

Mr. Al-Rawi: Madam Speaker—

Mr. B. Padarath: Madam Speaker—

Mr. Al-Rawi:—Standing Order 49 again.

Madam Speaker: Member, if it is sub judice, you know you would have to—

Mr. B. Padarath: Madam Speaker, these matters are not sub judice.

Mr. Al-Rawi: Oh, really.

Madam Speaker: Go ahead, but you understand the risk you are going—

Mr. B. Padarath: Yes, Madam, and I am reading from an excerpt of the *Trinidad Express*, May 05, 2021. And it says, Madam Speaker, in the article:

“Five children died last year as the Children’s Life Fund struggled after international hospitals suspended services and countries closed borders.

More than US \$1 million was spent on air ambulance services from January to March this year to transport children to get medical care abroad.”

Madam Speaker, we all know the challenges as it relates to the global environment that we are operating in with respect to COVID19. However:

“Chairperson of the Children’s Life Fund Authority, Dr. Diane Alexander said Caribbean Airlines...flights cannot be accessed to return children who underwent treatment in other countries, and she is hoping”—that—“there can be some intervention by the Finance Ministry to reduce the costs of air ambulances.”

Madam Speaker, the article continues to say—

Mr. Al-Rawi: I therefore rise on Standing Order 48(1), Madam Speaker—an authority in that regard demonstrates irrelevance.

Mr. B. Padarath: Madam Speaker, I will be able to link it to the Minister of Health.

Madam Speaker: I will give you a little latitude. Yes.

Mr. B. Padarath: It said, Madam Speaker:

“Alexander said some of the international institutions the”—Children’s Life Fund—“...previously worked with stopped offering treatment to local children when the pandemic hit.

She said a couple hospitals later resumed...but then air transport became a challenge.”

And I think this is the point that the hon. Attorney General is looking for, Madam Speaker, the link between the Ministry of Finance, the Children’s Life Fund and the hon. Minister of Health. Madam Speaker, it said:

“...director Karen Seebaran-Blondet said...”—that US \$1.3 million— “has been spent on air ambulance...

At present, the Fund offers up to TT \$1 million for surgery...”—et cetera.

Madam Speaker, CLF director Karen Seebaran indicated that an approach was made, she said they have asked through the health Ministry and the Health Ministry is headed by the Minister of Health, to meet with the finance Ministry to discuss how they might be able to access CAL flights. Madam Speaker, the long and short of it, five children have died as a result of no contingency plan, absolutely none. Madam Speaker, up to this time there was no response coming from the Ministry of Health or the Minister of Health, absolutely none and I call upon any Member of Government to stand up and say whether or not the Ministry of Health through the Minister has responded to the Children’s Life Fund with respect to bridging the gap between the Ministry of Health, the Ministry of Finance and the Children’s Life Fund to bring about a resolution to this matter.

Madam Speaker, this for them is not a matter of urgency. Over the period 2015 to 2021, over 79 children have been denied via the Children’s Life Fund. And time and time again we have stood in this Parliament, 2018, I recall, 2019 and 2020, and if the hon. Member for St. Joseph, Minister of Health wants to bolt anything to the persona of the Member for Siparia, it is when the hon. Member for Siparia said to bring the amendment to the Children’s Life Fund that will allow persons, children, Madam Speaker, to access the fund that falls outside of this

particular remit.

Madam Speaker, out of those 79 children, several of them suffered from condition called beta thalassemia. And that condition, even though it is life-threatening it falls outside the remit because of the way in which the legislation is framed. And time and time again calls have been made to the Member for St. Joseph, the Minister of Health to amend that legislation. Madam Speaker, there has been no response in 2018, 2019, 2020 and 2021, and up to this time between the period 2016 to 2021 over 79 children have been denied.

So, Madam Speaker, while we are seeing over the past few months almost one year, over five children have passed away. You know, I recall the Member for St. Joseph, Minister of Health and others in this Parliament opposite, they would stand and say the blood is on the hands of the UNC. I want to ask the Member for St. Joseph today, does he not believe that the blood is on the hands of the Minister of Health who has abdicated his responsibility to the children especially of Trinidad and Tobago? So when you ask, "what is the position of the UNC", the position of the UNC is very clear. The position of the UNC is, do not apologize; resign and resign forthwith.

Madam Speaker, in any civilized democracy, any civilized democracy after the blunder, the bungling, incompetence displayed by the Member for St. Joseph and others, just in this vaccination process alone, Madam Speaker, just in this situation as it relates to the Children's Life Fund where over five children have died because there was no contingency plan, that warrants the resignation and the support of this Motion brought by the Member for Caroni East. And as I said earlier on, Madam Speaker, if the Member who likes to stand up and talk to us about bolting anything to persona, to the Member for Siparia, it is the love and care that she has displayed for children, and had they had that love and care they would

have ensured that the Children's Life Fund was up and running in an effective and efficient way today that we would not have had to bring this Motion and identify several areas where this Minister continues to be an abject failure. I thank you, Madam Speaker. [*Desk thumping*]

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Thank you very kindly, Madam Speaker. Madam Speaker, from the outset I would like to indicate that I seek your leave to stay very closely to my notes, please, because I do have a number of figures to quote and consequently I would need to be able to read that kind of information. So I seek your leave to do that.

Madam Speaker: On the technical matters leave is granted, but I am assured that you understand it is a debate.

Hon. C. Robinson-Regis: Certainly, Ma'am. Thank you very much, Madam Speaker. Madam Speaker, I wish to thank you very much for the opportunity to contribute to today's debate which left me perplexed. Because when I was preparing for this debate I started off by thinking that, I was thinking of my grave disappointment with the Opposition Leader's continued defilement of this honourable House by bringing these frivolous Motions which reek of personal venom and allude to a personality that for whatever reason is unable to come to the conclusion and to the understanding, Madam Speaker, that she has been continuously, and those on the other side, have been continuously rejected by the people of Trinidad and Tobago.

Madam Speaker, I had thought that after the various Motions that were raised and each one was dealt—every single one was dealt with out of hand by those of us who represent the People's National Movement and who represent the Government of Trinidad and Tobago, that this kind of activity would have ceased. But, Madam Speaker, alas we are here again and we have no qualms in saying that we are

totally in support of the Member for St. Joseph, [*Desk thumping*] of the Minister of Health and of the Ministry of Health and of the handling of the Ministry of Health by the Member for St. Joseph. Because what the Ministry of Health has done is in every aspect followed the policy guidelines of this Keith Rowley administration, Madam Speaker. [*Desk thumping*]

Madam Speaker, I am very surprised to see and to hear the Member for Princes Town use that term “creepy”; “creepy”—what did he say? A creepy, creepy—[*Crosstalk*—yes. It sounds very—it sounds like a prepubescent girl. Only prepubescent young people use that term “creepy”. And I was very surprised to hear the Member for Princes Town use that term that was used in that press release that was sent out. So, Madam Speaker, I reject that out of hand.

Madam Speaker, another thing that I reject out of hand is what was said about the Children’s Life Fund. I wonder if the Member for Princes Town recalls that during the five years and three months when we came back into office it was made clear that the Children’s Life Fund had quite a number of financial issues that were never dealt with. From the Auditor General’s Report, it was clear that there were issues regarding how the Children’s Life Fund was administered. Madam Speaker, we have heard no such issues for the last six years. It is clear that what we have been dealing with is a set of principles that was set up by the last administration and those who are in charge of the Children’s Life Fund have been following those principles to the letter and any child who falls within the ambit of the fund, they have been able to access the fund and have been able to get the kind of life-saving surgery that they are entitled to.

In addition to that, Madam Speaker, I find it quite curious that the Member for Siparia who is said to love children so much, immediately after coming out of office no longer contributes to the fund.

Hon. Members: “Awww.”

Hon. C. Robinson-Regis: Madam Speaker, if the Member for Siparia really cared about children so much, why did she not continue to contribute to the fund? None of the Members who were Ministers during that time have continued to contribute to that fund, Madam Speaker, not one, not one. Yet we are regaled with how much the Member for Siparia and those Members love children.

But, Madam Speaker, I will say without fear of contradiction that the Member for St. Joseph and this Government, we have followed a policy in all areas of health where we have ensured that what is best for the people of Trinidad and Tobago—[*Desk thumping*]*—*is what takes place in the Ministry of Health. But, Madam Speaker, permit me to say that I thank my esteemed colleague, the Member of Parliament for St. Joseph and the entire medical team and the entire medical fraternity for continuing to take us through uncharted waters especially as it relates to the pandemic.

Madam Speaker, I would like to devote my time here to speaking specifically about how we have been taken through using the science, using the fact that Member for Diego Martin West has consistently said that throughout this pandemic we will follow the science, we will follow the WHO, we will follow what CARPHA tells us and the Ministry of Health under the leadership of the Member for St. Joseph has continued to take us without let or hindrance through these uncharted waters, Madam Speaker.

And, Madam Speaker, despite the fact that those on the other side are trying to distract this population, are trying to encourage this population to move away from the science, to move away from what is important, to get us through this period, the people of Trinidad and Tobago, the right-thinking citizens of Trinidad and Tobago understand what this Government is doing and they are following this

Government to the letter.

And, Madam Speaker, let me say the Cabinet of Trinidad and Tobago from January 2020—recall that this is the Novel Coronavirus 2019, from January of 2020 and may I quote, under Cabinet Minute No. 216 of January 30, 2020:

Travel restrictions to minimize the risk of importation of the 2019 Novel Coronavirus into Trinidad and Tobago.

This note was a Ministry of Health or a Minister of Health note. And it said:

With immediate effect—the Minute says—with immediate effect persons who at present living in or visiting China will be prohibited entry into Trinidad and Tobago where they have departed China within a 14-day period, to minimize the risk of the importation of the 2019 Novel Coronavirus.

And this was January 30, 2020, Madam Speaker.

And, Madam Speaker, it did not end there. In February 2020, by Cabinet Minute No. 418, under the heading:

Further measures to treat with issues pertaining to the possible importation of COVID19 into Trinidad and Tobago.

It says, and again a Minister of Health note:

The action taken by Trinidad and Tobago to date, to minimize the risk of importation of COVID-19 into the country by the imposition of travel restrictions on persons living in or visiting China within a 14-day period of their departure from China. Since that time the virus has spread to almost pandemic proportions. The World Health Organization reported on February 25, 2020—and this Minute is dated February 27th—that there were approximately 81,109 confirmed cases worldwide.

And this Minute says that:

Given the rapid spread of the virus outside China, the Minister of

Health is of the view that similar travel restrictions should be imposed on visitors from selected countries where there is a rapid local spread of the virus and from where visitors to the country are likely to emanate.

Immediately, Madam Speaker, the Minister of Health and the Ministry of Health moved in the direction of protecting the people of Trinidad and Tobago. And in addition, Madam Speaker, this Minute went on to say:

That from the outset there would be the establishment of a MultiSectoral- Committee to treat with COVID--19 and any emerging infectious diseases in the future.

And this is the committee: The Chief Medical Officer, Chairman; the Chief of Defence Staff; the Chief Immigration Officer; the Commissioner of Police; representatives of the Office of the Prime Minister, the Ministry of Finance, the Ministry of Works and Transport, the Ministry of Education, Rural Development and Local Government, Tourism, Trade and Industry, Foreign and Caricom Affairs, National Security, Communications, Social Development and Family Services; Airports Authority; Civil Aviation Authority; Port Authority; Office of Disaster Preparedness and Management; the THA and the Tobago Emergency Management Authority.

Madam Speaker, from February 27, 2020, that Committee was put in place. Madam Speaker, can anyone say that the Minister of Health and the Ministry of Health were not acting in the interest of the people of Trinidad and Tobago? How could anyone bring a Motion of No Confidence in the Minister of Health and his team? Madam Speaker, I want to go on to indicate that the objective therefore, apart from protecting lives as we in this Government have also said, have always said, was to protect livelihoods and we did that.

3.30 p.m.

The Ministry of Finance is at present negotiating a loan agreement with the China Development Bank in the amount of €175 million to be executed in July 2021. Fifteen per cent of that, or €25.5 million, shall be applied towards the purchase of anti-epidemic materials including vaccines from China. The rest of it will be for further support to the development of bilateral trade relations between China and Trinidad and Tobago.

Madam Speaker, we have said that we have made withdrawals from the Heritage and Stabilisation Fund, and this was based on the fact that given the sharp decline in revenue, as a consequence of COVID-19, the Minister of Finance proposed to access the fund in accordance with the fund's rules. Total withdrawals under the 2020 amendment to the HSF Act amounted to \$400 million between October 2020 to May 2021, and these withdrawals are as follows: for the month of February 2021, \$100 million; March 2021, \$100 million; April 2021, \$100 million, and May 2021, \$100 million.

Madam Speaker, it did not stop there. We provided funds to credit unions: TT \$100 million was set up as a credit union facility and this was undertaken to allow credit unions to provide COVID-19 emergency income loans to affected nationals and residents who are members on concessionary terms. Madam Speaker, all of this to ensure that the health of the country, and the health of the people of Trinidad and Tobago, was maintained.

Under VAT and income payments, Madam Speaker, 30,335 individuals have received accelerated income tax refunds valued at \$84.3 million. The Ministry of Health, Madam Speaker, advised us that we had to lockdown this country during the period of April to almost August of last year. And again, the Ministry of Health advised us that we had to do a similar lockdown in May and up to July of this year, and what that meant, Madam Speaker, is that several

livelihoods would have been affected. And, Madam Speaker, as a consequence of that, we put in place, as a Government, the Market Box Initiative. Through this initiative—

Madam Speaker: Member for Arouca/Maloney, I just will ask you—I give you a little time to tie to this very specific, narrow Motion—

Hon. C. Robinson-Regis: Yes, Ma'am.

Madam Speaker: Okay?—and not allow you at all to widen it outside of what is here before us, please.

Hon. C. Robinson-Regis: Thank you very much, Madam Speaker.

Madam Speaker, it has been made clear to us that the Minister of Health has worked assiduously throughout his time [*Desk thumping*] as Minister of Health to ensure two things: the lives of people are protected during this pandemic and the livelihoods of people are protected during this pandemic. As a result of that, we have had to make certain financial arrangements to ensure that this has taken place. But, Madam Speaker, perhaps what I need to do to indicate what has taken place in the Ministry of Health, under this particular Member for St. Joseph, is to show the concern that has been raised over a period of time as the Member for St. Joseph has dealt with the Ministry of Health.

Madam Speaker, under the United Nations, there is a specific SDG that deals specifically with the issue of non-communicable diseases. Madam Speaker, through this Government and through the Ministry of Health, in particular, the Ministry of Health has established the non-communicable diseases programme that deals specifically with persons who have non-communicable diseases. What has taken place, Madam Speaker, is the Ministry of Health has moved the level of non-communicable diseases to a point where we are now moving inexorably to ensuring that we meet these—Madam Speaker?

Madam Speaker: [*Inaudible*]*—*to remind you, you have one minute left.

Hon. C. Robinson-Regis: Oh, one minute. What we have done, Madam Speaker, is to ensure that under this UN programme, we have put policies, and programmes and guidelines in place to ensure that persons with non-communicable diseases are now at the threshold of these SDGs. And the Ministry of Health has done extremely well in ensuring this under the tenure of this Minister of Health.

So, Madam Speaker, we see this Motion of no confidence for what it is: the desperate actions of an Opposition Leader struggling against the rising tide of irrelevance. And this Motion, like all the others that were filed previously, Madam Speaker, is a demonstration of the vacuity of the Member for Siparia and the vacuity of the Members of the Opposition. And, Madam Speaker, we on this side—

Madam Speaker: Member?

Hon. C. Robinson-Regis: *—*like hundreds of thousands of right-minded citizens, stand firm—

Madam Speaker: Member, your time is now spent.

Hon. C. Robinson-Regis:*—*in our confidence in the Minister of Health—

Madam Speaker: Member for Couva South.

Hon. C. Robinson-Regis:*—*and the Ministry of Health. Thank you kindly, Madam Speaker. [*Desk thumping*]

Mr. Rudranath Indarsingh (*Couva South*): Thank you very much, Madam Speaker, as I join this debate here this evening on the Motion of no confidence in the Minister of Health. And immediately, I want to dive deep into the tactics and strategy of the Government, which I witnessed in this House today in terms of the proceedings. What I witnessed was amazing. It was unparalleled behaviour on the part of the Government's Bench when they attempted to sabotage this debate

before you, Madam Speaker. It was unheard of in my 11 years as a Member of the Parliament on Private Members' Day, I have never heard for any Member calling for a division and this clearly demonstrates that it was a clear attempt on the part of the Government to sabotage this debate [*Desk thumping*] and for it to take place here in this House, Madam Speaker.

And in addition to that, Attorney General, your Leader of Government Business must understand very clearly that Private Members' Day is stipulated clearly under the Standing Orders of this Parliament and the Member for Arouca/Maloney has no space in the Opposition's business on Private Members' Day. That agenda is determined by the Leader of the Opposition and the Opposition Bench. And whether it is Motion of no confidence in the Prime Minister, Motion of no confidence in the Attorney General, Motion of no confidence in the Minister of Health and, in fact, a Motion of no confidence in the entire Cabinet of Trinidad and Tobago, that is the responsibility of the Opposition and no one in this Parliament or no one outside of this Parliament will set the agenda of the Leader of the Opposition and the Opposition Bench. So I want to tell the Leader of Government Business that she has no place or as "dey does say fowl have no place in cockroach business", Madam Speaker.

Madam Speaker, more importantly, I want to respond to a number of things that have been placed on the record here this afternoon because the Minister of Health in his contribution or in rebutting a well-articulated Motion that was moved by my colleague from Caroni East, Dr. Seecheran—and I must put on the record my sense of commendation for his presentation here this afternoon. The Minister of Health said the pandemic was of biblical proportions and 3.9 million deaths took place and on so. We admit that, that the pandemic is from a global perspective, but he had a responsibility to tell us what he was doing for the last 16 months as the

Minister of Health in relation to his responsibility on behalf of the citizens of Trinidad and Tobago. And in fact, not only 16 months, for the last six years, he has been a colossal failure as the Minister of Health in discharging his responsibilities in every aspect of the *Gazette* of Trinidad and Tobago—that is under the *Gazette* of his responsibilities, Madam Speaker.

Madam Speaker, when I looked at the *Gazette*, he has failed in every aspect; in every aspect. And that is why we on this side are very clear in our conviction that the Minister of Health must be given the marching orders by the Prime Minister of this country. And if the Prime Minister had any decency, he would have fired the Minister Deyalsingh after the bungling day after day as it relates to the mass vaccination process, Madam Speaker. No leader—no leader with a clear responsibility that says, “Let us do it together and we care for the population of Trinidad and Tobago”—

Mr. Al-Rawi: Madam Speaker, I rise on Standing Order 48(1). This is not a Motion on the Prime Minister.

Madam Speaker: Okay. And I uphold the objection and I just want to say for the guidance of everyone, this is about the Minister of Health in his responsibilities. While I understand you may be responding, I think I am about to rule that the COVID issue is tedious repetition. Everybody has spoken exclusively on that.

Mr. R. Indarsingh: Thank you, Madam Speaker, and I am guided. The Minister of Health attempted to be a saviour for public health officers in Trinidad and Tobago. And the Opposition is on record, from the point of view of the Leader of the Opposition and the entire Bench, we recognize the worth and contribution of the officeholders who have served Trinidad and Tobago in the fight against this pandemic at every level of the public healthcare system in this country, Madam Speaker.

And, Madam Speaker, today I want to ask because he attempted to attack the Leader of the Opposition as it relates to what is our position on health care workers and public officers in this country. And apparently the Minister of Health has lost his voice on some very important issues or, from where I sit, he speaks with a very forked tongue, because at the end of the day, where was the Minister's voice when the Chief Executive Officer of North Central Regional Health Authority—one fella by the name of Davlin Thomas took a decision to reassign four doctors from the Couva Hospital. I did not hear the Minister of Health speaking on behalf of these four doctors who said very clearly—in fact, one Dr. Martin, Madam Speaker, never requested—he said he never requested any rotation policy. And, in fact, Madam Speaker, where was the voice to defend those four doctors? Because at end of the day, the Minister has a responsibility for the North Central Regional Health Authority.

The North Central Regional Health Authority board is appointed by the Cabinet of Trinidad and Tobago, and also, that board rolls out the policy position of the Government. And at the end of the day, Madam Speaker, in this war against the pandemic, who gave the approval? The jury is still out in terms of who gave the approval as it relates to this rotation and the transferring of these four doctors out of the Couva Hospital, Madam Speaker. And I want to know—the Minister should have added his voice to tell us this afternoon whether the board that the Cabinet, under his responsibility and of which he is the line Minister, did he stand up for the four doctors at the Couva Hospital? It was really mind-boggling, Madam Speaker. In the midst of this war against the pandemic, in the midst of a crisis, you pull out your generals and for me, that was incompetence on the part of the Minister of Health. And today I ask the Minister, did they leave the politics at the doorstep of the boardroom when they took that decision to rotate the doctors out of the Couva

Hospital?

Madam Speaker, at the end of the day, additionally, I want to ask the Minister of Health, where is his voice as it relates to the nursing personnel throughout the healthcare service of this country, especially those have been in the fight against the pandemic and who have been serving diligently outside of those who come to our public hospitals as it relates to seeking health care? And why has the Minister of Health failed? He has treated the Trinidad and Tobago Registered Nurses Association with the most contemptuous of attitude, arrogance of behaviour, in terms of meeting and treating with the nurses and addressing the nurses' issues through this Trinidad and Tobago Registered Nurses Association. Today we are told that the existing patient care ratio at our nation's hospitals is between one to 15 under Minister Deyalsingh for the last six years.

Madam Speaker, international benchmark standards will tell you it is one to five in terms of the general wards, in terms of the intensive care units, it is one to one, and the high dependency unit, it is one nurse to two patients. But in Trinidad and Tobago, Madam Speaker, nothing has been addressed in terms of a patient health care ratio under Minister Deyalsingh for the last six years and that is another reason why he must be fired by the Prime Minister. [*Desk thumping*] But he is not fired by the Prime Minister, he will be fired by the people of Trinidad and Tobago who only last night, in that poll that was conducted on TV6, they told you that only 36 per cent had confidence in the Minister of Health as it relates to his performance in managing the pandemic on behalf of the people of Trinidad and Tobago. So I say to him that the people of Trinidad and Tobago have clearly fired him and the will of the people would have relieved him of the position of being the Minister of Health in this country, Madam Speaker.

And, Madam Speaker, in addition to that, I am told that within the

organizational structure of the regional health authorities, from a nursing point of view again, that work that is supposed to be done by registered nurses, are being done by patient care assistants who are not trained to meet and treat with patients in terms of patient issues. And in addition to that, Madam Speaker, where is the Minister's voice? They come all—you see them up and down Trinidad and Tobago, up and down, heaping praise and so on, on the work of the nursing personnel and even the doctors. But where is the Minister's voice within the Cabinet of Trinidad and Tobago to ensure that workers, from the point of view of giving their just dues in 2021, they should have been working for 2021 salaries, but indeed they are working on 2013 salaries, Madam Speaker?

Madam Speaker: This is about the Minister of Health in the execution of his duties. All right? So what you have just said there is irrelevant. Please return to the text.

Mr. R. Indarsingh: Thank you, Madam Speaker. I am guided. Madam Speaker, in addition to his failure to address the issues from a Trinidad and Tobago registered nurse's point of view or nurses association point of view, I want to ask the Minister of Health, what has he done to ensure that all frontline medical workers are adequately staffed or have within their possession what we call personal protective equipment? Because my information reaching me, Madam Speaker, even 16 months into this pandemic and even for the last six years, if the Minister was planning properly, if he had a sense of vision to understand the needs of all workers under the regional health authorities and so on, and even at the district health care facilities, he would have ensured that—in fact, the N95 masks, sanitization stations—I could go on and on in terms of what they should have been equipped with. Because my constituency office, Madam Speaker, is next to the Couva District Health Facility and I interact with the staff. I know of their cries, I

know of their shortcomings in the system, Madam Speaker, and in their own way—because you have to be very mindful, you know. As I name the Couva District Health Facility, you know tomorrow morning, the Minister could have the entire administrative staff and so on, transferred out of the Couva District Health Facility based on what I am saying here this afternoon because they speak to me in confidence. They send messages to me in my mailbox indicating the incompetence and lack of planning on behalf of or on the part of the Minister of Health.

Madam Speaker, I want to go in the direction to—of where the Minister indicated that he went in the direction of who built hospitals in this country and he boasted about the Point Fortin Hospital and the Arima Hospital. If you checked the historical records in this country, Madam Speaker, they were in government since 1962 and up till when the Partnership came into political office, the public hospitals that we had in this country can be traced to our colonial era. It was built by the British. It took the vision of a government led by Kamla Persad-Bissessar, who understood the health care needs of the country, to be able to build the Couva children's hospital. We turned the sod and put all the mechanism in place for the Arima Hospital and also for the Point Fortin Hospital, so that if they had any decency on the part of understanding where we took the health care of Trinidad and Tobago, under the Member for Siparia, they would have at least said today to the national community, Madam Speaker, that we are benefiting; we are able to tackle this pandemic because of the vision that Kamla Persad-Bissessar and the Partnership government had in terms of building hospitals that they have been able to develop today into a parallel health care system.

And, Madam Speaker, the Minister of Health, if he had any decency too, he should not be talking about code of conduct and bullies know about soft targets and so on, you know. Because I want to ask the Minister of Health if he knows the

reasons as it relates to why certain journalists are not in what we would call press conferences under the Ministry of Health, Madam Speaker? [*Desk thumping*]
These are the things that we want to know.

Madam Speaker: Member, this is not—journalists would not come under the Minister of Health. Okay? So, please.

Mr. R. Indarsingh: I am guided, Madam Speaker. And as I said and I will go on in my contribution here this afternoon because, Madam Speaker, I did not hear, I did not know if the Minister—I do not know if he lost his voice during his contribution, but I did not hear the famous tagline, “Oxford number one in the world”. I did not hear that from the Minister of Health at all during his contribution and I ask the question again: Why we moved from Oxford being number one in the world to no vaccination and also where we were told that our death rate was the highest per capita in Trinidad and Tobago from a global point of view and from a statistical analysis point of view, Madam Speaker?

So, Madam Speaker, when the Minister of Health comes to boast about some 20,000 people being vaccinated over the weekend or this coming weekend, it is because of the pressure that is being applied by the Opposition, it is the pressure on the part of the Government’s succumbing to their bungling and their mismanagement of the public health care system. Because this is a Minister who told the country at large and he told a talk show host when he was questioned about the implication of coronavirus and its impact upon the people of Trinidad and Tobago, he said that if the chances of it occurring in Trinidad and Tobago is remote, he scoffed, he laughed to show you the care or the lack of care and empathy and understanding—the most important thing. Madam Speaker, if you are charged with the responsibility of being a Minister of Government, you must have the vision to understand what will happen or what will unfold under your watch

and that is why I am saying, he is the most incompetent—

Madam Speaker: Member for Laventille West.

Mr. R. Indarsingh:—Minister of Health in the political history of Trinidad and Tobago. I thank you. [*Desk thumping*]

The Minister of National Security (Hon. Fitzgerald Hinds): Thank you very much, Madam Speaker. [*Desk thumping*] Madam Speaker, he needs little defence. His record speaks proudly for itself. But I am here as one of the Members on this side on the Government Benches, who remain astute and proud of the work of the Minister of Health [*Desk thumping*] and the team that he has put together, led by the Prime Minister of the Republic of Trinidad and Tobago. Madam Speaker, the last presenter for the hapless, insincere Opposition who brought this feeble Motion here today, wasting our time—I would rather be elsewhere—just told us that there is some issue with PPE in the health system.

I just want to quote for him, in passing, that an IPC Nurse Keisha Gomez—not someone like him who is far removed, not someone like the Member for Siparia who is further removed from reality. Nurse Keisha Gomez of the NCRHA is quoted as saying that:

The administration of that health authority has made—and I am quoting her—tremendous efforts in ensuring staff safety in a foolproof system, a system where not one member of the health workers in that NCRHA died due to lack of PPE.

Not one! [*Desk thumping*]

4.00 p.m.

The Member also asked: how did we move from 700 deaths to no vaccines? An exaggeration in typical UNC-style. I want the Member to know prior to the vaccine phase of this campaign against COVID-19, Trinidad and Tobago indeed

stood out as number one in the world because of the leadership and the management of this in the non-vaccine era of fighting it. And we have explained a thousand times though we paid money in the COVAX system in advance, the world experienced what has come to be known as vaccine colonialism where the developed countries of the world where by virtue of their wealth and influence produced these vaccines—we “doh” make one in Trinidad, not even though not Malaysia, not even in the Singapore that they talk about, so we had to depend on a supply from others. And in that context, as human beings are wont to do, they hoarded these vaccines and little countries, small island states like ours, according to David Rudder, in a world that does not need islands no more, we had to wait but God is good. And now the vaccines have started to come and the fight against COVID-19 continues.

With all of that, the leadership, the record, the performance of the Minister of Health, the Prime Minister and the professionals from whom we took guidance and advice, stand tall in the world but the UNC do not like that, “they doh want nothing good”. They filed this Motion today, the Member for Caroni East. I found the Motion and its presentation soft, lacking in turgidity, wimpish and consistent with the UNC’s philosophy and practice of obstructionism, pessimism actually. [*Desk thumping*] A political version of COVID-19. That is the UNC; a disturbance to the national good. I am embarrassed at this Motion. They do not even have confidence in it and as usual, the Member for Siparia missing in action, some would say missing in Angostura. Madam Speaker—[*Interruption*]

Hon. Member: Madam Speaker—[*Inaudible*]

Madam Speaker: Overruled.

Hon. F. Hinds: Obligated. The Member for Arouca/Maloney told us quite correctly that with all the talk you heard from the Member for Princes Town today about the

Children's Life Fund, as soon as they left office, their love for children disappeared. They have not contributed a cent since that day. And you know something, Madam Speaker? Not that they do not have money "eh know, all ah them ha plenty money". [*Desk thumping*] Siparia have, [*Desk thumping*] Princes Town have, [*Desk thumping*] Oropouche East have. They all have plenty money. But they like—

Dr. Moonilal: Madam Speaker—[*Inaudible*]

Madam Speaker: Which one?

Dr. Moonilal: 48(1).

Hon. F. Hinds: "Yuh all doh like money?"

Dr. Moonilal: The money I have in the bank—[*Inaudible*]

Madam Speaker: All right. Member. [*Crosstalk*] Member, you have raised a Standing Order, 48(1). I overrule. Please continue.

Hon. F. Hinds: Thank you very much. "They like the money, they have the money but they doh want nobody to know." Madam Speaker, I just—

Mr. Charles: [*Inaudible*]

Mr. Indarsingh: Madam Speaker, 48(6). [*Continuous crosstalk*]

Madam Speaker: Member, both of us cannot stand at the same time, please. Member, the way how a debate goes, as a senior Member here, if you wish, you have an opportunity to go and make your contribution there. I have overruled 48(1).

Hon. F. Hinds: I am more than grateful for protecting me against the virulence of a political version of COVID-19. Madam Speaker, the Minister of Health has a very outstanding record. Under his watch, no MRI machine went missing from any hospital, never to be found again. [*Desk thumping*] That alone, that alone puts him above and beyond this frivolous Motion here today.

And I heard the last Member speak about the Couva Hospital, they should be embarrassed to even mention it. They told us it was a gift from China. When we came into office, we discovered the gift was costing us TT \$1 billion. They opened that hospital three times and we had to open it again and people in it now doing diagnostic testing and to be used as a teaching hospital and right now, playing a major role in the fight against the same COVID that they have been fighting us on.

Even the COVID Regulations, I am involved in the team that structure them and whenever we make regulations or we pass laws generally here, we have to take the criminals and COVID-19 into account and we also have to take the UNC into account.

[Madam Speaker stands]

I am obliged.

Madam Speaker: What I just want to remind, this debate is not about COVID-19 per se, okay, so that in terms of COVID regulations, they are not relevant unless you tie it into the debate please.

Hon. F. Hinds: I am obliged. Madam Speaker, the Minister of Health working in close collaboration with the Ministry of National Security and his health professional outfit, we had to contribute to the work of the Minister of Health and when we say “we”, I mean elements of national security, regulating as the Minister of Health directed and the health professionals, human conduct, human behaviour, human gathering, human movement, and this was the role of the Ministry of National Security in all of this: the police, the defence force, the municipal police. All of that happened over the last few months from since March of last year, in particular since we put the curfews in place to regulate and suppress human gathering and human movement. And the police, directed by the Minister of Health through the Minister of National Security, Madam Speaker, did all of that without

any allegations of abuse against the citizens of this country.

When we put the state of emergency in place on the direction of the Minister of Health, Madam Speaker, the howlers from the UNC and the Benches opposite started to talk about potential for abuse. The police carried out their work with the dignity under the leadership and the policy direction of the Ministry of National Security advised by the Minister of Health and they interfaced from the statistics with over 25 per cent of the population, not one serious allegation today, police Professional Standards Bureau nor to the Police Complaints Authority in respect of police abuse. Contrast that with 2011 when they went on “ah rampage”.

Mr. Lee: Madam Speaker, 48(1) please.

Hon. F. Hinds: The Minister of Health.

Mr. Lee: 48(1).

Hon. F. Hinds: Thank you, obliged.

Madam Speaker: Member, while I think that you are really stretching the point and, therefore, I would ask you to move on.

Hon. F. Hinds: I am obliged. The Minister of Health requested of the Ministry of National Security some support in terms of the Minister of Health in terms of what he had to achieve in the last few months, the period under review as raised by this Motion and whether it was WASA, T&TEC or other emergencies, Madam Speaker, under the direction of the Minister of Health, we made arrangements for people to function in the face of the challenge that we have in front of us, COVID-19.

Madam Speaker, the Minister of Health mandated that people wear face masks, a very good and solid policy put into regulatory form and the police would have arrested some 12,802 people for breaches of that, much to the chagrin of the Minister of Health. Police officers, 3,240 of them needing quarantine, 11 of them

having lost their lives but notwithstanding, based on the leadership of the hard-working and the forward-thinking Minister of Health and his team, we at National Security along with the municipal police in Port of Spain and otherwise, supported the Minister of Health and I cannot understand how they could come today to move a motion. That is the essence of parliamentary ingratitude, to challenge the Minister.

Similarly, the defence force getting involved in logistic operations, transporting persons to and from quarantine and stepdown facilities under the direction of the Minister of Health which was put into regulatory form. Security operations for the receipt of vaccines: I heard a lot of discussions about vaccines here today and I am only touching it as I pass. Manning all of the quarantine facilities to ensure that people do not recklessly leave their stations and spread the virus that the Minister of Health demonstrated from the very start he was so concerned about. Facility reconnaissance by the defence force, whether it was south-western division, eastern division, southern division, northern and central division, visits across Trinidad and Tobago to determine the suitability of the accommodation that the Minister of Health designated that was suited for COVID-19 sufferers. He should be praised. We should be saying thank you to the Minister of Health. [*Desk thumping*] On the other hand, political pestilences in this land. [*Desk thumping*]

Madam Speaker, quarantine facilities all over Trinidad and Tobago whether it is Chancellor Hotel, Kapok, Cascadia, NAPA, UWI campus in Debe, Paria, Point Fortin Hospital, the Minister of Health insisted that those places in a parallel health system be made available and the defence force protected those places and conducted operations to ensure that they remain suited for the purpose. That was in addition to the suspended facilities like, for example, Balandra.

I remember when the first cruise ship victims came here back in 2020 in the month of March, April, early in this crisis, there was hue and cry in the national community. It was the defence force who took control of that situation, made the space available and protected it to protect the rest of the people of Trinidad and Tobago, hence the record that we earned as number one in the world as managing this as I said in the pre-vaccine phase. Now the world is moving into the vaccine phase and we are fighting. The Minister of Foreign Affairs under the leadership of the Minister of Health, led more supremely by our honourable and dignified Prime Minister, [*Desk thumping*] fighting for vaccines up and down the place.

The defence force, I can tell you as Minister, made several trips up and down the region to collect 2,000 vaccines here, 12,000 vaccines here, “is ah real struggle”.

Dr. Moonilal: [*Inaudible*]

Madam Speaker: So Member, again, if you could relate all of this to what the debate is about please.

Hon. F. Hinds: Indeed. Thank you very much, Madam Speaker. Much was said and before I move on and just to conclude on the point, I want to, as Minister of National Security, thank and congratulate the defence force, the police service, the municipal service [*Desk thumping*] and most of all, the Minister of Health for his work, for his thought in this struggle and argue vociferously that it is infra dig, it is ungrateful for anyone to come to challenge the outstanding performance of the Minister of Health who has won the acclaim of the national community for his good work. [*Desk thumping*]

I am responding now, Madam Speaker, if you would permit me, to a Member on the other side who said and that was the presenter of the Motion today, the Member for Caroni East. He told us today that Venezuelans, “things so bad in

Trinidad”, that Venezuelans want to go back to Venezuela. Madam Speaker, I have personal knowledge of some of this. I have on my desk as I speak to you and I sent it to the Minister of Health this morning, a list of 592 Venezuelans who want voluntarily to return to their home because they believe things are better now than they were when they flee to come to Trinidad.

And as I speak to you, in a couple hours today, 75 Cubans who were here in Trinidad and Tobago will be leaving on an aircraft to go back to Cuba, all voluntary. Everybody wants to be home. Circumstances may push you away. We welcomed. The Minister of Health ensured that the proper health protocols were followed and we ensured that we registered 16,500 of them, economic migrants, under the watch, under the direction, under the health regulations, all instituted by the Minister of Health and we have given them comfort and now that they feel that the time has come, we will facilitate their departure in accordance with the dictates of the hon. Minister of Health.

And as for the borders, the howlers of the UNC have been howling for a long time about borders, borders.

Madam Speaker: Member, unless you— [*Inaudible*] I would rule on 48(1) and ask you to move on to something else.

Hon. F. Hinds: Yes, let me link it. The Minister of Health urged the Attorney General to prepare certain regulations and those regulations are to be given effect and, Madam Speaker, we, in managing the borders, instituted not only curfews in Trinidad and restrictions on the movement of the population, in those health regulations, signed off and instigated by the Minister of Health, but certainly we had border management and we have taken care of that.

As part of that, we have according to the Minister of Health in managing our borders to ensure that persons do not come in here in breach of the regulations that

he oversaw, as a result, we are very proud to let this country know that at 5.15 a.m. this morning, the *BBC Rushmore* was just about 1,400 nautical miles off of Brazil. The Minister of Health wants us in the application of his regulations to manage the borders so that persons will not come to Trinidad in breach of those regulations and those two vessels that we ordered are expected not too far from now. Working in tandem with our radar system, all to give life and effect to the health regulations as I have said before, as dictated by, signed off by, instigated by the Minister of Health. He is a champion [*Desk thumping*] because he comes from a champion Government, thoroughbred [*Desk thumping*] and it is not the Minister of Health alone. I want them to understand, it is a team, it is teamwork.

So, Madam Speaker, I stand here representing the members of my community, the citizens of Laventille West and feel proud to say that we give full support to the Minister of Health. And while the previous speakers—Madam Speaker, how much more time do I have?

Madam Speaker: You have three seconds.

Hon. F. Hinds: Thank you very much, Madam Speaker. Again, in conclusion, we give full support to the Minister of Health and reject flatly that weak and soft lack of turgidity Motion—

Madam Speaker: Member for Fyzabad.

Hon. F. Hinds:—brought by the UNC. Thank you very much. [*Desk thumping*]

Dr. Lackram Bodoë (Fyzabad): Thank you very much, Madam Speaker, for the opportunity to join this debate on this very timely Motion by my colleague for Caroni East asking for the House to express its lack of confidence in the Minister of Health and to call for his immediate resignation. Madam Speaker, I also want to salute the contributions of my colleagues, the Members for Princes Town and Couva South.

Madam Speaker, it is with a heavy heart that I stand in support of a Motion for the resignation of a parliamentary colleague but we are living in extraordinary times and this requires extraordinary performance by governments and their Ministers, especially Ministers of Health. The Member for St. Joseph and I share a mostly cordial relationship in this House and I want to assure the Member that this is not personal but I am speaking on behalf of those who elected me and are calling for his performance to be examined and graded in this debate, Madam Speaker, as significant numbers of citizens have already given this Minister a failing grade.

Indeed, Madam Speaker, as we speak here today, there is a situation all around the world where several Ministers of Health, in other jurisdictions, have either resigned or been dismissed since the start of the epidemic. At the outset, Madam Speaker, I know a lot has been said about COVID-19 and vaccinations and I just want to tell you that I am going to take a slightly different approach. So, we know the wrong policy decisions in this pandemic can have severe consequences as we have seen in many countries.

Before I go into the substance of my contribution, Madam Speaker, I always remember a conversation I had with a pilot friend of mine many years ago.

Madam Speaker: Members— [*Inaudible*] —the Member for Fyzabad so I will ask us all to abide by Standing Order 53 and listen in silence.

Dr. L. Bodoë: Thank you, Madam Speaker. So I was saying that I always remember a conversation I had with a friend of mine who was a pilot many years ago and he said this to me. He said “Doc, if you make a mistake, one person dies but if I make a mistake, a plane load of passengers die including myself”. And I give that example, Madam Speaker, and I draw the parallel with the Minister of Health who is the equivalent of the pilot and the plane that is carrying all 1.4 million passengers that is Trinidad and Tobago, a plane that he knew was

approaching a storm called COVID-19 and therefore required the best navigation plan to engaging the skills of all on board to land us safely. So, Madam Speaker, the passengers have lost confidence in the pilot. They no longer believe that he can land the plane safely. They are witnessing significant casualties around them and the much-promised, life-saving relief called vaccine seems to be receding every day. And that is as much as I will say about vaccines.

Now, Madam Speaker, I want to address some other failings in the health sector under the stewardship of the hon. Minister. Before I go there, I just want to refute a few statements and correct the record. If I may start with the statement by the Member for Laventille West, his usual colourful descriptions but without much meaning, but what struck me is the fact that he was concerned about his statements about the Couva Hospital and I want to say that the Couva Hospital, if that was an one billion investment, it was the best investment that Trinidad and Tobago ever made [*Desk thumping*] because this hospital has now turned out to be the saviour of this nation in the COVID-19 crisis and it has formed a platform for the much-touted parallel health care system and I will leave that there.

Madam Speaker, in preparing for this Motion, I took the opportunity to look at the issue of what the Minister himself has called the traditional health sector. A lot has been said about the parallel health sector and I just want to again to look at the Minister's contribution and the Minister said we did not touch the traditional health care system. I am going to show where, despite this Minister's statement and despite the expenditure of over \$30 billion in the last five years in the health sector, that the traditional health care system has suffered badly and is on the verge of collapse because of poor management and mismanagement.

Madam Speaker, in case the population may have forgotten, let me remind them of the budgetary allocations to the Ministry of Health under this Minister:

2015 to 2016, 6.09 billion, 2016/'17, 6.25 billion, 2017/'18, 6.03 billion, 2018/2019, 5.7 billion, 2019/2020, 6.08 billion. I make the point that a total of \$30.15 billion has been spent by this Government and this Minister over the last five years. I am leaving out the allocation for the current financial year. But I am making this point because it is important for the population to understand that this expenditure had nothing to do with the management of COVID-19.

We are very much aware as Members of this House that we have been here on several occasions to approve additional and separate COVID-19 expenditure to the tune of over \$1 billion and if we are speaking about the health sector in particular, that will run up into the hundreds of billions of dollars. So I want that to be clear and it is in this regard that I want to examine the performance of the Minister of Health, the hon. Member for St. Joseph, in terms of the issue of mismanagement and poor performance of the service delivery arms of the Ministry of Health.

And as we speak about service delivery and the RHAs and so on, Madam Speaker, I also want to say that the Member had mentioned that UNC has attacked public servants. All I want to say is that my medical colleagues are hard-working people and I thank them for their service, however, this Motion is not about them, it is about the Minister of Health [*Desk thumping*] and I will leave that and I will move on.

So, Madam Speaker, the Minister of Health also mentioned his claim about the Director of Women's Health and the decrease in maternal mortality, something close to my heart and also we are grateful, the country is grateful for that, it was also important to understand that again, this was built on a platform which was created by a report commissioned by the hon. Kamla Persad-Bissessar way back in 2014 and we are grateful, [*Desk thumping*] the country is grateful that that is being

built upon as other initiatives have been built upon for the betterment of our citizens.

So, Madam Speaker, with your permission, I would want to refer to a few newspaper articles just to show what the issues are. And the issue, let us look at one, just a few of these articles I am going to look at. The first article says:

“Waiting in vain at Sando hospital”

This is January 23, 2021, in the *Express* and it treats with the issue of waiting time so we still have the issues of waiting time and I put this in the context of the large expenditure over the number of years, the five years and this is what someone had to say:

Waiting for two, four or even six hours a day on a chair in pain for medical care at public health institutions is the norm, some patients in Accident and Emergency said.

These are patients in the A&E speaking, Madam Speaker, this is not me saying this. Again, in this same article, and this patient who was waiting in the A&E at San Fernando appears to have hit the nail on the head and I quote:

The entire system is poor and it is not because of COVID-19, we have had this problem for a long time now. It all comes down to the management.

And I want to agree with this patient, Madam Speaker, it does come down to management under the RHAs and of course, the RHAs come under the oversight of the Minister of Health.

But you know what is even more frightening, Madam Speaker? The response of management to these issues. And again, I quote from this article:

Responding to outpatient woes at the Mt. Hope Hospital last Sunday, the North Central Regional Health Authority and CRHA Chief Executive Officer Davlin Thomas...

I am quoting, Madam Speaker:

said he felt shocked and flabbergasted while reading last week's *Sunday Express* lead story in which outpatients related their agony of having to wait long periods for health care at the institution.

So, Madam Speaker, this speaks to the problem that we are facing in the health sector. The NCRHA board is yet to deal with what appears to be a runaway Chief Executive Officer and the Minister appears powerless to act to protect the public in this and other matters pointing to incompetence at the management level of this RHA. I will say no more, I will leave that there.

4.30 p.m.

So, Madam Speaker, if I may use another article as a reference of the woes in the health sector and this one says:

“SFGH doctors say drug shortage affecting surgeries”

Madam Speaker, it is a well-known fact that surgeries have been delayed, have been postponed, and so on. And whilst it is understandable that COVID-19 may have been responsible for some of this, these are ongoing problems that have been there for some time within the RHAs. And this is a *Guardian* article, April 15, 2021. And the bottom line is that what doctors are saying, this refers to an internal memo that was leaked to the newspaper suggesting that there is a shortage of anaesthetic drugs and this will cause a delay for patients to have surgery.

The point to be made here, Madam Speaker, is that whilst there is a worldwide shortage of some drugs, the drugs listed here are common drugs that can be purchased and are supplied and are easily available in the country. And, therefore, the question asked whether it is an issue with lack of resources or delay in giving resources to the RHAs to purchase drugs, and so on, again, whether is it just a management problem.

Madam Speaker, another issue that affects the RHAs can be gleaned from this article in the *Express* of June 01, 2021, and the headline here is:

“Baby born on the roadside

Turned away from P/Fortin Hospital, could not reach Sando in time...”

And I just make this point here, Madam Speaker. We are all very familiar, I am sure, with this highly publicized case, but I just make the point that it was really because of a lack of planning and foresight by the SWRHA in making alternative arrangements that caused this pregnant woman to do a curbside delivery, Madam Speaker, thereby breaking other health regulations. I mean, we may laugh at this but it is a very serious matter. The point I am making is that, again, something must be wrong when you decide that you are going to utilize, change the use of two hospitals in Point Fortin, the Point Fortin Hospital and the Area Hospital, Point Fortin, without making arrangements for what is a particular area of that country, Madam Speaker, the south-west peninsula, and in view of the fact, of course, the Point Fortin Highway is yet to be completed, it means that patients from that area would have had tremendous difficulty having to come to San Fernando. Luckily, I believe that problem had since been corrected by utilizing facilities which are right there in the area. But again it shows the lack of planning and forward thinking that can cause great difficulty and disturbances for patients.

My last article, Madam Speaker, speaks to something that seems to be a perennial problem in the hospitals and the institutions and the headline here is:

“No CT Scan Machine Working”

And this is September 09, 2020, early o'clock in the pandemic, not a recent article in the *Trinidad Express*. And again, it speaks to the recurrent issue of broken diagnostic equipment, the failure of maintenance. One important point that came out of this is the fact that when this happened, and it speaks to no equipment at

Port of Spain hospital, the arrangement that was made is that the patients had to be transferred to the other RHAs, and so on but sometimes again we do things and we do not look at the consequences.

And again, I quote from this article.

A doctor pointed out to the *Express* that ambulance services are not State-owned and, therefore, a bill, possibly in the millions, will be paid to the private ambulance company that transports patients.

And I raise this point, Madam Speaker, because just two weeks ago, in the Bill here to allocate more funding for the RHAs, and so on, we spoke about a bill of millions for the GMRTT and one wonders whether that kind of expenditure for transportation could not have been better utilized for patients to receive these services elsewhere.

And again, this is again a quotation and I would leave it here:

It is an obscene situation and literally a nightmare for patients. Patients hospitalized would have to be transported to Mount Hope to get scans. Outpatients who attend clinics and who need scans would be given referral letters to go to the hospitals. Can you imagine the madness in this time of COVID? Said the doctor.

So, Madam Speaker, I am just making the point that there are many issues present; many, many, many issues in the traditional health care system.

[MR. DEPUTY SPEAKER *in the Chair*]

Mr. Deputy Speaker, as I welcome you. And the question really has to be asked is: Why have the RHAs been unable to carry out their mandate of service provision? Is it because of late and inconsistent resource allocation? Is it because of the shortage of key personnel? My colleague for Couva South raised the issue over the nurses. There are still 1,500 vacancies for nurses in Trinidad and Tobago.

And again, are all of our resources, Mr. Deputy Speaker, being properly utilized? There is the issue still of so many hundreds of unemployed doctors who could be utilized, especially in this time of COVID-19.

But I think, Mr. Deputy Speaker, that one of the big issues here is the poor governance and the lack of strong leadership at the board level. The Minister of Health, through Cabinet, is responsible for appointing boards. And I get the impression, Mr. Deputy Speaker, that there really is not strong leadership and good governance at the board level in the RHAs. And the Minister of Health, of course, has to take the ultimate responsibility because by a document posted on the Ministry of Health's website it says:

“While the Ministry of Health does not us directly run health facilities, it is required to play a key role in ensuring that they are properly run, by setting policies, goals and targets for Regions based on assessment of real health needs.”

So, Mr. Deputy Speaker, these shortcomings, whatever the reasons they are, fall squarely in the lap of the Minister of Health.

So, Mr. Deputy Speaker, I know a lot was said about the rapid antigen testing. I do not intend to go there anymore, just to say that the failure to implement the rapid antigen testing has led to the infiltration of the traditional health care system, with some COVID-19 patients and has caused delay in surgeries.

Mr. Deputy Speaker: Member, you have two more minutes.

Dr. L. Bodoë: So as I close, Mr. Deputy Speaker, I just want to say that trust needs to be restored in the public health sector. Citizens must believe that this Minister of Health can look after the health care during this pandemic. The Minister of Health has shown that he does not have the competency to effectively undertake his duties

Minister of Health (Lack of Confidence in)
Dr. Bodoë (cont'd)

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in the health sector. He is not capable of looking after the welfare of our citizens. And Mr. Deputy Speaker, I say, Minister, it is time to go. I thank you.

Mr. Deputy Speaker: I recognize the Member for St. Ann's East.

The Minister of Education (Hon. Dr. Nyan Gadsby-Dolly): Thank you very much, Mr. Deputy Speaker.

Mr. Deputy Speaker: Twenty minutes.

Hon. Dr. N. Gadsby-Dolly: Thank you, Mr. Deputy Speaker. It is with gratitude for his service, as well as confidence in his continued tenure that I stand here on behalf of the 31,377 registered students doing CSEC and CAPE exams in June/July 2021, and the 19,656 students doing SEA on July 01, 2021, and my own 28,000-odd constituents of St. Ann's East, I stand here to express my unreserved confidence in the Minister of Health, MP for St. Joseph, Terrence Deyalsingh.

Mr. Deputy Speaker, the last year and a half has been an extremely challenging time for the education sector, for the world in general. And the fact that Trinidad and Tobago can be in a position today to allow our students the best chance of success in the current circumstances speaks to his efficient management. Our students can look forward to doing the examinations coming up in July and they can look forward to their future being advanced on the basis of sound management. That sound management has been available to them through the Minister of Health.

Has it been perfect? No. Have we had to deal with situations that were swiftly changing and have we had to implement policies to mitigate against these particular circumstances? Yes, we have had to do that. But this has been the situation around the world. We are not a country that is disconnected from the world. Yes, we may be an island but that does not mean that our issues are not the global issues that affect everyone. And every single Government has had to

grapple with the pandemic and the issues that have arisen out of that.

It is so easy to look at ourselves and say that the Minister of Health should have no confidence reposed in him, so easy to do that and to compare ourselves to other organized countries, as the mover of this Motion said; so easy to close our eyes to their difficulties and celebrate their successes. But when it comes to Trinidad and Tobago, nothing is ever good enough. No effort is ever good enough by our own standards, it seems.

It is so easy to ignore the fact that the UK has pushed back their Freedom Day of 2021 from June 21st to July 19th and so easy for the mover of this Motion to just take that as a normal happening. But had it been in Trinidad and Tobago, we would have heard a totally different response to that. So easy to ignore the fact that Brazil, as well as India, just faced crippling circumstances because of this same pandemic. Barbados was earlier this year. But it is so easy to look at our own circumstances and point out all of the glaring, as far as persons are concerned, inconsistencies and errors, as far as the Opposition calls them.

These are not easy times or circumstances, and every country is doing their best to focus on what is most important to ensure that we get those who are most vulnerable taken care of in this time. And this is why, when we speak about taking care of those who are most important, I say that as Minister of Education I repose confidence, because I have seen the Minister of Health respond to the issues in education that needed urgent consideration.

The mover of the Motion called for care for our SEA and CXC and students' health and safety. And I submit that every action of the Government, through the Ministry of Health, has been with the best interest of the students in mind, these very students.

From the closure of schools to protect our students from being infected, that

was done by the Government on the advice of the Ministry of Health. When the decisions were taken not to have Carnival and to close down certain sectors, all of these decisions were taken on the basis of the advice of the Ministry of Health, and may I remind that this advice allowed us to open schools from February 8th, to allow our examination students that chance to be able to complete their critical areas for their exams coming up. All of this was done under the advice of the Ministry of Health to ensure the care and safety of our students.

Instituted in the Ministry of Education, the District Health Unit on the advice of the Ministry of Health, where we now have that critical liaison between the Ministry of Education and the Ministry of Health, where we can have real-time information transmitted from the schools to the CMOH's office so that we can take care of all circumstances that arise, that was on the advice of the Ministry of Health, tangible evidence of them ensuring that all is put in place to take care of our students. The care and safety of our students is paramount for the Ministry of Health. All of these tangible pieces of evidence is why I repose confidence in our Minister, because this Minister has demonstrated that he cares about the students of Trinidad and Tobago.

When we were faced with the recent rise in infections and deaths, as we saw all over the world happened, and in the region, it is the advice of the Ministry of Health that allowed the Government to take decisions to put us into a space now, where we can contemplate examinations for our students, giving them the best chance. And I have heard persons proffering what we should have done and what we could have done for these students. And I can tell you, that even in circumstances where different decisions have been taken, those have not been perfect. In circumstances where decisions may have been taken not to have examinations, I can tell you that there are often difficulties with those decisions;

teachers crying out for extra work, comments being made about the fairness of those systems.

So, therefore, we in the Caribbean region have met, as Ministers of Education, looked at our circumstances, and made decisions about the future of our children. And we needed the Ministers of Health to be on board to ensure that in implementing those decisions our children would be well taken care and of. And I can say to the public today and in this honourable House that the Minister of Health has been on board, ensuring that the decisions taken at the level of the Ministers of Education of the region, have allowed them to be implemented with the care and safety of our children as paramount.

Are our circumstances perfect, Mr. Deputy Speaker? No. But show me where in the world is perfect. Show me. This is not an easy situation. But based on the advice and work of the Ministry of Health we can look forward to our schools reopening with a physical component in 2021. And I can tell you that the measure of hope that that instills in our students, our teachers and parents, that must never be understated. And it is the advice and management of the Ministry of Health that has made this possible.

The work of the Ministry of Health, Mr. Deputy Speaker, is directed by a Minister of Health who is involved, interested, invested, committed, dedicated, knowledgeable, steadfast, devoted, motivated and hard-working. Mr. Deputy Speaker, you get my gist and I can go on. But the evidence of what the Minister of Health shows this dedication, shows the hard work, show that he is not sleeping on the job. He is there doing what he is mandated to do and his heart is in it.

Mr. Deputy Speaker, as the Ministry of Education continues our work and we move to distribute the first tranche of laptops which have arrived in Trinidad and Tobago, to our students, it is with hope, hope brought about by the actions of

the team at the Ministry of Health, that we can look forward to a physical component of school for our children in September. These victories are not easily won. They are won by hard work and in circumstances that are most difficult and trying. But the fact that we can face this as a prospect speaks to the actions of the Minister and that is why we repose confidence in the Minister of Health. [*Desk thumping*]

Mr. Deputy Speaker, a fish “rotten” from the head, and in like manner, if the fish is obviously fresh, obviously vibrant, obviously energized and vigorous and working well, it is as a result of a head that is performing similarly. Minister of Health, we the students, teachers, parents, applaud the work of you and your team. And as I wish all the examination students the best next week, as SEA is held and CXC begins, we look forward to these exams being carried out in an atmosphere of care and safety. And we thank you Ministry of Health for your advice and your advocacy and your work in creating this atmosphere for our students. Our students thank you. Our parents thank you. Our teachers thank you. Our education administrators thank you. Trinidad and Tobago thanks you. St. Ann's East, my own constituency, on their behalf, they thank you. And may your efforts continue to be marked by success. I reject outright this Motion. Your reward, Minister of Health, may not be accolades from the Opposition, but that in itself, were it to be offered, would be dubiously accepted. Go forth and continue to serve well. Mr. Deputy Speaker, thank you for the opportunity. [*Desk thumping*]

Mr. Deputy Speaker: I recognize the Member for Tabaquite. [*Desk thumping*]

Ms. Anita Haynes (Tabaquite): Thank you, Mr. Deputy Speaker. I would like to begin by thanking my colleague, the Member for Caroni East, for bringing this very important, very timely Motion to this House today.

Mr. Deputy Speaker, I listened intently to the course of this debate. And as a

Member of the Opposition, as a representative for a constituency, and as a voice for people in this country as well, I would just like to say that the arguments brought to us from the Government leaves a lot to be desired, in that they sought time and time again to argue whether or not a Motion ought to have been brought, rather than present the people of this country with the facts, with the statistics that would support all of this gratitude that I am hearing. Because, as I stand here today, we just received the public health bulletin and today there were 16 deaths, 346 new cases, 791 overall deaths and 7,613 active cases as we stand today. And those are the numbers that we are facing.

So, Mr. Deputy Speaker, if you want to stand and congratulate someone and say how well they would have done, then you should have brought with you the evidence to support that statement. But coming without that and only coming to debate the merit of the Motion, whether it ought to have been brought or not, just shows how vacuous and empty their arguments are today.

I would like to begin by treating with the speaker just before me. Mr. Deputy Speaker, I listened in amazement, because we cannot be living in the same Trinidad and Tobago. Because we stand here today in a state of emergency. We are in a state of emergency. Because of the COVID-19 pandemic, our schools are closed. Our students have not been able to go to school for many months, because of the management, and I am hearing from the Minister of Education that despite that fact, we must congratulate the Minister of Health.

And I would have thought, Mr. Deputy Speaker, given what we know now, and this is with the limited data that we have right now, because I guarantee you, we have no idea the full scope and impact on our education sector as of right now. But when we do, it is going to be a lot scarier than what we are seeing right now. But as of right now, we know of at least 2,000 students who have dropped out of

school because of the very management of this COVID-19 pandemic and we must say thank you? The people of Trinidad and Tobago must say thank you? No, absolutely not. We say resign and get somebody who can do the job in the space.

Mr. Deputy Speaker, we are standing here today and our students are going in to write SEA on Thursday. Like the Minister, I wish them the best of luck. But can you imagine the strain these students are under right now? I asked in this Parliament about the vaccination for the exam supervisors, only to be told that maybe 500 would be voluntarily vaccinated on Saturday. Mr. Deputy Speaker, simple planning. The exam was postponed, right, the pure fact that the exam was postponed showed us that the management of the COVID-19 pandemic is not all the bells and whistles that they are saying it is. It was not this garden of roses. The fact that we had to postpone the exams shows us that we are not in a good space. So the exams were postponed. They had more time. Once vaccines started coming in, knowing the date of the exam, simple logic, basic common sense would tell you persons who have to go out to—*[Interruption]*

Mr. Al-Rawi: Mr. Deputy Speaker, Standing Order 48(1) as the excursion into the examination, really is in my mind, stretching the limit—the Minister of Health does not have responsibility for education.

Mr. Deputy Speaker: Again, Member, I will give you a little leeway. Just tie it in quickly.

Ms. A. Haynes: Thank you, Mr. Deputy Speaker. A little patience would go a long way because I could tie this in very easily. The Minister of Health has a responsibility for vaccinations. I think we can all agree? So, therefore, the lack of vaccines that were available for persons who are supervising our SEA students, and it is also in a direct response to the previous speaker, and I am sure the Attorney General is well aware of how parliamentary debate is conducted, that I

have a right to respond. So, in that regard I say again, the fact that we are standing here today, the fact that we are standing here today and they could not confirm that our supervisors would be fully vaccinated before the exam on Thursday and then still tell us that we should be grateful for good management, when simple logic was absent, simple logic was absent. And so, Mr. Deputy Speaker, it is clear that there are two worlds going on here, the real world and the PNM's world because—

Mr. Deputy Speaker: Silence please.

Ms. A. Haynes: It is only—I listened to the Minister of National Security from our caucus room, and the Minister of National Security was referencing the pandemic in terms of pre-vaccine pandemic and post-vaccine pandemic. That is why I say there is a difference between the real world and the PNM world. Because most persons are talking about the pandemic and post-pandemic era, but not in Trinidad, not in Trinidad.

So while places are opening up, while countries are able to re-open, we are still in a state of emergency. And from that, we are being told to congratulate the Minister who, if he had acted responsibly, if he had done his duty to the nation, we would not be in a state of emergency today. That is a simple line of argument. I am sure that they can all see that, because there was an early celebration. There was an early celebration of the successes.

And I cannot understand a group of people who, when there is a time to take credit for something, front of the line, front and centre patting yourself on the back, excellent. But when it is a time to take responsibility for the state of the nation, it was not us; always some new line of defence, somebody in front, somebody else to take the blame. If it is credit, it is us. If it is credit, look at the good management, look at the Executive, look at the Government. But will not stand here today and admit that we are in a state of emergency because of the actions of the very same

Government that was taking credit a few mere months ago.

You know, Mr. Deputy Speaker, I really hope that the Attorney General joins in the debate. Because I am sure from the level of crosstalk, he has something to add. Because if you can tell me off-the-cuff that Deyalsingh invented COVID, nobody is saying that, but he had a responsibility, a duty to this nation and he has failed to do it and, therefore, we can say without fear of contradiction that he ought to be held accountable. That is very simple. If you have a job to do, if you have a job to do and you failed to do it, what are we supposed to say? You know what? He tried his best. The fact is the bar has been so sufficiently lowered, the bar has been so sufficiently lowered, that all we are asking for right now is survival.

I have been hearing about this parallel health care system, that the parallel health care system held up. What is it parallel to? Because the health care system it ought to be parallel to was not working in the first place. And you know, to come here and to suggest otherwise is a disservice to the people of this country. Because if you can admit that there is a problem, then that shows us that you are willing to do the work to fix it. But if you are only willing to pretend there is no problem, then we have nowhere to go from here.

The thing is, when I was preparing for this contribution, I looked at my maiden contribution in the Senate. That would have been the Appropriation Bill for 2018. So that took place on October 24, 2017. Look how many years ago, right. On October 24th, I read into the record a piece of correspondence from doctors who would have graduated then and were unemployed, and they were seeking an opportunity for employment in the state sector. And I listened today, as the Minister of Health, very passionately, defended the public officials. But from 2017 to now, the Minister has no voice, no words for the junior doctors who have been working now in a pandemic on temporary arrangements, on temporary

arrangements that many of them face since 2017. And in their letter, they were talking about from 2016 onwards.

5.00 p.m.

I am talking about persons who did all the right things, they went to school, they did their due diligence, they passed their exams, they are ready to work for the people of Trinidad and Tobago, and now they are being told, “Yes, work for us but you have no vacation, no sick leave, no gratuity, no job security.” But we must tell this Minister of Health, “Thank you.” These same doctors.

So, you have a lot of passion talking about public servants but you are cherry-picking, because these are public servants too. They are also suffering from burnout. Where was your voice for them? And you see, so when you want to come and pat yourself on the back—and I heard again the Minister of Health talk about Central Block, and in a response to me in the Senate, the Minister of Health said that the Central Block was going to be completed by September 2019. If I check correctly, we are in June 2021, and he still wants congratulations for that; unable to meet the deadline that you set.

You see, the idea now is that we can so lower the bar that what we want to count as success is below the bare minimum. Is the Minister around? Did he do a press conference? Is he here today? Well then, he is doing his job. Good job, Minister. But we cannot look at the statistics in front of us. We cannot look at how we are performing.

The Minister of Education said that we should be grateful that our students are able to come out to do exams. That is the level we have reached, gratitude that you could come out one day to do exams. Ignoring the fact that there are tens of thousands of students who are unable to get access to quality education. Because as the Minister of Education just said, “The first tranche of devices will be arriving.”

But we are opening schools in September. So the devices are arriving right in time for physical school, if they are to be believed. Ludicrous, Mr. Deputy Speaker, ludicrous, it cannot make any sense.

When you listen to the Minister of Health, the Minister of Health came and he read out everybody else's CV, right. From what secondary school you went to, [*Crosstalk*] from what secondary school they went to until.

Mr. Deputy Speaker: Please, Members.

Ms. A. Haynes: And forgot to say what his role in this whole thing is. [*Interruption*] Well, no, I was not asking him to praise himself but one of you all could have done it.

Mr. Deputy Speaker: Members, Members, one second, One second, please. Members, please, not across the Chamber like that please; not across the Chamber like that. Proceed, Member for Tabaquite.

Ms. A. Haynes: Thank you, Mr. Deputy Speaker. But with several speakers after, nobody told us why the Minister of Health was so qualified to continue in his post. And like I said, we are living in two worlds, the real world and the PNM world.

Again, now I listened to the Minister of National Security talk about parliamentary ingratitude. I am convinced, I am convinced he uses words and has no idea what the meaning is, nothing. Because the Minister of National Security spoke to us about how well everything was managed, everything was managed, but then gave us the statistics of TTPS officers who had had COVID and or passed away from COVID, and then did not tell us anything else about it. He gave us the numbers and to my mind the numbers are very scary. It is very scary that we can have persons, first responders, frontline workers, who put themselves at risk daily, and you have these numbers and then you talk nothing about what is next. But then tell us we ought to be grateful because it could have been worse. That is the

justification?

So you have so—you have made this issue, one, that we are weaponizing the fear of the population. Are we all afraid right now? Absolutely. Are you now using that fear to tell us that what we ought to accept is not excellence, not even a creditable performance, no not that, not even mediocre, but unsatisfactory, but once you survive, be okay. You know, once you survive and you make it through, if you make it through 2021. Guess what? Good job, Minister of Health. That is madness, Mr. Deputy Speaker.

We as a nation, we have standards. We want to have an Executive that is performing, and that you are meeting your deliverables that you have set. And if you can stand here and tell us in your idea of where we would be in 2021, is in a state of emergency in June, well then you have delivered. You have delivered on what you have promised. But if you are telling the population that you have managed well, if you are telling the population that things have gone according to plan, then it must mean that this is your plan. If not, then you have to agree with us that the Minister ought to resign. You have to, because if you can—when the rest of the world is opening up, have us in a state of emergency—lockdowns. Lockdowns are meant to give the State, the arms of the State enough time to ensure that we can withstand the effects of the pandemic. Lockdowns are not the solution; they are not the solution. I would say vaccines are the solution, but I mean, I am sure they know it. They just bungle that left right and centre.

So we are now in a perpetual state of lockdown. We are now looking at the numbers and then still to come here and be told that they defend the Minister who was there through it all.

Mr. Al-Rawi: Mr. Deputy Speaker I rise on Standing Order 55(1)(b), the Speaker has already— [*Inaudible*] —tedious repetition on this very point and cautioned all

Members.

Mr. Deputy Speaker: Again, Member, you have two more minutes. So I will just give you the time to finish off.

Ms. A. Haynes: Thank you, Mr. Deputy Speaker. In a Motion of no confidence in the Minister of Health I would expect that the Attorney General would understand that you have to repeat why we believe we have no confidence in the Minister, that is very simple.

Mr. Al-Rawi: [*Inaudible*]—Standing Order 55(1)(b). The Member is now admitting that she is repeating arguments already made.

Ms. A. Haynes: I did not repeat an argument, I repeated a statement.

Mr. Al-Rawi: The Speaker has to rule.

Ms. A. Haynes: Two different things. Thank you, Mr. Deputy Speaker.

Mr. Deputy Speaker: As I said, Member less than two minutes. Just wrap up your point and—

Ms. A. Haynes: Thank you, Mr. Deputy Speaker. And in that regard, I say to the population, we deserve a Minister of Health and Executive that allows us to wish for excellence and not basic survival. We ought not to be in a state of emergency now. We ought to be looking at—into being a space where we can confidently reopen, and that is going to be the space where we can congratulate ourselves. But in a state of emergency congratulating the man that led us here, it is beneath us. So I say to the nation, it is time for this Minister to go. Thank you, Mr. Deputy Speaker. [*Desk thumping*]

Mr. Deputy Speaker: I recognize the Member for Tobago East. [*Desk thumping*]

The Minister in the Office of the Prime Minister (Hon. Ayanna Webster-Roy): Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, before I go into my full contribution, I just want to take a few minutes to address some of the points made

by the hon. Member who contributed before me. I did not want the population and Members of this House to get the impression that Trinidad and Tobago is the only country currently in a state of emergency, or the only country currently that is imposing restrictions on citizens.

So while she was speaking—the hon. Member was speaking—I went online to do some research. And I found a site, *counterpointresearch.com*, which provides weekly update on COVID-19 and what is happening globally. And on that site, it reported that the UK still has restrictions in effect. Indonesia, like the UK, is reporting a spike with the Delta variant, South Africa has re-imposed curbs on public gathering as they are also experiencing a fresh wave, and so too, Columbia. So, it is not Trinidad and Tobago alone in this current situation but it is indeed a global phenomenon, Mr. Deputy Speaker.

Mr. Deputy Speaker, the hon. Member before said that we are not doing enough to address the situation in terms of the spike and all of that. However, I want caution all of Trinidad and Tobago that just as we say, “Child abuse is everybody’s business”, COVID-19 is everybody’s business. And we need every citizen to understand how important it is for all of us to be part of the response. It is not just the Minister of Health’s responsibility or his team’s responsibility. We all have to play a part.

And I am stressing this point, Mr. Deputy Speaker, because from the Tobago context and looking at what is happening in my constituency and listening to reports in Tobago, and even persons in Trinidad, where we are seeing individuals who know that they are positive going out into the community still, interacting with individuals, they are helping to create the problem that we are facing today. So we need every citizen to understand how important it is. Yes, we know the measures might be difficult for us to adhere to because we like our freedom, but

for us to get back to the good old days we have to make sacrifices now. It is imperative that we all recognize that we must play a role.

Mr. Deputy Speaker, in the best of times the job of a Minister of Government is a difficult one, especially if that Minister is an elected representative. To be the Minister of Health and an elected representative in a time of a public crisis, in the season of a pandemic, it must be a tremendous burden. Mr. Deputy Speaker, I can only imagine the immense pressure my hon. colleague is under and I commend him for his levelheadedness, and his astute leadership [*Desk thumping*] of his team at this time.

Mr. Deputy Speaker, when it is convenient to those on the other side, the hon. Members often love to advance the notion *vox populi, vox dei*". If the voice of the people is indeed the voice of God, Mr. Deputy Speaker, God is well pleased with the service of the hon. Member for St. Joseph, the Minister of Health. That was demonstrated in the general elections when the hon. Member received a renewed mandate from his constituents, and from the hon. Prime Minister.

Mr. Deputy Speaker, while I do not wear my religion on my sleeve, my faith is no secret to this honourable House. It is that very faith that assures me that the same God who sets up and removes Governments is the same God who appoints us to serve in various capacities. I am confident my hon. colleague was set aside for this time. The hon. Member for St. Joseph, even in his mother's womb, was fated to lead the public health response of Trinidad and Tobago during this public global pandemic. I am confident, Mr. Deputy Speaker, he was selected for this time, and for this purpose, and for this season.

He has responded to his assignment in a manner that has earned the hon. Member the respect and admiration of the vast majority of Trinbagonians. The hon. Minister of Health led his team in coordinating a national response that has

been commendable. From very early on in the pandemic citizens knew they could depend on the Minister of Health and his team for consistent, practical, and proper information, and advice. Mr. Deputy Speaker, it was not my hon. colleague, the Member of St. Joseph who tried to lull citizens into complacency by telling them “Sunlight does kill COVID”. Yet they have the audacity to bring such a vacuous Motion before this honourable House.

Mr. Deputy Speaker, notwithstanding the views of the mover of the Motion and his colleagues, the vast majority of Trinbagonians would join me in rejecting the Motion. It is no secret, Mr. Deputy Speaker, Tobago has also felt the harsh effects of COVID-19. Unfortunately, we lost 23 brave souls to this pandemic. I want to take this opportunity to extend my sincere condolences to the families and loved ones of those 23 persons who died. But Mr. Deputy Speaker, to date, a total of 7,607 persons have been tested on the island of Tobago. From March 2020 to Thursday 24 June, 2021, Tobago recorded a total of 803 positive cases. Notwithstanding the 23 deaths, Mr. Deputy Speaker, with the collaboration and mutually respectful relationship between our team in Tobago and the team led by the hon. Minister of Health, Tobagonians to an extent have been insulated.

Mr. Deputy Speaker, Tobago has been ably represented on the National Response Team to ensure the comprehensive and cohesive planning for the national community and the island of Tobago in particular. Very early on in the course of the pandemic a task force was established in Tobago for strategic coordination of the response for the pandemic on the island. This task force works closely with the national team headed by the hon. Minister of Health. Again, with the support and guidance of the National Response Team, the Division of Health, Wellness and Family Development, the line division for the Tobago Regional Health Authority and the Tobago COVID-19 Task Force would have ensured that

Tobagonians had timely access to testing through the establishment of on-site testing via gene expert.

Mr. Deputy Speaker, please permit me to thank the Task Force and all the public health workers, the doctors, the nurses, the staff of the Division of Health, Wellness and Family Development, for their service to the people of Tobago at this time. And as I thank the frontline workers in Tobago, I want to extend my gratitude again to my hon. colleague and his team for helping to safeguard the people of Tobago, and the people of Trinidad and Tobago, during this very trying time. Mr. Deputy Speaker, with a sister in the health care profession I fully understand the sacrifices made by our frontline workers on behalf of the people of Tobago, and the people of Trinidad and Tobago, and I commend them for their service and for their efforts.

Mr. Deputy Speaker, to support the COVID-19 response additional clinical and non-clinical staff were recruited in Tobago, and COVID treatment facilities were established at the old Scarborough General Hospital site to provide different tiers of care as well as a step-down facility. Two ambulances were retrofitted for providing transport for COVID-19 positive patients and contact tracing and monitoring teams have been established for persons on home quarantine.

Mr. Deputy Speaker, three vaccine centres have been established in Tobago, one at the Roxborough Hospital, one at the Scarborough Health Centre, and another at the Canaan Health Centre, and a mass vaccination site is in operation at Magdalena. Again, Mr. Deputy Speaker, working in collaboration with our hon. Minister of Health, the Tobago Task Force, the National Response Team, we have been putting measures in place to ensure the safety and well-being of Tobagonians so that we could all emerge better from COVID-19.

Our task force in Tobago had set a target of 10,000 persons being vaccinated

by June 2021, notwithstanding the reluctance and slow uptake of vaccines, Mr. Deputy Speaker, I am pleased to report that as of 10.00 p.m. last night, we surpassed that target. A total of 3,146 persons are fully vaccinated; 3,146 as of last night would have received two doses of vaccine, and 9,301 persons have received a first dose of COVID-19 vaccine. And again, I want to commend the hon. Minister of Health for ensuring that Tobago received vaccines in a timely fashion. I want to commend our policy makers at the Division of Health, Wellness and Family Development, our public health workers, our doctors, everyone working on the frontline to ensure that Tobagonians receive their vaccines.

Mr. Deputy Speaker, I want to caution Tobagonians, and caution Trinbagonians. As I mentioned previously, just like child abuse is everybody's business, COVID1-9 is everybody's businesses. We cannot become complacent and say, "That is the Minister of Health's work, that is his responsibility." We have to be part of the response; we need all hands on deck.

So Mr. Deputy Speaker, when I get a phone call from my sister who is a nurse asking me, "What to do? I just saw a person who is positive walking around as though everything is fine. What should I do?" Mr. Deputy Speaker, one irresponsible individual is the gap between an entire family and an entire community becoming infected. One irresponsible individual could determine whether one of our loved ones will get up tomorrow.

Mr. Deputy Speaker, I pass through the airport quite frequently, and in passing through the airport I would have built a friendship and comradery with a number of the officers there, and I respect them, I value them. And what jolted me into action, Mr. Deputy Speaker, was when I saw on Facebook post after post of some of the officers who would have died. Mr. Deputy Speaker, not because they were not being cautious, but among us we have people who are selfish, reluctant to

adhere to the advice of the Minister of Health, reluctant to adhere to the advice of the public health officials and still going out there.

Mr. Deputy Speaker, I live in the Tobago East countryside where harvest is a big thing. My father is the number one harvest man in Tobago, and if my father could have “ban he belly” as we say and “ain’t” keep harvest for two years, why is it that other people in Tobago could not make that sacrifice? Why is it that in some villages on Harvest Sunday you have to see people staggering down the road without a mask on? And then we want to complain and say, “Is because ah Easter we had ah spike.” We need to take a good look at ourselves, Mr. Deputy Speaker.

I want to encourage every citizen to recognize that we have to be part of the response. The Minister of Health is doing an excellent job, and I salute him. I salute his team. I understand the sacrifice. It is not easy, but we have to be on board, we have to join the response. We have to be responsible.

Mr. Deputy Speaker, I want to ask our adults about the conversations they are having to the homes with the children. Imagine my driver is reporting to me that a young boy came into his yard and he told the guy, the little boy, ‘Go home and put on your mask and come back.’ You know what was that little child’s response to a senior? He said to the driver, “COVID eh real, me eh ’fraid dah.” I said to my driver, “You know why he would say such a thing? Because he is repeating what the adults are saying at home.” How can we foster the change? How can we help our children become more responsible and prepare them for the reopening of school, if we have some adult in some of the homes saying, “COVID eh real.” “Sunlight go kill it.”

Mr. Deputy Speaker, we need to take stock in Trinidad and Tobago. It makes no sense for us to cast blame but for all of us to accept individual responsibility to do better and be better. I am convinced that working together we

could build back better and emerge out of this pandemic as stronger Trinidad and Tobago, but we must work collaboratively. The effort and the time spent bringing this Motion could have been spent collaborating with the Government, supporting the hon. Minister in his efforts. [*Desk thumping*] Because at the end of the day, Mr. Deputy Speaker, everybody wants to hold on to power, everybody wants to get into power, but what power to hold on to if we are not here? If we all get wiped out because of COVID, “whor” we fighting about?

Mr. Deputy Speaker, I want to close by saying what I would have started off by saying, COVID is everybody’s business. We all must contribute to the response. We must salute the effort of the hon. Member for St. Joseph and his team, and we must all do some introspection to see where we would have contributed to the spike and how we could change our behaviour to ensure that our economy could reopen, to ensure that our schools can reopen, so that our children would be able to thrive.

Mr. Deputy Speaker, I thank you for this opportunity. I reject the Motion and I support my hon. colleague. Thank you.

Mr. Deputy Speaker: I recognize the Member for Mayaro. [*Desk thumping*] You have 20 minutes.

Mr. Rushton Paray (Mayaro): Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, I join the debate at this very late stage, as I join my colleagues in supporting the Motion that the actions as authorized under the hand of the Minister of Health that has shaped our society as we see it today, is not a good one and we are calling for his removal or his dismissal with immediate effect.

Mr. Deputy Speaker, I just want to make one point in rebutting one point of argument made by the speaker before me. And it is like a broken clock about this issue of sunlight killing COVID. Now, I do not know if they read the same papers

that I read, or the same magazines that I read, nowhere and nobody said, “Sunlight kills COVID.”

Hon. Member: What!

Mr. R. Paray: The conversation was that sunlight slows the progression of the virus. And if I—[*Crosstalk*]

Mr. Deputy Speaker: Please, please Members.

Mr. R. Paray: If I can, Mr. Deputy Speaker—[*Crosstalk*]

Mr. Deputy Speaker: Members. Proceed, Mayaro.

Mr. R. Paray: Ask those on the other side, and those who in this country still goes with this story, just refer to *Science Daily*, to the *Times of India*, and they speak about the sunlight and the progression and how it impedes the movement of the virus, leading to lower deaths and I will leave that there.

Mr. Deputy Speaker, over the last year and a half no less than 33 Public Health Ordinances have been published by this Government. And these ordinances—[*Interruption*]

Mr. Deputy Speaker: Proceed.

Mr. R. Paray: Thank you, Mr. Deputy Speaker. These ordinances made up of regulation that governs behaviour, operations, the ability to move, exactly how the society operates. So these regulations as have been managing the operations of the society for the last year and a half, Mr. Deputy Speaker. What is unique about these regulations, Mr. Deputy Speaker, they all bear the sign or the insignia of one T. Deyalsingh, Minister of Health, who I assume is the hon. Member of Parliament for St. Joseph.

So I dare say, Mr. Deputy Speaker, that if these regulations are governing how our society is for the last year and a half, and it is under the hand and the seal of the Minister of Health, then he owns—the Minister of Health owns the outcome

of these regulations, Mr. Deputy Speaker. Now, whether the Minister of Health has an active role in determining the regulations he may be consulting with other people, other Ministers of Government, other experts, but the fact that it is under his seal he is accountable for the end results, Mr. Deputy Speaker.

Mr. Deputy Speaker, my colleagues before have spoken extensively on the impact of his inactions or bad actions in terms of lives, in terms of how it has impacted the health sector, and how the man on the street has been affected in terms of health and welfare.

5.30 p.m.

But, Mr. Deputy Speaker, I want to draw to your attention, not only have these regulations under the seal of the Minister of Health, affected welfare and health but it has impacted in the area of the economics of this country, Mr. Deputy Speaker, and we cannot divorce what has happened economically over the last year and a half because of these regulations. And the unfortunate thing, Mr. Deputy Speaker, depends on what party card you hold you can say, well, it is working well and then you would say, “it eh working well”. But the proof is in the pudding, Mr. Deputy Speaker, if you sought a report today of a hamper distribution that was being done in South Park, lines almost to Marbella from South Park, Mr. Deputy Speaker. While the video tells one story, the fact that so many people are being affected economically to put food on their tables, Mr. Deputy Speaker, it tells another story.

Mr. Deputy Speaker, the facts that all of us can see daily in the newspaper on social media confirm that the regulations introduced over the past year and a half by the Minister of Health were imbalanced, not well considered, and had an adverse effect on the business sector, especially small operators. Because that is

the sector that had to lay off 50,000 workers, had to put them into sleep and causing this chaos, with people trying to put food on their tables.

Mr. Deputy Speaker, this had the effect of the viability—these regulations had the effect of the viability of thousands of small and medium-sized businesses. And I just want to reconnect that back to the Minister of Health, because it is the regulations as imposed under his seal. So, hon. Member, he has to take the accountability for the end result as to what is happening in the country today from an economic and business standpoint.

Mr. Deputy Speaker, this administration has added the insult of weak medical regulatory framework to the injury of bad economic policy.

Mr. Deputy Speaker, on March 22, 2020, the Minister of Health introduced this Public Health Novel Coronavirus Regulations, which started with the debarring of clubs and theatres, gambling establishments, places of religious worship, restaurant dining. Regulations also had the effect at that time of closing the borders, but you know what was unique, or what was outstanding with those orders, Mr. Deputy Speaker, which I found very disadvantageous was that the big business retailers, their commercial activities continued. Mr. Deputy Speaker, in my respectful view, the regulations were therefore, inequitable, and disproportionate and gave the advantage to large businesses. So, it put pressure on the small business sector, Mr. Deputy Speaker, and again, it stems from the regulations as put forward under the Public Health Ordinance.

In April 2020, Mr. Deputy Speaker, it was further increased to regulate attendance in worship places, weddings, other private gatherings. In May of 2020, the Minister signed off again, you know, where you put controls on passenger vehicles, people in public spaces, designated essential services, and obviously the one that caught the most amount of flack was the prohibited activities at beaches

and rivers and streams, et cetera. Now, while all may be of the best intentions, the issue is that there was no tweaking and adjusting as things went on. Mr. Deputy Speaker, at no time, as of today, can I recall or if anybody in this House can recall if an audit was done on the effectiveness of these regulations. Was any study done? Are we doing well? Which of these regulations is working, which is not working? Which is bringing the best performance? Which are the ones that we can relax, which are the ones that we can get away from? Nothing has been done in that area, Mr. Deputy Speaker.

Mr. Deputy Speaker, major countries all over the world, reviewed their shutdown measures and tinkered with them as needed. For example, Sweden, and some other European countries avoided totally sweeping national closures and implemented sustainable strategies that served to keep the mortality rates down. Mr. Deputy Speaker, this Minister of Health's casual and reckless approach provided the opportunity for the COVID-19 virus to spread amongst the population. Mr. Deputy Speaker, early in 2020, when most countries chose to scrap their street festivals, Minister Deyalsingh is noted on the media, he said, "We will not cancel Carnival over Coronavirus, no sir". "We will not be doing that." *Newsday*, Sunday, January 26, 2020, Mr. Deputy Speaker. [*Crosstalk*]

Further regulations, Mr. Deputy Speaker, were introduced on August 31, 2020, that again—

Mr. Deputy Speaker: Silence.

Mr. R. Paray:—that again re-imposed strictures on public gatherings and so on. As the orders went on and were adjusted, Mr. Deputy Speaker, the small business sector felt disadvantaged because the conglomerates were being allowed to carry on business, and what ended up happening, doubles ended up on the shelves of the

conglomerate. So, clearly Mr. Deputy Speaker, the regulations had a negative impact on the small business sector, which puts our citizens at a disadvantage.

Mr. Deputy Speaker, on April 29, 2021, Minister introduced further regulations on the themes of limiting public activities, health sanitation measures, once more again, Mr. Deputy Speaker, every time these orders came, I did not see a review and an audit on the efficacy of these measures, Mr. Deputy Speaker, because part of buying the confidence of the citizenry, Mr. Deputy Speaker, is showing how well it is working and clearly none of that was done. Mr. Deputy Speaker, through all of these regulations, SMEs were lopsidedly affected, these SMEs were ordered closed by the regulations, because it had delimiting effect on the behaviour of the public in terms of their activity; what they could have done, what they could not do.

Mr. Deputy Speaker, in the Minister's policymaking, Minister ignored the plight of the SMEs and clearly in my respectful view, Mr. Deputy Speaker, hon. Minister could not or did not—could not have engaged his Cabinet colleagues, in terms of filtering the impact of some of these regulations and putting measures that would facilitate and support the small and medium-sized enterprises in this country. Mr. Deputy Speaker, other countries, in my research, offered rapid support to simplifying financial aid to avoid severe indebtedness by SMEs. And Mr. Deputy Speaker, that is a problem that we are having now, the SMEs have gone into severe indebtedness.

The Member from Arouca/Maloney did speak about a list of actions that her Government had taken. But Mr. Deputy Speaker, if you look at the media, if you look at social media postings, if that is so, as the hon. Member mentioned and listed, why is it not ending up in the pockets of the citizen? Something—there is a

disconnect and the Government has not addressed it, and again, it is because if the Minister—

Mr. Imbert: [*Inaudible*]—Motion about the Minister of Health and the performance of the Minister of Health, those matters are irrelevant.

Mr. Deputy Speaker: Again, Member, I would like you to move on to your other point, thank you.

Mr. R. Paray: Sure. Mr. Deputy Speaker, in moving on, I would just like to reiterate that this document in my hand called the Public Health Ordinance consists of regulations that are under the seal of the Minister of Health. I can only assume and I am sure the listening and viewing public will only assume that because it is his seal, the hon. Minister's seal, then he must take ownership, he must take ownership, he cannot devoid ownership of it.

Mr. Al-Rawi: [*Inaudible*]—1(b), this is about the ninth time we have heard that, Mr. Deputy Speaker, honestly.

Mr. Imbert: Eleventh, the eleventh time.

Mr. Deputy Speaker: Again, I will have to uphold, so proceed.

Mr. R. Paray: Mr. Deputy Speaker, in moving on, these concerns that I have raised from the sector, concerns that I have raised from the sector, it is not coming from the voice of the Opposition Benches. It is coming from the TTMA, it is coming from the Trinidad and Tobago Chamber of Commerce, it is coming from the Confederation of Business Chambers. So just to wrap that piece up, Mr. Deputy Speaker, it is the actions, if we ought to find—and as I say, this Motion of no confidence is not against the man who sits in the seat of the Member for St. Joseph, it is the actions that we are judging.

Mr. Al-Rawi: This is now on relevance. The hon. Member is obviously being irrelevant to the Motion brought by his colleague. Because if it is not about the Minister of Health, then what else is it about? [*Crosstalk*]

Mr. Deputy Speaker: Okay, Members, okay. So, again, Member, please, wrap up and go on to the other point. Thank you.

Mr. R. Paray: Thank you very much, Mr. Deputy Speaker, I see that my points have been resonating well, for the objections that I have received so I will close. Mr. Deputy Speaker, when the history—and I am closing, I beg for some indulgence, when the history of the successful management of the COVID-19 pandemic is written, tribute will be paid to leaders, who were swift, and resolute in their responses to this medical crisis, and couple that with well-organized fiscal responses. Several countries have emerged and there is a single—

Mr. Deyalsingh: Mr. Deputy Speaker, Standing Order 48(1). This is about the Minister of Health, not about the fiscal response, by his own admission. [*Crosstalk*]

Mr. Deputy Speaker: Again, Members, there is a procedure that is clear on how we operate within this Chamber. So again, you have your point of order, you are raising a Standing Order, let us do it the proper way. All right, so Member, as you say, you are wrapping up, proceed, please.

Mr. R. Paray: Mr. Deputy Speaker, to my colleagues on this side, to the people of Trinidad and Tobago, in the interest of restoring the public's faith, Minister of Health, Minister Deyalsingh should resign or he should be dismissed forthwith. Even at this late stage, the Government should still be able to save lives and save business with a change. Mr. Deputy Speaker, with those few words, I want to agree and support the Motion today and support my colleague the Member for Caroni East, thank you.

Mr. Deputy Speaker: I recognize the Member for Arima.

The Minister of Housing and Urban Development (Hon. Penelope Beckles):

Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, I thank you for the opportunity as I rise to contribute to this debate. Having heard the last speaker I am not sure exactly what I am supposed to respond to because I must say I am confused when the last speaker indicates that this debate is not about the man but it is about the man sitting in the seat. I am sure those listening to this debate clearly understand that what the last speaker is saying is that this debate is frivolous and vexatious and without any merit.

Mr. Deputy Speaker, the Motion before this House today, as brought by the Member for Caroni East, one would realize that based on his contribution and the contribution of other Members opposite, they actually have not provided this honourable House with any facts, without any logic and their arguments have been very, very disjointed. This no confidence Motion brought against the hon. Terrence Deyalsingh, Minister of Health and Member of Parliament for St. Joseph, is another attempt to promote a society of division and confusion.

Mr. Deputy Speaker, if you recall the Member of Parliament for Princes Town indicated to this House that there was a shortage of oxygen. Now, I am not sure where the hon. Member got that information from but let me make it abundantly clear that that is absolutely false, it is untrue and there is no shortage of oxygen in Trinidad and Tobago. Mr. Deputy Speaker, a number of the speakers referred to the issue of vaccination or the lack thereof and very interesting today, Mr. Deputy Speaker, there was a Global Solutions Initiative Summit online conversation dealing with the issue of this COVID-19. And the Secretary General Anthony Gutierrez participated. And he stressed the need to defeat the virus through doubling the number of doses produced and ensuring their fair distribution

among countries. Because if you listen to the speakers opposite, you will be convinced that the hon. Prime Minister and the Minister of Health deliberately have been denying the public of Trinidad and Tobago vaccines. That is the impression that they are giving.

Now, the UN Secretary General stated that we are in an unprecedented crisis that requires unprecedented action. The Secretary General spoke to the importance of collaboration between countries, communities, public and private sectors. And by working together, by working together, he said we can vaccinate the world and we can end the COVID-19 pandemic and kick start a strong recovery. Now, if you listen to Members opposite, you are very clear that they are not interested in working together, they are not interested in any collaboration. What they are interested in, is bringing before this House a Motion that would give the impression that the Government and the Minister of Health do not know what it is doing.

Now, one of the important pieces of information today, as stated by the Secretary General, is just 10 countries, 10 countries have received 75 per cent of all vaccines administered so far, while only 0.3 per cent have gone to lower income nations, with the African continent receiving just 1 per cent. And the reason why this information is important, is because the impression is being given that the vaccines could be had very, very easily. And this Government has failed to access the vaccines, but I hope that they are taking note of what I just said.

Now, the WHO Director General said that there remains a shocking imbalance in the global distribution of vaccines. On an average, in high income countries, almost one in four persons, Mr. Deputy Speaker, have received the COVID-19 vaccines, whilst in low income countries it is one in every 500. And if it is that that information is not important, then I really do not know what is. The

head of the WHO said that some countries and companies plan to do their own bilateral vaccine donations, bypassing COVAX for their own political and commercial reasons and that there is definitely a scarcity of supply of the vaccines. He ended by saying that there is a catastrophic moral failure over vaccine inequality. And he said that the first approach could be self-defeating because there are persons who are encouraging hoarding, and that might prolong the pandemic.

I want now, Mr. Deputy Speaker, to just touch on the fact that the hon. Member for Caroni East in this Motion, both the hon. Member for Caroni East as well as the Member for Princes Town and others, I would say, casually thanked those persons in the health workers for their contribution and their dedication and their commitment to what has been taking place in Trinidad and Tobago during this pandemic. As a matter of fact, the hon. Member for Caroni East said that over the last two and a half months, the Ministry of Health has had several self-inflicted wounds. So he did not only speak about the Minister but he also spoke about the Ministry of Health.

Now, Mr. Deputy Speaker, I want to use the opportunity to talk a little bit about what has been going on specifically in the constituency of Arima. A lot has been said about the fact that the UNC was responsible for the construction of the Arima Hospital, of the Point Fortin Hospital, of many hospitals. And that is the reason that they are using now, as they would say, to blow their trumpets. They would not speak about the fact that what—when the PNM built—the Government—PNM Government at the time, constructed the San Fernando Hospital and what was the decision that the UNC Government took. The hon. Member for Princes Town spent his entire contribution talking about the Children's Life Fund, I do not even recall him actually talking about the word COVID, maybe even for two minutes. But I want to go back to the Arima Hospital

and I do not want like the speakers opposite, to casually thank the workers in the health sector in the Arima Hospital. I want to be very, very specific because you would recall Madam— sorry, Mr. Deputy Speaker, that last year the hon. Prime Minister and the Minister of Health actually officially opened the Arima Hospital. And speaking to my constituents, they have had very glowing tributes to make as it relates to the staff at the Arima Health Facility.

So, Mr. Deputy Speaker, I just want to spend a minute just indicating that notwithstanding the comments made opposite for this casual thank you to the health sector, generally, I want to say that for us in Arima, we want to go a little further than that. So, I want to acknowledge the work of the Medical Chief of Staff there, Dr. Lalla, [*Desk thumping*] and the consultants there, Dr. Ford, Dr. Lackey, Dr. Khan, Dr. **Nalanpatty**, Dr. Rambaran, Dr. Sanchez, **Ma Sang Wucharan**, Jagdeo, Maharaj, Baptiste, **Ahyoo**, Seetahal, and the nurses in particular, registered nurse Mary Lopez and the nursing managers, Jamie **Rudolfo-Iron**, as well as, Dr. Dindial, Ramjitsingh-Samuel and Dr. Ramsahai, for the excellent work that they have been doing because I think we all recognize that it is our health care workers more than anybody else, that we need to acknowledge and give credit for the successes that we have had in the pandemic, notwithstanding, some of the challenges that exist.

Dr. Moonilal: 48(1), this is about the work of the Minister, not Dr. Ramsahai and Dr. Maharaj.

Hon. P. Beckles: Mr. Deputy Speaker, I will continue—

Mr. Deputy Speaker: Overruled, proceed.

Hon. P. Beckles: And I am sure that when the colleagues of the hon. Member were casually thanking the health sector, he was not here. And that is what I am referring to. When you speak, this Motion, I said a while ago that the hon. Member

for Caroni East, spoke not just about the Minister, he spoke about the Ministry of Health, he said there have been self-inflicted wounds by the Ministry of Health. And that is why I stood up here today to thank all the health sector of the Arima health facility. [*Desk thumping*]

The hon. Member may have missed the point when his colleague got up and spoke about the fact that his constituents in Couva, he did not want to call their names, but he said that they call him daily and they tell him what is going on in the Couva health facility. At that time, he did not find it, he did not have a difficulty with standing up or cautioning his colleague who was not brave enough to stand up and give credit to the same people that he was saying that are calling and telling him what is wrong with the facility, because he wanted to keep quiet, he did not want it. Well, I am calling the names of the people in Arima who are contributing to the success of the Arima health facility.

And I also want to say that, they are also giving the impression that whilst this COVID-19 is taking place, the entire health facility has collapsed. And I just want to say that they are many—in Arima, they continue to ensure that a number of other activities take place as we—in terms of the parallel health facility. And I just want to say very quickly that pharmacy services, in and out-patient, take place for 24 hours, okay? That you still have radiology services taking place from since August to present. And I also want to say that there is a crash team for multiple emergency responses to the medical wall that is taking place as we speak. And I could give data to show that the Arima health facility continues to function effectively and that is because of the leadership of the hon. Minister of Health. [*Desk thumping*]

So, Mr. Deputy Speaker, you know, I must say that one of the things that I did not hear any of the speakers opposite talk about is the fact that the hon.

Minister apologized. Now, you know, some people have a difficulty with that, but it takes a strong leader, it takes somebody who has recognized that they may not have been perfect, to stand up to the entire country and say, listen, I am sorry, I apologize. And for that, I want to give credit to my colleague, the hon. Minister of Health.

Mr. Deputy Speaker, I want to further state that the hon. Minister of Health has proven to be judicious in the management of the health sector during this time. And given the Herculean endeavour required to contain the spread of this virus and save lives, I certainly want to say that I am sure for all of us here in this Chamber, we do not envy him because we believe that it takes a special kind of courage to not throw up one's hands in the air, amidst the enormous pressure and the criticisms that he has been receiving from some quarters. But there are many people in Trinidad, many citizens who honestly and genuinely recognize that he has gone over and above the call of duty in the last 15 months, and he has steadfastly stayed the course and provided strategic leadership to his team in the Ministry of Health and yeoman service to the citizens of Trinidad and Tobago.

Mr. Deputy Speaker, I want to say unreservedly that the Minister has the support of his colleagues on this side of the House and we appreciate what he and his entire team in Ministry of Health and all health care professionals have been able to achieve with the limited resources at their disposal. It is very easy for some speakers to compare and say what is done in Sweden, and what is done in other countries. Is it really very easy to compare Sweden with Trinidad and Tobago? It is easy for some people to come—some of the colleagues opposite to say that the Minister closed down this and the Minister closed down that. They refer to Carnival one year and sports on the other hand. Mr. Deputy Speaker, what I find very interesting is that not one of my colleagues opposite have spoken about the

importance of personal responsibility of some Trinidadians and Tobagonians. And that is where I want to end my discourse. Over the last couple of months, we would have seen that the police have had to go to certain fetes and certain events, to certain beaches, and say to Trinidadians and Tobagonians this is all about social distancing. Even during the state of emergency, the police still have to go to certain places, people still want to keep fetes, they do not—they insist they want to break the law, they do not want to listen. Is that because of something done by the Minister of Health, or is that personal decisions that people have taken to ignore and to break the law? And I want to join with my colleague from Tobago East who said today that COVID is everybody's business. I mean, we all long as Trinidadians and Tobagonians to get to the stage where we could have cricket and we could have football, and we could lead a normal life. We have seen what has happened in New York and many other parts of the world, what the pandemic has caused. And it calls upon each and every one of us to take hard decisions, because it is all about sacrifice. But how many of us are willing to make sacrifices or to make better choices? Or is it that it is easy for us to simply say when things go wrong, it is the Government, is the Prime Minister, is the Minister of Health, very few of us take personal responsibilities for what has happened in Trinidad and Tobago.

So, Mr. Deputy Speaker, as I close, again, I want to say that we on this side, the Government, we have total and absolute confidence in the Minister of Health, we continue to support him, we continue to support the professionals in the health sector, we give them encouragement, we thank them for their commitment and dedication to Trinidad and Tobago, and at the end of the day, we look forward to the country returning to normal, post this pandemic. Thank you very much, Mr. Deputy Speaker.

ADJOURNMENT

Mr. Deputy Speaker: Leader of the House.

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Mr. Deputy Speaker, I beg to move that this House do now adjourn to Monday, the 28th day of June, 2021, at 10.30 am. Mr. Deputy Speaker, at that time we will deal with committee business, Motion No. 1: Be it resolved that this House adopt the report of the Joint Select Committee on the Constitution (Amdt.) (Tobago Self-Government) Bill, 2020. Thank you, Mr. Deputy Speaker.

[Mr. Deputy Speaker stands]

[Crosstalk]

Mr. Deputy Speaker: Members, Members. We can stay a little longer? *[Silence]*

Question put and agreed to.

House adjourned accordingly.

Adjourned at 6.02 p.m.