

**SENATE**

*Tuesday, November 29, 2022*

The Senate met at 1.30 p.m.

**PRAYERS**

[MADAM PRESIDENT *in the Chair*]

**LEAVE OF ABSENCE**

**Madam President:** Hon. Senators, I have granted leave of absence to Sen. The Hon. Dr. Amery Browne, Sen. The Hon. Paula Gopee-Scoon, Sen. Wade Mark and Sen. Damian Lyder, all of whom are out of the country, and to Sen. Dr. Maria Dillon-Remy who is ill.

**SENATORS' APPOINTMENT**

**Madam President:** Hon. Senators, I have received the following correspondence from Her Excellency the President Paula-Mae Weekes O.R.T.T.:

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By Her Excellency CHRISTINE KANGALOO  
Acting President of the Republic of Trinidad and  
Tobago and Commander-in-Chief of the Armed  
Forces.

/s/Christine Kangaloo

Acting President.

TO: MR. MICHAEL SEALES

WHEREAS Senator the Honourable Paula Gopee-Scoon is incapable of performing her duties as a Senator by reason of her absence from Trinidad and Tobago:

NOW THEREFORE, I, CHRISTINE KANGALOO, Acting President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section

**UNREVISED**

44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, acting in accordance with the advice of the Prime Minister, do hereby appoint you, MICHAEL SEALES to be a member of the Senate temporarily, with effect from 29<sup>th</sup> November, 2022 and continuing during the absence from Trinidad and Tobago of Senator the Honourable Paula Gopee-Scoon.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 24<sup>th</sup> day of November, 2022."

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By Her Excellency PAULA-MAE WEEKES,  
O.R.T.T., President of the Republic of Trinidad  
and Tobago and Commander-in-Chief of the  
Armed Forces.

/s/Paula-Mae Weekes

President.

TO: MR. DOMINIC SMITH

WHEREAS Senator Wade Mark is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW THEREFORE, I, PAULA-MAE WEEKES, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(b) of the Constitution of the Republic of Trinidad and Tobago, acting in accordance with the advice of the Leader of the Opposition, do hereby appoint you, DOMINIC SMITH to be a member of the Senate temporarily, with effect from

the 29<sup>th</sup> November, 2022 and continuing during the absence of Senator Wade Mark by reason of his absence from Trinidad and Tobago.

Given under my Hand and the Seal of the President of the Republic of Trinidad and Tobago at the Office of the President, St. Ann's, this 29<sup>th</sup> day of November, 2022."

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By Her Excellency PAULA-MAE WEEKES,  
O.R.T.T., President of the Republic of Trinidad  
and Tobago and Commander-in-Chief of the  
Armed Forces.

/s/Paula-Mae Weekes

President.

TO: DR. TIM GOPEESINGH

WHEREAS Senator Damian Lyder is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW THEREFORE, I, PAULA-MAE WEEKES, President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(b) of the Constitution of the Republic of Trinidad and Tobago, acting in accordance with the advice of the Leader of the Opposition, do hereby appoint you, DR. TIM GOPEESINGH to be a member of the Senate temporarily, with effect from the 29<sup>th</sup> November, 2022 and continuing during the absence of Senator Damian Lyder by reason of his absence from Trinidad and Tobago.

Given under my Hand and the Seal of the President of the Republic of Trinidad and

**UNREVISED**

Tobago at the Office of the President, St. Ann's, this 29<sup>th</sup> day of November, 2022.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By Her Excellency PAULA-MAE WEEKES,  
O.R.T.T., President of the Republic of Trinidad  
and Tobago and Commander-in-Chief of the  
Armed Forces.

/s/Paula-Mae Weekes

President.

TO: MR. JOSH DRAYTON

WHEREAS Senator Dr. Maria Dillon Remy is incapable of performing her duties as a Senator by reason of illness:

NOW THEREFORE, I, PAULA-MAE WEEKES, President as aforesaid, in exercise of the power vested in me by section 44(1)(b) and section 44(4)(c) of the Constitution of the Republic of Trinidad and Tobago, do hereby appoint you, JOSH DRAYTON to be a member of the Senate temporarily, with effect from the 29<sup>th</sup> November, 2022 and continuing during the absence of Senator Dr. Maria Dillon Remy by reason of illness.

Given under my Hand and the Seal of  
the President of the Republic of  
Trinidad and Tobago at the Office of  
the President, St. Ann's, this 28<sup>th</sup> day  
of November, 2022.”

“THE CONSTITUTION OF THE REPUBLIC OF TRINIDAD AND TOBAGO

By Her Excellency CHRISTINE KANGALOO,  
Acting President of the Republic of Trinidad

**UNREVISED**

and Tobago and Commander-in-Chief of the  
Armed Forces.

/s/Christine Kangaloo

Acting President.

**TO: MR. NDALE YOUNG**

WHEREAS Senator the Honourable Dr. Amery Browne is incapable of performing his duties as a Senator by reason of his absence from Trinidad and Tobago:

NOW THEREFORE, I, CHRISTINE KANGALOO, Acting President as aforesaid, in exercise of the power vested in me by section 44(1)(a) and section 44(4)(a) of the Constitution of the Republic of Trinidad and Tobago, acting in accordance with the advice of the Prime Minister, do hereby appoint you, NDALE YOUNG to be a member of the Senate temporarily, with effect from the 29<sup>th</sup> November, 2022 and continuing during the absence from Trinidad and Tobago of the said Senator the Honorable Dr. Amery Browne.

Given under my Hand and the Seal of  
the President of the Republic of  
Trinidad and Tobago at the Office of  
the President, St. Ann's, this 24<sup>th</sup> day  
of November, 2022."

### **AFFIRMATION OF ALLEGIANCE**

*Senator Ndale Young took and subscribed the Affirmation of Allegiance as required by law.*

### **OATH OF ALLEGIANCE**

**UNREVISED**

*The following Senators took and subscribed the Oath of Allegiance as required by law.*

Michael Seales, Dr. Tim Gopeesingh, Dominic Smith and Josh Drayton.

### **PAPERS LAID**

1. Motor Vehicles and Road Traffic (Extension of Period for Payment of Fifty Percent of Fixed Penalty) (No. 3) Order, 2022. [*The Minister of Tourism, Culture and the Arts (Sen. The Hon. Randall Mitchell)*]
2. Annual Administrative Report of the Trinidad and Tobago Bureau of Standards for the period 2018/2019. [*Sen. The Hon. R. Mitchell*]
3. Report of the Central Bank of Trinidad and Tobago with respect to the Progress of the Proposals to Restructure CLICO, BAT and CIB for the quarter ended December 31, 2021. [*Sen. The Hon. R. Mitchell*]
4. Report of the Central Bank of Trinidad and Tobago with respect to the Progress of the Proposals to Restructure CLICO, BAT and CIB for the quarter ended March 31, 2022. [*Sen. The Hon. R. Mitchell*]
5. Annual Administrative Report and Audited Financial Statements of the National Helicopter Services Limited for the financial year ended September 30, 2017. [*Sen. The Hon. R. Mitchell*]
6. Annual Administrative Report and Audited Financial Statements of the National Helicopter Services Limited for the financial year ended September 30, 2018. [*Sen. The Hon. R. Mitchell*]
7. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Police Complaints Authority for the year ended September 30, 2021. [*Sen. The Hon. R. Mitchell*]

8. The Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Trinidad and Tobago Racing Authority for the year ended July 31, 2012. [*Sen. The Hon. R. Mitchell*]
9. Annual Administrative Report of the Industrial Relations Advisory Committee for the period February 2012 to September 2012. [*Sen. The Hon. R. Mitchell*]
10. The Annual Administrative Report of the Industrial Relations Advisory Committee for the period October 2013 to February 2014. [*Sen. The Hon. R. Mitchell*]
11. Annual Administrative Report of the Industrial Relations Advisory Committee for the period October 2017 to September 2018. [*Sen. The Hon. R. Mitchell*]
12. Ministerial Response of the Ministry of Labour to the Third Report of the Joint Select Committee on Social Services and Public Administration on an inquiry into the impact of Work-from-Home and Alternative Work Arrangements, Policies and Initiatives on Public Sector Productivity and Service Delivery. [*Sen. The Hon. R. Mitchell*]
13. Ministerial Response of the Ministry of Planning and Development to the Fourth Report of the Joint Select Committee on Finance and Legal Affairs on an inquiry into the effectiveness and efficiency of the Central Statistical Office (CSO). [*Sen. The Hon. R. Mitchell*]
14. Ministerial Response of the Ministry of Planning and Development to the Third Report of the Joint Select Committee on Social Services and Public Administration on an inquiry into the impact of Work-from-Home and Alternative Work Arrangements, Policies and Initiatives on Public Sector Productivity and Service Delivery. [*Sen. The Hon. R. Mitchell*]

**PUBLIC ACCOUNTS COMMITTEE REPORTS****(Presentation)**

**Sen. Jearlean John:** Madam President, I have the honour to present the following reports:

**National Insurance Board of Trinidad and Tobago**

Sixth Report of the Public Accounts Committee on an examination of the Audited Financial Statements of the National Insurance Board of Trinidad and Tobago (NIBTT) for the Financial Years 2014 to 2020.

**Trinidad and Tobago Securities and Exchange Commission**

Seventh Report of the Public Accounts Committee on an examination of the Audited Financial Statements of the Trinidad and Tobago Securities and Exchange Commission (TTSEC) for the Financial Years 2014 to 2018.

**Report of the Auditor General**

Eighth Report of the Public Accounts Committee on an examination of the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the Financial Year 2021.

**Special Audit Report****CAPE Scholarship Programme**

Ninth Report of the Public Accounts Committee on an examination of the administration of the CAPE Scholarship Programme as reported on in the Special Audit Report within the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the Financial Year 2019.

**ORAL ANSWERS TO QUESTIONS**



**The Minister of Tourism, Culture and the Arts (Hon. Randall Mitchell):**

Madam President, there are three questions that qualify for oral answer. The Government is prepared to answer all.

**Hon. Senators:** [*Desk thumping*]

**Marie De Vere Chambers**

**(Legal Fees Paid to)**

**13. Sen. Jearlean John** on behalf of Sen. Wade Mark asked the hon. Attorney General:

In relation to legal fees paid by the Office of the Attorney General to Marie De Vere Chambers, can the Attorney General state the following:

- (i) the total amount of legal fees paid for the period June 19, 2021 to March 31, 2022;
- (ii) how much money is still owed to said Chambers; and

for what matter are these monies owed?

**The Attorney General and Minister of Legal Affairs: (Sen. The Hon.**

**Reginald Amour SC):** Madam President, no legal fees were paid to Marie De Vere Chambers for the period in question. This is because Marie De Vere Chambers was never a legal firm and has never billed clients nor received legal fees. Paragraphs (ii) and (iii) of the question are therefore not applicable.

**Sen. John:** Thank you, Madam President. No further answer if that is the case—

**Madam President:** Next—

**Sen. John:** No further questions, sorry.

**Madam President:** Sure. Next question, Sen. John.

**Telecommunications Services of Trinidad and Tobago**

**(Details of Malware Incursion)**

**14. Sen. Jearlean John** on behalf of Sen. Wade Mark asked the hon. Minister of Public Utilities:

Given a reported malware incursion into TSTT's software in March 2022 which compromised the personal data of its customers, can the hon. Minister state:

- (i) whether an investigation has been launched into this event;
- (ii) what are the findings of the investigation; and  
whether said incursion had a negative impact on TSTT's revenue collection ability?

**The Minister of Public Utilities (Hon. Marvin Gonzales):** Thank you very much, Madam President. Madam President, TSTT has advised that on March 13, 2022, the company's IT security system detected a malware incursion which was directed at a number of the company's internal only solutions and/or applications.

Following this discovery, a team was immediately set up comprising international cybersecurity experts, and a comprehensive investigation was launched to determine the root cause of the incursion, ascertain the full impact of the incident, as well as to contain the problem and identify possible mitigations against the recurrence of a similar incident.

TSTT has further advised that the investigation revealed that no customer, employee, critical company or public cloud data had been compromised due to the stringent cybersecurity measures that were already in place.

The company has advised, however, that the malware intrusion did negatively affect the company's revenue collection ability over the period March 13 to 28, 2022, because of the point of sale system in use at partner bmobile retail locations.

The online payment application from TSTT's website had to be isolated

therefore, as a precautionary measure. And as a result, TSTT was unable to process payment transactions via this platform during the specified period. However, customers were still able to make payments via bank transfers, SurePay, Western Union, NLCB VIA and the bmobile application.

**Madam President:** Sen. John.

**Sen. John:** Yes. Madam President, can the hon. Minister tell us whether TSTT is satisfied that all of the customers who were so affected are now back online?

**Madam President:** Minister.

**Hon. M. Gonzales:** Madam President, this affected customers' ability to pay utilizing this particular platform. This was addressed. The situation was rectified, and customers are now able to utilize this particular platform to pay their outstanding bills to TSTT.

**Madam President:** Sen. John.

**Sen. John:** Did the malware cause any TSTT information to be lost permanently or has all the information been retrieved satisfactorily?

**Madam President:** Minister.

**Hon. M. Gonzales:** Thank you very much, Madam President. I think I responded to that comprehensively in my response.

**Madam President:** Sen. John.

**Sen. John:** TSTT, I believe, most likely would have an integrated system with its vendors and they also are part of that point of sale. Is TSTT satisfied that this malware did not—well, whether it affected them, and if this too was resolved satisfactorily?

**Madam President:** Minister.

**Hon. M. Gonzales:** Madam President, in my opening response, I responded to this particular issue comprehensively.

**Madam President:** Sen. John.

**Sen. John:** Madam President, in an effort to ensure that TSTT has more robust mitigation systems, have they boosted or invested money in an effort to prevent something like this from happening again, or mitigating against that, the recurrence that is?

**Madam President:** Sen. John, I will not allow that question. Next question.

**Sen. John:** Question—you mean for the other Minister, Madam President?

**Madam President:** Question No. 15.

**Sen. John:** Okay, fine.

**Telecommunications Services of Trinidad and Tobago  
(Government's guarantee of bond)**

**15. Sen. Jearlean John** on behalf of Sen. Wade Mark asked the hon. Minister of Public Utilities:

Can the Minister indicate whether the recently raised US\$70M bond on the international capital market by TSTT has been guaranteed by the Government in its capacity as majority owner of the company?

**The Minister of Public Utilities (Hon. Marvin Gonzales):** Thank you very much, Madam President. Madam President, TSTT has advised that the company did not raise any bonds on the international capital market in recent times.

**Madam President:** Sen. John.

**Sen. John:** Did TSTT then raise any money on the local market?

**Madam President:** Well, Sen. John, based on the question that was posed and the answer given, that question is not allowed.

**Sen. John:** So, therefore, I suppose my other questions cannot follow too. Well, thank you, Madam President.

**Madam President:** Sen. Nakhid.

**Sen. Nakhid:** [*Member rises*]—Madam President—

**Madam President:** No, Sen. Nakhid, the booth.

**Sen. Nakhid:** Not from here?

**Madam President:** Yes.

**Sen. Nakhid:** Okay.

**Government's Management of COVID-19 Pandemic  
(Commission of Enquiry into)**

**Sen. David Nakhid:** Madam President, in the name of God, the most gracious, the most merciful. I beg to move the following Motion standing in my name:

*Whereas* it is the duty of the Government to provide safe, reliable and compassionate healthcare services for all citizens during a pandemic;

*And whereas* during the COVID-19 pandemic the Government has failed to address the inequities in accessing healthcare services;

*And whereas* the Government has failed to meet the international standards for patient care, as is stated in the Report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago;

*And whereas* the Government has failed to effectively manage resources to facilitate the movement of critically ill patients to and from our nation's hospitals;

*Be it resolved* that this Senate take note of the unacceptable number of deaths from COVID-19;

*And be it further resolved* that this Senate call on the Government to take immediate steps to initiate a Commission of Enquiry into the Government's management of the COVID-19 pandemic at our nation's healthcare institutions.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** Madam President, I thank you for the opportunity to bring this Motion to this honourable House. First of all, we of the UNC would like to extend our sincere commiserations and our support to those who over the last couple of weeks have suffered the tragic flooding that we have seen throughout the country, and all the circumstances and calamitous events that accompany such floods and before unseen occurrences.

It is indeed unfortunate that the most tragic of circumstances that we, the citizens of this country, are now experiencing starkly mirrors the COVID-19 experience of the last two and a half years. These disastrous events that we all are now witnessing are not the result of two weeks or even two months of rain. It is the result of seven years of mismanagement, visionless leadership, poorly thought-out policies, incompetence and corruption in an unprecedented manner. To paraphrase the MP for Barataria/San Juan, this weather is not unprecedented, but the PNM's level of incompetence and corruption is. Well, Madam President—

**Madam President:** Sen. Nakhid, I allowed you to make your opening statement, but I invite you now to deal with your substantive Motion.

**Sen. D. Nakhid:** I was now getting to that. Thank you, Madam President. I am guided.

Well, Madam President, as it relates to this Government's COVID-19 response, this pandemic of our time was and is unprecedented. But the PNM's mishandling of the response, with its incompetence, clueless leadership, was preceded because surely the hallmark of this PNM Government has clearly been incompetence, coupled with mendacity, corruption, paralleled with obfuscation. As a matter of fact, Madam President, that is the only parallel that is accurate when we delve into the realities of this Government's mishandling of this health crisis.

Madam President, we need to look no further than the World Cup, currently in action, for an understanding of what is needed at the highest levels of a profession. For a World Cup, we witnessed the elite of the elites, the so-called *crème de la crème*, because the challenge at that highest end of the spectrum is what is needed.

**2.00 p.m.**

For the pandemic that the world faced in sort of a perverse way, this was an upper-level challenge that health professionals globally would face. This pandemic too required the *crème de la crème* not as aspiring professionals—in French we say *les espoirs*, not hopefuls, which accurately describes what this Government put in place. And we can make a comparative analysis, Madam President, which is also always helpful and informative in these situations because the objective here of the UNC is to indicate where this Government went wrong, contributing significantly and directly to over 4,200 deaths by COVID-19, most of which could have been avoided by astute and experienced enlightened leadership.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** So, I looked around the world, Madam President, I too like many of our citizens now faced with the stark realization that we were never number one in the world, nor were we ever at such an elevated status. So, I looked at the leaders around the world who had championed their country's response to the COVID-19 pandemic. And nowhere, Madam President, would you believe nowhere, not in one single country did I find anyone less qualified to face the challenges of a pandemic than the man put in charge by our Prime Minister, the hon. Minister of Health, Terrence Deyalsingh. There was no one less qualified than who we had in charge. It is like appointing the Minister of Tourism, Culture and the Arts to be captain of the Trinidad and Tobago football team. Because that

Minister, he once impressed upon us in this Chamber that he was able to reach the professional status of Sen. Roberts and myself in professional sports because he “took a sweat”.

Madam President, how ludicrous is it that a country faced—and we must admit—with such an unprecedented health crisis would put not even a qualified medical doctor in charge of the most challenging health crisis that our country has ever seen in its history. And we have to be fair to the hon. Minister of Health. He did not appoint himself. But we have to be fair also to the citizens of this country, many of whom suffered under this Government's handling. He should have, like several health Ministers around the world when realizing that they were unfit for purpose, he should have resigned. He did not. So therefore, Madam President, he has to come under scrutiny for his accepting a position he clearly was not fit for.

Madam President, and that is exactly where we take issue with the Prime Minister, head of the Cabinet, Keith Christopher Rowley, placed this country in such a position by not appointing or even listening to the suggestions of our hon. political—Opposition political leader Kamla Persad-Bissessar who offered, who offered the help of the Opposition to the Government.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** And the Government flatly refused. And I will not, as we say, put water in “meh” mouth, Madam President. But when you look at it, the depth of experience and talent on this side, I mean, just look across and we have the legend who is Dr. Tim Gopeesingh.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** We have public health specialists. We have qualified doctors with experience, some of them going so far back they worked with my mother, Rita Harris Nakhid, when she was matron of Mount Hope Hospital.



**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** That is the kind of experience and the wealth of experience that the Opposition offered to this Government. What did we get, Madam President? Someone who has a BS in pharmacy.

**Madam President:** All right. So, Sen. Nakhid, this is your Motion. This is—and I have to point out to you, I am trying to give you leeway but the Motion is not a Motion on the Minister of Health. The Motion is here before all of us and therefore I am going to ask you, please, to not be—to not go down the path you are going. You are personalizing this. It is not about the Minister of Health in the manner that you are presenting. Okay?

**Sen. D. Nakhid:** I am guided, Madam President. Let me make it abundantly clear that this is not about a personal attack on the goodly Minister. It is about, was this Minister qualified to lead this country during the most unprecedented of health crises and we have to realize that. These are not abstract matters, Madam President. All the words and all the actions are taken by people.

In other words, Madam President, if we have people who have to enact and implement policy, we have to admit to ourselves, are they suitably qualified to implement those policies? So, we have to take an honest look at their credentials, as you have said. So, it is not a personal attack in any way, Madam President. It is taking an honest look at a crisis that has claimed the lives of 4,200 people and I think we need to be honest to those who not only lost their lives but the families of those who unnecessarily lost their lives and that is important. This is not a Ministry, Madam President, that does not have a direct influence on life and death. You know, we can talk about incompetence in education and say, well, it may contribute to, in later years, to delinquency, to school violence, to people being jobless. This is a Ministry, Madam President, where there are no margins for error.

That is the nature of the job. And that is why I am saying, when you appoint such a person, Madam President, in the elite level of governance your choice has to reflect what that person brings to the table, Madam President. And we are saying in Opposition that this Minister and there is not a person—

**Sen. Mitchell:** Madam President, on a point of order, 46(8), please.

**Madam President:** Sen. Nakhid, you are ignoring the advice that I have given you. I have—there is a difference between filing a Motion of no confidence in a particular Minister and filing a Motion such as the one that you have filed. The one that you have filed is about COVID and what was done during that period. So, I am going to have to invite you at this stage, 15 minutes into your contribution, to move away from the Minister of Health.

**Sen. D. Nakhid:** Okay. I am guided. Thank you, Madam President. I think I did indeed speak enough of the lack of qualifications of the Minister, so I move on.

Madam President, here we come to, how did we end up with one of the highest death rates per 100,000 persons in the world. In that we were almost number one in the world. Madam President, with just over 4,200 deaths and a case fatality ratio of 2.3 per cent, we have recorded 300 deaths per 100,000 persons in Trinidad and Tobago. We are currently 173<sup>rd</sup> worst performing country out of 195 countries. In other words, from number 22 from the bottom of the list. St. Kitts and Nevis is ranked 101 with 86 deaths per 100,000, Dominica at 105 with 95 deaths per 100,000, Jamaica at 115 with 111 deaths per 100,000 citizens. To put that into context, Madam President, for every 100,000 persons in Trinidad and Tobago we had 190 more deaths from COVID-19 than Jamaica. Two thousand more persons died here in Trinidad and Tobago as compared to Jamaica if it had an equivalent population.

And, Madam President, we have heard about these billions that the

Government borrowed. And when you see such a systemic failure in the health care response, we need to have an audit of those billions that this Government claimed to have borrowed and used to respond to this unprecedented crisis. This administration, Madam President, through this Minister failed everyone with its policies and its leadership. Citizens died who did not have to die and most of them, to be honest, Madam President, were poor and working-class people who had no voice in what happened. We have the highest death rate in Caricom.

Surviving COVID-19, Madam President, was more the exception rather than the rule. Only the UK and the USA did worse than this Government but they never closed their borders, Madam President. They did not put—the USA and UK did not close their borders, Madam President. We closed borders. We decimated livelihoods, lives and livelihoods. We locked 30,000 people out of the country. And we have to ask ourselves, was that political, Madam President? Because we saw numbers that seemed quite low before the election of August 2020 and then we saw subsequently after the election these numbers skyrocketed, spiked. Our health infrastructure was totally overwhelmed.

As a matter of fact, a lot of health professionals believed that what COVID-19 did was just highlight an already failing health infrastructure and this Government has no excuses, Madam President. They had seven years. They have been in Government for seven. They have been warned by the Opposition. Our hon. Dr. Tim Gopeesingh brought that to the House in the other place. So they had sufficient warning, Madam President. But what did we get? We got cramped tents, Madam President. We got overflowing wards with inadequate drugs, equipment and medical personnel. We had “cockroach” and moss-infested stepdown facilities. Yes. “Cockroach”, as we say. Patients passed, when in many cases they could have been with us today with their family, with their

friends, with their life intact. As a matter of fact, Madam President, things reached to such an abysmal state that the first time that two ventilators were sourced and bought for TT \$1.8 million was in November 22, 2021, well into the pandemic. Only then were ventilators bought. So it was in a haphazard approach, disorganized policy implemented from the top down, Madam President.

And the Prime Minister said that money was spent to keep us alive. In fact, one year ago Minister Deyalsingh is on record saying that the Ministry of Health spent \$480 million on the country's COVID-19 response since the beginning of the pandemic. This sum must be considerably more today. The CAF Development Bank of Latin America just recently approved USD \$1.65 million in financing for Argentina, Brazil, Paraguay, Peru and Trinidad and Tobago. How much of that total did we receive? Madam President, we have been told that COVID-19 funds were channelled into infrastructure, human resources, consumables, building upgrading facilities, paying for quarantine, buying equipment and PPE. We have to call into an audit. We have to call for an audit, Madam President, because we know that many of these facilities were left without PPE. There were not enough resources. There were not enough beds, not enough equipment or ventilators.

And then perhaps, Madam President, we can look at the Minister of Finance in a Standing Finance Committee admitted that the bulk of assistance received by this Government for COVID management went into the Consolidated Fund. No wonder our ICU and HDU were deplete of resources, equipment and drugs. That is a direct quote from the Minister of Finance. So that money we received did not go to response to the health crisis of COVID-19. He admitted that the bulk of assistance received Madam President, by this Government for COVID-19 management went into the Consolidated Fund. And then perhaps, Madam President, we look as the Motion states, did we meet the international standards?

Clearly, we did not, Madam President.

At the beginning of this pandemic the Opposition stated, like so many of the First World countries, that the most important element was testing, testing, testing. This Government suffered the people of Trinidad and Tobago by only allowing PCR testing. That is what they did. This Government refused to allow antigen testing, Madam President. And those, Madam President, so the public will know, they have a 97-efficacy rate, Madam President. Why would this Government that can have testing cheap and available for the population only allow PCR testing at \$1,200 a pop, \$1,200 in a time of lockdown, "bruk down", no money in people's hands, people jobless. Why did this Government show such a lack of compassion and care to the people of Trinidad and Tobago?

Well, Madam President, a lot of medical labs made millions of dollars, hundreds of millions of dollars while people of this country could not afford food on their table, how were they to be tested? How would this Government have an accurate idea or vision? How can they implement a vision not knowing exactly who in the population had tested positive for COVID? So, we had people walking around with COVID showing no signs. We had people walking around with COVID showing signs but no one could have afforded the testing. This Government certainly did not pay for it. People had to reach into their own pockets for testing. And we would like this Minister of Health to answer to the people, why they did not allow the rapid antigen testing kits to be used? And from what we understand, the Minister of Health was sitting on 500,000 of those test kits and he did not use them.

And, Madam President, and when he was asked about this, these WHO-approved test kits, he is on record as saying that the existing penalty for sales of these kits would be a fine of several hundreds of thousands of dollars plus six

months in jail. When asked if they can be implemented in Trinidad and Tobago he said, we are taking these fines very seriously. In other words, they were adamant, they were adamant that PCR testing alone would be allowed by this Government. In other words, denying the poor and working-class people of this country who in a time want, who in a time of scarcity could not know if they were positive or not. He has to answer to this. The Minister of Health, Madam President, has to answer to this.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** So, Madam President, and you know, we have in a constructive manner to put the blame in hindsight because a lot of these things can be avoided if, as I said before, there was astute leadership, we had none. But even in hindsight if you want to improve for the future the health care services, our response to such a crisis, we have to speak about things that are well documented and that happened.

Madam President, 50,000 people were irresponsibly encouraged to move between Trinidad and Tobago for an Easter weekend and not one test was done with that movement. This at a time when the WHO, the CDA and every major health agency recommended all to limit movement and groupings as much as possible. It is on record, Madam President, that our Prime Minister encouraged such a movement. Fifty thousand people moved between Trinidad and Tobago. Persons from hot pocket communities in Trinidad were allowed to get onto a plane or a boat and travel to Tobago. Our sister isle had three deaths due to COVID-19 at the time. Tobago now has 90 deaths. After four months it increased to 90 deaths and hovered between 400 and 500 active cases in that year. The advice from the Opposition and our honourable political leader was test, test, test and test again.

**Hon. Senators:** [*Desk thumping*]

**Sen. D. Nakhid:** To do that, Madam President, would have required those 500,000 kits that the Minister of Health sat on, Madam President, sat on and did virtually nothing.

And testing was a priority in other countries, Germany, Belgium, Spain and by having lower numbers it would be a justification, it would be almost an affirmation for this PNM Government draconian knock-down policies that we all went through. These policies, draconian as they were, contributed to the decimation of the economy and livelihoods, shutting down businesses especially our small and medium enterprises. The Minister can only explain to us what could have happened had these 500,000 antigen kits that he had, been used before people were allowed to travel between Trinidad and Tobago for Easter 2021. I think, Madam President, only time will let us know how damaging to our health care sector and to our population the deaths that arose out of that.

Madam President, it brings to me to perhaps of all the mismanagement exhibited by this Government in the COVID-19 crisis, it brings me to perhaps the biggest fabrication, the most outrageous falsehood that this Government perpetrated upon the people of Trinidad and Tobago and that is the so-called parallel health care system. Madam President, I love, I love the language. I love the language. Since I was small, I remember asking my father or my mother, what is the meaning of a word. And they would always say, look it up in the dictionary. The reason for that was, they would tell me, look up the word before that word and the word after it. So, I looked up the word "parallel" as this Minister of Health claimed, if one were to read his CV, that he enacted a parallel health care system. Madam President, do you know that a simple perusal of a dictionary put paid to the misconception that we had indeed implemented a parallel health care system. By

definition, Madam President, parallel is defined as lying or moving in the same direction but always the same distance apart. In other words, Madam President, you cannot tell the population that you enacted a parallel health care system when all you did was to optimally use assets that were already present in the health care system. In other words, if the Government because of its vindictiveness did not use the Couva Children's Hospital but only after weeks into the pandemic, weeks, Madam President, they operationalized the Couva Children's Hospital. They cannot make the claim that they finished or they met an unfinished facility. That is impossible. You cannot in three weeks operationalize a hospital that has been mothballed. Impossible, Madam President.

What they did, the Government chose not to use the Couva Children's Hospital and only because of the COVID-19 pandemic they were able to utilize that asset. That is not parallel health care, Madam President. That means if that is touted as parallel health care, this Minister of Health has no idea what he is talking about. And I will tell you why, Madam President. When one looks at countries around the world who have in truth and in fact implemented parallel health care and we take Canada, for example, what they have done, they have either partnered with the private health care whereby they can more or less subcontract to the private health care system the cases at that point in time who were not COVID-19. For example, they would have said, let us pick West Shore, a facility frequented by our Prime Minister. And he does not get on a maxi-taxi as a—

**Madam President:** Sen. Nakhid, move on, please. Move on.

**Sen. D. Nakhid:** Okay. Yes. So, we know that there is very much health care, that private health care that is used by Government Ministers and other Ministers or other parliamentarians, we have no doubt. Why did this Government not implement what is truly a parallel health care system? And we would like this



Minister not to come and speak in his response about the Opposition spoke about sunlight and puncheon. This is not the time for jocularly or for his buffoonery to come to the fore.

**Hon. Senator:** [*Crosstalk*]

**Sen. D. Nakhid:** You know, you can hear him now speaking, it is a fact. Obviously, it shows his clear misunderstanding or grasp of a situation that is serious that he can sit there and laugh when I am talking about the deaths of 4,200 people. It is not funny to me. It is not funny to me. So, I think rather than come with some inanity, the country would be well served if he were to answer, why did this Minister of Health not partner with the private health care services?—because billions were spent, according to this Government. Why he did not let all those surgeries, all those appointments that were cancelled because the health care system was overwhelmed by COVID-19 patients, why did he not do that? He did not. The reason being is frankly, incompetence. And when I say incompetence, Madam President, it is not a personal attack. It is about the work, Madam President. It is about the work. Are you capable to lead a country into such a pandemic? Clearly, you were not.

**Hon. Senators:** [*Desk thumping*]

And whether or not he would like to trivialize the argument, as we heard him say now, it is true and so. It is up to them, Madam President. It is our duty as the loyal Opposition to bring it to the citizens of this country that they were not well served by this Minister.

**2.30 p.m.**

**Hon. Members:** [*Desk thumping*]

**Sen. D. Nakid:** They did not get value for money from this Minister. Madam President, there is no way around it, and I will tell you why. When you move

within an entity, Madam President, the State has certain amount of assets within the health care system. You do not shift around entities within that system and call it parallel health care. That is not how it works. Other than using the private health care as a true parallel system so we would not have had as we had a mother giving birth on the side of the road because there was no space. And that is documented, Madam President.

Other than that you would have said, okay, the private health care system would take care of everything that we now—the Government—are busy. We are preoccupied, we are overwhelmed with the COVID-19, let the private health care system deal with the other cases. No. Madam President, I went to Mount Hope to visit a friend who was in hospital with COVID-19, people were in the corridors. People were on the ground, Madam President. That is not an attack on the Minister. It is an attack on his competence, his suitability for the job. People died unnecessarily.

**Hon. Members:** [*Desk thumping*]

**Sen. D. Nakid:** This is not a laughing matter, as they seem to be laughing on that side. It is not a laughing matter. Everyone was affected. Everyone was affected by what happened in COVID-19.

In other hemispheres there would be criminal action being taken, Madam President, and I will tell you why. I will tell you why. To show you just how the level of apathy that this Government exhibited. Do you know, Madam President, that in countries other than Trinidad and Tobago because of the mishandling of the COVID-19 we had Ministers of Health, sometimes more than once, in few months even, fired because of this mishandling? And I will give you examples: In Ecuador the Health Minister of Ecuador, Rodolfo Farfan had to resign three weeks after he was appointed. He was alleged of exhibiting favouritism in the country's vaccines

roll out scheme, and I will get to that in a moment. In Austria the Health Minister, Rudolf Anschober, submitted his resignation on April 13<sup>th</sup> after he said that he was overworked due to the COVID situation, and felt that the country needed a fitter person for the role.

In Iraq the Health Minister, Hassan al-Tamimi resigned after several unfortunate incidents, and a COVID hospital killed almost 80 people. In Jordan, and this is, I think, an exceptional example, the Health Minister, Nathir Obeidat resigned from his post in March after six people died of an oxygen shortage at a state run hospital. He was asked to step down by the country's Prime Minister, Bisher al- Khasawneh. Obeidat had said that he carried a moral responsibility for the oxygen shortage incident. Madam President, I mean, not to put a fine point on it, but we saw no such action in our country, as I stated before, should an alarming amount of deaths—

**Madam President:** Sen. Nakhid, you have five more minutes.

**Sen. D. Nakid:** Thank you, Madam President. So, Madam President, I have so much information and I think 45 minutes would not do justice to our prosecution on what we deemed to be an extremely incompetent and horrific handling of the situation. But I would like to leave you with this, Madam President, and I hope in my closing I can delve deeper. At this elite level of governance—this is where we are, Madam President. We are MPs, we are Senators—incompetence and this elite level of governance cost lives, people die.

So if you have incompetence, for example, in any other portfolio, whether it be the Ministry of National Security where you would see—if incompetence occurs there you might get over 550 murders for the year. You might see the incident at Rose Hill. You will see porous borders which results in almost an estimate of 14,000 illegal guns. Because you are talking about the elite level of

governance, Madam President. There is no margin for error here. At this level of governance if there is incompetence in a portfolio like the Ministry of Health which directly affects life and death, Madam President, we need to be honest about our approach to where this Government has taken us.

It is not sufficient for us to say that if we had not been here it would have been worse. It is not sufficient for them to say that we did our best, and to reward medical personnel who, to be honest, Madam President, were not the true heroes of this case; the doctors, the nurses, the medical professionals on the ground are the true heroes of this pandemic. They are the ones—and by the way I would like to remind the Minister of Finance and the Minister of Health that we are at the end of November and the nurses have not been given their bonus until now. So we see where the emphasis of this Government lies. It is not about the health and well-being of the nation. It is not about giving the taxpayer value for his money. It is about them putting up numbers, coming with some memes and rhetoric to misdirect the population and to point fingers at the Opposition.

When will this Government, Madam President, take responsibility for what, as I have pointed out, has been a completely inadequate and incompetent response to the COVID-19 pandemic? Regretfully, Madam President, I leave. I take leave of this Motion with a quotation from a saint of the Middle East who said:

To ensure the decimation of society, to ensure chaos and corruption in a society one only needs to put the wrong people in the highest offices.

Madam President, I beg to move.

**Hon. Members:** [*Desk thumping*]

**Madam President:** Someone needs to second the Motion.

**Sen. John:** Madam President, I beg to second the Motion and reserve the right to speak at a later time in the proceedings.

**Madam President:** The Motion has been seconded by Sen. John.

*Question proposed.*

**The Minister of Health (Hon. Terrence Deyalsingh):** Thank you, Madam President. Madam President, may I kindly ask how much time do I have?

**Madam President:** Minister, you have 40 minutes.

**Hon. T. Deyalsingh:** Forty minutes, thank you very much. I wish I could say it is a pleasure to be here, but as an MP Tuesday is my constituency day, the day when I meet constituents, and I would have preferred to be in my constituency office today meeting and treating with my constituents who have been affected by flooding, landslides and everything else that goes with it. But here am I today being called away from treating with my constituents' real problems, dealing with COVID. What an absolute abuse and waste of this Senate's time.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** The UNC ought to be condemned for wasting the Senate's time today of all days on a Motion like this.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Madam President, I am speaking from the point of view as a practitioner who worked in the trenches. I am not speaking as a mere critic, an uninformed expert. You would get the impression from the Motion that pandemics come once every 10 years, and that we had 10 of these in the past 100 years. We had one. So when you read the Motion you get the impression from Sen. Nakhid that this is something that we are accustomed doing. Nothing could be further from the truth. Madam President, he speaks about the crème de la crème. Dr. Roshan Parasram ORTT.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** You want more crème de la crème than that? Dr. Maryam

Richards, Chaconia Gold.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Dr. Avery Hinds, Chaconia Gold.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Dr. Michelle Trotman, Chaconia Gold.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Prof. Christine Carrington, Chaconia Gold.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** That is crème de la crème. My friend spoke about they have qualified doctors, Dr. Tim Gopeesingh—and it was so predictable that a UNC Senator will fall ill today, because whenever there is a health matter a UNC Senator falls ill and Dr. Tim Gopeesingh appears. It is so predictable. If Dr. Tim Gopeesingh was so wonderful why did he not bring down maternal and mortality rates in Trinidad and Tobago when he was a Member of the Kamla-Persad government? Why did he not do it, he is so brilliant? Under him you had 1.5 women dying per month in our hospitals in child birth. You know how many have died for the year? One so far. I did that.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Because everything revolves around the Minister of Health. Why did Dr. Tim Gopeesingh, this great physician not do that? It is amazing. It is a pity that the mover of this Motion—and, Madam President, may I say I have this same identical Motion in the Lower House. The same Motion in the Lower House to waste time again in the Lower House. I would love to know who wrote this Motion, because clearly it was not Sen. Nakhid because not even he understood the Motion.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** He did not address his own Motion in his own name, and he had to be pulled up several times.

“*Whereas* it is the duty”—first recital—“of the Government to provide safe, reliable and compassionate healthcare services for all citizens during a pandemic;”

A once in a 100-year event. The pandemic revealed the resilience of Trinidad and Tobago's health care system.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** The key strategies for the provision of safe, reliable and compassionate health care services for all nationals, non-nationals and other vulnerable groups during the pandemic, and what did we do? The development of the parallel health care system. My friend says we should have engaged the private sector. The private sector has less than 400 beds. At the height of the pandemic we had 1,000 beds in the parallel health care system.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** How on earth would you use 400 beds to put 1,000 people? But you see the misunderstanding of the mover of the Motion, and where would the patients who normally go to the private sector go for their health care? But use the private sector, less than 400 beds, but at the height of the thing we had over 1,000 beds in the parallel health care system. What did that do, Madam President? It slowed the spread of the virus, because COVID-19 patients were segregated from the normal patients. This was unique in the world.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** But only in Trinidad and Tobago we beat ourselves and do not congratulate ourselves for what we have done. Madam President, the benefits of the parallel health care system, it decreases the burden on the traditional health

care system so emergency surgeries to go ahead, radiological services could go ahead. It helps reduce transmission, the separation of confirmed cases from non-infected cases. It mitigates resources shortages. And may I say for the umpteenth time, we never had a shortage of world-class PPE in Trinidad and Tobago.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** But the UNC in this era of the big fib because I cannot say the big “L”, the big fib continues to say that. You had a nurse in Caura doing a Sunday *Express* article saying that her cousin in New York wished that they had the PPE we had in Trinidad. But we beat up ourselves. We cannot admit we did something right.

Madam President, as I continue with this Motion, between the period October 2020 and March '22 we employed over 2,270 medical and non-medical staff to man the parallel health care system. Where would the private sector find 2,000 people? Where? But that is Sen. Nakhid's solution, use the private sector. Absolute poppycock. Madam President, we trained our people. We trained them in basic emergency care. We had a boot camp for experienced nurses. We trained in IPC, Infection, Prevention and Control, care of the ventilated patients. And let me say it again, there was never a shortage of ventilators in Trinidad and Tobago.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Never, ever, ever, during COVID. But again, this is the UNC, party first, country second. Bad talk Trinidad and Tobago, make us look like a basket case. Intensive—

**Sen. Nakhid:** [*Inaudible*]

**Hon. T. Deyalsingh:** Madam President, I was not talking when he was speaking, you know.



**Sen. Nakhid:** You were laughing when—[*Inaudible*]

**Madam President:** Sen. Nakhid

**Hon. T. Deyalsingh:** I was laughing at stupidity.

**Madam President:** No, Minister, please!

**Hon. T. Deyalsingh:** I apologize.

**Madam President:** Sen. Nakhid, you had your opportunity to present your Motion, please give the Minister his opportunity to respond.

**Hon. T. Deyalsingh:** Madam President, we would come to the issue of mental health response, and other colleagues would go into detail on that, because that is very, very important. But notice, we launched a mental health response which was compassionate, which was free, absolutely free. Absolutely free.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** But other speakers will go into that because I have bigger fish to fry. But I will just give you some data on some of the mental health initiatives. We launched FindCareTT. There were 34,804 users and 65,336 page views. That is how widespread it was. Most visited pages: suicide prevention, gender based violence, addiction, 24/7 hotlines, Trinidad and Tobago Psychologists Association, and so on. But other speakers will go into that. Because we have to integrate mental health into our primary services.

Madam President one of the sequela of COVID is long COVID, and again we recognized that. The WHO says that it usually occurs within three months of the onset of COVID-19 with symptoms that could last two months and cannot be explained by an alternative diagnosis. We have several long COVID clinics free, free of charge.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** And other speakers will go into detail about this free long

COVID service we are offering people of Trinidad and Tobago.

Madam President, the second recital says:

*“And whereas during the COVID-19 pandemic the Government has failed to address the inequities in accessing healthcare services;”*

Do you know what that means? That only rich people can come into the public health care system. Where does Sen. Nakhid get this from? Our system in Trinidad and Tobago has always been universal access regardless of race, colour, creed, income, socioeconomic conditions.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** And that it is this Government, it is this Government—talking about inequities—is giving poor women the environment to have their babies without dying. Never happened under the UNC. One and a half women were dying a month. Under the UNC 12 to 15 women a year will die. Divide that by 12 you get 1.5. We did that. We dropped neonatal mortality rates by more than 50 per cent. Right now, more than 100 new-born babies are alive per year under this Government than under the UNC. No insurance, no fees. What more equitable system do you want? And it is open to migrants for primary health care services and—

**Sen. Nakhid:** [*Interruption*]

**Hon. T. Deyalsingh:** Madam President, could Sen. Nakhid pay me the courtesy that I paid him?

**Madam President:** Sen. Nakhid, please. You have to remain silent while the Minister is making his contribution.

**Hon. T. Deyalsingh:** So let us talk about inequities and access. Letter to the editor, Wednesday 23 November, 2022, “Impressed by service at Sando EnT clinic, Lennox Surjusingh”. You want more than that? We recently launched a

new lung cancer initiative. Talking about inequities, because one newspaper editorial said people have to mortgage to get health care. Mr. Nishad Mohammed, 45 years old, and Madam President, I ask you to be able to quote his words:

In June 2017 I was diagnosed with stage two N1 Adenocarcinoma in my right lung.

Could you imagine that diagnosis, a man with limited means?

Prior to going into surgery to repair a tendon, during an X-ray the radiologist saw a mass on my right lung about 3.2 centimetres in diameter. After surgery I was referred to the Thoracic Surgical Unit. A biopsy was done and we found it is was Adenocarcinoma stage two. I had surgery free of charge.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** During this time under the lung cancer unit using the brand-new equipment that we have, \$1.2 million US, the services rendered were excellent.

Not my words. This is Mr. Nishad Mohammed. You may have seen the centre page ad in the newspapers advertising this.

I was told that my life expectancy was five years more.

Stage four lung cancer patient. What inequities are we speaking about? Last piece of evidence, Madam President. A letter to the editor that appeared, July 28, 2022. Headlined, "Sando A&E made me feel like a proud taxpayer". Not my words.

"Please allow me to express my experience at the San Fernando A&E."

He went on to say the type of care he got and he was so impressed by it:

"And did I mention the system is now paper-free, no more walking around with those big X-ray images under your arm.

...something has improved."

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** He had five doctors attending to him. His attending physician Dr. C. Ramcharan.

“I left the hospital at 6 p.m., but in that time the tests done were: kidney and liver function, X-ray, blood analysis, CTC...and cholesterol.”

All free.

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** And he wrote to the papers saying “Sando A&E made me feel like a proud taxpayer”. That is equitable access. That is equitable access, and that goes on throughout the system every day, every night, seven days a week. The third recital, because you see even the mover did not mention his recitals:

“*And whereas* the Government has failed to meet the international standards for patient care, as is stated in the Report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago;”

All of a sudden the UNC has embraced the Seemungal report. All of sudden the Seemungal report is the best thing since sliced bread. Let me read what Dr. Tim Gopeesingh said about the Seemungal report, and I have the article here. Loop:

“UNC MP slams ‘sham’ probe into healthcare system...

The ex-MP”—that is Tim Gopeesingh—“raised even more concerns implying that the findings may not be authentic.”

So here we are, here we are—

**Madam President:** Senator.

**Sen. Dr. Gopeesingh:** [*Inaudible*]

**Hon. T. Deyalsingh:** Here we are.

**Madam President:** Senator, no, just one second. Sen. Gopeesingh, please! You will have your opportunity. This is not the place to just be shouting across the

floor. Okay? Continue, Minister.

**Hon. T. Deyalsingh:** Thank you. So, it is a sham report, but now it is the best thing since sliced bread:

“Opposition refers to COVID care review committee as ‘pappy show’. Opposition Leader Kamla Persad-Bissessar has dismissed the recently announced review of COVID-19 care as a ‘pappy show’.”

But now she says:

“She believes they are being set up to fail, and to serve no other function than to rubber-stamp the Government’s COVID-19 management policies.”

That is the Leader of the Opposition.

Madam President, you know what was their solution to COVID? Hydroxychloroquine, puncheon and lime. Sen. Mark stood here in this Parliament and said, you know, puncheon and lime good for the virus. Sunlight. I want to put on record that if we had listened to the UNC on hydroxychloroquine, and it was not only Dr. Gopeesingh who recommended that to the Prime Minister. I want to quote from an *Express* November 05, 2022 article. This is just a couple weeks ago, after the hon. Prime Minister contracted COVID. He, that is Dr. Fuad Khan now, former Minister of Health, eh, he recommended that Rowley take hydroxychloroquine to help with his recovery. Where does the UNC get this love affair with hydroxychloroquine? It is my duty now, Madam President, if you will permit me to quote from *The Lancet* and to put on record what *The Lancet* says about hydroxychloroquine.

“Hydroxychloroquine for COVID19: The curtains close on a comedy of errors.”

That is the highlight, the headline from a *Lancet* article. It was “a comedy of errors”. But that was the UNC’s solution to COVID, and I quote:

“In this gold rush, some of these trials competed for the same patients including, unfortunately, trials that we collectively participated in. Regrettably, before the first randomized control trial was complete...”

That was science. They did not do the science.

“...hydroxychloroquine became a cause célèbre...”

And the UNC latched on to that. Dr. Tim Gopeesingh latched on to it. Dr. Fuad Khan latched on to it. It goes on to say:

“Consequently, most outpatient trials failed to enroll to completion, and none were independently large enough to definitively refute a small benefit in this setting.

...it failed to demonstrate any benefit to hydroxychloroquine in preventing progression of COVID-19 among outpatients with initially mild COVID-19.”

But here comes the coup de grâce for hydroxychloroquine.

“Ultimately, hydroxychloroquine did not have clinical benefit for COVID-19.”

But it was the fad at the time, and the UNC latched on to this.

“The efforts of the trialists and the goodwill of patients who volunteered for the studies should not be diminished, but lessons extricated from this fiasco...”—You hear the words?

I must listen to them and give hydroxychloroquine.

“...but lessons extricated from this fiasco must galvanize us to do better in the next pandemic.”

That is the final death knell to the UNC's reliance on hydroxychloroquine as recently as 05 November, 2022, as espoused by a former Minister of Health, under the UNC, Dr. Fuad Khan. You see it is a good thing the PNM was in power?

**Hon. Members:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Imagine a former UNC Minister of Health, after all this evidence, is advocating for hydroxychloroquine. Oh, my gosh.

**3.00 p.m.**

Madam President, before I continue, I want to clarify something because somebody is going to raise it in the Seemungal Report and that has to do with the drug Tocilizumab. WHO recommends that drug for severe and critical patients, which is what we did. But somebody from that side will get up and say, "We did not have it available for everybody". That was never the clinical guideline for Tocilizumab. It was only supposed to be used on the severe and critical patients, and we did that. So I am just preempting the mischief which will come on that particular drug.

But what did the Seemungal Report say? The committee, that is the Seemungal Committee:

"...found that the admissions, discharge and transfer policies for COVID-19 patients are within the ambit of international best practice especially as recommended by the WHO."

But to listen to the UNC, you would think we got standards from I do not know where. Let me repeat that. The same Seemungal Report that MP Gopeesingh and the hon. Kamla Persad-Bissessar said, it is a sham and everything else said, and I repeat, the Committee:

"...found that admissions, discharge and transfer policies for COVID-19 patients are within the ambit of international best practice..."

**Hon. Senators:** [*Desk thumping*]

**Hon. T. Deyalsingh:**

"...especially as recommended by the WHO."

They concluded that the treatment of COVID-19 in Trinidad and Tobago followed WHO guidelines. But my friend was talking about CDA. CDA is Chaguaramas Development Authority. I think what you meant to say is CDC, Centers for Disease Control. But you said CDA. CDA is Chaguaramas Development Authority. We do not follow Chaguaramas Development Authority nor do we follow blindly the CDC. The CDC is a stringent authority for the United States. Good authority, but we in Trinidad and Tobago for COVID-19 followed the WHO. They concluded that the treatment for COVID-19 in Trinidad and Tobago followed the WHO guidelines. This was borne out by comparison of WHO publications on COVID-19 and the national guidelines on COVID-19, as well as the protocols of the RHAs. So we adhered to international best practice.

Recital four:

*“And whereas the Government has failed to effectively manage resources to facilitate the movement of critically ill patients to and from our nation’s hospitals;”*

Madam President, this is a once in 100-year event. You literally, as all over the world, you have to fly the plane and build it at the same time, especially in the first year. The movement of critically ill patients to and from our nation’s hospitals was conducted through our national ambulance service provider, Global Medical Response. And may I add, Global Medical Response will not move a patient between a private facility and a public facility. So that is another reason you could not use the private facilities for COVID.

The private facilities do not have a contract with GMRTT, Sen. Nakhid. It is the Government of the Republic of Trinidad and Tobago that has the contract with GMRTT to bring patients to a public setting. My gosh. The number of transport conducted by GMRTT was this: 2020, 1,417 patients; 2021, 6,159; and for



October/July 2022, 2,704. This was just for COVID. This was just for COVID. Never before in the history of Trinidad and Tobago was a logistical transportation mechanism ever done; ever done. And, you know, instead of congratulating GMRTT and everybody else, point out the flaws. Yes, there were certain things we could have done better but we never had the experience.

The UNC will have you believe there is a playbook for this and everything is perfect. Nowhere was perfect. In Italy you had hearses with dead persons coming before a Father and the Father would just say a 15-second mass, sign of the cross and you go and bury your dead. In New York you had cadavers leaking out bodily fluids in refrigerated trucks. We never had that in Trinidad and Tobago. Give us some credit, "nah". Give us some credit, "nah". In Italy, they could not have a mass to bury their dead, 15 seconds the Father will say his pray; 15 seconds. They had to dig mass graves in some island in New York to put people in. It was a global pandemic of unprecedented proportions.

Recital five:

*"Be it resolved* that this Senate take note of the unacceptable number of deaths of COVID-19;"

And I agree over, 4,000 deaths. But let us analyze those deaths. Let us analyze those deaths. And my friend spoke about case fatality ratio. Madam President, you cannot take the case fatality ratio of one country and compare it to another. And I will explain why.

Yemen has a case fatality ratio of over 29 but that is an outlier. And that the country with the lowest is under one, very small population of 10,000/ 20,000. So take out the outliers, Yemen, and take out those very small populations, island populations with 20,000 people that are isolated from the rest of the world. Our case fatality ratio is 2.3. That is the only thing Sen. Nakhid got right.

However, when we disaggregate, it was noted that the majority of COVID-19 fatalities had one or more pre-existing chronic diseases conditions. Diabetes, 54.2 per cent. Did I create that problem? Everybody knows with diabetes your immune system is depressed. Hypertension, 64.2 per cent. Those were the main drivers, NCDs. This corresponds to this elevated prevalence of NCDs in the population. But what again? Our low vaccination rates. While vaccination against COVID-19 was made available, only 51.3 per cent of the population availed themselves of the vaccine and the majority of deaths were the unvaccinated. Comparing the death rates of death among the vaccinated and unvaccinated, 317 of 717,000 among the vaccinated versus 3,545 of the 682,000, we calculate a 91.5 reduction in the deaths amongst the vaccinated. So what this told us, if more people were vaccinated and did not believe the vaccine conspiracy theories—and I will come to that soon, because Sen. David Nakhid cannot and will not escape responsibility here today for his statements on vaccination.

And why can we not compare case fatality ratios? Case fatality ratio is the number of deaths as the numerator, over the number of known positive cases as your denominator. The comparison of CFRs between countries is generally discouraged, as several factors may differ between countries that affect the data available in calculating CFRs. Why? Countries with more resources may extend testing to asymptomatic patients. Therefore, your denominator, that number goes up. We did not do that in Trinidad. We stuck to the case definition; number of deaths divided by number of positive cases. Many countries in order to have a better CFR increased their denominator. We never did that here.

Separate attribution of deaths to COVID-19 may vary from one country to another. Trinidad and Tobago made the choice to be maximally inclusive in this regard, counting all deaths, whether you died with COVID or of COVID. Many

countries did not do that and the CMO has been at pains to explain that. So our CFR may be artificially high but we stuck to the case definition. Right? So that is why you cannot look at CFR of one country to another.

Recital six, and I am going to take my time on this one:

*“Be it further resolved that this Senate call for the Government to take immediate steps to initiate a Commission of Enquiry...”*

Good. I have been keeping a package of documents that if for some reason, God forbid, that the UNC comes into office, this will be introduced into evidence at a COE. Letter to the Editor:

“Dear Editor: Stupidity kills—neither God nor sunlight was ever going to save us from Covid”.

You remember that famous statement by the Leader of the Opposition in 2021, under a tent with rain falling, that the reason we were doing good in COVID then was because of sunlight? How many people believed that? How many people looked to her for leadership and said, “You know what, throw all caution to the wind, sunlight will save me”. This is a letter to the Editor.

“Dear Editor: Stupidity kills—neither God nor sunlight was ever going to save us from Covid.”

And that letter was written by—I think the gentleman's name is here somewhere.

Madam President, now I come to the issue of vaccinations and lawsuits. We never got the assistance of the UNC, never got the assistance in managing COVID. Countries that did better than us had unity of purpose. People put aside politics and said we are facing this invisible, highly contagious enemy, once in a 100 years let us band together, put aside political differences, yellow and red, republican, democrat, communism, whatever, and save lives, put country first, not party first.

I am going to give you an example of some of the legal actions that we had

to endure, and listen to the lawyers that led the charge: *Ian Alleyne v Michelle Trotman*, Mr. G. Ramdeen, U.D Maharaj, D. Harripaul; *Karen Ramsaroop v Michelle Trotman* at Caura, Mr. G. Ramdeen, Maharaj, Harripaul; another one, Ramlogan, Rambachan, Jagroop, Bailey; another lawsuit, Ramlogan; another lawsuit, Ramlogan; another lawsuit, Ramlogan; another lawsuit, Ramlogan; another lawsuit, Ramlogan, Jayanti Lutchmedial; another lawsuit, Ramdeen; another lawsuit, Ramlogan, Jayanti Lutchmedial; another lawsuit, Ramlogan, Jayanti Lutchmedial—Ramlogan, Rambachan, Jayanti Lutchmedial; another one, Ramlogan, Lutchmedial; another one, Ramlogan, Lutchmedial; another one, Ramdeen; another one, Ramdeen, and so it goes. The UNC took a calculated decision to work against the people of Trinidad and Tobago by bringing all these frivolous suits.

**Hon. Senators:** [*Desk thumping*]

**Hon. T. Deyalsingh:** All. Another UNC Senator, list of matters in which Jayanti—Sen. Jayanti Lutchmedial appeared as Mr. Ramlogan's junior, *Marsha Walker v the AG*. You know who Marsha Walker is? Marsha Walker is a UNC candidate in Diego Martin West who is sometimes sworn in here as an Independent Senator.

**Sen. Nakhid:** [*Inaudible*]—53(1)(b). Thank you.

**Hon. Senator:** [*Inaudible*]—wrong Standing Order.

**Madam President:** Minister, continue please.

**Hon. T. Deyalsingh:** I am just telling the country that we never had the support of the UNC in fighting COVID as a country. Because the PNM puts country first and party second. They put party first and country second.

**Hon. Senators:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Let us talk about vaccine hesitancy now, 51.3 per cent. The

mover of this Motion—because vaccines could save lives. You want to know why 4,000 people died? Well, I gave you the statistics that most of the deaths were people with NCDs and people who were unvaccinated.

**Madam President:** Minister, you have five more minutes.

**Hon. T. Deyalsingh:** Yes, Ma'am, I am keeping track. Sen. Nakhid said he will not take the vaccine because he does not want to live in a communist country. Russia developed the Sputnik vaccine, Cuba developed the Abdala vaccine, and China developed the Sinopharm vaccine.

**Sen. Nakhid:** 46(6), imputation of improper motives. I never said that.

**Madam President:** Continue, Minister.

**Hon. T. Deyalsingh:** Thank you very much. MP Moonilal:

“T&T must be cautious about becoming part of a ‘guinea pig’ programme...”

That is what the UNC did. They sabotaged the vaccination programme before it started and now you want to bring a Motion and a commission of enquiry. All of this, because I am saving all of this, all of this will go before anybody to see what the UNC did. You sabotaged everything.

In the last couple of minutes I have, Madam President, I promise this country we will do a seroprevalence study. I can tell the country today I have the preliminary results of the seroprevalence study. We took 961 blood samples from May to June 2022, a convenience sample methodology was therefore utilized. Immunity in this study means the presence of a reactive result when the blood is tested. This may be either naturally acquired factors, example, infection, or artificially acquired factors, vaccination. I am telling the country this for the first time, these are the preliminary figures: number of samples collected, 961; number of samples discarded, 12; number of samples tested, 949. This is the result—

preliminary results: number of samples which were nonreactive, meaning you have no antibodies, 50 or 5.27 per cent; total number of samples which were reactive, that is, you have antibodies against COVID-19, whether induced through vaccination or naturally acquired through infection, 94.73 per cent.

**Hon. Senators:** [*Desk thumping*]

**Hon. T. Deyalsingh:** Those are the figures that I got from the University of the West Indies. These are independent figures. I leave the scientific community to judge that we have 94.73 per cent immunity out of 949 samples. But these are preliminary results.

Madam President, the crowning dagger in the heart of the UNC now is the ruling of the Privy Council of June 20, 2022. How much more time do I have, Madam, two minutes?

**Madam President:** You have two minutes.

**Hon. T. Deyalsingh:** Yes. This is the Privy Council.

“The...”—country’s—“approach to managing the Covid-19 pandemic has therefore been conclusively endorsed by the country’s highest court of law.” In particular, the Privy Council rejected arguments of unconstitutionality and interference with religious beliefs.

“This ruling is an important vindication of the Government’s long-standing legislative agenda and use of legislation passed without a super majority. This issue has been the subject of running vocal complaints by members of the Opposition”—you are cited in the Privy Council—“who have baselessly claimed that this approach was contrary to the Constitution.”

This is not me, this is the law lords at the Privy Council saying that the UNC, you were baseless in your accusations. It goes on to praise who? The Minister of Health.

**Hon. Senators:** [*Desk thumping*]

**Hon. T. Deyalsingh:** It goes on to praise who? The Chief Medical Officer. We are mentioned in a Privy Council judgment and you have the gall to come and talk about my qualifications today? Well, the law lords disagree with you. Madam President, I thank you.

**Hon. Senators:** [*Desk thumping*]

**Madam President:** Sen. Deyalsingh.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. Varma Deyalsingh:** Thank you, Madam President, for allowing me to take part in this debate, very important debate as I am hearing on both sides of the Bench here. And I must say Sen. Nakhid's Motion serves to look at:

“...the duty of...”—a—“Government to provide safe, reliable, compassionate healthcare services for all citizens during the pandemic;”

Also:

Has—“...the Government...failed to address the inequities in assessing healthcare...”

And I saw the Minister of Health did have some level of irritability saying that are there any inequities existing here as we have a free health care.

It also serves to ask the question:

Has—“...the Government...failed to meet the international standards for patients care...”

The Minister of Health did say we will follow the WHO guidelines. And as it is stated in the Report of the Committee Appointed to Investigate the Factors Contributing to the Clinical Outcome of COVID-19 Patients in Trinidad and Tobago:

Has—“...the Government...failed to effectively manage resources to

facilitate the movement of critically ill patients to and from our nation's hospital?"

And also it asks the question that:

Should we now have—"...a Commission of Enquiry into the Government's management of the COVID-19 pandemic at...our healthcare institutions?"

So I have seen what is asked for, what Sen. Nakhid serves to try to accomplish today. And as the Minister of Health said, you know, there is flooding in the area and I too have flooding my area, and so it might be a bit—to come here to try to debate COVID which persons want to put behind us, persons want to move on, persons have decided, that. "Hey, we have other pressing issues, we have crime, we have the flooding". And to come now and debate this, it is bringing back and rehashing things. So in a sense, I can see the Minister of Health's concern that he would be out there and even my also—concern, you know, that there are things to do in my community and here we are discussing this pandemic which has, you know, relatively, I would say, behind us.

But then, I must say, Madam, I tried to figure, is the pandemic really behind us? Is it that if we have a commission of enquiry, will that help us in any way? Because we know what transpired, we know the Government was not prepared, the world was not prepared for what happened. We were on ground that we had to learn basically how to manage, how to keep afloat and there were a lot of programmes that came about, things like wearing a mask, not wearing masks, the lockdowns, the SOE, different things had to come about at certain times. And I guess it was the Government's way of trying to keep our population safe. And I do not think the Government had any reason not to keep our population safe and all their efforts were geared towards this.

We have to understand, we have members of the population, we have young people who are very hardened, they would not listen to the certain restrictions



given. They would want to party, they would want to continue. Hence, if you know our culture, you may be forced to put in the lockdowns, the state of emergency to keep this disease in place.

So, however, COVID, as I say, it is really a tale of horrors and heroes. Horrors when, you know, we saw families being wiped out, sometimes orphans, in other cases patients having problems sometimes and the Minister did admit that there were certain problems, people went to the hospitals. I had a patient who fell off the bed, stayed there on the floor for hours. There were things that were pointed out. There were a lot of things that were disturbing to look at. Up to last week, I had somebody told me they went to Caura, they went to one of the hospitals and they did a test and the test did not come back and they were not sure if it was COVID, they allowed her to go home. It is a week after the result came back positive.

So the thing is—she signed herself out actually. But the thing is there would have been problems because our health services had challenges before, our health service was not perfect and now faced with this pandemic we really had some problems because of the staffing, the equipment, the hospitals. The Minister of Health did bring about a parallel system which, in my opinion, was an excellent thing. It did serve its purpose.

So the thing I want to, Madam President—the first patient who had COVID was my neighbour and he moved, he is still in the area but he is two houses from me. And I had a firsthand experience when he went Caura the first time, they had to break the lock to get in, the food was not coming on time, but that was the first patient. And after that we had an onslaught of patients throughout our health system and it was really a difficult time. And I must say we have to congratulate the doctors, the crème de la crème who got their awards, as well as the members of

staff, all the first responders out there who came out in the pandemic, the waitress who came to serve the persons who—scavengers who delivered, they were the true heroes. So we had the heroes but we also had the horrors. And we had challenges that we were not prepared for.

And, you know, the WHO sometimes gave us different reports in the beginning, mask, not to mask, and we had to decide lockdown, we had to decide vaccines. So there were a lot of challenges, the open cremations. So the challenges were there. And even though we were not prepared, I think we have to now see what we can learn. So with a commission of enquiry give us actually something that we could have, some policies, something in place in case something else comes about.

Because remember, the WHO is keeping close watch over something called Disease X. And this an unknown pathogen—and it is since 2017 they said it is known pathogen that can cause serious problems. And they had the virologist and 300 scientists since 2017 looking out for this Disease X which is still to come. And with global warming we do not know what could come out of the jungle. We have to be prepared for this.

So there are around 11 diseases that they look at and they look at Ebola, Lassa fever, Middle Eastern syndrome, SARS, Zika, et cetera, but Disease X is on the list. So therefore, we have to prepare. We have to make sure that whatever we have in place, all the shortcomings we had before, as the Minister mentioned, would not come about again. So therefore, a commission of enquiry may do us some good.

Now, this is—so what I am looking at—so Sen. Nakhid bringing this here, I think it is not just a matter of politics, it is not just a matter of trying to get some sort of mileage, not a matter of embarrassing government, because even the WHO

said that COVID is not over. We cannot just say that COVID is the rearview mirror, it is still here. And we have to realize that—Dr. Tedros Ghebreyesus, the director of WHO, said, that after six million deaths and two years later that—he had a release on the 14<sup>th</sup> of September where he said that we have to be prepared that the virus could mutate. We have to take a hard look at what the policies that governments had, and this is what we are attempting to do there, and how we can strengthen them for COVID-19 and future pathogens with the economic potential. Dr. Maria Van Kerkhove, who was the house technical lead in COVID-19, said we can expect future waves but this does not need to translate into waves of death.

So today, if we could get somehow policies in place to prevent any further deaths, I would welcome that. And, you see, the Minister said that looking at the inequities of the—Sen. Nakhid saying that there were inequities, but I want to say UK had a report and this also spoke of inequities. So UK had a report, Madam, in July 2021, where they looked at the pandemic and—during the pandemic, and the report actually was labelled:

“Unequal pandemic, fairer recovery.”

So even in the UK they spoke of the inequity. So it is not just here. This is something, even though Sen. Nakhid raised, it is something that is raised globally. So Australia is also having—the NSW Government, they are looking at the NSW Government's management of the COVID-19 pandemic. There is another enquiry there. So looking at what Government did, sometimes we should not look at it as something, just a politicized motion, but we have to look at it, it is happening elsewhere.

So, for instance, in the UK, they actually looked at the fact that there was:

“...poor health and existing inequities...in certain parts of the UK”— people were—“vulnerable to the virus.”

They said that there were:

“...stark differences in the health and working age population.”

They also have a free health service also. They found that:

“...those younger than 65 in the poorest...areas in England were almost four times likely to die from the COVID-19 than those in”—the—“wealthiest.”

So looking—I mean, inequities may exist, it could be social inequity. Because they also mentioned that it was due to the economy that existed, that also led to certain persons, and they brought into play that we have to get the social and educational priorities also to meet any future pandemics. Poverty, we have to tackle that. So this was the July 2021, “Unequal pandemic, fairer recovery” report.

### **3.30 p.m.**

But right now in the UK, there is another enquiry going on. There is the COVID enquiry into the UK Government and right now this is actually headed now. So this first one was done in 2021 and this was while the pandemic was going on, and they made certain recommendations here about housing, quality of work and all these things, but it is not just that. They also had—and now presently in the UK, there is an ongoing enquiry into the UK Government, and this was—I want to read into here on the 22<sup>nd</sup> of August, 2020, and it is—COVID-19—*Devex News*. It is “COVID inquiry into UK government should probe global response, NGOs say”. So even in this one, there is an official enquiry now headed by an eminent retired jurist, and that enquiry that is ongoing looks at different aspects of the COVID.

So they are still looking at the COVID even though it is finished, even though people may say, “Well, let us forget that now”. No, because they see the importance of putting up systems in place. And this new enquiry actually comes out in phases, and the interesting thing, Ma’am, is that this present enquiry, they

are looking at something like an online reporting for patients. So let us say a patient is undergoing bereavement, let us—and I know the Minister of Health did say we have clinics for that and that is true. We commend him. We commend him for being one of the first persons to have the COVID long clinics, for having the clinics set up there, and this is something commendable. These are excellent things going on.

But even here in the UK, they mentioned that there is someone called Harry Bignell, a health policy activist, he mentioned that he wanted it expanded not just from the UK, but to look at the UK's response because there were cases where other countries, Third World countries, claimed that they were discriminated in vaccine—getting vaccines, et cetera. And also I must say, because of this I am suggesting that even Caricom's response also should be netted. If you are going to have an enquiry we should have what is going on in the Caricom too because it affects all of us. In terms of getting vaccinations, in terms of how you are moving forward, in terms of a bloc, how we can initiate any sort of treatment coming here is something that is important. So this is something that why I want to bring to mind, it should also look at the similar concerns that they had there. So Harry Bignell, the health policy officer, said:

“Ultimately, it will be up to the government to adopt any recommendations that emerge from the report.”

And he said:

“...the inquiry serves a very clear purpose: ‘We’re trying to find out what happened, why, who’s responsible, who’s accountable, and what can be done to prevent this vast inequity from happening again.’”

So what Sen. Nakhid wanted here, persons in the UK, persons in Australia, also are asking for that. And then I must say in Canada there is an article from Canada's

news, November 14, 2020, “NDP calls for independent inquiry into Canada’s COVID-19 response.”

Again—“People deserve to know”—according to the article—“why certain decisions were taken, what mistakes were made and if their government acted appropriately. In order to ensure accountability and transparency for Canadians, today”—the—“NDP Health Critic Don Davis called on the federal government to launch an independent public inquiry into Canada’s COVID-19 preparedness and response under the federal Inquiries Act.”

So same thing Sen. Nakhid wanted. We see it globally. And again, it is really not meant to just chastise the Government and bring politics, but in my opinion it may serve a purpose in seeing how we can handle future pandemics if there is a mutation. Remember, right now in China, we are—two days ago the figures coming out of China show that there were 35,183 new infections, Madam, and 3,474 were symptomatic and 31,709 asymptomatic. So China is now having a re-emergence of this. They have now started lockdowns, and persons are now—which is strange for China—objecting because they are fed up of this. So it seems even in China we are now seeing that other things are happening. So they are now trying to build more quarantine centres, field hospitals. Residents of Beijing have already been advised not to leave their compound and some of which are being fenced in. So university campus has been closed out. They have a shift in online classes. So COVID is not over. It is far from over.

We have to realize that and we have to prepare, and if we are going to get an enquiry to help us, I may want to lean into this. Because you see, we want to—according to the Canadian article I quoted, they said:

“The Liberals want to provide the illusion of oversight and accountability with inadequate, internal reviews...The Conservatives want to play political

games with a partisan pandemic panel led by Preston Manning.”

So they are actually saying that whatever they had before was not a true independent panel that they had before. So they were asking for more. So this is why we have to ask now: Is it needed? But we had a report before. Remember we had this report that we got in before and the report actually showed some of the things that were lacking, and I must say—I want to come about now to say let me talk about this report.

So we had this report, this Seemungal Report, and those persons did an excellent job. But from the first opening paragraph of the report it said:

The committee would like to note here that the time was too brief to allow a thorough assessment of COVID-19 outcomes in Trinidad and Tobago.

And so, the most that they could have done was a rapid assessment which is presented. So on one hand we have Government trying to say, “Look, we are giving you a report”. So this national committee, you know, they were supposed to look over the last two years why 3,700 people died, but you know, this to me was not enough time in that three weeks. Even the Baroness in the enquiry in UK asked for certain things to be changed in the terms of reference, and similarly this committee that was appointed, while it had its use, I think we need a more in-depth analysis. Because the first thing we had to know, the key objective in the terms of reference was the clinical outcomes of patients hospitalized for COVID-19 and how these patients were managed by their doctors, nurses, et cetera.

Madam, when this committee met they actually said they were under some sort of a time guideline. At that time they had a timeline and it was difficult. They also made reference to the fact that they had now to try to look at patient files. They had to look at patient files, and when they had requested initially that—you know, you would get 100 files from each of the regions, what ended up happening

in the end they got not 100 files from each region, but 25 patients total. Twenty-five patients' files could never give me a true picture of what happened with almost 3,500 deaths. It cannot. It cannot give us a clear picture. So at first I must say this report, hardworking people, they did it under constraints, but it does not give us a true picture. So therefore, I do not get comfort in this report and I saying that there is no way that they could have looked at just—And the thing is the 25 overall, that is eight files they were looking at, and the eight patient reports were chosen from the—at least they got that from each of the regions. That is not really, what I am saying, not comforting to give me a clear picture of what went on. So we may need something further.

We may need to bring patients forward. We may need to actually see what happened. Because remember those reports are really written by doctors. A doctor will write a report, but would he write anything bad towards himself if they were lacking something or doing something. You know, it is a little difficult sometimes where to get a true picture you speak to the patients who had their problems, or even the relatives who had somebody die there. They would give us a true picture what was lacking, what was needed. And I think in all fairness for the persons who died for their relatives to get some comfort, we need something more. But my problem is this: Will a commission of enquiry—I mean, those things are expensive. You know it is expensive and then when you come about to give a commission of enquiry we have to appreciate people also question sometimes that if we do not have money to solve flooding, we do not have money to solve crime, where are we going to get money to put into these commissions.

Because remember, if we remember even in this Paria enquiry that is going on, initially they did not have basic tools to do their jobs. And even in the Uff Commission before, that was a thing. They did not have their tools, their



stationery to actually do it. So if we are going to have an enquiry, we have to know could we expend that money. Because you have to remember, we look at the different enquiries and sometimes the—when you look at that UDeCOTT enquiry, I think that was a lot of money. I cannot remember the exact figure, but I remember the enquiry that Prof. John Uff did, I think it was mentioned it cost \$46.2 million. Then we had another expensive enquiry into the Jamaat Al Muslimeen insurgents, and then again that cost I think \$31.8 million. So I want to labour the fact that, do we have that money? Does the Government believe in having these enquiries? Because even though this Paria enquiry we have—initially the Government—

**Madam President:** Sen. Deyalsingh, I will ask you to keep away from any commission of enquiry that is currently under—

**Sen. Dr. V. Deyalsingh:** I just wanted to mention though, the enquiry that—So, Anthony Colman had referred that regretted under-sourcing in a past commission of enquiry when they looked at CL Finance.

So what I am saying, do we really have the finances to do it. Do we have the will to do it, to have these enquires which could take a political turn I agree, and the cost effectiveness of it is what I am looking at. But you see, this is something we will have to determine. If we can get an enquiry that, you know, it is time-lined, the cost is within our reach, I think we may have to see should that be the way to go, or could we have something else to get the information which I think we really need, that information, actually.

So money spent I think is something that may be holding me back from doing this, but there is good that can come out of an enquiry and I want to quote Justice John Gomery in 2006, when he was lecturing. He said:

“The criticism that commissions cost too much is valid if one takes the

position that a price can be put upon the search for truth and justice, but I think that it is generally believed that in a society governed by the rule of law, citizens accept that whatever the cost, it is desirable that the legal requirements of the justice system be observed. This being said, the services of top lawyers and forensic accountants are very expensive, and sometimes the total costs incurred by a commission are dismaying.”

So Gomery was in a Commission on Sponsorship Programme and Advertising in Canada, but he made that statement and he was making that statement thinking that they should have that commission of enquiry.

So some commissions of enquiry, Madam, I think we may not need. You could put the DPP and power the DPP in certain commissions where once he gets the full staffing he might be able to move and solve whatever. But I just wanted to quote Paolo Kernahan's opinion in a blog he said in 2009 in a commission of enquiry into the UDeCOTT. And his blog:

“The only real outcome that one can expect from this latest pappyshow is that lawyers will make out like bandits, taxpayers will be make out like paupers and it will be ‘bidness’ as usual in the construction sector.”

So some people do not have faith in the commissions of enquiry. We know it is expensive, but we need something and I definitely say we need something to see what went on. So my take is could a joint select committee or different joint select committee hold the—I mean, we have held the regional corporations, the health corporations, to come before—not the corporations, sorry, the health authorities, the RHAs to come before us and explain what went on and shortcomings.

So I am suggesting if we cannot go that way because of expense, we may have to look at a joint select committee having a forum where people could have—just like the UK now has a forum, where they had Baroness Heather Hallett, the

Chair of the UK COVID-19 Inquiry said she has opened up her enquiry where people online—and they have an online form, and these persons could now exercise their right. They can actually put what happened to them, put what they went through, and this I think is a way to go, a joint select committee with ongoing online platform where persons can now say.

So Baroness Heather Hallett, the Chair of the committee said:

“The pandemic had an unprecedented impact on health systems across the UK. The Inquiry will investigate and analyse the healthcare decisions made during the pandemic, the reasons for them and their impact, so that lessons can be learned and recommendations made for the future.

During the consultation of our Terms of Reference, bereaved families and healthcare workers told me candidly about the devastating and prolonged impact of the pandemic on healthcare. Those most affected by the pandemic deserve answers and what happened and why.”—And—“I am determined to get those answers.”

So she had opened this up now online so persons—and I think this is where we have to go if we cannot afford it, or we should have a patient complaints authority where patients now, not just for COVID, but if they get any sort of problem an online platform—because people call me to complain. I say if we had that platform it could be there and the directors of the hospitals now could have to answer what is this happening.

So an online form was something I admired in that UK system and I think we could try that. A joint select committee could also establish a public format and can give recommendations also if we cannot go on this way. But looking at Sen. Nakhid's Motion, had the Government really performed badly? I say, no. The Government did what they—you know it was, as they say, unfamiliar ground,

they had to act, they had to try things. Some things were not good, some things failed. As they say—and the last was the state of emergency, and if they had that for public health, I think they could do one for national security, but that is another talk. But what I am saying, we went through this and I must say this hurt me in the sense that I had a cousin, a first cousin, who actually died from the COVID and he was less than 50, and this is where it hurts me and I know the hurt. He was like a brother to me. I know the hurt people would go through. I know we were now trying to see if we could come up with certain solutions. We made certain solutions.

The Minister of Health cried. He cried when he saw certain things. He was actually spying on doubles vendors, people lined up. The Prime Minister actually had chances to chastise people and say, “Look, behave yourselves”. “Come in line. Behave the protocols.” Those are things that you know, the leaders were trying to see and I am saying, but was all well? No, there were many shortcomings. Even the fact remains, Madam, when I saw, I think it was in the climate change conference, not this year, last year, when they had it, our Prime Minister was there without a mask and I was most disappointed. There was a photo shoot. And why I was so is because you are telling the people wear a mask and you had it, and I did comment on that before. I am saying thank God—I mean, he had COVID three times and he has the strength to survive, and this talks about his resilience and I am saying thank God. I mean, with his age we have to thankful that he is here with us because others could have succumb.

And the mask bandied, people maybe against masks, Madam, but be practical. Before the COVID we had the influenza, and when swine flu and bird flu started to come and we were getting a little worried down here, the protocols were the same, wash your hands, wear your mask, distance yourself, and it is the

same thing we have to adopt here. In fact, I was still hoping the Government would say for people serving food you still wear a mask because if you are wearing your hairnet, wear a mask. We have to say were there were shortcomings? Yes. Barbados seemed to have showed us up by getting vaccines before. All these were little things that happened. Yes, we got vaccines from China. People asked about the cost factor and I think we need to know the cost factor, because transparency is something I think all governments should go.

We cannot say we have a deal with China, we got a deal, and because of that we are not going to tell you. No, that is wrong. Because you see, if we are talking about inequity throughout the world, that certain First World nations getting vaccines, hoarding vaccines, the rest of the Caricom could say we had a deal with China. We now got vaccines that are a better deal. So in terms of transparency, I think any secret deal should not be there and we should not be going behind to get deals. I guess our nation has to get the best deal for them, but it should not be something that other nations could look and say, "Well, you know, we are among the privileged few that we can get this". So we have to learn. We have to learn from what happened. We have to learn the fairness, the distribution of injections.

We have to also tap in to Cuba, because Cuba has 30 years' experience in biotechnology and immunology. Cuba actually produces 5 million dozes of single and combined vaccines. In 1980, Cuba produced the first meningitis B shot vaccine. In 2017, the Minister of Health spoke about a lung cancer clinic. Cuba in 2017, they had CimaVax for lung cancer treatment. So they are a leader, but because of geopolitics they are now locked out. But during the COVID they actually liaised with Venezuela, China and Iran to produce the vaccines. So we have to go beyond that. If there is something coming, the Minister of Foreign and Caricom Affairs must somehow be able to use his influence to ask other nations to

support us, to support our Caricom brothers, to support Cuba because they could produce vaccines for us in the future when all the other nations in the world lock us down. So we cannot let geopolitics take place of in health.

So when I looked at Sen. Nakhid's—some of the stands, he said we did not make international standards, but you know, we followed—we tried to follow the WHO guidelines which changed at times. He made association about the moneys going into the Consolidated Fund and this is something if not happened at least we will have to get some answers from the Government side to see what is happening. He also mentioned about the—I disagreed with him when he said Government had lack of care. I think Government showed care. Government tried all sorts of measures, and I also think that we need—you know, COVID showed us that we need to get the normal health system up to mark. We have to do that. Because if we get that up to mark, it means if any further pandemic comes on we would already have a functional health system.

And you see, all that report we are getting, that does not tell us about burnout because you have young doctors who worked in the pandemic, young nurses, they were burnt out, Madam President. The report does not show that. A report from a hospital giving you—you know, if you look at patient file it does not tell you that doctor worked 36 hours, 48 hours. It does not tell you that. It just shows you what went on, what treatment they gave, but it does not show what really went on in practice, what people had to go through, what doctors and nurses—and some of the same young doctors who were working in the COVID wards now I think they have to be looking for jobs. So we have to see how we can help those persons who are heroes among us.

As I mentioned, we have to make more contact with the Cuban Health brigade and the Cuban—The Cubans actually had this health brigade where they

went into various nations helping them. They went to countries like Italy; they went to different nations where they would have helped persons right here in St. Kitts and Nevis, where they carried staff and doctors and actually went in when they were swamped with not having enough staff, not knowing what to do. So doctor diplomacy is needed. So it is not just Minister of Health. It is the Minister of Foreign and Caricom Affairs who will have to assist us in that matter.

I want to make mention that sometimes Government, I think, tried their best. There was no perfect fix. Lockdowns came, different things came about, but I think dealing with our culture here, Government was probably forced to do measures that some people may think were draconian. But if you are a Minister of Health and you are in government and you have a population and limited beds, you would have to make these decisions that might not be popular.

So what I may say, Madam, in closing, I think Government, I say tried their best. Yes, there were a lot of shortcomings and probably a commission of enquiry could show those shortcomings, or probably a joint select committee with an open forum that continues, could show those shortcomings and recommendation from the joint select committee can also take a part in getting us to a level where we could make recommendations that if something comes our way, if the COVID-19 virus decides to mutate and come back at us at full swing, then we would be a little more prepared. So somehow information gathered will never be wasted. Once we apply it, put it into policy, put it into ways that you know, come what may, whatever hits us again we will be a little better prepared. Thank you, Madam President.

**Hon. Senators:** [*Desk thumping*]

**Madam President:** Sen. Gopeesingh.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. Tim Gopeesingh:** Madam President, I came here prepared to speak for the 40 minutes allotted to me, but I know that you have indicated that there is a flooding problem so I will speak for the 20 minutes that you have—

**Madam President:** Sen. Gopeesingh, let us rephrase that. I think there were discussions among the Benches—so yeah—as opposed to the Presiding Officer.

**Sen. Dr. T. Gopeesingh:** So I have 20 minutes to speak this afternoon on a matter that cost the lives of 4,200-plus citizens of Trinidad and Tobago, and I feel very dismayed when I heard the hon. Minister of Health, who is supposed to be responsible for the management of patients throughout Trinidad and Tobago, he said by us bringing this Motion to Parliament where we are asking for a commission of enquiry to be done so we can understand what went on during the pandemic and that we can make some significant recommendations and changes so that the citizens of Trinidad and Tobago can benefit from any other infective type of issue that may come to Trinidad again. There are a lot of deficiencies which occurred and this commission of enquiry will bring forward some of those weaknesses and have them corrected.

So I want to support my colleague Sen. Nakhid, and, of course, our party as the alternate government, and with Mrs. Kamla Persad-Bissessar as the Leader of the Opposition.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. T. Gopeesingh:** We have been asking for that commission of enquiry for more than a year, and I want to indicate that when we get into government we will initiate the commission of enquiry.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. T. Gopeesingh:** And I feel dismayed by the fact that the Minister said we are wasting his time and the time of Parliament, when we are asking the



Government to account for their stewardship when 4,200 lives have been lost. That is the type of arrogance that we do not need in this country. That is the type of arrogance that you see being perpetrated upon the people by the Government of Trinidad and Tobago at this moment. That is highly unacceptable.

I want to clear up some of the issues which Minister Deyalsingh spoke about. He always comes—for the last three or four years I have heard him speak about maternal mortality and neonatal mortality, and this mortality, and that mortality, and he cannot justify with any scientific evidence and any statistical evidence where his figures came from. We looked for that all throughout the Central Statistical Office, and we looked for that by the doctor now who is spearheading the women's health issues, and we cannot find the information. So when he spouts out we have reduced maternal mortality, and we reduced neonatal mortality and infant mortality, he is not speaking the accurate and not giving the accurate figures because he has no statistical area where he can go into and provide those figures.

When we looked for it—he must tell this country where he gets his statistical figures from because they are not available. Central Statistical Office, I ask the Deputy Head of Central Statistical Office to give me the information on the national figures and he could not have given me.

**4.00 p.m.**

So where is Minister Deyalsingh fabricating this information about a fall in maternal mortality and a fall in the death rate?

**Sen. Mitchell:** Madam President, 46(4), please and 36(6).

**Madam President:** Sen. Gopeesingh, remember not to personalize the contribution please. As I had indicated to Sen. Nakhid as well, I had made the same point about what the Motion is about and not who. Okay?

**Sen. Dr. T. Gopeesingh:** I heard you very loudly, but I am just responding to what the Hon. Minister of Health indicated and he spoke about—

**Madam President:** All right, but Sen. Gopeesingh, Sen. Gopeesingh, you know when I give guidance, you know, the next word out of a Senator's mouth should not be "but". Just take the guidance and move along please, please.

**Sen. Dr. T. Gopeesingh:** Sure, I take your guidance, Madam President. Now, I asked one of my colleagues, Dr. Lackram Bodoë, who had been spearheading this work on maternal mortality, because I want to put an end to Minister Deyalsingh's statement. The Kamla Persad-Bissessar government commissioned a review of the maternity services in 2011, following the death of a mother at San Fernando General Hospital. And the committee then included then Independent Sen. Victor Wheeler; Adesh Sirjusingh, who is now the Director of Women's Health; Prof. Samuel Ramsawak; now Sen. Dr. Dillon-Remy; and it was chaired by Dr. Lackram Bodoë. That was in 2011. They visited all hospitals and reviewed services and they came back reporting with recommendations submitted to the Ministry of Health in 2013. The implementation started under the People's Partnership Government and the report created a position of Director of Women's Health with Dr. Adesh Sirjusingh in the post.

So, the current reduction in maternal and neonatal mortality, which he speaks about from three/four years now, is due to the vision and early action of the People's Partnership Government and the work of Prime Minister then, Mrs. Kamla Persad-Bissessar. Now you have a consultant attending every C-section, a registrar on the labour ward for 24-hours of the day. Then we started work on the labour ward in 2015, at the San Fernando General Hospital. Minister Deyalsingh, after five years, has not completed one piece of work on that.

So everything that he speaks about, they built on the platform of the

People's Partnership government. Mrs. Kamla Persad-Bissessar left him and he now wants to take credit for it. So, Madam President, I put an end to that. He cannot provide the statistics.

He speaks about sunlight and sunlight, every day that the UNC spoke about sunlight. But there are five research papers that I want to direct him to, to show that there are major benefits from—and I want to refer him to five scientific papers on studies done. *SciTechDaily.com*:

“Experiments show sunlight destroys COVID virus 8 times faster than scientists thought.”

*Sciencealert.com*:

“Sunlight inactivates SARS-CoV-2.”

—a lot faster than predicted and we need to work out why. That is the finding. Next research work done and published:

“Sunlight destroys Coronavirus quickly.”

Next research work published:

“Simulated sunlight kills SARS-CoV-2 on surfaces in 7 to 14 minutes.”

So, when statements are made, do not take it lightly. Go and do your research for yourself and then you will understand why people make some statements. So, the science proves that, and he cannot disprove the science.

I want to put an end to this thing about the hydroxychloroquine as well. When Mrs. Persad-Bissessar, as Leader of the Opposition, approached Prime Minister, Dr. Keith Rowley about our decision to help, at that time there was no drug that was found possible to be working on the SARS-Cov-2 virus. And at the time there were studies being done on the hydroxychloroquine. We brought it to the attention of the Prime Minister. We never recommended hydroxychloroquine. We said, “Are you aware that there is research now being done on

hydroxychloroquine?" We never recommended hydroxychloroquine. So, I put an end to that.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. T. Gopeesingh:** He said the Government never had support of the UNC on the vaccine issue. I wonder if he was aware then, he was sitting right there, when the Prime Minister Dr. Rowley said at one of his conferences, "You must listen to what Dr. Gopeesingh advises. Dr. Gopeesingh is a professional with great experience. Listen to what he said". These, the words of Dr. Keith Rowley, Prime Minister. He said, "Dr. Gopeesingh says take the Sinopharm vaccine". So how could Minister Deyalsingh come today and make a statement that the United National Congress never supported the Government on the vaccine issue? We supported them. We told the people take the Sinopharm vaccine because people were hesitant to take it. And he said we sabotaged the vaccination programme. How could we sabotage the vaccination programme, when we gave advice to the people of Trinidad and Tobago?

It is because of their weakness and their inability to do things, that the vaccination rate stopped at 56 per cent. If they had educated the population pretty early and brought confidence to the people of Trinidad and Tobago, they would have gone on to have a higher percentage of vaccinations in the country, where 56 per cent only are now vaccinated. And I advised today, tonight, I advise all the citizens of Trinidad and Tobago who never took the vaccine before, please avail yourselves of the vaccine, because it will help you and it will prevent morbidity. But we do not have the vaccines that they can get now. So, even though that 44 per cent want the vaccines, they do not have the vaccines in Trinidad. So, these are some of the things that I wanted to respond to, Minister Deyalsingh in his contribution.

Time is of the essence. But I want to therefore go straight into the report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago. And Minister Deyalsingh goes on to give accurate statements, in terms of, he gave one area where the report said a positive thing.

But I want to read some of the findings of the Seemungal Report. And we never said that the Seemungal Report will be X and Y. The Prime Minister was giving the Seemungal Commission three weeks to do the research. So we said that nothing will come out of that. If you give them three weeks, it will be a pappy show. What can they achieve in three weeks? You could get any statistical information? You could get any information and come to conclusions when you are given three weeks? Then, hesitatingly the Prime Minister said three months then. But their findings suggest that they needed more time. But hear what some of the findings are:

Levels of staffing...in a mass response to a global pandemic staff shortages were common. There were complaints of every level about the shortage of staff. These levels ranged from Executive Management to doctors and nurses to Orderlies and Patient Escorts.

Is this what they do not want to come out when we do the commission of enquiry?

Any mention of short-staffing must also mention treatment of staff. At some sites, young doctors had to sleep on mattresses on the floor. Often, this involved three or four doctors sleeping in the same room. Male doctors and female doctors had to share the same sleeping accommodation. This raises serious concerns about privacy. There were also security concerns. Some doctors complained that the door of their room could not be locked. This is worrisome, given the current state of crime in the country.

This is the Seemungal Report.

Locum contracts

There were frequent complaints about very short locum contracts of one (1) month to three (3) months duration. These short contracts create great uncertainty and depress the morale of young doctors who are exposing themselves to great risk.

These are findings of the Seemungal Report. The Seemungal Report had three of—they had the committee of men, who are very experienced and of professionalism. And these are their findings. And this is what we want the Government to take heed of.

Since February this report was published. Now, it is November, nine months. They made 19 recommendations and this Government has not even taken one of these recommendations to implement it. And this is a Government for the people, after losing 4,200 lives? And then he speaks about the cases that Ramlogan and Jayanti Lutchmedial are doing. The people are aggrieved and they are going to get some response from the Government. Why did my family die? Under what circumstance did my family die? And this is why you are having hundreds of these types of matters being asked now. Because the people are suffering emotionally and mentally. Families are left without father and mother. Children are left without father and mother. So, they are taking up the cases now. They want the Government to account for their incompetence and mismanagement during this COVID time.

**Hon. Senators:** [*Desk thumping*]

**Sen. Dr. T. Gopeesingh:** Meals: Some staff complained about problems getting meals especially after long hours in the Hot Zone.

Nurses

There was a universal complaint of severe understaffing among nurses. Nurses complained of having to work long hours in Personal Protective Equipment (PPE).

Nurses have to work in the same personal protective equipment for 12 hours, sometimes 24 hours.

...often without a break to drink water or go to the washroom. They reported that they had no lift to turn patients because of a shortage of attendants/orderlies. Obese patients were very difficult to turn.

You mean to say a government cannot employ many more men to help to turn patients in an ICU? Orderlies? And this is the type of things that the Minister is patting himself on the shoulder and saying: We did a good job. That is why now he has to come and begged us to support him.

Some nurses spoke of the psychological pressure they felt when confronted with many deaths in a day. They also spoke of the extreme mental stress they faced whenever one of their colleagues died from COVID.

Nurses' families died. Nurses died. Police officers died.

One nurse, who is a mother of two young children, made a plea for Day Care Centres near to the hospital. She pointed out that she often finished her shift late because of the very ill patients. Having her children nearby would ease her anxiety.

Two very experienced—two very senior nurses were consulted by the Committee. They mentioned that under normal circumstances, the nurse to patient ratio would be one nurse to two patients in ICU.

In the ICU, there was one nurse to six patients, one nurse to eight patients in an ICU, where people are incubated and you have to get the breathing pressures, and so on. What a shame and disgrace. And this is what he called management? This

is why we want the commission of enquiry to unearth their incompetence and their mismanagement. Thousands, hundreds of people lost their lives because of mismanagement by this Government, by this Minister and his advisory team.

Our National Policy on Intensive Care Services...recommends one nurse to one patient in ICU.

The recommendation is one nurse to one patient in ICU. We have one nurse to eight patients.

These very senior nurses also said that on the Ward, the ratio should be one Registered Nurse to four (4) to six (6) patients.

That is the norm. But it showed that there was one nurse to 24 patients, one nurse to 30 patients, one nurse in tents, to 60 patients. What a national disgrace.

People suffered in the tents. They were without oxygen. They were without anything to lie down on. They had no water. They had to be begging for water. They stayed in these tents for six days, and waiting on the results of a PCR. That is why Sen. Nakhid said he was resistant. The Minister was resistant to having this quick antigen testing. He said he would lock up anybody who brings in this quick antigen testing. If the quick antigen testing was available, somebody would not have to wait in the tent for six days to get a result while they become more sick and while they are suffering and then eventually die in the tents.

The report goes on to say:

In Trinidad and Tobago, we were often told of one ICU Nurse nursing six (6) ICU Ventilated Patients. We also received reports about one Registered Nurse on the Ward nursing twenty (20) to thirty (30) patients.

What a shame. Thirteen hundred nurses were unemployed and waiting for jobs. And you brought on the junior doctors who just finished their internship and you say you employed 197 doctors.



**Madam President:** Sen. Gopeesingh—

**Sen. Dr. T. Gopeesingh:** Madam President, how much time do I have?

**Madam President:** You have one more minute.

**Sen. Dr. T. Gopeesingh:** One more minute. So, I intend to take this to the people and let the people hear. I had 20 minutes to put in my case. I would have liked more, but the circumstances prevent me from moving on. But this is just a semblance of what we intend to unearth; the mismanagement, the callousness, the sensitivity and the gross incompetence of this Government in causing the loss of hundreds of patients' lives, many which were preventable.

The beginning has now started. And we say to the people elect us into government and we will unearth the irregularities which came into this mismanagement of the COVID. Do not hide behind the fact that COVID is a pandemic across the world. You have a duty and a responsibility to your people, to manage it appropriately and correctly, which you did not do. You failed to do.

Madam President, thank you very much.

**Hon. Senators:** [*Desk thumping*]

**Madam President:** Acting Leader of Government Business.

### ADJOURNMENT

**The Minister of Tourism, Culture and the Arts (Hon. Randall Mitchell):**

Madam President, I beg to move that this Senate do now adjourn to a date to be fixed.

**Madam President:** Before I put the question on the adjournment, may I commend the Acting Leader of Government Business—

**Hon. Senators:** [*Desk thumping*]

**Madam President:**—the Acting Leader of Opposition Business, and the Co-ordinator for the agreement in which they arrived. And may I just say that that

was done in the tradition of the highest parliamentary practice.

**Hon. Senators:** [*Desk thumping*]

*Question put and agreed to.*

*Senate adjourned accordingly.*

*Adjourned at 4.17 p.m.*