

**HOUSE OF REPRESENTATIVES**

*Friday, January 27, 2023*

The House met at 1.30 p.m.

**PRAYERS**

[MADAM SPEAKER *in the Chair*]

**LEAVE OF ABSENCE**

**Madam Speaker:** Hon. Members, I have received communication from Mr. Dinesh Rambally, MP, Member for Chaguanas West, who has requested leave of absence from today's sitting of the House. The leave which the Member seeks is granted.

**PAPERS LAID**

1. Freedom of Information (Exemption) (Amendment) Order, 2023. [*The Minister of Communications and Minister in the Office of the Prime Minister (Hon. Symon de Nobriga)*]
2. Delegation Report of the 14<sup>th</sup> Gathering of the Parl Americas Parliamentary Network for Gender Equality and 19<sup>th</sup> Parl Americas Plenary Assembly. [*The Deputy Speaker (Mr. Esmond Forde)*]
3. Ministerial Response of the Ministry of Health to the Third Report of the Joint Select Committee on Human Rights, Equality and Diversity on an Inquiry into the Discrimination faced by Persons with Mental Health Illness and the Ability to Access Quality Mental Health Care. [*The Minister of Health (Hon. Terrence Deyalsingh)*]
4. Ministerial Response of the Ministry of Education to the Ninth Report of the Public Accounts Committee on the 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

**UNREVISED**

Republic of Trinidad and Tobago for the financial year 2019. [*Hon. T. Deyalsingh*]

5. Ministerial Response of the Ministry of Finance to the Sixth Report of the Public Administration and Appropriations Committee on the Examination into the internal controls expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the Tobago Regional Health Authority. [*Hon. T. Deyalsingh*]

### **JOINT SELECT COMMITTEE REPORT**

#### **Social Services and Public Administration**

#### **Mental Health and Psychosocial Services**

#### **(Presentation)**

**Mr. Esmond Forde** (*Tunapuna*): Thank you very much, Madam Speaker. I have the honour to present the following report:

Fourth Report of the Joint Select Committee on Social Services and Public Administration on an Inquiry into the Mental Health and Psychosocial Services Available to the Population during the Covid-19 Pandemic (with a specific focus on measures to curb substance abuse and suicide) Third Session (2022/2023), Twelfth Parliament.

### **PRIME MINISTER'S QUESTIONS**

**Madam Speaker:** Hon. Members, I am advised that, as provided for in Standing Order 126, there is agreement between the sides that Prime Minister's Questions will be taken at the next sitting of the House.

I am also advised that this means that there will be two Prime Minister's Questions day in the month of February.

**Mr. Indarsingh:** Thank you, Madam Speaker. Based on the statement that you have just made, just for clarity, it will be two sets of questions on that said—at the

next round of Prime Minister's Questions?

**Madam Speaker:** I am quite confused by the question asked. In accordance with the Standing Orders, there is a set time for—there is a set day, there is a set time. My recollection is that 30 minutes are allowed. I am also advised that this means that there will be two Prime Minister's Questions days in the month of February. So I think that is clear. So you will not have 60 minutes in one day, if that is what I am being asked. Okay? There will be two days. Great?

**Mr. Indarsingh:** Great.

**Madam Speaker:** Perfect.

### ANSWERS TO QUESTIONS

**The Minister of Health (Hon. Terrence Deyalsingh):** Thank you very much, Madam Speaker. As there are no Urgent Questions, there are four questions for oral answer, we will be answering all four and there are no answers for written questions.

**Madam Speaker:** Member for Couva North.

**Mr. Indarsingh:** Thank you very much, Madam Speaker. On behalf of the—

**Hon. Members:** [*Crosstalk*]

**Madam Speaker:** Members, let us get with it. Can we kindly observe the Standing Orders with respect to Members not speaking and also shouting across the floor?

Member for Diego Martin North/East, I do recognize that you are not participating in the process.

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

### ORAL ANSWERS TO QUESTIONS

#### Building Practices Close to Major Watercourses (Measures to Regulate)

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**69. Mr. Rudranath Indarsingh** (*Couva South*) on behalf of Mr. Ravi Ratiram (*Couva North*) asked the hon. Minister of Planning and Development:

In light of the severe flooding and complaints of unregulated and irregular building practices being a major contributor to riverine flooding, will the Minister state the measures undertaken to monitor and regulate building practices, especially those in close proximity to major watercourses?

**The Minister of Planning and Development (Hon. Penelope Beckles):**

Thank you very much. In response to the question: In light of the severe flooding and complaints of unregulated and irregular building practices being a major contributor to riverine flooding, will the Minister state the measures undertaken to monitor and regulate building practices, especially those in close proximity to major watercourses, the Ministry of Planning and Development, through the Town and Country Planning Division, alongside the municipalities and other agencies of government, endeavours to ensure that relevant matters pertaining to unauthorized development are brought to the attention of the agencies holding the authority in law to intervene and take appropriate action.

Specifically, the TCPD has undertaken the following measures to regulate and monitor building practices in an effort to minimize flooding within communities, in collaboration with other regulatory and advisory agencies. These measures include:

1. Constant review and updating land use policies, site development standards and spatial planning guidelines. These, once approved, are published on the website of the TCPD and are made available to members of the public. They provide guidelines to applicants and prospective developers, who are then able to propose development that are approvable, undertaking responsibly and sustainably and

consistent with land use planning policy and relevant site development standards. The guidelines also designate and protect areas which are unsuitable for development and susceptible to natural disasters, such as flooding.

2. The TCPD is currently preparing specific guidelines related to the undertaking of development in flood-prone areas and on hillsides, and the provision of advice regarding adaptation and mitigation measures related to the impacts of climate change. To this end, the TCPD has been incorporating requirements outlined in the Trinidad and Tobago Bureau of Standards' Guide to Design and Construction of Small Buildings.
3. Where development is proposed near to major watercourses, the advice of the Drainage Division of the Ministry of Works and Transport is sought to determine appropriate building line setbacks, distance from the respective rivers and measures for minimizing or preventing flooding.
4. Further, the TCPD collaborates with other relevant agencies and organizations in the development approval process. These include the Drainage Division of the Ministry of Works and Transport, the EMA, the IMA, WASA, ODPM, and the University of the West Indies. The online development application process, known as "DevelopTT", was introduced inter alia to provide a secure and transparent mechanism whereby all agencies involved in the construction permitting process can communicate and coordinate activities, as it would relate to any individual application for planning permission.
5. Applications that have been approved by the TCPD are forwarded to

the relevant municipal corporations for its processing. These developments cannot be implemented without the prior approval of the municipal corporation. To ensure the corporations are also aware of proposed developments that have been refused planning permission by the TCPD, these refusals are also forwarded to the relevant corporation.

6. Enforcement against unauthorized development: if development occurs without the benefit of planning approvals or in contradiction to a planning approval, the Minister is empowered to undertake enforcement action to control the development of land, and has been doing so through the issuance of enforcement notices. The issuance of enforcement notices premised on relevant research, site visits and parameters based on the Town and Country Planning Act, that is Chap. 35:01, is ongoing and it is a daily operation. All matters for which enforcement notices are issued and for which there has been non-compliance to the steps required to be taken, as outlined in the notice, are dealt with at the respective Magistrates' Court within the area which the subject site is located.

**T&TEC Transmission Towers  
(Siparia Old Road and Ackbar Trace)**

81. **Dr. Lackram Bodoë** (*Fyzabad*) asked the hon. Minister of Public Utilities: Will the Minister indicate whether there are any plans by the Trinidad and Tobago Electricity Commission to review the proposed location of power transmission towers in the vicinity of Siparia Old Road and Ackbar Trace?

**The Minister of Public Utilities (Hon. Marvin Gonzales):** Thank you very much, Madam Speaker. The Trinidad and Tobago Electricity Commission has

advised that with respect to the concerns of residents about the location of the power transmission towers in the vicinity of Siparia Old Road and Ackbar Trace, along the tower line route on the Commission is installing a second 220 kilovolt double circuit electrical transmission line, meetings were held with the residents in Fyzabad on June 17, 2022; July 6, 2022; and July 20, 2022.

Arising out of these meetings, Madam Speaker, the Commission reviewed the engineering designs and made adjustments to the approved tower line route, where feasible, that would minimize the impact on existing structures and residents.

The Commission has advised further that it would be difficult to make any further changes since that would seriously and adversely affect the efficiency of the installation.

Madam Speaker, it is important to further emphasize that the proposed route and design obtained previous approvals from the Environmental Management Authority and the Town and Country Planning Division, and that continuous changes to the design can violate the terms and the conditions of those approvals.

**Madam Speaker:** Member for Fyzabad.

**Dr. Bodoë:** Thank you, Minister, for that clarification. Minister, can you indicate whether the issue of compensation for the lands acquired will fall under the remit of T&TEC?

**Madam Speaker:** Member, I am not going to allow that as a supplemental question, based on the question asked and the answer.

### **SS Erin Road Repair Works (Update on)**

**82. Dr. Lackram Bodoë (Fyzabad)** asked the hon. Minister of Works and Transport:

Will the Minister provide an update on the status of the repair works to a section of the SS Erin Road in the vicinity of Skinner Trace, which collapsed?

**The Minister of Works and Transport (Sen. The Hon. Rohan Sinanan):**

Thank you, Madam Speaker. There exists a landslip located at the 24.6 km mark of the SS Erin Road in the vicinity of Skinner Trace. This is a large complex landslip that has affected approximately one hectare of land, which includes a section of the SS Erin Road, under the purview of the Ministry of Works and Transport; one residential building; and has resulted in the closure of the Skinner Trace, under the purview of the Siparia Regional Corporation.

This landslip originated in Skinner Trace. And since it was not addressed in a timely manner by the Siparia Regional Corporation, during the recent extreme rainy season, the landslip progressed and affected a section of the SS Erin Road.

**1.45 p.m.**

This landslip is deemed critical as it affects the SS Erin Road, which is the main access road to Palo Seco, Erin and environs. Preliminary investigations suggests that the failure is not slump movement of soil, which is typical for landslides in the southern region, but rather a flow and movement of an entire soil mass from uphill to downhill. It is proposed to address the repairs of this critical landslip in two phases. Phase one, procurement of a design consultant to complete geotechnical investigation, analysis of data and designs.

Phase two, procurement of a contractor for construction. It is estimated that designs will be completed and tenders invited by the end of April 2023 and a contractor mobilized on site by the first week of June 2023. During this time, the Ministry will ensure that the road is passable and is maintained by our in-house team. Thank you.



**Madam Speaker:** Member for Fyzabad.

**Restoration of Delhi Road between  
Sparrow and Seeram Junction  
(Commencement of)**

**83. Dr. Lackram Bodoë** (*Fyzabad*) asked the hon. Minister of Works and Transport:

Will the Minister indicate when restoration will commence to a section along Delhi Road between Sparrow and Seeram Junction which has been damaged by heavy vehicular traffic?

**Madam Speaker:** Minister of Works and Transport—83.

**The Minister of Works and Transport (Sen. The Hon. Rohan Sinanan):** Eighty-three, right. Thank you, again, Madam Speaker. Madam Speaker, the section of the road referred to Mon Desir Delhi Road is approximately 2.44 kilometres long and connects Mon Desir Road to Delhi Settlement Road. In-housing patching work, utilizing base material and hot mix asphalt, was conducted during November 2022. This will be supplemented in due course by contracted sectional road rehabilitation work in 2023. Thank you.

**Madam Speaker:** Member for Fyzabad.

**Dr. Bodoë:** Thank you for that response, Minister. Minister, in terms of due course, can you perhaps put a time frame on that?

**Madam Speaker:** Minister of Works and Transport.

**Sen. The Hon. R. Sinanan:** Madam Speaker, my information is that there is a contract about to be tendered. The tender documents are prepared and should be tendered out shortly. Once the tender process has been completed, a contractor will mobilize to have sectional repairs done on the road way. I estimate that to be within the next two months or so. Thank you.

**GOVERNMENT'S FAILURE TO DELIVER ON ITS HEALTH SECTOR  
MANDATE**

**Madam Speaker:** Member for Fyzabad.

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

**Dr. Lackram Bodoë (Fyzabad):** Thank you very much, Madam Speaker. Madam Speaker, I beg to move the following Motion standing in my name:

*Whereas* it is the responsibility of the Ministry of Health to protect, promote and improve the health status of citizens;

*And whereas* there have been numerous complaints from citizens regarding drug shortages and long waiting times for healthcare services at public health institutions;

*And whereas* the Report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago also highlighted the existence of multiple chronic non-communicable diseases in our population;

*And whereas* the Government's approach to healthcare has failed to adequately and effectively treat with these public health issues:

*Be it resolved* that this House take note of the failure of the Government to deliver on its health sector mandate.

I beg to move.

**Madam Speaker:** Member, is it that you have finished everything that you intend to say?

**Dr. L. Bodoë:** No. Sorry, Madam Speaker. I withdraw that.

**Ms. Ameen:** No. Go ahead.

**Dr. L. Bodoë:** No. Secunder. Sorry. Thank you. Thank you. Madam Speaker, thank you for the opportunity to raise the following Motion standing in my name

on behalf of the Opposition.

Madam Speaker, it a privilege to pilot a Motion on such a critical sector as health on behalf of the Opposition and I thank the Leader of the Opposition for the opportunity. It is a common saying that health is your wealth. On a national level, the health status of citizens directly impacts on their productivity and therefore, on the country's economic output. Some would say that proper health care is a human right. Is health a fundamental human right? Well, let us examine what has been said about this, Madam Speaker. The WHO's Constitution, 1946, envisages, and I quote:

“...the highest attainable standard of health...”—as a fundamental right—  
“of every human being...”—said some 70 years ago, Madam Speaker.

In his 2017 Human Rights Day message, WHO Director-General, Dr. Tedros Ghebreyesus, said and I quote again:

“No one should get sick and die just because they are poor, or...cannot access the health services they need.”

[MR. DEPUTY SPEAKER *in the Chair*]

So this the status of health on international front Madam Speaker.

He further went on to say, this is the Director-General of the WHO:

“The central principle of the 2030 Agenda for Sustainable Development is to ensure that no one is left behind.”

And as I welcome you, Mr. Deputy Speaker. So indeed we have heard a whole lot about the SDGs, the Sustainable Development Goals and, of course, health is a big factor in these goals. Indeed, as parliamentary representatives, we can all here in this House attest to the fact that requests for assistance for services in the public health sector rank very close behind requests for food and housing in our society and in our constituencies.

So, Mr. Deputy Speaker, I am saying that it should be in the interest of every Member of this House for a critique of the health care system to be conducted on behalf of the many citizens who complain on a daily basis in this country. And I will come back to some of these complaints in more detail, Mr. Deputy Speaker, because it would seem that those who are unhappy with the state of the health sector come from all sectors of the society, including patients, their relatives, health care workers and even some of our leaders.

Before I delve into Motion, I wish to say this to the Minister responsible for health under this Government, my colleague the Member for St. Joseph, the arguments I am bringing here today to the attention of the Government is on behalf of all the citizens of Trinidad and Tobago. Today is not only about critically analyzing the performance of the health sector—and one must appreciate that a critical analysis is required before improvements can be made. So it is not only about the critical analysis under your stewardship but also about proffering solutions, and this I intend to do, Mr. Deputy Speaker, as I go along.

So, I invite you, my colleague, Member for St. Joseph, to listen with an open mind to what the people have to say because I am saying this on behalf of the people. My observations and suggestions are based, not only on my own experience as a medical practitioner approaching some 40 years, including 20 years in the public health sector, five years' experience in the UK NHS, and also experience as a chairman. So I have been there as chairman of SWRHA, sitting in the, you know, governance chair of the health sector. And in addition, Mr. Deputy Speaker, the COVID-19 pandemic would have revealed many shortcomings in our health sector as stated in the findings of the committee that was appointed by the hon. Prime Minister to investigate factors contributing to clinical outcomes of COVID-19 patients in Trinidad and Tobago. This report is not the subject of this

Motion today but it is just an observation from this report.

So, Mr. Deputy Speaker, this Motion is mainly about the fate of the regular health care system since this Government took office in 2015 and especially in the face of repeated claims by the Member for St. Joseph of a dual health system, a so-called parallel health care system to handle COVID-19 since 2020.

Whilst the country was indeed fortunate to have a parallel health care system to treat with COVID-19 patients, built initially on the sound infrastructure left by the People's Partnership Government under Kamla Persad-Bissessar—

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

**Dr. L. Bodoë:**—at the Couva, Caura and Augustus Long Hospitals, but the evidence strongly suggests, Mr. Deputy Speaker, that the regular health care system suffered badly because staff and supplies were simply diverted to the parallel health care system, leaving patients and remaining staff to fend for themselves in an under-resourced regular health system.

Mr. Deputy Speaker, I have no problem with this. Any government is entitled in times of crisis to so appropriate and, you know, move the resources around. The problem I have is that you do not fool the population into believing that the regular health care system was still functioning normally. And, Mr. Deputy Speaker, I have to ask, what has the Government done to address the long waiting list that resulted for clinical appointments, diagnostic investigations and surgeries as a result of this situation?

So, Member for St. Joseph, whilst I know it is your duty to defend your tenure over the sevenyears, it would be nice for you to do so in a circumspect and empathetic manner. And I say this with the greatest of respect, with a view to taking on board some of the healthy suggestions and solutions that will emanate, not only from this side of the House but from other stakeholders who may have

consulted and who have contributed and sent suggestions in preparation for this Motion.

Mr. Deputy Speaker, at some point in our lives, almost every one of us here, our family and our friends, will require health care services. And I just want to share an experience with the national population and particularly for the benefit of those in charge of health care resources and administration.

And I recall one morning before a board meeting, as the chairman of south-west, I took fellow board directors and senior administrative staff onto the balcony of the old boardroom, looked across to the hospital and I said, “You are doing this for you,” and meaning that whatever we do as lawmakers, as administrators, as those in charge of governance, we are doing for us, each one of us in the sense that we may all benefit and it is therefore in our interest, everyone’s interest, to ensure that the public health care system functions in a manner that provides timely and efficient services and represents value for money.

But, Mr. Deputy Speaker, quite sadly what we are seeing and having been—and have been seeing for the past seven years is a massive shortcoming on the part of the Ministry of Health in this regard or perhaps, I should say, an utter disregard on its part in fulfilling its stated vision.

Indeed, Mr. Deputy Speaker, the first recital of this Motion comes directly from the Ministry of Health’s website to:

“...protect, promote and improve the health status of citizens;”

Mr. Deputy Speaker, over \$48 billion of the taxpayers’ money has been allocated to the Ministry of Health over the past seven years under this Government. Of this sum, over \$28 billion would have gone to the regional health authorities, yet we hear daily cries from citizens of the poor treatment being meted to them in the public health institutions. Sometimes no treatment at all and, in a few instances,

even the wrong treatment. Many this this country will say that the Ministry of Health is failing in its stated vision to:

“...protect, promote or improve the health status of citizens;”

Mr. Deputy Speaker, if I look at the second recital of this Motion, the complaint—

“...the numerous complaints from citizens regarding drug shortages and long waiting times for healthcare services at public health institution;”

And I just want to use a few examples, reported examples, to illustrate and the support the second recital in the Motion, Mr. Deputy Speaker.

So let us look at this one:

“Boy, 13, gets surgery intended for someone else”.

And each of these reports from the newspaper, Mr. Deputy Speaker, has a lesson—has a lesson for what happens in the health sector and hopefully, by sharing this information, we can all learn from this, especially those who are charged with looking after the health care services and looking after those who access health care services.

So this is a situation here. It tells the trauma—and the article is reported in the *Guardian*, January 28, 2022, to quote, and reported by Nikita Braxton-Benjamin. And it tells a trauma of a young boy and his mother had to go through because of a mistake made at the San Fernando General Hospital. When, in fact, and just to summarize, Mr. Deputy Speaker, the child would have gone for an operation on one eye with a squint and was inadvertently operated on, on the good eye, the other eye. Very, very sad. Very unfortunate, Mr. Deputy Speaker. Something that should happen to no one.

**2.00 p.m.**

I am not saying that as a medical professional myself, and there are errors

that occur in health systems. But I am saying that the RHA—it reflects on the regional health authorities, and in terms of the checks and balances in the RHA regarding surgical safety protocols, and indeed there are surgical safety protocols in place, Mr. Deputy Speaker, and the question is, why are these not being or were not adhered to in this particular situation? So, Mr. Deputy Speaker, when things like this happen, of course, it makes the public fearful of returning to public health institutions and undermines confidence in the public health system.

Another example, and I am just using a few of these examples, Mr. Deputy Speaker, to make the point. Reported in the *Guardian* newspaper of Wednesday 16 February, 2022, and it tells of an elderly man spending 72 hours waiting to be treated. According to one relative:

“...when the elderly man arrived at the San Fernando General Hospital’s Accident and Emergency Department in late January, ‘They told him that they are not going to do any form of treatment unless he’s tested.’”

The problem though is that the test could not be conducted at San Fernando, it had to be sent to Mount Hope. And the bottom line of this one is that—the conclusion of the relative was that the patient was:

“...not given any meals... medications...not given any form of attention as a patient...so technically...”—the patient was—“sitting on the pavement of the hospital.”

Again, speaks to customer service within the public health institutions.

Mr. Deputy Speaker, another report in the *Newsday* of Friday 22<sup>nd</sup> January, speaks of a family. It is not a traumatic experience. And this one related to the fact that a very ill patient had to wait some two hours for an ambulance. And, again, it is a timely opportunity for us to review the ambulance service and the service we



provide, in terms of accessing and getting patients to health care facilities in such a small country as ours, Mr. Deputy Speaker. And then, of course, when citizens, you know, encounter these sort of delays and poor service, they ask questions such as:

“Has our healthcare system collapsed?”

And this is someone asking this question being reported in the media.

This one—and I will probably just use this one as the last example from the newspaper here, Mr. Deputy Speaker. But this one is important because it illustrates, again, when patients try to access health facilities. And, Mr. Deputy Speaker, you know, as a practitioner who worked in the public health service, I am very much aware that the quality of medical care in our public health institutions delivered by nurses and doctors is quite good. It is world-class standard. But one of the issues that surrounds this seems to be—is the access to care, and this is a great example. This is, and I quote here again, this is January 16, 2021, and this is a wife speaking about a husband.

“...she took her husband to the Arima General Hospital after he suddenly fell ill,”—I am quoting here now—“only to have hospital staff scold her on her parking instead of attending to her husband, who was having a heart attack.”

You know, Mr. Deputy Speaker, in this day and age, you know, you would wonder, I mean, a relative is bringing a sick one into a hospital, the last thing you want to scold them about is where they park, when in truth and in fact you should be dealing with the issue, but she followed and complied with the instructions. And, Minister, I want to draw your attention to the fact that, you know, the security at the public health institutions are really your first customer service representatives. They are the ones that the public comes into contact first with, and

sometimes that encounter can make a difference between life and death. In our time in government, under the People's Partnership Government and the hon. Prime Minister, Kamla Persad-Bissessar at that time, you know, we had taken steps to ensure that even those, especially the contracted security, underwent and had proper training, and I am hoping that this kind of—you know, this is taking place or will not happen again.

So, the patient—unfortunately, the husband died, but her grouse was that she felt in her own heart that not everything possible—everything that could have been done, was done. And, in fact, I am quoting here:

“She said...”—that the—“insensitivity”—of the staff—“made the loss of her husband of 26 years that much harder to bear.

She sent out an appeal”—and I am quoting—“to Health Minister Terrence Deyalsingh to ensure that medical staff is properly trained and the proper life-saving equipment is installed at hospitals.”

So I am just quoting this patient's pronouncements to the media here, Mr. Deputy Speaker. So, again, I am calling, we have to look at that customer service that is provided in the hospitals. Now, that is customer service, what are the other aspects of the health care system that are being complained about? Another aspect of it has to do with infrastructure, and if we look at the *Daily Express* of Thursday 24 June, 2021, where the staff of the Point Fortin extended care centre has complained about a leaking roof and rat infestation. This is a centre which houses psychiatric patients and the socially displaced. As chairman of the south-west I had visited this particular centre, and they complained about rats and snakes and so on, and, of course, this is demoralizing for the staff. And I just want to say that these are issues that need to be looked at.

And, again, I will come a little bit to the governance in the RHAs, Minister,

and, you know, you have to ensure that there is proper governance and accountability within those who govern the RHA. Has your chairman—have your chairmen gone to every single facility? Have they visited personally these facilities to see first-hand the chairman, the CEO, what is going on? That is something that should happen on a regular basis. Mr. Deputy Speaker, I want to suggest to my friend, the Member for Point Fortin, that he invite the Chairman and the CEO of the SWRHA, under which this facility falls, to join him in a visit to that Point Fortin extended care centre to see first-hand the problems there and to fix it. Mr. Deputy Speaker, the litany of woes and complaints against the health sector goes on and on. I will limit my remarks in term of the complaints. There have been several complaints. The RHAs are mandated, by way of public board meetings, to account to the public, and this is a newspaper report from the last public board meeting. And, again, we have to be honest with ourselves in the health sector, and this is a comment here from a former medical director, Dr. Anand Chattergoon, and the Minister of the Health—

**Mr. Deyalsingh:** What!

**Dr. L. Bodoë:** The Minister of Health would have been well advised, Minister, to have kept Dr. Chattergoon on as your medical director because he would have solved many of your problems, Minister. But I leave that there, and your colleague—

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

**Dr. L. Bodoë:**—your colleague, the Member for San Fernando West, Minister, is aware that Dr. Anand Chattergoon does not belong to the United National Congress. Yet, under the visionary leadership of Kamla Persad-Bissessar—

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

**Dr. L. Bodoë:** —she chose to appoint the best person for the job, and I see my

friend from San Fernando West is smiling, and he knows that that is true.

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

**Dr. L. Bodoë:** And he does not hold a UNC party card. I will not comment further, Mr. Deputy Speaker. I would leave that there for the time being.

So, Mr. Deputy Speaker, as you can see, there are many, many issues that I have referred to, the long waiting times for clinic appointments, the long waiting times for surgeries, the lack of medicines and other basic supplies. So, Mr. Deputy Speaker, moving on to the third recital of this Motion which speaks to:

“...the existence of multiple chronic non-communicable diseases in our population...”—as was highlighted.

In fact, it was termed the NCD debt burden in the Seemungal report. I just want to indicate at this point, Mr. Deputy Speaker, that the whole issue of the chronic non-communicable diseases will be addressed by my colleague, the Member of Parliament for Cumuto/Manzanilla, himself an experienced general practitioner and primary care physician, MP, Dr. Rai Ragbir, when he makes his contribution, and other colleagues who will deal with other issues regarding to the overall health and well-being of our citizens.

So, that brings me to the fourth recital in this Motion, Mr. Deputy Speaker. And I just want to read it again:

“And whereas the Government’s approach...”

—and I emphasize “approach” because this is broad, Mr. Deputy Speaker.

“And whereas the Government’s approach to healthcare has failed to adequately and effectively treat with these public health issues:”

So, Mr. Deputy Speaker, what has been the Ministry of Health’s and the Government’s overall approach to health care in Trinidad and Tobago? And if you will permit me, Mr. Deputy Speaker, to examine this Government’s approach to

the health sector since they came into office in 2015, and just by way of comparison to look at what the People's Partnership Government did during the time 2010 to 2015 period. Because I believe this is an important comparison and it can show what differences in philosophy and policy, you know—how that could benefit or not benefit citizens. So our approach in the People's Partnership Government, under then Prime Minister, Kamla Persad-Bissessar, the PPG government, was similarly what I call the PPG model of health care, Mr. Deputy Speaker. What do I mean? The PPG model of health care, the "P" stands for people. We were always people-centred. We recognized people as an important human resource, and looked after them, doctors and nurses and all health care workers, special way.

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

**Dr. L. Bodoë:** The second "P" in the PPG stands for plant, the infrastructure, and I will come to the track record of infrastructure in the health sector in a moment, Mr. Deputy Speaker. And, of course, the "G" in the PPG as the basis of the health sector improvements regards governance, and this speaks to process, oversight and accountability.

So, people, how did we treat people? I give examples here, Mr. Deputy Speaker. Under the PPG, government under the partnership, every effort was made to keep young doctors meaningfully employed. In 2015/2016, Mr. Deputy Speaker, a situation arose in this country, for the very first time, where hundreds of young doctors who had graduated, completed their internships, and were unable to be offered jobs in the public health sector. And this is in a situation where there was a shortage of doctors and complaints about poor service in the hospitals. So, Mr. Deputy Speaker, I want to make the point that we cannot as a nation invest millions of taxpayers' dollars in training young doctors and then failing to employ

them, especially when the health sector is facing so many problems.

I believe that an urgent conversation needs to be had between the Ministry of the Health and the Faculty of Medical Sciences UWI, regarding the intake of medical students, and regarding the synchronizing of intake with employment. And whilst one does not want to limit intake based on the wishes and the qualifications and intentions of young doctors—of young persons who want to study medicine, it is important that we have to find a place for them, if not within Trinidad and Tobago, perhaps within the Caricom region, regarding further regional opportunities, and this is a discussion that needs to be had. In fact, in Cuba, the system there is that the Faculty of Medicine comes under the Ministry of the Health. It is a good health system where there is synchrony between the number of medical students and the requirements, the need for doctors.

So that was our approach to employ them. Make sure they were employed. In contrast, the current Government's approach is to leave doctors unemployed, to give them short-term contracts which affects their training, ability to specialize and so on. And, in fact, the worst we saw was where a team of experienced doctors were moved from the Couva Hospital in the peak of the COVID-19, something that may have very well affected the outcomes of patients. But I will leave that there, Mr. Deputy Speaker.

Our plan was to support nurses and nurses training. We had the El Dorado Nursing School. We created a category of staff called the Enrolled Nursing Assistants to assist the nurses, qualified nurses in the hospitals. And, of course, we brought legislation in 2014 by way of the nurses and midwives Act to create the Advanced Nurse Practitioner and Nurse Intern. So we supported nurses. We understood the importance of nurses. We understood that they form a very important part of the health care sector.

This Government, you know, they have allowed the nurses to fly the coop. The nurses have been treated badly. There have been in situations where they are not encouraged to stay and, again, we saw situations where they were overworked and underpaid and stressed and so on, and that became very apparent during the COVID-19 crisis. Our approach would have been to make health care more accessible at health centres with extended hours. And, again, this was important, it was part of our strategy to ensure that we strengthen primary health care, that we ensure that those who were working could go to a health centre after 4.00 p.m. and get their blood pressure checked, get their numbers checked. They could do that on a Saturday morning, and in some places on a Sunday morning, without having to lose time from work. That was a very visionary initiative under our government.

**2.15 p.m.**

We also employed customer service representatives in the accident and emergency departments, Mr. Deputy Speaker. Their approach has been to discontinue the extended hours. What about the issue with plant and infrastructure? Well, of course, the PPG completed the Scarborough Hospital in 2011.

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

**Dr. L. Bodoë:** But unfortunately, the cardiac cath lab, which was in that hospital, has been abandoned since 2016. And my colleague there, the Member for Tobago East is in the House and, Member, I urge you to look into that situation. That is something that can benefit both the residents and the many tourists who come to Tobago. It is an important initiative and you should perhaps look into that. We opened the San Fernando Teaching Hospital in 2014. That was our approach—

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

**Dr. L. Bodoë:**—Mr. Deputy Speaker. Because, in 2010, when then Prime Minister, Kamla Persad-Bissessar came into office there was a situation at the San Fernando Hospital with regard to a shortage of beds. And her vision allowed the then incomplete office building on Chancery Lane to be converted into the San Fernando Teaching Hospital, thereby adding an additional—some additional 214 beds to the old teaching hospital.

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

**Dr. L. Bodoë:** What has been their approach, Mr. Deputy Speaker? And this is something that is painful to me, because there are two floors in that teaching hospital which were designed specifically for training of doctors and teaching, right, and two of those floors have now been occupied or since been occupied by the human resource department. So a clinical space. The then board, with or without the permission of the Minister, I am not sure, chose to move their human resource department into a purpose-built space and therefore, that has been the approach, Mr. Deputy Speaker. So I will leave that. I will leave that and I will move on.

Mr. Deputy Speaker, we created a dedicated cardiac ward at the San Fernando Hospital in 2011, in anticipation of a cardiac catheterization lab to be built at the San Fernando Hospital. I will come back and speak about that in a moment. We opened a new eye theatre but now we see that there is a long waiting list for cataracts. We provided the equipment for what is called VR surgery, it stands for vitreo-retinal surgery. It is sight-saving surgery, Mr. Deputy Speaker. And especially with our high numbers of diabetics, if that surgery is not provided, then persons can lose their sights. What is the current situation? The current situation for VR surgery is that the only place it is being offered in is in Tobago. Nothing is wrong with that, but it means that patients have to travel, it means that



there is a long waiting and therefore, that is something that needs to be looked at.

So before I leave the San Fernando General Hospital, let me just come back to the cardiac catheterization lab. And I speak of this in the context of the high number of heart disease and cardiac cases. We saw that patients with COVID-19 died because of comorbidities, cardiac disease being one of the main—we do have that burden and my colleague will speak about it. But I just want to point out that under the Partnership, a space was identified in 2013/2014. A user brief was designed and tenders were sent out to build that cath lab. When the government changed in 2015, you know, they thought that they had to change the user brief and they had to retender and so on. That is fine. If that is their approach, that is fine. But how can you explain, Mr. Deputy Speaker, that seven years later we are nowhere closer to having the cath lab. The Minister has made many pronouncements in this House and, again, I would want to ask him, on behalf of the population, that when he speaks that he will give the assurance that this lab will be completed at the San Fernando Hospital in this financial year.

So, Mr. Deputy Speaker, of course, I am speaking about plant and infrastructure. Our response, our initiative was to build the Couva children's hospital in 2015.

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

**Dr. L. Bodoë:** Mr. Deputy Speaker, what was their response? Their response was to close it down, to change the name of the hospital and left it closed for five years until 2020, until COVID came and they were forced to open the hospital.

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

**Dr. L. Bodoë:** You know, if this was not serious, it would be funny because for so many years it was touted as a construction site and then, within a matter of two weeks, it was able to be opened for the benefit of patients. But I will leave that

there, Mr. Deputy Speaker.

Several other infrastructural developments we would have made in anticipation of things that may come. We renovated the Augustus Long Hospital and the modern operating theatre did serve as an ICU during COVID. But, of course, their response would have been to shut it down with the closure of Petrotrin and that has caused thousands—suffering to thousands of former employees and retirees. I will leave that for one of my colleagues to deal with.

And, Mr. Deputy Speaker, of course, we turned the sods for the Arima and the Point Fortin Hospitals. They built it eventually, it took five years to build, again, fiddling with the specs and claiming that they saved money. And this is a boast by this Government of saving money by redoing specs and so on. But the point I want to make here, Mr. Deputy Speaker, is that what about the loss of health benefit for the residents of those communities in Arima and Point Fortin during the five years? So you were saving money, fine, but in the interim, I am making the point that when you were taking so long and you are claiming to save money, you were increasing the disease debt burden on the public purse in the meantime. In other words, patients who were not able to access these facilities would have gotten sick and there would have been a greater cost to the public purse in the end. So, really and truly, we have to look in terms of doing what is called a cost benefit analysis.

So these hospitals are finally opened but still short of full staffing and I trust that the Minister is taking all steps to fully staff these hospitals, especially with the fact that you have a number of unemployed doctors and nurses out there. Mr. Deputy Speaker, can I ask you how long I have again?

**Mr. Deputy Speaker:** You have approximately 10 minutes, hon. Member.

**Dr. L. Bodoë:** So, Mr. Deputy Speaker, in terms of process, we spoke about

people, we spoke about plan, we talked about the process. We created the External Patient Programme, a very innovative initiative. This was created in recognition of the limited capacity to meet with demand for investigations and treatment. What is the status of that programme? I know it is still in existence but I have had numerous complaints from constituents and others regarding difficulty in accessing this programme. I do not know whether it is because of governance issues in the programme or whether it is because of the funding issues.

Mr. Deputy Speaker, I just want to move on quickly to renal dialysis. And I use this example in terms of the Government's approach to renal dialysis. And if you will permit me to read from the Budget Statement of 2022, not the Budget Statement of 2023, and this is a statement presented by the hon. Member for Diego Martin North/East in his budget presentation. And this is what is promised here in that budget statement: a national centre for the treatment and management of renal disease at the Couva Hospital was promised in the budget of 2022.

Do you know, Mr. Deputy Speaker, that when the budget of 2023 was read— and I paid particular attention because I was interested, the treatment of renal disease in this country is very important. We have a lot of kidney patients, a lot of patients suffering from renal failure. But, you know, lo and behold when the Budget Statement of 2023 was read, not a single word, not a mention either in the budget statement of this promise. Was this pie in the sky? And not a statement by the Minister of Health about this facility. So I ask today, on behalf of the population, what has become of this promise? Is this really going to be built or was it just another empty promise by this PNM Government?

Mr. Deputy Speaker, I just want to move on quickly with regard to process and how we conducted business. And I just want to refer to what I would call three quality of care reviews. Quality of care reviews, every government comes in,

they will do a review, different aspects of the health sector. In 2011/2013, the Partnership Government, under the direction of the then Prime Minister, Kamla Persad-Bissessar, got the maternity services review report, which we started implementation. We came out of office in 2015. We could not complete everything, of course. There were no politics involved in this. We were just there to—we had a committee which was across the board. I have mentioned the membership of this Committee already in this House, the document is there for public perusal. So implementation was started. The Minister, of course, will come and mention the things that were achieved under his watch. But based on this platform, we have no problem with that. It has benefited the citizens of this country, it has benefited pregnant women, mothers, and we are happy; we are happy to have provided the platform for this Government to build. We provided other platforms, of course, which they have refused to run on but that is another story. So they quietly ran with this on this track.

So, in 2016, of course, the PNM Government comes into office, commissioned the Welch report, but they started to play politics with it and that has been politics. Every time it is asked, you are told that it has been brought to a joint select committee and it could not be implemented because we refused to sit on the Joint Select Committee. Mr. Deputy Speaker, I want to clear the air on that today because the point about it is that that report did not require the expertise, time or the expense of a joint select committee. It contained recommendations that could have easily been implemented and I believe the Ministry and the Minister has now started to do that quietly.

But where have they reached with regard to the implementation? And the fact of the matter is the implementation has been very slow. And this report was examined by the Public Administration and Appropriations Committee in this very

House. And a report was sent to the Ministry and the findings were that the implementation rate of the recommendations was low and, again, there were hindrances such as the:

- “• Financial constraints;
- Human Resource management...
- ...time lag in the approval and implementation...for the design and approval of projects and work activities;
- ...bottlenecks of the procurement process for goods and services...”—  
and so on.

And, in fact, that PAAC report provided some very good recommendations to the Ministry of Health with regard to looking at these weaknesses.

So, what has been the response of the Ministry, Mr. Deputy Speaker? Mr. Deputy Speaker, these reports from the PAAC looked at current expenditure and looked at the administration and so on, of services. And a response is supposed to be brought back to the Parliament from the Ministry within about 60 days. Mr. Deputy Speaker, it has been over one year, and I checked with the Parliament as recently as yesterday, and a response is yet forthcoming from the Ministry of Health on this particular report. And one wonders, you know, how it is that they can be taking so long for the Ministry of Health to respond to a parliamentary committee.

Mr. Deputy Speaker, as I close, I just want to reiterate—I just want to quote from an *Express* newspaper, article dated January 15, 2023, reporting the following with reference to the state of the health sector:

“‘If ever visionary leadership is needed in the medical fraternity, it is now,’ she said. ‘Even before Covid-19 reared its ugly head, Trinidad and Tobago faced considerable challenges in and to its health apparatus... Lengthy wait

times in hospitals, unreasonable delays in receiving critical diagnoses, results and reports, and confusing and unnecessarily complex administrative processes are among the many issues experienced by patients at our institutions.”

I will leave it there, Mr Deputy Speaker, I do not want to run afoul of the Standing Orders of this honourable House, but those are words that were spoken by a very high official in this country.

And as I conclude, Mr. Deputy Speaker, I want to say that I will conclude my contribution on this private Motion in the very spirit in which I started. Mr. Deputy Speaker, I believe that the evidence presented here this afternoon clearly supports the resolution of this Motion, which is calling upon the House to:

“...take note of the failure of the Government...”—

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

**Dr. L. Bodoë:**—

“...to deliver on its health sector mandate.”

But, Mr. Deputy Speaker, as I indicated in piloting this Motion, it is in the interest of all of us in this House to ensure that the country has the best health care system possible with the resources expended. Our interest on this side has and will always be to continue to look after the welfare of each citizen of our beloved nation—

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

**2.30 p.m.**

**Dr. L. Bodoë:**—whether it is to protect them from crime, from economic hardship or to ensure proper health care for them. The hon. Member for St. Joseph knows that he can still call on myself and my colleague, the Member for Cumuto/Manzanilla, to discuss medical issues of national importance and that we

will speak in these circumstances wearing only our medical hats.

It is in this spirit that the Leader of the Opposition, the Member for Siparia, met with the hon. Prime Minister in 2020, during the onset of the COVID-19 pandemic, to offer our suggestions on this side. It was in this spirit that the hon. Leader of the Opposition made efforts in early 2021 to get COVID-19 vaccines for our citizens and it was in this spirit that the hon. Leader of the Opposition in a budget contribution on 30 September, 2022, gave commitments to this House and to the country for the improvement of the health sector, which I wish to repeat and endorse here today, Mr. Deputy Speaker, as I close. And these were stated in the budget, and I repeat for the benefit of the population the initiatives that we will keep when we get back into government at the next opportunity.

So, Mr. Deputy Speaker, these are the words of the Leader of the Opposition in her budget contribution:

“We will immediately make the necessary legislative changes to the Children’s Life Fund.”

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

**Dr. L. Bodoë:**

“We will implement a patient charter...”

**Mr. Deputy Speaker:** Hon. Member, just for the record, you have two more minutes.

**Dr. L. Bodoë:**

“We will implement a patient charter with waiting times, guidelines and timely care guarantees...”—to address some of these issues that I spoke about.

“We will re-implement the extended hours at the health centres.”

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

**Dr. L. Bodoë:**

“We will implement a way to do non-urgent surgeries on a weekend to deal with the backlogs.”

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

**Dr. L. Bodoë:**

“We will explore the potential...capacity of...”—other sectors—“to compliment these initiatives.”

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

**Dr. L. Bodoë:**

“We will...”—re-implement—“the health card to monitor dispensing of medication and detection of abuse.”

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

**Dr. L. Bodoë:** And:

“We will introduce a mobile diagnostic unit with MRI, CT to ease the backlog and improve accessibility for non-urgent cases.”

These are just some of our plans as we prepare to take back the seat of government. And with those few words, Mr. Deputy Speaker, I thank you.

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

**Mr. Deputy Speaker:** Member, can you—

**Dr. L. Bodoë:** I beg to move.

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

**Mr. Indarsingh:** Thank you, Mr. Deputy Speaker. I second the Motion and I reserve my right to speak.

*Question proposed.*

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



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

**Hon. T. Deyalsingh:** May I start off by saying that this Motion is devoid of any substance and I will explain why. On Wednesday 31 May, 2017, this is just about less than a year and a half after we attained government, on that date, the Welch report, as inaugurated by the hon. Prime Minister Dr. Keith Rowley, was laid in this Parliament and we asked the Member for Siparia to go to a joint select committee to examine these matters and all other matters pertaining to health care. Do you know what the response of Siparia was? No. This is the *Hansard* of Wednesday 31 May, 2017:

“...establish...a joint select committee that will look at the two reports that have been presented.

...objective...to allow the people’s representatives”—that includes Fyzabad, that includes Cumuto, that includes Caroni East—“to go through a detailed analysis of the report, to come back to the Parliament and give their findings...

...for transparency...”

And I quote:

“...and also for all Members in this House to be given the opportunity to examine the report in-depth, the best mechanism for doing this, we feel on this side, is through the mechanism of a joint select committee.”

Mr. Deputy Speaker, I put it to this country that history will not absolve Siparia for refusing go to a joint select committee. History will not absolve her.

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

**Hon. T. Deyalsingh:** Because it is not their intention to solve problems because they put party before country. This was an opportune time to put country before party but not Siparia, and history will have the last say on the Member for Siparia.

What is the purpose of a joint select committee? The joint select committees have wide powers. Not only, as the Member said, because he knew I was going to come with this, not only are you considering the Welch report but you have wide powers to fully consider their mandates and facilitate interaction between Members of Parliament and the Government officials, and listen to this, interested parties. You could have called anyone you wanted to call, legal and other professional associations and the general public in deliberations. That is what you could have done but you refused to do it.

Mr. Deputy Speaker, it is an absolute tragedy when errors happen in any health sector as they do around the world but how we treat with those errors in a political environment is despicable. The Member brought up the issue of the eye surgery, an absolute tragedy, we agree. But did we on this side seek to make political hay out of the accident on baby Cottle? Do you remember that, under Fuad Khan? Did we blame the UNC when that baby's head was sliced open? We did not. But that is what you do, party before country. Did we come and excoriate you about the Crystal Ramsoomair affair? We did not. That happened under Fuad Khan. But the Member for Fyzabad and all of them do not know how to deal with these tragedies when they occur, they seek to make political hay out of it. These are traumatic experiences. But let us deal with it in the proper way. The Member spoke about vermin in the extended care centre in Point Fortin. What he did not say was that this centre was refurbished in 2021 and fixed. He did not say that.

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

**Hon. T. Deyalsingh:** Mr. Deputy Speaker, my friend spoke about—and you see, he opened the door, eh, so I am entering the door that my colleague has opened. He spoke about he was in the governance chair at the South-West RHA. Well, let me

tell you about that governance chair.

One, when I came into office, the overcrowding at the San Fernando A&E was phenomenal. People had to wait days in the A&E, that has been stopped. This uninspired leader did that. Your words. The labour ward—and as an ob-gyn, you did nothing to progress and advance maternity care. I did that.

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

**Hon. T. Deyalsingh:** This one. Could the Member tell me about the 4 million overpayment of staff under your finance department when you were chairman of South-West RHA? That is governance issues, 4 million overpayment, which we are still trying to recover, taxpayers.

**Mr. Hosein:** Mr. Deputy Speaker, I rise on Standing Order 48(6), the Member is imputing improper motives and this is not a substantive motion against the—

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

**Mr. Deputy Speaker:** Thanks, Member. Overruled.

**Hon. T. Deyalsingh:** Thank you. Could the Member—as he said he was in the governance chair—tell us about the man he employed, a known embezzler who was charged before the courts and hired as his director of policy who put together a cut and paste strategic plan from another country, plagiarism? Could he tell us about the deportee paedophile he employed to work in South-West RHA? And he wants to tell me about governance issues. Could he also explain why—

**Mr. Indarsingh:** Mr. Deputy Speaker, 48(6). The Minister is imputing improper motives on the part of my colleague, the MP for Fyzabad.

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

**Mr. Indarsingh:** And I ask that it immediately be retracted.

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

**Mr. Deputy Speaker:** Okay. Hon. Member, again, we need to be very careful in

terms of the “he” or the person that we may be referring to, right? So, again, I will need to give you a little leeway but please be careful when you are identifying. If you cannot be too specific, I would prefer that we move on from those aspects because it is “he” and “him”, that sort of thing.

**Hon. T. Deyalsingh:** I leave those governance issues because the Member knows it is the truth. The Member spoke about—

**Mr. Indarsingh:** Mr. Deputy Speaker, again, on 48(6), did the Minister retract the accusations he made in relation to the conduct of my colleague, the MP for Fyzabad?

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

**Mr. Deputy Speaker:** Right. Hon. Members, okay, as the Chair, right, we need to ascertain, in terms of referral, hon. Minister, I do not know if I need to seek clarity as to who that he is or him is with regard to what the Member for Couva South is referring to. So if it is that it is clearly directed at a particular Member here, I would probably ask you to retract it and move on.

**Hon. T. Deyalsingh:** Sure, no problem.

**Mr. Deputy Speaker:** No, no, not “no problem”.

**Hon. T. Deyalsingh:** I retract.

**Mr. Deputy Speaker:** Thank you.

**Hon. T. Deyalsingh:** The Member for Fyzabad spoke about the economy and health, that health is related to the economy. How could a health system that has collapsed, as you said, produce a life expectancy of 73.79 years in 2022, increased by 0.16 per cent in 2021 even with COVID? Life expectancy, one of the greatest inputs into life expectancy is gender, genetics, hygiene, diet and nutrition, exercise, lifestyle and access to health care. How could our life expectancy continue to go up?

And then you spoke about GDP, it relates to the economy. Well, in relation to increasing life expectancy and the economy, the CSO just put out, whereas it was predicted that real GDP would decline by 0.1 per cent, it has actually increased by 1.6 per cent and real GDP has increased by 6.6 per cent in second quarter 2022. And for the first half of 2022, it will be 4.1 per cent. So let us link health care, access to health care, life expectancy and the economy. That is why your argument holds absolutely no water on macroeconomic indicators.

Mr. Deputy Speaker, he will go—sorry, the Member will pick articles from newspaper but you know what the Member will not say? That in coming into office in 2015, I met a dengue situation in this country because public health is important, where in 2014—because they put everything under the Member for Siparia. Under the Member for Siparia, suspected cases of dengue were 5,157. You know what it is today? Twenty-eight. For the past five years, we have had no dengue-related deaths in Trinidad and Tobago. Who did that? Who did that?

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

**Hon. T. Deyalsingh:** “Ah” green man from Mars or this uninspired leader that you are quoting? Who did that? Under Siparia, 5,157 suspected cases of dengue; 2015, 1,687; 2016, 1,522. Under my tenure, 2017, 644; 2018, 332; and today, double digits with no deaths in the past five years. But my friend will not quote that; will not quote that.

Mr. Deputy Speaker, I want to touch on some issues. I have a lot to say but other speakers will come on to it. He has a particular penchant for San Fernando General Hospital. As far as the UNC is concerned, the health care system is only San Fernando General Hospital. That is all “they talk about”, and Tobago. He will not tell you—sorry, the Member will not tell you that in San Fernando hospital, for July—December 2022, they performed 5,359 surgeries, post-pandemic.

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

**Hon. T. Deyalsingh:** So we are catching up with the backlog after pandemic. The Member will not tell you that there were 117 CVC line insertions, there were 634 obstetric cases, 792 ophthalmology cases. The Member will not share that good news with the country because it is not convenient.

**2.45 p.m.**

Mr. Deputy Speaker, I now come to one of the most aggravating aspects of the COVID-19 response. And that has to do on the attacks on public servants in this country by the UNC under the leadership of Siparia, calling doctors and their performance of their duties, state-sanctioned homicide, as per Tim Gopeesingh, bad-talking Roshan, Dr. Maryam Abdool-Richards and all others. And you know what is perplexing? I could understand that from the UNC, but not one professional organization stood up for their colleagues and said that is not right; not one. There was a failure of the professional class to tell Siparia you do not do things that way. And I urge the next speaker—

**Mrs. Persad-Bissessar SC:** Standing Order—

**Mr. Charles:** 48(5):

“A Member shall be referred to in this House by reference to”—her—  
 “constituency or”—her—“official portfolio.”

Not Siparia.

**Mr. Deputy Speaker:** Okay, Member. Thank you, Members. Again, Member, Member for Siparia.

**Hon. T. Deyalsingh:** But I said Siparia.

**Mr. Deputy Speaker:** No, please. Just to ensure, call by the proper titles.

**Hon. T. Deyalsingh:** The Member of Parliament for Siparia. But you would not condemn the words. That is the important thing, not the nomenclature of the

Member. You will not condemn the instruction. And I urge and I am looking forward to the next speaker who is going to be my good colleague, MP for Cumuto/Manzanilla. If he stays silent on this issue, history will not absolve him. If he does not get up and take an independent line and say that attack on public servants was wrong, history will not absolve him. Because he is a member of that fraternity. I wait to see with bated breath if anyone has the guts to protect public health care workers in Trinidad and Tobago.

**Mr. Lee:** Mr. Deputy Speaker, 48(1), the relevance. This is not the Motion.

**Mr. Deputy Speaker:** Okay. Overruled, proceed.

**Hon. T. Deyalsingh:** Thank you. The Member for Fyzabad went on about the External Patient Programme. You see, people who receive service do not write letters to the editor in any large numbers.

Do you know, Mr. Deputy Speaker, that the taxpayer spends \$34million a year to two private providers to radiate people at a cost of \$57,000 per patient? We do that. And in the public sector, where under North West RHA, our LINAC, our government-owned LINAC, put down at a cost of \$75million, has seen 1,057 patients in two and a half years. Ask R.R. from Chickland. They will never write a letter to the editor. Ask M.S. from Santa Flora. I cannot call their names. I will call their initials: G.R. from Siparia; H.N. from Penal; M.A. from Sangre Grande; J.S. from Petite Valley and L.E. from Morvant. But these individuals who receive all of this free, under the EPP, do not write letters to the media. They receive the good service and we are thankful, and they are thankful. I hear mumbling from the Member of Parliament for Siparia.

What about dialysis? The Member spoke about dialysis. Does the average dialysis patient and does the public know that it costs the taxpayers—it is not free, eh, it costs the taxpayers \$136,000 a year to dialyze one patient; \$136,800? And

do you know how many people we dialyzed?—1,090. Is that not a health system that is delivering something? Ask X.C.M. from Chaguanas; A.R. from Princes Town; R.G. from Arima; L.R. from Barrackpore and M.P. from St. Ann's. But they will not complain. Right? I cannot call out a thousand people. Ask the people, the 67 persons who received—

**Mrs. Persad-Bissessar SC:** Will the Minister give way?

**Hon. T. Deyalsingh:** No.

**Mrs. Persad-Bissessar SC:** Well, why are you sharing— [*Inaudible*]

**Hon. T. Deyalsingh:** Ask the 67 people.

**Mr. Deputy Speaker:** Member for Siparia, Member for Siparia, we know clearly of the procedure. He did not give way, please. Members, hold on, hold on. Members, all Members, please. Proceed.

**Hon. T. Deyalsingh:** The Member knows well in medical circles you use the initials; well known. When you are doing case studies, it is well known. Ask Fyzabad. What about the 67 persons who received angioplasty services at \$62,000 a pop, that cost this country \$4.1million. None of them will write a letter to the editor. The 141 people who receive CABG services at \$68,150.25 per pop, at a total cost of \$9.6million, people.

The Member spoke about vitrectomy, the 73 people, just in the past few months, at \$30,000 a pop, cost the country 2.1. That is what this Government has done; made these tens of millions of dollars available to patients. But the Member of Parliament for Fyzabad will never ever admit that.

Mr. Deputy Speaker, our NCD programme, you could see our life expectancy going up. What have we done? We have launched the TT Moves programme, the HEARTS programme, the gestational diabetes programme. The Diabetic Wellness Centers are going to be rolled out, one in Princes Town, where is Princes Town?



One in Diego Martin. We already have one in Eric Williams and one in Sangre Grande to tackle the issue of diabetic foot amputations and to make sure we do not amputate legs and toes, unless we really have to. What about our physical equipment, our schools programme? All of that was done under our NCD programme. Mr. Deputy Speaker, there is so much we could say.

The Member of Parliament for Fyzabad spoke about drug shortages. I promise this country, in the light of global supply chain challenges, we will try very hard not to have chronic, that is drug shortages, over a long period of time. The Member for Fyzabad about does not remember, when he was CEO of South-West he could not supply chemotherapy for the taxi driver from Princes Town. There was a picture of them protesting outside South-West. You remember that? He would not talk about that newspaper article. So let me talk about drug shortages:

“Johnson & Johnson posts ‘temporary’ Tylenol shortage amid heightened demand.”

These are global issues. Two:

“Omicron sparks paracetamol and ibuprofen shortage”.

This is in a First World country. I am not going to call the country, but I will just say this. This particular country was one that I was excoriated by, by Naparima, when he got a free COVID home kit and said, “Why we cyah be like dat country?” You remember that?

**Mr. Charles:** Yes.

**Hon. T. Deyalsingh:** Right. It is that country. And in that country, they are telling you not to come to hospital. In that country you have to wait 20 hours for an ambulance now. And Naparima was brandishing this COVID kit and saying, “Why we cyah be like that?” Well, let me tell you something, I do not want to be

like that.

**Mr. Charles:** England?

**Hon. T. Deyalsingh:** “I eh calling de country name, brother”. Right?

“Drug supply has been unable to cope with rocketing demand caused by coronavirus.

The data suggests shortages of the painkillers have worsened considerably since omicron sent cases rocketing.”

We are in a global supply chain issue.

Another first world country:

“Paracetamol, amoxicillin: Pediatric drug shortages worry...”—country’s—  
 “professionals.”

I am not going to call the name of the country. But even basic amoxicillin, you cannot get in that First World country. But this is one, Pharmacy Magazine, 25 January, 2022. Let the country know how hard we work to keep our supply chains open; a:

“Government issues shortage protocol for paracetamol suppositories.”

This is Panadol suppositories. And a government, in light of global shortages, has to issue protocols with how to deal with this:

“The Department of Health and Social Care has issued a serious shortage protocol for paracetamol 120mg and 240mg suppositories due to ‘significant ongoing disruption’ to supplies.”

That is what we are faced with.

CNN headline:

“Empty pharmacy shelves shine a light on vulnerabilities in...”—country name—“drug supplies”

The Opposition always tells us why we cannot be like these countries, these

First World countries. Well, brother, I give thanks every single day for our free public health care system, with the challenges that it has. And I say openly we have challenges, like every other health care system. But my God, we do a lot better than First World countries. In First World countries, if you do not have insurance, you will watch those buildings, you will watch those MRI machines and you will have no access to it. You will watch those drugs and you will have no access to it.

**Mr. Charles:** Not in that country.

**Hon. T. Deyalsingh:** Naparima is shouting out, “Not in that country”. Well, you “cyah even” get an ambulance to take you to the hospital in that country. If you want, you go there. You go there and call an ambulance.

**Mr. Deputy Speaker:** Member, please.

**Hon. T. Deyalsingh:** Yes, sorry.

**Mr. Deputy Speaker:** Direct to the Chair.

**Hon. T. Deyalsingh:** So, Mr. Deputy Speaker, if the Member for Naparima wants to live in that country, let him go there and try and call an ambulance to take him to a hospital. One, there is none. And if you get one, it takes you 20 hours. And the emergency departments are either closed or overcrowded. But the Member for Naparima wants us to be like that. Well, not me. I will take what we have here, with all its problems, like every other health care problem. But let us fix it, and the opportunity to have fixed it laid before you in 2017, when we said, “Let us go to a joint select committee. Let us call people. Let us call doctors. Let us call nurses. Let us call patients. Let us call the lawyers. Let us call everybody.” But the Member of Parliament, the hon. Kamla Persad-Bissessar SC, MP, flatly refused, because it was not in their interest to partner with the PNM to fix health care. So, therefore, we will fix it on our own.

Other Members will speak about the advances we have made in other areas. Other Members will speak about—and let me just add my one cent worth on this. There was a recent exposé in the *Sunshine* newspaper. Do you know everything in that article was false? Every single point was false. And I know that the timing of that article and the timing of this Motion is purely coincidental. It could not have been contrived. It could not have been planned. The Motion was filed on Monday. The article came out on Tuesday and it is totally, totally coincidental.

Mr. Deputy Speaker, another article:

“State of Emergency: Inside...”—country’s name called; First World countries—“ER Crisis.”

So let me talk about our ER services in Trinidad and Tobago.

**3.00 p.m.**

Mr. Deputy Speaker, in Trinidad and Tobago, we use the Canadian CTAS system, CTAS, Canadian Triage and Acuity System. And let me say up front, an accident and emergency is not a first come, first served system; it is not. It is a worse come, first served system; worse come, first served. And the Canadian Triage and Acuity System lays down some goals which you should try to achieve, so when patients present to your accident and emergencies you have these guidelines and goals to achieve. We achieve them most of the time for the most severe and the most acute cases. That is, cases after triage are listed as I and II, where if you do not treat those persons urgently within 15 minutes to 30 minutes, they will die; they will die, and that is what we do. And I want to hail and thank our accident and emergency doctors, nurses, wardsmaids.

**Mr. Deputy Speaker:** Hon. Member, you have approximately two minutes of your initial speaking time, you have an additional 15. Care to avail?

**Hon. T. Deyalsingh:** Yes.

**Mr. Deputy Speaker:** Proceed.

**Hon. T. Deyalsingh:** So, what do we do? All countries that use the CTAS system try to adhere to the times. So level I—and it is important for the public to know what are level I cases. These are the most acute that need immediate action to prevent that person from dying on you. Some examples will be victims of gunshot wounds; major accidents, that is major trauma; major penetrating trauma to vital organs; you have a lot of blood loss. Now, compare that to a mother waiting outside with her son who got a bee sting, who may have reached before the gunshot victim came in. Now, far as that mother is concerned, and we understand that, her son's bee sting is the most important thing to her. She was there before, the accident victim comes in now. Under CTAS, we treat those first, based on their acuity and those who need resuscitation almost immediately otherwise they will die, and you are supposed to treat those within 15 minutes. We achieve these goals most of the time.

For level II, these are emergencies that do not necessarily require immediate resuscitation. These are like strokes-in-evolution, your myocardial infarctions. They are critical but you have more time than the gunshot victim who is losing blood. We try to see those within 15 to 60 minutes.

Level III—and this is where we run into problems and I will admit this, one of the critical areas we have to work on in our A&Es is communications. Because whilst we are treating patient to save lives, I do not think we always communicate with the waiting relatives and they are anxious, I admit that, and it is something we are working on. And at North Central RHA and South-West, we have ambassadors now to be that liaison. But I do admit, Mr. Deputy Speaker, we can do more on communications. Level III under CTAS, things like appendicitis, upper and lower GI bleeds that require urgent investigation and to be warded to prevent

them from transitioning to I and II.

And this where we get the most licks in the public healthcare system, IV and V; IV and V, viral illnesses, sprains, minor BP elevations, back pains. These really should not come to an A&E, but many people rush to an A&E. These could be managed by your GPs in their clinics and health centres.

Mr. Deputy Speaker, I am so grateful for this opportunity to talk about the A&E system, and I got this quote from the CTAS website today, and this is their words:

“Emergency Patients are Unique

‘Not all patients are as well as they appear and not all patients are as sick as they think.’”

However, the person presenting to the A&E, as far as they are concerned, they want immediate attention. But nowhere in the world do you do that. Because if you do that, you do not use your scarce resources wisely and people will die. So you have to allocate scarce resources to your CTAS level I, that is, the gunshot victim, the major accident person who is suffering from trauma who needs immediate resuscitation, and your strokes, your MIs, then your cases like appendicitis and so on.

So I admit and I say it, that we could improve on communications. Because what gives rise to anxiety is not that the patient is not getting care. The patient is getting care but the family members outside do not know that the patient is getting care, and I will rededicate myself to that.

The A&E system in a public—and, you see, I draw the distinction between a public health care system and a private health care system. The A&E in a public health care system has totally different dynamics to a private. You do not take accident victims and gunshot victims to a private hospital, you come to a public

hospital. You do not take these severe trauma patients to a private hospital. So the A&E system in a public hospital is only effective because of the CTAS, triage system. But the individual, Mr. Deputy Speaker, is rightly only concerned about their own circumstance, we understand that. But our objective is to treat all based on acuity and urgency, but the most urgent and acute must and will always be treated first because they are at greatest risk of demising early. So, Mr. Deputy Speaker, how much more time do I have left?

**Mr. Deputy Speaker:** You finish just about 3.18; 3-1-8.

**Hon. T. Deyalsingh:** So I have 10 minutes again. The Member for Fyzabad spoke about hospital construction plant. We built the Point Fortin Hospital, not you. We financed it. It was not financed by NGC, as the Member of Parliament for Siparia claimed. It was built with loan financing. The Arima Hospital was not as the Member for Siparia has claimed, built with NGC financing. It was built with loan financing by this Government. The Couva Hospital never admitted one patient under the UNC. They opened it two weeks before an election. They never treated a single patient in Couva; not one patient.

We are building the Port of Spain General Central Block, 540 beds. That is a project which should have been built before Couva if you were concerned about Trinidad and Tobago. Because the Member of Parliament for Siparia, the hon. Kamla Persad-Bissessar, had the report which said clearly that Central Block was a seismic risk. It was dereliction of duty in my opinion. And, again, history will not absolve you from that omission, but you built Couva. It is this administration that is building the 540-bed, 13-storey tower at Port of Spain. And let me speak directly, again, to Port of Spain General Hospital, that campus is under stress. Why? Because of ongoing construction in a live hospital setting, and also the concurrent demolition of the old Central Block.

I have met with staff members, I have met with union representatives to thank them for their patience, but they are under stress, but better days are ahead for you at that Port of Spain campus. When we open that new block, all of your issues would have been addressed. And I really thank the Chief of Staff, the Director of Health, the CEO, the GM of Nursing, and everybody at Port of Spain General Hospital for their absolute patience and dedication to duty. I absolutely thank them.

Your days for that type of stress, we are going to have a few more months of it, a couple more months with the demolition, I was there up to last week. The demolition is going a bit slowly because we are doing it for the first time in a live hospital setting. The weather last year, the rains in September, October, November did not help. It did not help at all, those heavy, heavy rains. So for a variety of reasons the demolition activities have been slowed. This week we had to suspend activities but we are hoping to start back full. I spoke to the contractors up to yesterday, hopefully by next week Tuesday. And we are working very hard to complete the demolition of the old Central Block.

Mr. Deputy Speaker, when I visit that site and see how that structure was built with the lack of proper reinforcement back in the 1960s, it is a wonder that that building did not fall under its own weight. That was a disaster waiting to happen. Thousands of people could have died if that had collapsed with a full patient load at visiting times, with visitors, with a full complement of nurses, doctors, and everybody. Thousands of people could have died. It is a miracle that this country was spared that trauma.

And, before I close, I want to thank most sincerely our hon. Prime Minister, who is the only Prime Minister who read that report, and who acted on that report, and supported his Minister of Health in getting that project done.



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

**Hon. T. Deyalsingh:** Others had that report and built Couva. Others had that report when the price of oil was \$100-plus. Others had that report when LifeSport was losing \$200, \$300, \$400 million. Others had that report when the Beetham Wastewater Plant squandered \$500million in this country, and did absolutely nothing.

So, Mr. Deputy Speaker, as I close, this Motion is frivolous. It should have been dealt with at a joint select committee. But, as I said, history will not absolve them for not going that route because they want nothing good for Trinidad and Tobago, whether it is health, crime or anything else. This country must go to hell in a handbasket so they can come back into power, but most of the people of Trinidad and Tobago are sensible and reasonable.

And lastly, may I thank the Minister of Energy and Energy Industries and the Prime Minister for the Dragon gas deal that, I believe, will stand Trinidad and Tobago in good stead in years to come. Mr. Deputy Speaker, thank you.

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

**Mr. Deputy Speaker:** I recognize the Member for Cumuto/Manzanilla.

**Dr. Rai Ragbir** (*Cumuto/Manzanilla*): Thank you Mr. Deputy Speaker, I am honoured to stand before you in this august Chamber to speak on this very important Motion brought by my colleague, the hon. Member for Fyzabad, that I support this Motion fully. And Dr. Bodoë is an excellent obstetrician and gynaecologist.

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

**Dr. R. Ragbir:** But permit me first to talk about my colleague's response, hon. Member for St. Joseph, the Welch report. The Welch report, Mr. Deputy Speaker, was a straightforward recommendation. It did not require a joint select committee.

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

**Dr. R. Ragbir:** A joint select committee is timely, it takes a lot of effort and it is quite costly. And they only started to implement some procedures on that, but they have issues on implementation. So I am asking the hon. Member for St. Joseph, why is that? Why are they having issues now?

But I want to take another point for the Member, Minister, Member for St. Joseph, take your criticism. Do not take it personally. How can we be expected to make rational and objective decisions for the benefit of the people of Trinidad and Tobago in the health sector?

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

**Dr. R. Ragbir:** My colleague, the Member for Fyzabad, did nothing for ob-gyn, that was said. But I have here in my hand Mr. Deputy Speaker, a copy of a report of the maternity services review committee—

**3.15 p.m.**

**Mr. Deputy Speaker:** Hon. Member, please no display, thanks. Yeah?

**Dr. R. Ragbir:** Yeah, of the maternity services review committee Trinidad and Tobago, 2013; 2013, yes, and the chairperson was Dr. Lackram Bodoie. He created the position of Director of Women's Health of Trinidad and Tobago and the women of Trinidad and Tobago who exist now are benefiting. The Member for St. Joseph said that this is of no substance. I disagree. I am sure if you have a consultation, or any sort of meeting, you will hear the cries on the ground of the people of Trinidad and Tobago.

He also mentioned something about life expectancy. But, you know, Mr. Deputy Speaker, if you speak about life expectancy, that has to be assessed over a period of time. If the Government was in—had government for seven years, how can you measure that life expectancy? And you say it increased, so that is a fallacy,

we need to see that sort of data. Then you boasted about dengue. To the hon. Member, dengue all over the Caribbean, it is seasonal, and cases have dropped right across the Caribbean, not only in Trinidad and Tobago. So that is nothing to be boastful about.

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

**Dr. R. Ragbir:** Now, it was also said that we spent a lot of money on dialysis, angiogram, stents, heart surgery, as we should. That is for our people for Trinidad and Tobago.

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

**Dr. R. Ragbir:** But, Mr. Deputy Speaker, here is a narrative. How many people have been waiting? How many people died waiting? How many people died waiting for heart surgery? How many people died waiting for dialysis? Imagine a patient dies from dialysis and the social worker is calling, “How the patient doing?”—on private dialysis—“No, the patient dead.” So I am asking the hon. Member, again, in his deliberation, you talk about linear accelerator, everything is in Port of Spain. What about San Fernando? We still waiting for angiogram in San Fernando hospital.

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

**Dr. R. Ragbir:** So, you had no excuse not to open the children’s hospital. You used it; you opened it only at the start of the pandemic. So, you know, you bashed the Member for Siparia, it is not her doing. You were in government, you are the one to have opened it and you did not open it.

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

**Dr. R. Ragbir:** So, I shall start—I shall begin. Let me put God in our presence in this Chamber, as I quote from a Psalm from Life Application Bible, Chap. 103, verses 2 to 4:

“Praise the Lord, my soul, and forget not all his benefits—who forgives all your sins and heals your diseases, who redeems your life from the pit and crowns with love and compassion...”

And what this means to me: oh Father, so many have fallen; more persons are sick, some are homeless; some are hungry, jobless; crime rampant; the nation is in strife and our Lord, we have a decaying society. Help us oh Lord and remove the pestilence from our blessed nation.

Mr. Deputy Speaker, we are here to debate several issues pertaining to the health sector. Be it COVID or non-COVID-related because from 2019 to 2023, we have issues across the board. I will show where the Ministry of Health has failed in its responsibility to deliver optimum health care. I will attempt to do that through the eyes of patients, of our people of Trinidad and Tobago. My approach, Mr. Deputy Speaker, will be as follows, to discuss the primary health care aspect, that is the first response when you go to a health centre or a doctor—complaints to the health care institutions and thirdly, impact of COVID-19 with regard to non-communicable disease. But, Mr. Deputy Speaker, even before the pandemic the health sector was in shambles. Everyone knows that.

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

**Dr. R. Ragbir:** During the 2010—2015 Partnership Government, under the stewardship of the Senior Council Kamla Persad-Bissessar, plans were being made to provide a first-class health care system for this country. I want to thank my political leader, Kamla Persad-Bissessar, for her vision, her wisdom and love for the people of Trinidad and Tobago—

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

**Dr. R. Ragbir:** —for putting health systems in place, be it a hospital, primary health care and staffing, as my colleague from Fyzabad spoke about the El Dorado

nursing institute. I continue to endorse her as my political leader and she will rise again. At the onset, Madam Speaker, I want to say condolences—Mr. Deputy Speaker, sorry, I want to say condolences to the families and friends of those who lost loved ones, be it COVID or non-COVID-related disease, many of these deaths could have been avoided. Mr. Deputy Speaker, I will leave that right now for a moment.

It is of paramount importance for me to pay tribute to the resilient, hardworking and dedicated health care workers who deal with all manner of patients on a daily basis.

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

**Dr. R. Ragbir:** Yes, they need a round of applause, surely. These staff, be it doctors—yes, Minister of Health, doctors, yes, I support all my medical colleagues, nurses—

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

**Dr. R. Ragbir:**—wardsmaids, cleaners, ambulance, technicians, they have been overworked, they are underpaid, the little time off and many of them go without having a meal, they have their hungry bellies, and they work with limited supplies, medical and non-medical. They are our heroes without capes. Some got COVID and died. Some found difficulty with their personal illnesses with non-communicable diseases, they got very sick and died. Some struggle with financial issues, and some with relationships and family issues. That is what it is to be a health care worker. So while you are looking after sick people, you yourself are struggling.

And, Mr. Deputy Speaker, we must speak of the unsung heroes during the vaccination drive of the COVID-19. I await when the Minister of Health will pay tribute to these doctors, nurses and other staff that helped and gave their time, their

money, their talents and resources. I thank you, I thank you and I thank you. To the Minister of Health, what is important to understand is these people provide selfless service, even though all these medical staff are being paid. They have a passion for people and if I had a hat, I would take my hat off for these people.

So, Mr. Deputy Speaker, let me edify everyone here in the Chamber about primary health care. The World Health Organization defines as, all people everywhere have the right to achieve:

“...the highest attainable...”—level—“of health.”

This is a fundamental premise of primary health care. It enables health systems to support personal health needs:

“...from health promotion...”—to—“disease prevention...treatment, rehabilitation...palliative care...”—and more.

Primary health care—“...is the most inclusive...cost-effective and...”—effective— “approach to enhance people’s physical...mental health”—and—“as well as social...being.”

So, Mr. Deputy Speaker, in Trinidad, this sounds like a fairy tale because right now the health care system leaves a lot to be desired. I know many people are saying, “What he talking about?” The Ministry of Health has adopted the Patient’s Charter of Rights. The patient has rights but many instances these rights have gone out the window. But when you hear the complaints and cries of people when they interact with the health care system—and this is—you could do it randomly, you would hear things like, they were scolded, they were barked at in a high and rough voice, and asking them—“What yuh come here for? Your case is not an emergency.” Really? Really? This is pathetic and we could do better with customer services. This is why we have Patient’s Charter of Rights. This country has one of the highest incidence of non-communicable disease per capita, Mr.

Deputy Speaker, in the region. So what are NCDs?—as we keep hearing that word, and it is made up of simply four classes of diseases:

1. Cardiovascular disease, be it heart and stroke.
2. Diabetes.
3. Cancer.
4. Chronic respiratory disease, asthma, and chronic obstructive pulmonary disease.

I can tell you, as a medical practitioner for over 25 years, shorter than my colleague from Fyzabad, Mr. Deputy Speaker, I will deal with these patients on a daily basis. And one thing is common about our people in Trinidad and Tobago, maybe in other countries as well, they do not take their health seriously, be it a poor diet—they miss out their prescription medication or they stop it if they have to consume alcohol.

In this country you would go to the best specialist, the best doctor, but you know what? The culture of our people—the neighbour tell you, “Boy doh take that tablet yuh go get sick, take my tablet.” We share medication, we share bush. Maybe some bush might be good but, at the end of the day, we do not take our health seriously. So what that means is that you get sick, your hypertension, your diabetes your asthma, your cardiac disease and whatnot. So there is a burden in the health care system. It creates more financial strife for any government, so it starts with us. Many people refuse to exercise, many people keep abusing alcohol and smoking and other drugs of abuse. They do not want to go to a medical check-up. You know, it is a statement to say, “Well, I have elderly parents so I am expected to live a ripe old age. I sweat a lot, I exercise.” So they say, “I do not need a checkup.” Primary health care, protect yourselves. And this is the mantra for the

Ministry of Health, the Health Promotion Unit, the health education unit, you need to get out there and do what needs to be done and it starts from the school.

I can only describe the health care system in a couple words, as some of my clients would have told me, as they feel it is dark, gloomy, uncertain and dreadful when they go to the health care system. And I know the hon. Member for St. Joseph is coming to say I am here to paint a bleak picture. There is good, there is good in everything. However, Mr. Deputy Speaker, the facts are the facts and let it speak for itself. It is no secret that between 2020 and 2022, that this nation went into a lockdown in order to curb the spread of the COVID-19 virus.

Now, our citizens had to decide if to go to the health facility or the hospital or if they were to stay home and with their infections. And in most cases, they stayed home. Because they were scared—the white tent is still there, they were scared to go to the white tent. Whenever they went there, there is a level of paranoia and the neighbour telling them, “If you go to the white tent, you will not come out back, you will probably die.” And many persons, especially those with the non-communicable disease, they get more and more sick to the point is, they perished at the homes. So, what does that mean? It means that we fell short somewhere. Those are lives that should not have been lost. Those are lives that should be preserved, that means we messed up somewhere, in terms of the communication, so that these people were left all there on their own. Because when people got sick during the pandemic, and as it continues, when people got sick during the lockdown, they needed, they expected some level of medical consultation to come to the home. And this is—so overwhelmed by the County Medical Officer of Health office in every region, they were not able to contact them as they should. And these people who could not afford it were left on their



own. They sent their family to get medication. And sadly, I know of families who one or two members in that household would have died.

So many people have now opted, Mr. Deputy Speaker, not—although the COVID-19 has slowed down the number of cases, they have opted not to go to the clinics. What does it mean, Mr. Deputy Speaker? They are taking their lives in their hands, some take medication, some do not, they go to the pharmacies, they buy or they keep sharing medication. That is a common thing that happens in our country. So when I tell them I say, “Listen, you will get very sick, you would be in hospital and die.” But you know what they say? In the saying, the famous saying of Doris Day, “Que sera, sera”, “What will be, will be”.

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

Many people who were sick with non-communicable diseases during that COVID-19 crisis, what happened is that they were not able to see a doctor because we knew that the clinics were partially opened. I repeat, the clinics were partially opened. The doctors wrote prescriptions. So what did that mean for people? It meant that they could not tell the doctor what was going on with them, in terms of adverse effects of the medication; what side effects that they had; if their disease process was getting worse, and what was their present status, whether it be blood pressure or blood sugar, cholesterol was going higher. Now, what that meant, they did not have an opportunity for referral, “Doc, I could hardly see,” so that they could have sent them to the eye doctor, or that their feet were swelling; they could go to the cardiologist or see a nephrologist. So what happened then, people went blind; people lost their kidneys. They needed dialysis. People needed angiograms and whatnot.

So we had mentioned about the programmes that were there, in terms of angiograms and CT scans and MRI, and whatnot. During the height of this

pandemic, what has happened, many people fell short in any ability to request these services, like blood tests, X-rays, and all these scans, and it was very difficult for these people. It was very, very difficult for these people. So their lives, daily, was, whatever happens, happens. And I must tell you that a report that came out from many people who did survive the white tent, and they had to wait long hours and days there, there were—and we have to say, there were no washroom facilities for any sort of washing. The families had to bring Pull-Ups because they had to do their business right there and they had to wait days before, if they were positive, to go to a COVID hospital or an ICU bed, and in that time they died. I am sure people are listening to me, there are members of families who understand, identify with that sort of scenario; it has to be said. So why we are here today, Mr. Deputy Speaker? So that we could make it better next time around. We work collaboratively to ensure that the citizens of Trinidad and Tobago could get a first-class health care system, no matter who is in government.

Mr. Deputy Speaker, the medical trauma against exhausted health care workers, it is really sad that sometimes that what had happened is that they themselves cannot help themselves and that is why I pay tribute, over and over, to all our health care workers because, at the end of the day, we do not want our health care workers making mistakes. And it must be said that our young doctors and nurses, during the height of this global pandemic—look at the Seemungal report—they never saw so many deaths. Imagine this is your son or our daughter, your niece, your nephew, they never saw so many deaths. In fact, I have colleagues who said in one shift, eight out of 10 persons died. So, I would ask the Member for St. Joseph, maybe it is or maybe it is not that, there should be counselling centres, ongoing counselling for all these health care professions who were part and parcel of it because we will have a very sick society as time goes.

Mr. Deputy Speaker, what I want to bring with is the prescription items. The Minister from St. Joseph alluded to drugs. Now, there is a shortage of drugs. There is no question about it. Now, where do the drugs come from? C40. So it depends on where you are; if you are in a rural community or you are in a town, an urban area, the urban tends to go faster. But here is the thing, some of these poor people will have to travel to get a CDAP prescription. And if you look, whether it is in the Government pharmacy, Mr. Deputy Speaker, or privately, they go into the private pharmacies, they may get three out of 10 items. They live on a limited budget. They have to purchase.

So instead of sometimes they purchase—so instead of sometimes they use three times a day, they might use twice or once a day, or every other day. So, Mr. Deputy Speaker, these are our patients that are getting more and more sick, and everyone in this room will tell you they know someone who is under 50 who now is diabetic, hypertension, asthmatic or cardiac disease or have cancer, and that is the issue. That was one of the features that came out of the Seemungal report in terms of NCDs. And the thing about it is that the diagnosis of some of these diseases, like those patients who have to get dialysis, it takes a while. I know you have to be interviewed by the social worker and whatnot; same thing with chest pains, there are many people who need urgent cardiac intervention. I know that the Minister from St. Joseph boasted about how many they have done, but you know what? Our people deserve the best. Our people deserve it. I am not comparing any other countries, I am talking about Trinidad and Tobago; our people deserve to get the best.

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

**Dr. R. Ragbir:** I have seen something that was mentioned by the Minister from Joseph, that we forgot our diabetic feet. Yeah, yeah, “diabetic feet”. So many

persons now in diabetes, long-standing diabetes, you have disease in your feet called, peripheral vascular disease, where you lose your circulation, and peripheral neuropathy where you cannot feel. So a thumbtack or a nail may go under the foot and before you notice, in a couple of days, the smell, the discharge, and that is it. The feet get septic, and in that time they may get gangrene, might lose a limb, lose a life, and that is a common thing now in this world of Trinidad and Tobago; very, very common. I tell you, if we do not do something, you will have a lot of people, especially in the central area, where amputations, according to Professor Narinesingh, is the highest in the central area.

So now I will reach to another area here, and what I am going to talk about is medication. So I just mentioned something about medication. Now, many people, Mr. Deputy Speaker, cannot afford to buy their medication. So, in some instances—let us refer to the elderly, they live on their pension which is shared up and they have all these bills to pay, so it is either they buy their medication or buy food. And now with the RIC doing everything on higher electricity rates, that will be another spin in the picture. I say to everyone, the surest way to escape depression and defeat and despair is action. When you are down, get up. No matter how hard it is to get outside your head, get back into the world when the sun is shining. UNC will rise again.

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

**Dr. R. Ragbir:** The sun will shine on the political leader, Kamla Persad-Bissessar.

I will continue with my contribution and talk about the significance of the health burden and what it has done. Now, the number one health burden, in terms of non-communicable disease, is heart disease; the second is diabetes. But what we notice now, in this country, is that medication—we have a lot of generic medication out there. Some work but some may not work. We have two things

that are happening, we have a lot of suitcase traders in the country—that does not mean people who bring pharmaceuticals from other Caricom countries—and bringing it at cheaper price. Some of them are good but here is the problem, they are not tested. So people take their lives in their hands sometimes when you buy these cheap medications and do not take what is prescribed. And also, there is another avenue called, counterfeit medication, Mr. Deputy Speaker, and that is rampant in Trinidad and Tobago, like the rest of the world. So what I want to ask the Minister of Health is the status of the Chemistry, Food and Drugs Division on Frederick Street, are we testing medication that we consume in this country?

Another fallback going now, still in the health but what happened—and I have to say it in terms of mental health, is the online learning during the height of the pandemic; our children, the mental state of our children. I know there is a lot of research being done all over the world but, I tell you, our children develop, Mr. Deputy Speaker, anxiety, sleep disorders as some of them became abusive to their siblings and even their parents. They felt that they were trapped in a prison. And especially in my area, in rural areas, in Cumuto/Manzanilla, where there was a lack of connectivity, they dropped out of school and they went into other things besides school, gang warfare. They went into work at a very young age. And also, the health aspects of that, the sedentary lifestyle and more eating led to obesity which is a risk factor for non-communicable disease. I must mention as well, we saw an increase in domestic violence, an increase in alcohol abuse. Sabrina Mowlah-Baksh, the General Manager of Collision Against Domestic Violence added, she said:

No matter what argument—

**Mr. Deyalsingh:** Mr. Deputy Speaker, most respectfully, Standing Order 48(1), domestic violence is not in—[*Inaudible*]  
—health.

**Mr. Deputy Speaker:** Okay. Member, I know you now started so I will give you a little leeway, let me hear where you are going and we will determine accordingly.

**Dr. R. Ragbir:** All right.

**Mr. Deputy Speaker:** Proceed.

**Dr. R. Ragbir:** Right. What I want to talk about now, seeing what my colleague has said, is about persons in the health care system that belong to the clinics. Now, what I had mentioned before is that many persons have decided, opted not to return to the clinics. Many people, Member for St. Joseph, think that the clinics are a waste of time. That is their concept and I think this is where the Ministry of Health now has to come with ingenious ideas to pull people back into the clinic system. If we do not pull people back to the clinics you are going to have a heavier economic burden at the hospital end, because they would take their little pension and whatever money they have and go to the private doctors but it is not enough. Blood tests and other diagnostic tests are expensive. So I am just—

**Mr. Deputy Speaker:** One second, Member.

**Mr. Al-Rawi:** I rise with the greatest of respect for my colleague. I am scouring the resolution and I raise—

**Mr. Deputy Speaker:** No. Member, I will have to get a Standing Order, please.

**Mr. Al-Rawi:** Standing Order 48(1). There is not a resolution on this.

**Mr. Deputy Speaker:** Thanks, Member. Proceed, Member.

**Dr. R. Ragbir:** Thank you.

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

**Dr. R. Ragbir:** Mr. Deputy Speaker, as the Government initiated a COVID-19 committee to look into the state of the health sector due to COVID, the Seemungal report was very damning against the Government, in terms of lack of medication and supply, such as PPE and gloves; two, lack of, especially nursing staff, and high

rates of NCDs; that is why we are here. But I want to ask the hon. Member for St. Joseph—

**Mr. Deputy Speaker:** Hon.Member, kindly, before you proceed, you have just about two minutes of your initial speaking time, you care for your additional 15?

**Dr. R. Ragbir:** Yeah. I might take about two, three minutes after that. Thank you, Mr. Deputy Speaker.

**Mr. Deputy Speaker:** Proceed.

**Dr. R. Ragbir:** Yeah. I want to ask the Member for St. Joseph about the National Strategic Plan for the Prevention and Control of Non Communicable Diseases for Trinidad and Tobago. There is that strat plan that was in the Ministry of Health's website, 2017 to 2021, which said:

“Working Together to Build a Healthy and Happy Nation”.

But it looks like it is off the website, so we have to look at that again. So I am asking the Member, what are we doing? We are talking about non-communicable diseases, according to the Seemungal report, where is that?

As I continue, and amongst the persons who were hospitalized or who would have died, what they said in the Seemungal report, that:

More attention needs to be paid at a young age for people with non-communicable disease.

And, Mr. Deputy Speaker, it has gone down now to the 20s; not the 60s and 50s anymore. You have young people being diagnosed with all sorts of non-communicable disease and it is real. It is very real because of poor lifestyles. So I am asking that the Ministry of Health increase their education at schools. I know that the school feeding programme, what they would have done is provide healthy meals for the children, together with NAMDEVCO, and that is the way to go, but more and more education needs to be done.

Mr. Deputy Speaker, we are in the carnival season and we are seeing many young persons have adopted unhealthy lifestyle, abuse of alcohol, smoking, and I am seeing a trend now that there are very cheap cigarettes outside, and, you know, they are unfiltered, so you could imagine what is going to happen to these people when they hit their 20s.

**Mr. Deputy Speaker:** Hon.Member, again—

**Dr. R. Ragbir:** Yes.

**Mr. Deputy Speaker:**—I think you are just moving a little away from the Motion we are dealing with, so I will ask you to, you know, not to get into that aspect, please.

**Dr. R. Ragbir:** “Um-hmm. Um-hmm.” Well, actually, Mr. Deputy Speaker, I am sort of wrapping up now and what I want to say before I go is to talk about mental health. Mental health is:

“...a state of well-being in which an individual realizes his or her own abilities...”

And now there is a focus for mental health, so I would not drag it on, but our population of Trinidad and Tobago, mental health is a key critical issue of what we need to deal with.

**3.45 p.m.**

And the Ministry of Health needs to do the following: reduce risks, build resilience, establish supportive environments for mental health because depression and anxiety are quite common upon our population. Our citizens of Trinidad and Tobago need to be looked after. In the words of Nelson Mandela:

“A fundamental concern for others in our individual and community lives would go a long way in making the world the better place we so passionately dreamt of.”



Mr. Deputy Speaker, with these few words, I graciously thank you. God bless.

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

**Mr. Deputy Speaker:** I now recognize the Member for San Fernando West.

**The Minister of Rural Development and Local Government (Hon. Faris Al-Rawi):** Thank you, Mr. Deputy Speaker. I rise to contribute to this Motion. I would perhaps characterize the contribution coming from the Member for Fyzabad as anaemic. I say that with the greatest of respect. But the hon. Member crafted a Motion, which is based upon six recitals and comes to two recommendations.

I characterize the contribution by the Member for Fyzabad as anaemic for the following reasons. The first recital asks us to take note that:

“Whereas it is the duty of the Government to provide safe and reliable healthcare services...citizens during a pandemic;”

The second recital is an allegation that:

“...the Government has failed to address the existing inequities in accessing healthcare...and procedures exacerbated...”—during—“the COVID-19 pandemic;”

The third supposition is that:

“...the Government has”—allegedly—“failed to provide well equipped, well stocked...secured spaces for healthcare workers during the COVID-19 pandemic;”

The fourth allegation is that:

“...the Government has failed to meet...international standards for patient care...highlighted in the Report of the Committee Appointed to Investigate the Factors contributing to the COVID-19 Patients in Trinidad and Tobago;”

The fifth allegation is that:

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

Again, in the context of pandemic. The sixth allegation is that:

“...the Government has”—allegedly—“mismanaged our nation’s medical specialists...denying the best clinical care for COVID-19 patients.

The resolutions are that the:

“...House take note of...unacceptable number of deaths from COVID-19...”

And the second resolution is that the:

“...House call on the Government to take immediate...steps to initiate a Commission of Inquiry...”

The hon. Member for Fyzabad spoke at large, in dilute form, not targeting the resolution to the very measures that the hon. Member put forward, which is in the context of the COVID-19 pandemic. Worse yet, the hon. Member failed to recognize any form of contribution as to why we ought to have—

**Mr. Ratiram:** Mr. Deputy Speaker, I respectfully rise on Standing Order 48(1). The Member clearly is reciting the wrong Motion. He got the Motions mixed up. San Fernando East and West seems to be similarly misplacing which Motion—

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

**Mr. Deputy Speaker:** Thanks, Member. Just for clarity, it is Motion No. 1 we are dealing with, Member.

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

**Hon. F. Al-Rawi:** Well, I thank you, Mr. Deputy Speaker. I am referring, unfortunately, to the order coming from my Chair, but I will redress immediately to the context this way.

In the responsibility of the Ministry of Health, and in focusing upon the Seemungal report, the hon. Member, in speaking to the outcome of clinical

outcomes of COVID-19 patients at recital number three, makes an allegation that the Report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients highlights the existence of multiple chronic and non-communicable diseases.

Again, in the context of the Motion, the hon. Member has asked us, in recitals one and two, to treat with it in the form of the resolution, and it is an allegation effectively, that the:

“...House”—resolve—“to take note of the failure”—allegedly—“of the Government to deliver on its health sector mandate.”

So, Mr. Deputy Speaker, when we look to the health sector mandate, the hon. Minister of Health, in his reply, in addressing and tacking back the allegations, puts us into the context of the following. Mr. Deputy Speaker, number one, in answer to the Member for Fyzabad, the Member for Fyzabad started off by laying a proposition that we are dealing with the fundamental right to health care.

The hon. Member then went on to propose that it was fair to critique the health care system and that it was even so far fair that leaders join in that battle of critique. The hon. Member posited that a critical analysis was required on the health care system and then, Mr. Deputy Speaker, the hon. Member said that the country was fortunate for the parallel health care system.

The position volunteered by the Member for Fyzabad was that we were supposedly, the Government, guilty of fooling people and that the health care system was operating—and he focused on the COVID-19 attention zone.

Mr. Deputy Speaker, let me put my response in the context of my submission that the Member's contribution was anaemic and dilute in his spread of the positions that he adopted in supporting the resolution. Let me say why I make that submission. Because if we target, by way of litmus test, by way of example,

the greatest stress that the health care system suffered during the last nearly 100 years certainly was the stress caused by the COVID-19 pandemic.

Mr. Deputy Speaker, if you look at the data coming out of the COVID-19 pandemic, you will note 4,319-odd citizens, out of a total of nearly 1.35 citizens, succumbed to COVID. If you look at the supposition that:

“...it is the responsibility of the Ministry of Health to protect, promote and improve the health status of citizens;”

Let us look at that tested under the COVID-19 dynamic; look at it under the lens of COVID-19.

I dare say that the Minister of Health and the Ministry of Health have risen to the challenge because when the system was put under the greatest level of stress in that COVID-19 lens, we saw the Minister take advantage of operationalizing numbers one, two, three and four of operation success. Number one, there was dedication to plant and machinery in the health care system via the Minister of Health. Number two, there was dedication to process. Number three, there was dedication to the people inside the health care system. Number four, there was dedication to the laws under which the Minister operates and the Ministry of Health operates the health care system. So let us look at that in the context of the Motion.

The Minister of Health can safely say by way of achievements demonstrated in delivering an analysis of plant and machinery, people, care and process, that the COVID-19 results demonstrate that we were able to operate a parallel health care system, utilizing Trinidad and Tobago's best and brightest; utilizing Trinidad and Tobago's most caring, our nursing personnel, et cetera, our technocrats in the system, and what did we produce? We produced in early 2020, towards mid-2020, a position ranking of number one in the world in terms of COVID management.

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

**Hon. F. Al-Rawi:** We produced a ranking which then resulted in us managing our health care sector, creating a parallel system, coming with a system that the Minister of Health could track, which says how many bed days we have. The Ministry of Health, in managing the system to protect and promote and improve health care status, was able to say, “Roll out a vaccination programme, procure the vaccination drugs, administer them in tandem with the private sector and NGO sector, bring about focused attention on making sure that we had beds in the system to look after people.”

And we went, Mr. Deputy Speaker, from the days when we were counting how many bed days were left in Trinidad and Tobago, in November of 2021, we have now come to March 2023, February 2023, January 2023—that is the three months, the one included ahead of us—to a system where Trinidad and Tobago is now speaking about the “mother of all carnivals”; where the Minister of Health is now able to say that the rolling infections for COVID are being monitored and that not one swallow does a summer make. Because the Opposition convened a press conference to say that there was a COVID surge, and the Minister of Health dealt with that very commendably.

Mr. Deputy Speaker, in terms of answering the allegations that the Minister of Health is not managing the health care system, I would like to put on record, as it relates to the plant and machinery that the Minister is managing, that it is no small achievement for the Ministry of Health to have the tale of the tape spoken today. And that tale of the tape is tied to the PSIP. If you look at the Public Sector Investment Programme of the Ministry of Health, the Minister of Health is able to say today that the CT for the Sangre Grande Hospital has been operationalized and over 30 to 40,000 patients have been accessing service.

The Minister is able to say, in terms of addition of plant and machinery, that the Arima Hospital is open. The Minister of Health is able to say the Point Fortin Hospital is open. The Minister is able to say that the linear accelerator for targeted cancer care treatment is open. The Minister is able to say that the Diego Martin Health Centre is open. The Minister is able to say that the upgrade for the CT lab at the San Fernando General Hospital is in work. The Minister is able to say that the emergency department of the San Fernando General Hospital and the Point Fortin General Hospital are now completely paperless.

And when you look at that plant and machinery improvement, I focused on what this Government has built from scratch, financed from scratch, and I am going to add now that the Minister of Health is able to say that the construction of the Sangre Grande General Hospital is at 63 per cent as at yesterday's date. The Minister is able to say that the Port of Spain Central Block project is at 30 per cent. The Minister is able to say that the head office for the Ministry of Health is at 77 per cent as at today's date in terms of completion.

What does that represent? That represents a direct answer to the anaemia of the Motion. That demonstrates a multibillion-dollar investment in plant and machinery in Trinidad and Tobago; Trinidad here and Tobago, of course, feeding in terms of the emergency services that have to be referred here.

What does the hon. Minister demonstrate because of that? Yes, billions of dollars spent without bacchanal, allegation of corruption, allegation of mismanagement, none of that. And the Minister of Health is now able to say that added to that, comes the people, to every single health care professional in this country, be they doctors, specialists or otherwise; be they nursing personnel, ward attendants, janitorial services. We are talking now of thousands of jobs available to the citizens of Trinidad and Tobago. And that represents a Minister of Health

and a government, led by our hon. Prime Minister, that are targeting public sector investment works and programmes into the health care sector to ensure that we have delivery in answer to the first recital:

Responsible management to—“...protect, promote and improve the health status of citizens;”

**4.00 p.m.**

This Minister of the Health was the first Minister of the Health to go against the battle of the bulge. Obesity in the age range 25 to over 60 represents—in Trinidad and Tobago, there are nearly over 53 per cent of our population that are obese. They are overweight. Coming with obesity are the risks, because of our genetic characteristics, be it our Indo or Afro origins, where our non-communicable diseases for Indo-Trinidadians there is the risk of diabetes, as far as I am informed; and for Afro-Trinidadians there is the risk of hypertension. Two closely associated NCDs that come as underlining criterion which revealed themselves in events of pandemic.

So the COVID-19 pandemic, we saw from the daily charts given to us by Drs. Hinds and Richards and the CMO, we saw that the people who were actually in the category of morbidity, people who died from COVID were people that were suffering from underlying things. Everybody now knows the term, it is called comorbidities, and those comorbidities are non-communicable diseases, obesity leading to diabetes, hypertension. It is the hon. Minister of Health that led the charge against sugar in schools. It is the hon. Minister of Health that ensured that there was a significant reduction in soft drinks at schools, targeting the education campaign, targeting the delivery to ensure that sugar was removed from diet. It is the Minister of Health; the Minister of Agriculture, Land and Fisheries, then Clarence Rambharat as well; the hon. Prime Minister that said use the school

feeding programme in a more measured way to address recital number one here, so that we would deal with obesity, deal with diabetes, deal with hypertension.

Mr. Deputy Speaker, when you look at the complaints of citizens regarding drug shortages and long waiting times for health care services, it is the Minister of Health, Terrence Deyalsingh, Member for St. Joseph, who introduced what the vend list is. You know what the vend list is? The vend list is the list of drugs that comprises the most essential drugs that we have to buy. It is then bought under the C40 system by NIPDEC. And it was the Minister of the Health, Terrence Deyalsingh, the hon. Minister, Terrence Deyalsingh, Member for St. Joseph, who came and pointed out that as a result of a reduction in the vend list, a better targeting in the vend list, that the Government of the Republic of Trinidad and Tobago was able to save, if I recall the number, over \$240 million per annum in how we procure drugs. It is this Minister of Health that was able to come to the fore and say that we were not managing the expiry of drugs. It is this Minister of Health that ensured that we did not throw away, as was happening under the People's Partnership as I recall, nearly \$100 million a year in expired drugs. And therefore, the efficiency and management brought by the Minister of the Health, who has been the same Minister of Health for the last seven going on eight years, has been definitely an answer to the recitals of this Motion.

Mr. Deputy Speaker, if we look at the allegations brought forward, that we are not managing chronic non-communicable diseases in our population, I dare say that we need to be reminded that it is the hon. Minister of Health who targeted, not only NCDs but targeted it from birth. And if you look to the maternal death rate and infant mortality rate, it is this Minister of Health and this Government that has resulted in us having the best statistical outlay, some of the best in the world as it relates to the improvements in the numbers of mummies that die, and the number



of babies that die in the course of child birth. And that did not happen by mistake, it happened by a dedicated programme of plant and machinery, of people and of processes.

Mr. Deputy Speaker, I would like to touch on the point raised by my colleague, the Member for St. Joseph, in relation to the Welch report. You see, there has been passing reference to the Welch report from the Opposition. The Member for Fyzabad attempted to say, well, yeah, I know the Welch report came but that is not something we should look at because the hon. Member said in relation to that report that it really was a matter that could be dealt with other than through a joint select committee. The Member for Cumuto/Manzanilla, the hon. Member, said that a JSC is costly and that it was not appropriate for the Welch report. Permit me, Mr. Deputy Speaker, to say some of what the Welch report demonstrates, and I want to put it in the context of the Motion. The Motion is telling us that there have been complaints from citizens, that there is a responsibility to manage health care to protect and promote the health status. The Motion is telling us that the Government's approach to health care has failed. That is the allegation.

And inside of the Welch report, Mr. Deputy Speaker, forms the crux of the working model that the Minister of Health and the Government of the Republic of Trinidad and Tobago have been managing is the approach towards health care. So I spoke about plant and machinery. I demonstrated the capital PSIP works. The number of hospitals, health centres, the thousands of jobs that will come with that by the expenditure of the billions of dollars across the entire Trinidad and Tobago. And let me add quite correctly, the Couva Hospital to that pack. The other Members opposite to us would like to say that the Couva Hospital was built under the then government. Yes, the procurement of that construction happened under

them, but it was a working site and the hospital was not in a position for opening. And more particularly, the addition of jobs can be tacked on to that as well. So there are thousands of jobs.

So let me get to the Welch report now and why the hon. Member's—the Member for Fyzabad's contribution is anaemic in my humble estimation. When we look to the Welch report, Mr. Deputy Speaker, what did the Welch report treat with? The Welch report treated with a number of areas that are relevant to this Motion, and let us see what they deal with. So the allegation is that the Government has not managed and is somehow just floating blindly and not looking after people. My submission in answer is that the COVID-19 pandemic demonstrates that to be a complete falsehood because of the manner in which we were rated, ranked and performed, and where we are stand now.

Secondly, my answer to that submission is that this Government, in terms of management, not only commissioned the Welch report but, by Cabinet interaction, led by the Prime Minister himself, the hon. Prime Minister, made sure that there were—not only the report was produced but that there were consultations, public consultations held on the Welch report. It is a matter of record that the Ministry of Public Administration and Communications engaged in national public consultations to get feedback from members of the public on the Welch report. That further to that, the Ministry of the Health then had consultations with the regional health authorities to strategize the way for the implementation of the recommendations, and that that included a review of health care delivery at the regional health authorities broken down into 251 sub-activities.

The Welch report, which is the management tool by which the Government has done a lot of what it has performed, came up with recommendations which can be easily grouped into seven pillars. And what are they? Primary health care

analysis; secondary and tertiary health care institutions; infrastructure; vertical services; the RHA executives and the administration; the Chief Medical Officer and the entire pool that comprises the people that stand and professionals that stand there; and then, the Ministry of Health administration.

And what I can say, Mr. Deputy Speaker, is that each one of these recommendations form strategic focus for the health care system. You see, if I were to examine the road map strategy of the UNC government when they held the reins of power, in 2010 to 2015, there was no coalition document of policies. And the Welch report represents a seven-pillar focus of policies. What are they? The seven pillar focuses I just identified, I want to focus on some of the sub-pillars. And then I will come to why it is relevant and why this Motion is misguided and why my submission of anaemia stands. If we look to the pillars and we focus now on the primary health care pillar, it is this Minister of Health that can speak to the upgrade of the Accident & Emergency Department at San Fernando General Hospital, with focus on triage, layout, staffing, equipment, process flow.

As I said earlier, it is this Minister of Health that can speak to the A&E department being completely paperless as at today. What does that mean? If you are paperless the medical records at triage stage, at primary intervention stage, at secondary intervention stage at the A&E is going electronically. So when a patient is transferred out of A&E elsewhere the medical record is instantaneous. So the very examples that Fyzabad gave us of mistreatment as a result of records going wrong, et cetera, that is now obviated because of the electronic database that San Fernando general can speak about. Where was that as a grounding philosophy in the UNC?

Connect that now to the whole-of-government approach. What is the whole-of-government approach? It is the Prime Minister, the hon. Keith Rowley himself,

who instructed the Government to go to Estonia to form an MOU. It is our hon. Prime Minister that established a Minister of Digital Transformation to take the helm. It is that Ministry, in conjunction with the Ministry of the Health, that today can say our A&E in San Fernando and Point Fortin are paperless. It is that Ministry that will be able to marry births and deaths live at the hospital, in terms of births and tragically associated with deaths, wherever they occur at hospitals and they are brought in; bedside registration; whole-of-government communication.

So, Mr. Deputy Speaker, on the one hand we have the UNC old talk and reference to scatter here and scatter there, and today now you understand from the Minister of Health there is an integration between the health care system at the Ministry of Health and at the RHAs, and at private facilities as there is transfer to and from. And today we can say that, in terms of the primary health care pillar, that we are well over 70 per cent in implementation of that Welch report. Team building, health centres, block appointments, process for supervision and monitoring of staff, ongoing strengthening and monitoring of processes to facilitate transfer of patients. Let me stick a pin there. It is this Minister of Health who did the opposite of the battle between Fuad Khan and Anand Ramlogan in the procuring of ambulance services in Trinidad and Tobago where there was a stand-off between the then Attorney General Ramlogan and then Minister of Health for the procurement of ambulances services. Our Minister of Health has done the exact opposite, with proper transparent procurement of services for movement of patients.

**Mr. Deputy Speaker:** Hon. Member, your initial speaking time—[Inaudible]—you have two more minutes, you care to avail yourself of your additional?

**Hon. F. Al-Rawi:** Yes, please, Mr. Deputy Speaker.

**Mr. Deputy Speaker:** Proceed.

**Hon. F. Al-Rawi:** Thank you. Mr. Deputy Speaker, it is our Minister of Health that can speak under that primary pillar of clinical reporting guidelines across all primary health care institutions being upgraded, the review and assessment of extended hours at health centres.

Mr. Deputy Speaker, under the secondary and tertiary pillars, that is the second head of the Welch report, 17 sub-activities, this Minister can speak to tracking them at over 70 per cent performance as at today's date: coordination of transportation and rotation of staff; use of equipment; looking at stress units; looking at service delivery; specialist registers; clinical guidelines and protocols for chronic diseases.

**4.15 p.m.**

It is this Minister that can speak to medical device pillar with 49 sub-activities. It is this Minister that has delivered the linear accelerator for cancer treatment to tie into the whole-of-government approach. This Minister can speak to the refurbishment of the maternity ward at San Fernando General Hospital, high-risk medical equipment at institutions. This Minister can speak to over 90 per cent performance in the vertical services pillar with nine sub-activities; drug advisory committee, the reconstitution of it; the backlog of drugs; terms of reference for strengthening of the blood transfusion service, let me stick a pin.

It is this Minister of Health, together with Dr. Charles, who has pioneered the approach to making sure we move away from the chit system in the blood banks system with the consequent risks of HIV contamination and poor blood management to voluntary positions, something which was spoken about for decades. Ask anybody in the emergency of needing blood whether they have it or not, and then go and talk to the Member for St. Joseph about himself pioneering the blood transfusion system and blood donor system.

Mr. Deputy Speaker, under the regional health authority executive and administrative pillar it is this Minister that can speak to 35 pillars, sub-activity pillars, with over 90 per cent performance on implementation of key activities: strengthening of discharge instructions at RHAs; looking at quality risk committees being established; customer relations officers; systemic and institutional auditing, et cetera. Under the CMO pillar with the two sub-activities, in the reestablishment of the principal medical officers and looking at the RHA integration of monitoring and problems, we saw that come under direct analysis. Mr. Deputy Speaker, Dr. Roshan Parasram as the CMO, Dr. Maryam Richards, Dr. Avery Hinds and team, Dr. Trotman, et cetera, those distinguished professionals; Dr. Parasram receiving the ORTT, the highest national award, they were recognized internationally for the level of performance.

But, Mr. Deputy Speaker, I say this with a great sincerity, all that we heard from the Opposition was personalized attacks against these officers. I have never seen members with privilege under section 55 of the Constitution in the Parliament so merrily attack public servants who cannot defend themselves as the Opposition did. Shame, Mr. Deputy Speaker, that we would reach to that level. But, Mr. Deputy Speaker, that is no different from what was done on things that make Trinidad and Tobago better like the Dragon gas deal and I will just leave that there. Just bad talk everything. So, in public health officers, bad talk them, personalize them, pound them, say all sorts of things about people that cannot even defend themselves as public servants. I have never seen public servants attacked like that in my professional life.

Mr. Deputy Speaker, under the Ministry of Health administration pillar with 89 sub-activities, with over 70 per cent. And let me focus on point number one, the electronic health records. Mr. Deputy Speaker, I have already linked the work

of the Ministry of Digital Transformation, let me link it to that which I operated in delivering at the Legal Affairs division and the Attorney General's Office and the Judiciary, where all things went electronic. Let me just say the whole-of-government approach to health care records, that priority is under this Minister of Health. What comes with better records?—accuracy, immediacy of records. You arrive at Point Fortin but your record is in Scarborough; it is delivered.

What do we have under the UNC? Well, we could “ah” use the helicopter that the Member for Siparia was using to transport records, but that did not happen, that was just personal conveyance from Phillipine to Port of Spain; \$25,000 a trip each time. Electronic transmission of records and electronic data banking by the Minister of Health will change the lives of citizens and will reduce the cost of patient care. You see, whether the Opposition likes it or not, what the Government had to deal with in the management of our health care system is directly related to the cost of that system against the revenue. And that is why when the Minister of Health spoke and reflected upon the GDP performance and the improvement in our economy that the Ministry of Finance has been able to deliver for the benefit of our country. Mr. Deputy Speaker, it is no gainsaying that the Minister of Health worked a miracle, alongside the hon. Prime Minister guiding us all, when the price of oil was at minus \$2, West Texas Intermediate during the COVID pandemic. You know what that means?—you had to pay somebody US \$2 to move a barrel of oil. You are giving it away for free and then you are paying \$2 extra.

When the Minister of Finance came to the country in 2016 and said, listen, we have lost 96 per cent of our revenue. If the annual revenue from oil and gas was \$21 billion a year as it was under the Member for Siparia, it fell to \$400million. Mr. Deputy Speaker, you know what that means? We had no money to manage, but yet the Welch report was able to be produced with a roadmap for

success; yet the Welch report was able to be delivered to this House. And what did we recommend, that the Members pour scorn on and tried to just pass over today?

The hon. Prime Minister directed, not only the production of the Welch report, the seven pillars, the many sub-pillars, but that it come after public consultation, after consultation to the RHAs that it come to the floor of the Parliament and be referred to a committee of the Parliament. Standing Order 111 of the House of Representatives, General Powers of Select Committees:

“In addition to powers granted by...Standing Orders, Select Committees”—of which that Committee would have been one—“shall also have the following powers, namely to:

- (a) send for persons, papers and records;
- (b) sit notwithstanding any adjournment of the House;
- (c) adjourn from place to place;
- (d) report from time to time;
- (e) appoint specialist advisers either to supply information which is not otherwise readily available, or to elucidate matters of complexity within the Committee's order of reference;
- (f) communicate with any other Committee on matters of common interest; and
- (g) meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.”

Now, how on the good Lord's earth could that be an expensive exercise as per my colleague from Cumuto/Manzanilla. How could the Member for Fyzabad, with a serious face in trying to justify the Member for Siparia's direction, not to allow that report to come forward because, Mr. Deputy Speaker, you know how it was killed?—you cannot appoint a joint select committee if it “eh” joint. If the



Opposition boycotts the Committee, there is no committee. So you mean to tell me that the Government stepped forward with a seven-pillar Welch report committee, many subset committees, put it into the Parliament, not with the multimillion-dollar expense of a commission of enquiry, but with the fluidity of a commonwealth operation for select committee with power to subpoena people, bring people, analyze, send it to the Public Accounts Committee chaired by an Opposition Member; send it to the Public Accounts (Enterprises) Committee, the PAE subcommittee; send it to national security; call for papers; you mean to tell me that the Opposition submission is that that is costly and a waste of time? Mr. Deputy Speaker, you know what we are seeing? This is what we call “smartmanism”, this is what we call, playing smart with foolishness.

So there you have on the left hand the hon. Prime Minister saying, here is our report; here is the result of public consultation; these are the pillars; take it in the Parliament; track it against every Item of expenditure; every Head of expenditure; budget to budget; track it against PSIP; track it against IDF; knock yourself out with transparency; call whoever you want; monitor the performance and today we hear from Fyzabad and Cumuto/Manzanilla, well, you know, it was not best for a special select committee. Mr. Deputy Speaker, that is just reprehensible illogic. The vacuity of that thought process is alarming.

So, Mr. Deputy Speaker, I daresay that the hon. Minister of Health is someone that is not often commended publicly for the work that the hon. Minister did. I want to remind that the CMO and team are managed by the Minister of Health. I want to remind that the guidance that we got in the COVID pandemic came from coordination of the Cabinet led by the hon. Prime Minister. I would like to say that the Minister of Health, in ensuring that he is at every health centre, every hospital, every site, I would like to express my profound gratitude and

admiration of my colleague, the Member for St. Joseph, as the Minister of Health, who I believe has distinguished himself above every single Minister of Health in the history of Trinidad and Tobago. There was a time when the Ministry of Health was raw bacchanal and chaos, not under my friend and colleague, the hon. Minister, Terrence Deyalsingh, the Member for St. Joseph, the Minister of Health.

Mr. Deputy Speaker, this is serious business. The Opposition asked the country to accept chaos and bacchanal and challenge as the diet with which we should sustain ourselves. The same way when I held the post as Attorney General I had to oversee \$14million on litigation against the COVID-19 pandemic in the health care system, a challenge brought by the Opposition against the Public Health Regulations to declare them unconstitutional, in the case of Dominic Suraj. Thank the Lord, God for the Privy Council where not only were the Public Health Regulations held to be the right method that we adopted and managed this country through tragedy, but every single law that I volunteered and this Cabinet approved, and that the Prime Minister approved for debate under the hand of the Attorney General and that was passed on the simple majority basis, every last one of them were upheld because the Privy Council reaffirmed the proportionality principle in the case of Suratt.

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

**Hon. F. Al-Rawi:** That did not happen by mistake, Mr. Deputy Speaker. I daresay I staked my entire legal reputation on the sustenance of Suratt. With those words—

**Mr. Deputy Speaker:** Hon. Member, you have approximately three more minutes.

**Hon. F. Al-Rawi:** With those words, coming to a conclusion shortly, Mr. Deputy Speaker, I want to remind there were days when the Opposition joked, made fun of

the reliance on Suratt, our insistence to move away from the minority decision in Barry Francis. But I would like to say, Mr. Deputy Speaker, could you imagine the public health system, the COVID-19 attack by the Opposition, attacking the laws that we use to save this country and the citizens of this country, attacking the constitutionality of the Public Health Regulations, if that attack had prospered, not only would the Regulations have fell but every single simple majority law that we passed would also have fallen.

So I say today, we are pleased in this Government to be able to stand our ground, whether we stand up for the United Nations Charter and the sovereignty of nations; whether we stand up for our ability to be friends to our neighbours, both to the east of us or to the north of us; whether we stand up for the public health care system and underwriting it by laws that are proportionate for the peace, order and good governance of our society, I would like to say I have faith in this Government and the record of this Government speaks for itself. It is not a one-man show. It is a combination of the efforts of many of us working together, we being officers for the time being entrusted with whatever portfolio we have, because we are all conscious that there is change always guaranteed as we age and as we experience our democracy at work.

So, Mr. Deputy Speaker, I reject this Motion as being folly. I say that the Member has at best been scattered and anemic in his approach, the hon. Member for Fyzabad. I want to salute my colleague, the hardworking Member for St. Joseph, the hon. Terrence Deyalsingh, in my mind the best Minister of Health this country has ever seen. I thank you, Mr. Deputy Speaker.

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

**Mr. Deputy Speaker:** I recognize the Member for Couva South.

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

**4.30 p.m.**

**Mr. Rudranath Indarsingh** (*Couva South*): Thank you very much, Mr. Deputy Speaker, as I join this very timely and relevant Motion which has been articulated in a very clinical manner, argued in a very decisive manner by my colleague, the Member of Parliament for Fyzabad, and ably supported by my other colleague, the Member of Parliament for Cumuto/Manzanilla.

And, Mr. Deputy Speaker, the last speaker, the Member for San Fernando West and the Minister of Rural Development and Local Government, in his opening lines as it relates to his contribution, stated that the contribution of my colleague, the Member for Cumuto/Manzanilla, was anaemic. But based on the fact that the hon. Member was debating the wrong Motion here this afternoon initially, all I can conclude—

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

**Mr. R. Indarsingh:**—and I see that he is exiting the Chamber—that his response has been one of comatose, being in ICU and not being able to put forward any incredible response to my two colleagues who have spoken on this particular debate on this Motion.

Mr. Deputy Speaker, the Minister of Health, in response to the Member for Fyzabad, attempted to sing the praises of the public health care system in Trinidad and Tobago. And we all want, as citizens of the country, to be proud of our health care system. But after having spent over \$30 billion in the last seventh, into their eighth year of being the Government of Trinidad and Tobago, this is what was reported in a UK travel advisory and I quote:

“In some areas of Trinidad and Tobago medical facilities can be limited.

Private clinics are able to treat most ordinary problems, but medical evacuation to Miami or elsewhere may be necessary in more serious cases.”

Mr. Deputy Speaker:

“Make sure you have adequate travel...insurance and accessible funds to cover the cost of any medical treatment...and repatriation.”

In addition to that, Canada told its citizens in a travel advisory:

“Do not expect medical services to be the same as in Canada.”

Dated the 26<sup>th</sup> of January, 2023.

That in itself tells you where we are. And if that was not enough—and they have had eight years, they are into their eighth year to get it right. I want to read a headline from an *Express* article, the 22<sup>nd</sup> of January, 2023. Today is what? The 27<sup>th</sup> of January. And the headline read:

“Facing long wait times, overcrowding at State hospitals...

Private healthcare gaining public’s confidence”—written by Camille Hunte.

And the article was based on an interview conducted by the author and the Medical Director of the St. Augustine Private Hospital, Dr. Ajit Udit, and the hospital’s General Manager, Jerome McCarthy, and I quote:

“...the major reason for people choosing private healthcare was not the quality...but rather the timeliness in accessing...

‘A patient may have a choice of doing a surgery now in the private system or wait...’

I want to reiterate:

“...or wait two years in the public’—healthcare—‘system...’”

And the article went on and on.

And, Mr. Deputy Speaker, there is also one dated the 14<sup>th</sup>. You see, I quoted one from January of 2023. I now want to quote from one dated Friday the 14<sup>th</sup> of January, 2023. So, 2023, 2022, and the headline was one:

“Healthcare system has collapsed”.

And this was written by one Daniel T. Bertie who sent it via email to the *Newsday* of the 14<sup>th</sup> of January, 2022. So whether it is in 2023, whether we are in 2022, nothing has improved as it relates to the state of the health care system in Trinidad and Tobago, Mr. Deputy Speaker. And even the outgoing head of state of Trinidad and Tobago has said that there is the need for visionary—

**Mr. Deputy Speaker:** Member, I will prefer we do not go down that avenue, please, so next point.

**Mr. R. Indarsingh:** I am guided, Mr. Deputy Speaker, but persons in high office, throughout the length and breadth of this country, they are very concerned about the state of the health care system in Trinidad and Tobago.

And, Mr. Deputy Speaker, there are some very critical issues that are being put into this Motion wrongfully by Members of the Government and it is my responsibility to set the record straight here this afternoon, not only on behalf of the Opposition Bench but for the benefit of the people of Trinidad and Tobago. And, Mr. Deputy Speaker, all and sundry on the Government's side, during their relevant contributions, have attempted to paint or create this narrative that the Opposition had the responsibility—if you listen to them very carefully, you will feel that the Opposition, led by the Member for Siparia, had the responsibility to implement the recommendations of the Welch report. And it is important—because the Minister of Health said that history will not absolve the Member for Siparia for not allowing the Welch report to go a joint select committee.

But I want to put it to the Member for St. Joseph that he is indeed the biggest hypocrite as it relates to being a Minister of Health in Trinidad and Tobago. And the very fact that they—and Members of Government indicated that we did not support the need for this report to go to a joint select committee. I want to ask the Government whether the compilation of the report, this Welch report, was a matter

of a draft Bill; was it a legislative matter that needed the Cabinet, the Prime Minister, the Government to get the Opposition's support? This was not a draft piece of legislation that was being debated by the Parliament of Trinidad and Tobago. This was a policy decision from the angle of the Government of Trinidad and Tobago. And it is the responsibility of the Government, clearly not the Member for Siparia, clearly not the Opposition, to implement decisions of a report. If they wanted to have the political will on behalf of the citizens of Trinidad and Tobago, every one of the recommendations of the Welch report in the interest of the people would have been implemented by this Government over the last seven years.

And if they had any strength, if they had the political will, if they had the fortitude, on behalf of the people of Trinidad and Tobago, I challenge any one of them to stand up and say what they could have done as it relates to the report. Not one of them could come and tell you during this particular debate where is the data on the waiting times and the waiting list for surgical and non-surgical operations at the regional health authorities. Have they gathered this and what have they done with this, in terms of reducing the plight of the ordinary people who continue to tell you that they get clinical appointments two and three years, whether it is at the North Central, the South-West, you name it, throughout the length and breadth of all the RHAs?

Also, in terms of the statistics, what is the time frame, for example, for the advertisement of the vacant chief executive officer position at the North West Regional Health Authority and what have they done? The number of citizens who access healthcare on an annual basis at the Eric Williams Medical Sciences Complex and the date and key findings of the last audit conducted at the regional health authorities as well as the remedial steps taken based on the findings? Where

is the leadership from the Minister of Health? He comes here to “parrot” about the UNC not giving support to a particular report, knowing fully well that they are being deceitful and they are being misleading to the population of Trinidad and Tobago, in terms of the implementation of the recommendations of the Welch report.

**Mr. Hinds:** Mr. Deputy Speaker, that language is wholly unparliamentary.

**Mr. Charles:** What Standing Order?

**Mr. Hinds:** 48(6), unparliamentary language, Mr. Deputy Speaker. And I want to know on whose behalf he is speaking.

**Mr. Deputy Speaker:** Okay. Thank you, Member.

**Mr. Hinds:** Which side of the UNC he is speaking—[*Inaudible*]

**Mr. Charles:** Which Standing Order?

**Mr. Imbert:** He said 48(6).

**Mr. Charles:** You heard that?

**Mr. Imbert:** Yes.

**Mr. Charles:** [*Inaudible*]

**Mr. Imbert:** I have bionic ears.

**Mr. Deputy Speaker:** Overruled, proceed.

**Mr. R. Indarsingh:** Thank you, Mr. Deputy Speaker. You see, the Member for Laventille—

**Mr. Deputy Speaker:** No, I have overruled, proceed.

**Mr. R. Indarsingh:** Thank you, Mr. Deputy Speaker. In addition to the real issues as it relates to the Welch report, the Minister of Health should have come and told us—where is the data on the waiting times and the waiting list for surgical and non-surgical operations at the RHAs throughout Trinidad and Tobago, and do not engage in cheap politics here this evening as it relates to the status of the



Welch report. The Opposition rejects the narrative that has been created here this evening and will tell the Government of Trinidad and Tobago that the politicking is enough, implement the recommendations and get on with the job because time is longer than twine, Mr. Deputy Speaker, in relation to what the Government is attempting to do here this evening.

What they are trying to do is to keep the status quo of the health sector as is, and frustrate the potential progress in dealing with the issues, Mr. Deputy Speaker.

**4.45 p.m.**

And, Mr. Deputy Speaker, the Members of the Government, again, in their cheap politics and propaganda went on, on a tirade about Members of the Opposition attacking public servants, and so on, and persons who were appointed by the Government, as it relates to their respective role in the pandemic and so on. Mr. Deputy Speaker, the Opposition is not about personalities, you know. The Opposition is about making our voices heard on behalf of the people of Trinidad and Tobago.

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

**Mr. R. Indarsingh:** And, Mr. Deputy Speaker, when vaccines could not be procured in a timely manner; when there was mass vaccination chaos; when persons could not find out, as it relates to the whereabouts of their loved ones within the public health system of Trinidad and Tobago; when persons whose relatives died within the public health system during the COVID-19 pandemic, and they could not know about their whereabouts, Mr. Deputy Speaker; when over 4,200 persons died during this COVID-19 pandemic, it is our responsibility, in the Opposition, to question the competence of those who were charged with the responsibility; the competence. Not about personalities. This has nothing to do with personalities. This was seeking answers on behalf of over 4,200 persons, Mr.

Deputy Speaker, from the point of view of their families.

And where—I want to ask the Minister of Health: When the North Central Regional Health Authority kicked out senior doctors, based on this so-called rotation of doctors during the COVID-19 pandemic at the Couva the Hospital, where was the voice of the Minister of Health to protect the senior doctors?

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

**Mr. R. Indarsingh:** Where was he? Did the Minister of Health offer any protection to the senior doctors who were kicked out in the most unceremonious of manners, based on this politically-vindictive policy they conceptualized through the North Central Regional Health Authority, Mr. Deputy Speaker?

That board was appointed by the Cabinet of Trinidad and Tobago, who gave the instructions to the Acting Chief Executive Officer, one Mr. Davlin Thomas. Did the Minister leave the politics at the door? These are the questions that have to be answered, Mr. Deputy Speaker. And do not come with cheap political propaganda in this House. The United National Congress will defend those and set the record straight, Mr. Deputy Speaker. So we want to put it on the record that history will indeed absolve the Member for Siparia and the United National Congress for asking the questions on behalf of the voiceless people of Trinidad and Tobago, Mr. Deputy Speaker.

And in addition to this issue of condemning or not condemning the attacks on public servants, Mr. Deputy Speaker, during his contribution to this particular debate here this afternoon, the Minister of Health attempted to boast about how many patients were dialyzed in the public health system and the successes of the current renal system, and so on, Mr. Deputy Speaker.

Mr. Deputy Speaker, on the 04 November, 2022, my colleague, the Member for Fyzabad, in questioning the Minister of Health, posed the following question to

him:

“Will the Minister provide the status of the following:

- a) the renal dialysis unit at the Couva Hospital;
- b) the cardiac catheterization laboratory at the San Fernando General Hospital; and
- c) the renal dialysis centres to be built at Mt. Hope and San Fernando?”

The Minister indicated that:

“As of April 12, 2018, the assets of the Couva Medical and Multi-Training Facility were vested in a special purpose company...”—being—“the Couva Medical and Multi-Training Facility...of which...UWI, is the majority shareholder...” —and so on.

And in this regard, he was not prepared to make a response. And:

“...the matter of the renal dialysis centres to be built at Mount Hope and San Fernando are before the courts and are therefore sub judice.”

Mr. Deputy Speaker, this, again, is the propaganda that they engage in, Members of the Government. Because you come and you attempt to boast about how many persons have been dialyzed, but you do not tell the country how many persons are not able to access dialysis and cannot afford dialysis and are awaiting Government's support. And in building these centres, it would help those of our citizens who are seeking assistance, as it relates to renal dialysis. And we are not told whether the matters, from a legal point of view, have been settled and the centres that were promised by the Government of Trinidad and Tobago, by the sitting Minister of Health, where it is, in terms of its construction.

Because, Mr. Deputy Speaker, I am sure that if you take a walk through the dialysis or the renal ward at Mount Hope, or you do so at San Fernando, it is in chaos. None of the beds are working. They are in shambles. My sources tell me

they more or less have collapsed, Mr. Deputy Speaker. And the most critical issue too, currently that has to be answered or which should be answered, and I challenge any one of them who are coming to speak after me, to put the record straight, from the point of view of the Government, are the wards properly resourced or serviced, or staffed from the point of view of doctors, and also the specialized nurses or the specialist nurses that are needed within the respective wards, from a renal point of view within the health care system? Is there an adequate ratio, Mr. Deputy Speaker? Do not attempt to spread half-truths. Do not attempt to spread propaganda in your quest to make the population feel indeed you are doing something on behalf of the people of Trinidad and Tobago, Mr. Deputy Speaker. Mr. Deputy Speaker, it is a sad state of affairs, as it relates to the state of renal wards throughout the public health care system in Trinidad and Tobago.

And that leads me to another very critical issue, or argument, which was put forward by the comatose Member for San Fernando West, the former Attorney General.

**Mr. Deputy Speaker:** Hon. Member, I would like you to retract what you just said, please. We are not getting into the personality of it.

**Mr. R. Indarsingh:** Thank you, Mr. Deputy Speaker. I am guided. The honourable—

**Mr. Deputy Speaker:** No, you have to retract it. You have to retract it.

**Mr. R. Indarsingh:** I retract. I retract, Mr. Deputy Speaker. You know you always have my cooperation during these deliberations.

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Hon. Members, please.

**Mr. R. Indarsingh:** And, Mr. Deputy Speaker, the Member boasted about the fact that the Government has been able to operationalize Point Fortin and Arima and, in

a way, Couva. He boasted that the Government will be able to create thousands—he boasted, thousands of jobs for the benefit of the people of Trinidad and Tobago. But they will never tell you that they did not have the vision to construct the Couva children's hospital. They never had the vision for Arima, neither they had the vision for Point Fortin. It was the Member for Siparia and a forward-thinking People's Partnership Government which understood the health needs of the people of Trinidad and Tobago. And we were on a march between 2010 and 2015. So when they boast about Arima, and they boast about Point Fortin, they must say thank you to the Member for Siparia and thank you People's Partnership Government.

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

**Mr. R. Indarsingh:** But more importantly, again, their propaganda; again, their deceit; again, why you cannot trust them, I want to read into the record. Because the Minister of Health could not have stood during his contribution, or anyone who have spoken in this debate on behalf of the Government, to tell us in a very clinical manner how many jobs have been created in the public health system over the last eight years, Mr. Deputy Speaker.

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

**Mr. R. Indarsingh:** But more importantly—and I will come to it, because we have the data, we have the statistics, because we are thinking on behalf of the people of this country, Mr. Deputy Speaker.

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

**Mr. R. Indarsingh:** I do not know how many, because we know for a fact that there are approximately seven or eight hundred young doctors who are in search of employment. Nurses are migrating out of Trinidad and Tobago, Mr. Deputy Speaker. And in a question that was posed by my colleague, to the Minister of

Health:

Will the Minister—

**Mr. Deputy Speaker:** Hon. Member, before you proceed, you have just about two more minutes of your initial speaking time. You have an additional 15. Care to avail yourself?

**Mr. R. Indarsingh:** Yes, Mr. Deputy Speaker, I wish you could have given me an extension here this afternoon of—

**Mr. Deputy Speaker:** Fifteen minutes, proceed.

**Mr. R. Indarsingh:**—a greater magnitude.

**Mr. Deputy Speaker:** Fifteen minutes.

**Mr. R. Indarsingh:** Thank you, Mr. Deputy Speaker. And my colleague, the Member for Fyzabad, asked the Minister of Health:

“Will the Minister provide the number of established/proposed positions, inclusive of the number of filled positions for each category of staff on the establishment at the following institutions:

- a) Arima Hospital; and
- b) Point Fortin Hospital?”

**5. 00 p.m.**

And it is amazing to note that on an establishment out of 1,134 vacancies—established positions, sorry, at Arima, only 757 have been filled. And also, at the Point Fortin Hospital, there are 482 established positions, Mr. Deputy Speaker, and approximately only 300 have been filled by the Ministry of Health, Mr. Deputy Speaker.

And, Mr. Deputy Speaker, that brings me to the very important issue of nurses within the public health care system of Trinidad and Tobago, Mr. Deputy Speaker. Because the Government, again, in the last couple of years attempted to

create a narrative that they are concerned about the welfare of the medical personnel or as they termed it, the frontline personnel in the fight against COVID-19. And also, Mr. Deputy Speaker, the whole question of the filling of vacancies on behalf of nurses in Trinidad and Tobago, again, that was something that the Government attempted to create and make us feel that this indeed was something that the Government was dealing with from a very aggressive manner, Mr. Deputy Speaker.

And, Mr. Deputy Speaker, in the budget of 2022, the Minister of Finance committed the Government of Trinidad and Tobago to addressing the very critical issue of the regularization or the security of tenure of nurses who were on contract positions throughout the country. Mr. Deputy Speaker, in fact, on the 19<sup>th</sup> of January, 2022, as the Member of Parliament for Couva South, I posed the following question to the Prime Minister:

“Will the Prime Minister inform this House of the status of the commitment given by the Minister of Finance for the fiscal year 2022, in which he indicated that the security of tenure of nurses employed on contract in the various Regional Health Authorities would be investigated and finalised by the end of December, 2021?”

Mr. Deputy Speaker, we are in January of 2023, where is the report? Where is the leadership from the Ministry of Health, Mr. Deputy Speaker, as it relates to addressing the very critical issue of the regularization of the security of tenure of nurses in the public health care system, and where is their pension plan? Where is their pension plan? And as a result of the inability of the Government to deal with these matter in a decisive manner, nurses are exiting Trinidad and Tobago by the thousands.

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

**Mr. R. Indarsingh:** That is the legacy of the Member for St. Joseph. That is the

legacy of Prime Minister Dr. Keith Rowley, and that is the legacy of the most incompetent government—

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

**Mr. R. Indarsingh:**—as it relates to the health care sector in Trinidad and Tobago that we have seen between 2015 and 2023, and counting, Mr. Deputy Speaker. Incompetence at its best, chaos at its best, and you can count on that from the Minister of Health, the Member for St. Joseph.

Mr. Deputy Speaker, that—and the Prime Minister, the Prime Minister did indicate that this will be investigated and dealt with in a very decisive manner. And you know what, Mr. Deputy Speaker? If you listened to them, you would believe every issue affecting medical workers and frontline health care workers during this pandemic was addressed. They gave an allowance and they taxed it, they took it back. So they gave you a gift and then they took back half of the gift. And they want Trinidad and Tobago, they want the workers, they want the health care workers to feel, the nurses, that their issue is being addressed as it relates to regularization and their pension plan. But I want to ask the Minister of Health if he knows about a matter in the Court of Appeal in the matter of the Industrial Relations Act, Chap. 88:01, between the North Central Regional Health Authority, the Trinidad and Tobago Nurses Association, Mr. Deputy Speaker, and the Trinidad and Tobago Registered Nurses Association?

**Mr. Deputy Speaker:** Hon. Member, I have given you certain leeway. When I perused the particular Motion, right—I gave you some leeway with regard to the discussion on pension, with regard to the discussion on nurses. But if you peruse the four main points in the Motion, all right, from now on in I will need to guide you as to whether we will proceed or whether we will not proceed. Okay, hon. Member? All right, so the nurses, and the pension, and the trade union, and stuff,



just tread carefully, please. Thank you.

**Mr. R. Indarsingh:** I am guided, Mr. Deputy Speaker. It is merely our continued role to act as the voices of those who do not have their voices within this parliamentary Chamber, and it is in that context we are putting—I am not putting falsehoods out in the domain here this afternoon, Mr. Deputy Speaker, we are putting issues to the Government of Trinidad and Tobago—

**Mr. Deputy Speaker:** Hon. Member, I understand you clearly, but I am referring to the particular Motion that we are dealing with. I do not want to stop you from your discourse, but I have to guide you accordingly based on the Motion that is before us, Members. I think that goes for all Members. Fair enough, Member? Proceed.

**Mr. R. Indarsingh:** Very fair, Mr. Deputy Speaker. How much time do I have again?

**Mr. Deputy Speaker:** You finish at 5.16.

**Mr. R. Indarsingh:** Thank you.

**Mr. Deputy Speaker:** So you just have about nine minutes.

**Mr. R. Indarsingh:** Thank you, Mr. Deputy Speaker. And as it relates to the whole question of the very Motion, Mr. Deputy Speaker, citizens of Trinidad and Tobago are very concerned because the rate of inflation has indeed impacted upon their ability to pay for health care services in Trinidad and Tobago, and also the ability to purchase drugs which are prescribed by doctors within the public health care system of the country.

And, Mr. Deputy Speaker, it has been established by—clearly by my colleagues on this side during their respective contributions, that when persons present prescriptions at the public health care pharmacies in the country, Mr. Deputy Speaker, the only drugs probably that they are able to get, they are able to

access, is probably a Panadol, or aspirin, or folic acid and so on, but individuals are unable to get at the institution's drugs such as Brilinta, and Vymada, and Coreg, and I could go on and on, based on my interactions with constituent—because they make their trek. The Couva District Health Facility—I do not know if you are very familiar with the geography of the Couva South constituency compound, and the Couva Health Facility is less than 100 metres, if I should put it in that context, and they make that trek to my office on an ongoing basis, Mr. Deputy Speaker, and they bemoan to me about their inability to access quality drugs within the public health care pharmacies of the country.

And what was our approach to drugs and supplies, Mr. Deputy Speaker? And when I say our approach, the government led by the Member for Siparia, was to allocate funding for drugs and supplies. The Government's approach is one of cutting funding for drugs and supplies. From a high of \$617million in 2015, it has reached \$241million in 2023, and why, Mr. Deputy Speaker? And that is a cause for concern, and that is why; why ordinary citizens cannot get quality drugs within the health care system of Trinidad and Tobago.

And they could come and attempt to boast about the revamping of the CDAP system in this country, we will have none of it because we reject their arguments. Their arguments will not hold any water because the 19 of us, we are bombarded with complaints from our constituents, and I am sure; I am sure they too have that complaint from the point of view of the constituents who go to their respective offices as Members of Parliament and bemoan the fact that they cannot get quality drugs at the pharmacies within the public health care system of Trinidad and Tobago, Mr. Deputy Speaker.

So, Mr. Deputy Speaker, one may be forced to ask the very important and relevant question, a government is supposed to protect the entire population from

becoming ill, and ensure that the population is protected from all forms of diseases and outbreaks. It is the foremost responsibility of a government to promote and save lives, Mr. Deputy Speaker. It is within the constitutional framework of our country that it is expected such to be done by a government when it is elected into office. And the buck stops at the end of the day with the Minister of Health and his team, whether it is his advisors, and his heads of divisions and so on, Mr. Deputy Speaker, it is the Government's responsibility.

And one has to ask the question whether there has been effective communication with the population, in terms of hospitals, health centres, educational institutions, using the print and electronic media and all forms of social media platforms indeed? Whether the Government is playing its role in promoting and saving lives, and whether the Government has been able to tackle the spread of non-communicable diseases, such as diabetes, hypertension, lung diseases, cancers and immune disorders in terms of their impact upon the people of Trinidad and Tobago?

**Mr. Deputy Speaker:** Member for Couva South, you have two more minutes.

**Mr. R. Indarsingh:** Thank you. Thank you, Mr. Deputy Speaker. And where we are today, we are not in a good position, Mr. Deputy Speaker. We are certainly not in a good position as it relates to the state of our health care system. The Minister of Health has been the Minister into his eighth year. This is another failed sector of the Government of Trinidad and Tobago.

**5.15 p.m.**

Citizens have indeed experienced the worst health care system since our political independence, since 1962. The Government's pervasive criminal negligence has not only resulted in the deaths—

**Mr. Deyalsingh:** Mr. Deputy Speaker, Standing Order 48(6), criminal negligence?

**Hon. Member:** Of course, yes.

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Members, please.

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Members.

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Members, please. Member, right. So, again, Member, I will have to ask you to rephrase, withdraw the comment and you are free to say something.

**Mr. R. Indarsingh:** I withdraw, Mr. Deputy Speaker. The Government's negligence and incompetence—

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

**Mr. R. Indarsingh:**—has resulted in the deaths of thousands of citizens of this country, not only from the COVID-19 pandemic but its lack of care for patients with chronic non-communicable diseases of diabetes, hypertension and cancer. In their last eight budgets, they have promised you almost everything under the sun, scientific networking through a network of modern facilities. But, again, the much promised Central Block of Port of Spain is not constructed after eight years in Dr. Rowley being the Prime Minister of Trinidad and Tobago, Mr. Deputy Speaker.

It is this side, it is the side led by the Member for Siparia, which gave the Couva Hospital, which gave the San Fernando Teaching Hospital, which gave the commencement of the Arima and Point Fortin Hospitals, and who gave the people of Trinidad and Tobago hope in a modern health care system, I thank you.

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

**Mr. Deputy Speaker:** I will now recognize the Member for Tobago East.

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

**The Minister in the Office of the Prime Minister (Hon. Ayanna Webster-Roy):**

Thank you, Mr. Deputy Speaker, for giving me the opportunity to contribute to the debate on this Motion. Mr. Deputy Speaker, is the public health care system perfect? No, it is not. Do we have gaps, Mr. Deputy Speaker? Yes, we do. Do we have certain inefficiencies we need to address? Yes, Mr. Deputy Speaker. But the same could be said for almost any country within the region or any country around the world. Mr. Deputy Speaker, having said that, I want to place on the record that Trinidad and Tobago can boast of having one of the best, if not the best public health care system in our region.

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

**Hon. A. Webster-Roy:** Mr. Deputy Speaker, just permit me to just share with you a little story. I remember in my first term as a Member of Parliament, I fell ill during a debate and I had to seek medical attention. I remember my personal assistant came to pick me up. She asked where I wanted to go and I said to her, “My tax dollars paying for public health, so I going to a public institution,” and we went to St. James Health Facility. And, Mr. Deputy Speaker, the quality of care that I received was beyond what I would have experienced while living elsewhere. The staff were compassionate, they were professional. But, most importantly, Mr. Deputy Speaker, they embraced the tenets of the profession and they demonstrated it, not only to me but to every single patient who was at the facility at the time. And, Mr. Deputy Speaker, even though I was not in perfect health, I took the opportunity to examine what was happening around me within the health facility. And I can place on the record that we have some of the best public health care professionals in the world and I want to commend them, Mr. Deputy Speaker.

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

**Hon. A. Webster-Roy:** Mr. Deputy Speaker, another story. Just recently, my father fell ill and, again, I was at work here in the Parliament and I remember rushing across to Tobago. And by the time I got up to my parents' house in Roxborough, my dad was already home. Thank God for the fact that we had a visionary PNM Government that collaborated with the Tobago House of Assembly to establish in Roxborough, a Roxborough Hospital. My father did not have to journey to Scarborough to access healthcare, he was able to go to the facility in Roxborough and receive attention. And by the time I got to him, he was comfortably resting in his bed.

Mr. Deputy Speaker, my story is not unique and I want to share some testimonies, before I get into the meat of the discussion, from persons within Trinidad and Tobago who have high praises for the health care system. And I want to start off, if you permit me, Mr. Deputy Speaker, to quote, a Candice from Tranquility Beauty Spa, who shared her story recently on Facebook on a post on January 25, 2023, and these are Candice's words:

Hey guys, this is Candice from Tranquility Beauty Spa. This weekend, since Sunday, was quite a weekend. Sunday, Monday, Tuesday and today, which is Wednesday, I have been to the San Fernando General Hospital with my daughter. I thank God that everything is okay with her now. I am doing this video to say thank you. Thank you to all the staff of the San Fernando General Hospital from when I came in. We are talking about the wardsmaid, the security, the nurses, the doctors, the kitchen staff and the cleaners. Talk about service, it was wonderful. They took really good care of my daughter and they took really good care of me.

We are in the Teaching Hospital. They were cleaning the area at least five times every day. The place was clean, everything was top-notch. I normally hear horror stories about persons and the service they receive at the hospital. But that was not my story, and I am showing appreciation, I am showing gratitude. I am extremely pleased, you know with all the care that was given to my toddler, and I thank God that she pulled through because she was critical. Thank you all at the San Fernando General Hospital for helping us and for being such a good support system and giving such good quality health care. Thank you.

Mr. Deputy Speaker, Candice was not talking about some fancy private institution, she was talking about our—at the institution of our public health care system.

Mr. Deputy Speaker, another testimonial, and permit me to share this one from the page 13 of the *Newsday*, December 15, 2022:

“Kudos to Arima Hospital staffers.

THE EDITOR: When my doctor told me to go to the hospital, after medical examination of my chest and lungs, I thought to myself: Go to a hospital in Trinidad? She might as well have told me to jump off the Twin Towers.

I made my peace with God, just in case, and went to the Arima District Hospital.

As I entered the compound, I can tell you in advance that the external beauty of this structure is no match for the beauty of the workers inside.

The wheelchair operator came to collect me from my car and I told her, ‘This is my first time here.’ She assured me. ‘You will get the best treatment here.’ Boy, was she right!

The staff worked on me immediately and try to regularize my situation. There was order, compassion, gentleness, thorough questioning by Dr. Maloo, who then informed me of his plan of action for my recovery. Various tests were done and the results noted on my file the very same night.”

Mr. Deputy Speaker, this was from a Ruth Samaroo, and I could bring forward more testimonials, Mr. Deputy Speaker, but these stories are not uncommon.

You see, what happens in Trinidad and Tobago, Mr. Deputy Speaker, is oftentimes the bad news, the few lapses, those make the front page, those are the ones that would spread. But the good news, the good work being done is often hid under a bushel. And I want to take the opportunity, Mr. Deputy Speaker, to commend my colleague, the Member for St. Joseph, the hon. Mr. Terrence Deyalsingh, for his work, for his effort in improving the health care system in Trinidad and Tobago, but most importantly, Mr. Deputy Speaker, for improving the situation for women and children as it pertains to accessing quality health care in the public health system in Trinidad and Tobago.

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

**Hon. A. Webster-Roy:** Hon. colleague, thank you on behalf of the citizenry. Mr. Deputy Speaker, as I stated at the beginning, it is not perfect but work is being done. We have not gotten everything correct but we are working diligently towards producing for the people of this country, a world-class, top of the notch public health care system. And that is demonstrated, Mr. Deputy Speaker, by the fact that every single year—and this is in response to my colleague from Couva South who just spoke—a billion TT dollars is expended on pharmaceutical and non-pharmaceutical items.



When the Member for Couva South spoke recently, he noted that we were not allocated enough resources towards pharmaceuticals and persons were struggling to receive the necessary drugs, et cetera, in the public health care system. But, Mr. Deputy Speaker, every single year, a billion dollars is used to ensure that our citizens can access pharmaceuticals within the public health care system.

Mr. Deputy Speaker, I want to go on to demonstrate to you how the work that has been done by the hon. Minister of Health over the last seven, going on eight years, would have improved circumstances for women and children as it pertains to accessing quality health care. And I am going to list some of the interventions, Mr. Deputy Speaker.

The Ministry of Health would have coordinated customer service improvements. So they have timed clinic visits, customer service training, extended visiting hours, and allowing partners to accompany and participate in the birthing process.

Mr. Deputy Speaker, I remember a few years ago, at least about 10 years back, Mr. Deputy Speaker, a friend of mine wanted to have her partner be there with her to give birth and that was not allowed. Thankfully, we now see where measures have been put in place to have partners accompany their wives, their girlfriends in the room, to be there to give them that emotional support. And I want to commend the Minister of Health and the Ministry of Health to recognizing that that process of birthing requires the entire family unit, in terms of the husband or the boyfriend as well as the wife to be there to give that support. It is important to start that bonding process from as early as possible.

Mr. Deputy Speaker, they created new operating theatres and labour wards, expanded emergency department service, obstetric theaters and day assessment

units and operationalized a colonoscopy center. The Ministry of Health would have ensured that they have upgraded all neonatal units with more available beds. Babies are now ventilated for the first time in Tobago and Sangre Grande, reducing the need for transfers and improve staffing and leadership at these units.

Mr. Deputy Speaker, they procured advanced transport for neonatal incubators and ultrasound machines, giving our babies who are born early or born in distress the best possible chance to survive. This is what our Minister of Health and Ministry of Health, in collaboration with the various regional authorities, this is what they are doing, Mr. Deputy Speaker, to give our little children the best possible start in life.

They implemented the perinatal information system and electronic medical record system in the public health facilities to allow for real-time generation of maternal and neonatal statistics. They introduced standardized data collection tools on births and maternal and neonatal mortality, elimination of mother-to-child transmission of HIV and syphilis, neonatal unit admissions and breastfeeding to improve decision-making.

Mr. Deputy Speaker, there are some countries around the world where mother-to-child transmission of HIV is still a reality. We are fortunate to say here in Trinidad and Tobago that we have eliminated mother-to-child transmission of HIV and syphilis. So kudos to the Ministry of Health and the Minister of Health.

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

**Hon. A. Webster-Roy:** Mr. Deputy Speaker, they developed clinical guidelines and protocols on a wide range of pregnancy-related complications to standardize care. They introduced new hormonal contraceptive implants to expand contraceptive choices.

And I want to share another story, Mr. Deputy Speaker. The issue of choice for women, especially when it comes to their sexual and reproductive health and rights is very important.

**5.30 p.m.**

I remember after giving birth to my son and going for, you know, the post-visits at the health centre and getting into an argument with a doctor because he wanted to dictate to me how I should choose my method of contraception. But we see here now, Mr. Deputy Speaker, where the Ministry of Health is saying it has introduced new hormonal contraceptive implants to expand contraceptive choice, giving women greater choice of over how they treat with their reproductive ability and their reproductive rights, so kudos to the Minister of Health.

Mr. Deputy Speaker, they facilitated training of health care workers in a wide range of topics in obstetrics and neonatology. The Ministry of Health developed health education materials, both for patient information brochures as well as newspaper articles in a wide range of women health issues. And I want to commend the Minister of Health again, and the Ministry, as well as all the regional health authorities, for the information they have been putting out into the public domain.

I do not think there is anything that I would go on Facebook and I do not see something popping up from the Ministry of Health, and there has been a lot of discussion this evening about dialysis and access to dialysis, as well as, you know, non-communicable diseases, but I think the approach by the Ministry of Health and the Minister of Health to create public education and sensitization of material so the citizens could understand that their health is their wealth and take ownership over their health and ensuring that their health, their well-being is their priority, and to encourage the citizens, as well as children to embrace healthy lifestyles will

help us in the long term, in terms of reducing the burden of the State, in terms of health care. If your body is healthy, if you are well, then it reduces the need for you to visit a health centre or a hospital.

So I want to encourage the citizenry at this time to let us really look at our lifestyle choices. Let us embrace, as the Minister of Health would always advocate for, healthy eating, exercise. I always see the Minister of Health walking around in the corridors every often, stretching his legs and he is practising what he is preaching. I would see him visiting institutions and talking to children and encouraging them to eat more fruits, instead of accepting the fizzy drinks, as well as the sweets at schools, and that is what we should all be doing, joining the conversation, encouraging our constituents to embrace a healthier lifestyle.

Mr. Deputy Speaker, the Ministry of Health can be commended for the establishment for the national sexual, reproductive, maternal, newborn, child and adolescent health care committee. The Ministry of Health can be commended for strengthening of adverse events, near-miss analysis and reporting to improve clinical practices and outcome. The Ministry of Health introduced regular countrywide meetings with stakeholders, including regular team drills for emergency management, research and training. There is the enhancement of maternal and child health services for early detection, care and treatment of HIV and syphilis in pregnant women, their partners and infants.

Mr. Deputy Speaker, coordination of the COVID-19 response for obstetrics and gynecology services included the introduction of the COVID-19 vaccine for pregnant women, implementation of a data collection system to collect data on COVID-19 positive mothers and their babies, provision of updated guidance to the public and private health sectors, advocacy for the initiation and/or continuation of breastfeeding by COVID-19 positive mothers.

Mr. Deputy Speaker, when many of our women were able to still access hospital care in times of pregnancy, there were countries around the world, developed countries, what we call First World countries, countries referenced by some of those opposite today, where mothers could not access hospitals to give birth. And we have to recognize that despite our challenges, despite the gaps, despite whatever inefficiencies may exist, that we were able to ensure that our women, who were going to produce the next generation of Trinbagonians, were able to access health care. And I want to again “big up” my colleague, Mr. Deputy Speaker.

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

**Hon. A. Webster-Roy:** Mr. Deputy Speaker, we see the establishment of the National Breastfeeding Unit. We see where they introduced staff lactation rooms at all public hospitals. We see the establishment of national coordinated training, including pre-service training for the 20-hour breastfeeding counselling programme for nursing and midwifery students. Mr. Deputy Speaker, we can note the development of the *Breastfeeding & Beyond: A Guide to Infant and Child Feeding* book. And, Mr. Deputy Speaker, we can also note ongoing preparation for health facilities for Baby Friendly Hospital Initiative accreditation by the Pan American Health Organization and the World Health Organization.

Mr. Deputy Speaker, as I would have mentioned before, it is not a perfect system, there are inefficiencies, there are gaps, but we can boast of having one of the best, if not the best public health care systems in the region.

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

**Hon. A. Webster-Roy:** And I will go on to demonstrate, Mr. Deputy Speaker. We saw coordinated customer service improvements via timed clinic visits, customer service training and extended visiting hours, which I would have

mentioned previously. But what that did, Mr. Deputy Speaker, is it would have encouraged us in Trinidad and Tobago to work towards achieving all development goals. So prior to 2017, Mr. Deputy Speaker, there was no perinatal information system and we had no data on births in the public and private health systems. There was no focal point at the Ministry of Health for maternal and child health, and the leading cause of maternal deaths was postpartum hemorrhaging.

Mr. Deputy Speaker, since 2018, Trinidad and Tobago has achieved the SDGs for maternal and neonatal mortality. In 2022, the maternal mortality was 15.2 per 100,000 live births; the lowest in years, Mr. Deputy Speaker. I mean, any maternal, any mother dying in child birth is one too many, but the fact that we were able to reduce the numbers is commendable, Mr. Deputy Speaker. There were two deaths, one from COVID-19 and one in the private sector. Mr. Deputy Speaker, if we compare to other countries, for example, the United States of America where the maternal mortality rate in 2020 was 23.8, and the United Kingdom, Mr. Deputy Speaker, the maternal mortality rate in 2018 to 2020 was 10.9.

Mr. Deputy Speaker, we introduced new medicine to the health system for post-partum bleeding and incomplete miscarriage; essential life-saving medicines that were not available before, for example, intrauterine balloons and misoprostol tranexamic acid. Those were introduced, Mr. Deputy Speaker.

Additionally, now through the establishment of the Directorate of Women's Health, we have built close working relationships with the regional health authorities and the health care providers to revolutionize maternal and child health and allow for the implementation of targeted interventions guided by data. Mr. Deputy Speaker, now every year an additional 80 to 100 babies and eight to 10 mothers now survive because of the interventions; now because of the

development; now because of the innovation; now because of the work that is being done by the Ministry of Health, the Minister of Health and those in the public health sector.

Mr. Deputy Speaker, prior to our interventions, Tobago did not have a functional neonatal unit and mothers and babies had to be airlifted at significant costs and also under less than ideal circumstances. We established the first functional neonatal unit and these regular transfers are quickly becoming a thing of the past. And on behalf of all the people of Tobago, on behalf of my constituents, on behalf of the women in Tobago, I say, thank you, Mr. Minister of Health.

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

**Hon. A. Webster-Roy:** Mr. Deputy Speaker, we improved on the outreach and follow up of patients, postpartum, through a hospital-based intervention which addresses postpartum depression and all complications of pregnancy, including a significant reduction of wound infections.

We were the first to create landmark policies, Mr. Deputy Speaker, the National Sexual and Reproductive Health Policy, the National Breastfeeding Policy, and we are the first country in the region of the Americas to have a policy on intimate partner violence and sexual violence. Mr. Deputy Speaker, that is highly commendable. So while we acknowledge the fact that, yes, we have work to do, let us celebrate the gains, the wins. Let us recognize what has been done to improve the public health sector and let us inform the public so that they too can recognize the investment being made into their safety, their health, their well-being and celebrate it and champion it. Too many times we put the bad news out and we make it as though it is something to shout and dance about, and the good news is we do not spread it enough. Let us spread the good news, Mr. Deputy Speaker. Enough work is being done to bring us to a world-class public health sector in

Trinidad and Tobago.

Mr. Deputy Speaker, we have taken a pre-emptive approach to the management of diabetes by trying to prevent diabetes before it occurs through early diagnosis and management of pregnant women through a landmark project with the IDB. In essence, we are treating the baby in the womb to prevent them from developing diabetes in their lifetime. And, Mr. Deputy Speaker, I remember growing up and getting into high school and for the first time encountering children with diabetes. And I remember a close friend of mine who had diabetes at school and the fear when one day in the classroom she just was not responding. And if we could now in Trinidad and Tobago have early intervention from in the womb to prevent children from developing diabetes in the future, that is something commendable. And I just want to say, again, thank you to the Ministry of Health, the public health workers, Minister of Health. Mr. Deputy Speaker, we are working diligently to improve our exclusive breastfeeding rate in Trinidad and Tobago which would also reduce the incidences of non-communicable diseases, including several cancers in future generation.

Mr. Deputy Speaker, you know, the mantra, is “breast fed is best fed”, and I am happy that I would have been able to breastfeed all of my children. I want to encourage women in Trinidad and Tobago, if you have the ability to, embrace breastfeeding. It is good for the baby, it is good for you, and it has long-term benefits.

Mr. Deputy Speaker, unlike most other countries, including a number of developed countries where women, as I would have mentioned before, could not find beds to deliver, we successfully maintained all our maternal and newborn services at the primary and secondary care level throughout the COVID-19 pandemic. So that, again, Mr. Deputy Speaker, is how we are working to ensure



that our public health system continues to advance and progress and deliver well for the people of Trinidad and Tobago.

Mr. Deputy Speaker, in terms of services available, I want to make mention of some of the outcomes that we have seen since the interventions by the Ministry of Health and the work that has been done over the last few years. Mr. Deputy Speaker, Trinidad and Tobago has continued to achieve its Sustainable Development Goals as it pertains to health care. Because of the reduction of maternal and neonatal morbidity and mortality, the cost of providing care for mothers and babies with severe morbidity in Trinidad and Tobago has been reduced, resulting in economy benefits for the country. Trinidad and Tobago has been recognized nationally, regionally and internationally for its leadership in maternal and neonatal care. Since 2019, Trinidad and Tobago was selected by the Pan American Health Organization to serve on an expert panel for maternal near-miss for Latin America and the Caribbean.

**5.45 p.m.**

Trinidad and Tobago was successfully nominated by the Pan American Health Organization to serve on the Policy and Coordination Committee Special Programmes of Research, Development and Research Training in Human Reproduction of the World Health Organization for a three-year term, 2019 to 2021.

Mr. Deputy Speaker, I could go on and on and on, but I do not think there is any need for me to do that.

**Mr. Deputy Speaker:** Hon. Member, you have two more minutes of your initial speaking time, and you also have an additional 15.

**Hon. A. Webster-Roy:** Thank you, Mr. Deputy Speaker.

**Mr. Deputy Speaker:** You will avail yourself accordingly.

**Hon. A. Webster-Roy:** Thank you, Mr. Deputy Speaker. I could go on and on and on, but I just want to make a call to my colleagues on the Opposition Bench. Yes, we know that we have to do the politics thing, but sometimes we have to put aside the politics and focus on the people, and this is important, especially where health care is concerned. If we stand up and we continue to bad mouth our public health system, if we continue to put out the wrong information, if we continue to misguide the population of Trinidad and Tobago, then our people will not understand what it is that we have, and embrace what we have, and collectively work towards a common goal of improving public health in Trinidad and Tobago.

I strongly believe in the potential of our people. I strongly believe in the potential of this Parliament to bring about meaningful change, but we have to put aside the pettiness. We have to be bigger than that. We have to be serious about the people's business. Health care is everybody's business.

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

**Hon. A. Webster-Roy:** In the time of the pandemic, COVID did not ask what party you belonged to, or what colour is your jersey. Almost every single household was impacted. Almost every single household was impacted, Mr. Deputy Speaker, and what was able to carry us through was for the first time we saw on the ground the average Trinbagonian, the average man and woman coming together and working collectively and corroboratively to ensure the safety and well-being of all.

So I just want to urge my colleagues, yes, it is not the best; yes, we have issues; yes, there is work to be done, but join us, work with us, collaborate with us, partner with us, so that we—we, all of us in this honourable House who have been selected by persons in the public domain, who are trusting us to work on their behalf, so that we can truly improve the public health care system.

I thank you, Mr. Deputy Speaker.

**Mr. Deputy Speaker:** I recognize the Member for Couva North.

**Mr. Ravi Ratiram** (*Couva North*): Thank you very much, Mr. Deputy Speaker. With reference to Standing Order 44(10), I seek your leave, your permission, to make reference to my notes.

**Mr. Deputy Speaker:** Kindly proceed, sure.

**Mr. R. Ratiram:** Thank you most kindly, Mr. Deputy Speaker.

Mr. Deputy Speaker, I start off by thanking you for allowing me to join this debate on this timely and important Motion brought by my colleague for Fyzabad, which asks the House to:

“...take note of the failure of the Government to deliver on its health sector mandate.”

As I begin, I would like to thank the hon. Leader of the Opposition for her wisdom and guidance—

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

**Mr. R. Ratiram:**—through which my colleague for Fyzabad has piloted this Motion today in the House, and also for her service to this country as the best and most compassionate Prime Minister this country has ever seen.

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

**Mr. R. Ratiram:** I say this in the context that the Member for Siparia when, as Prime Minister, would have led a government that was people focused, and in doing so the hon. Kamla Persad-Bissessar-led administration, would have put health care at the fore—

**Mr. Manning:** Mr. Speaker, 48(1), the Member is already being allowed to read. Where are we going?

**Hon. Member:** [*Inaudible*]

**Mr. Deputy Speaker:** No, no, no, please. Members, please. Overruled.

**Mr. R. Ratiram:** In doing so, the hon. Member for Siparia would have put health care at the fore and at the key of the development of Trinidad and Tobago. It is no secret that the People's Partnership was able to accomplish all of this in just five years, and it goes way beyond anything that this Government has even hoped to accomplish in the health sector.

As a matter of fact, projects that were deemed necessary and tantamount to the advancement of health care for Trinidad and Tobago, which my colleague from Fyzabad would have elaborated and explained in his presentation, several of these initiatives were scrapped when they came into office. Such projects would have brought us to world-class status, but it seems as though those on the other side do not want that.

Mr. Deputy Speaker, I want to spend a minute or two to respond to what the Members before me would have spoken of. I want to start with the Member for St. Joseph, who in his contribution, he made reference to the Welch report which was an absolute waste of time, waste of resources and waste of taxpayers' money. The Welch committee did a very inaccurate report, and the UNC wanted no part of a report which was lacking in depth and in substance. The Government did not need the Opposition to pass any laws, any recommendations, any Cabinet decisions or any implemented programmes. And for the Prime Minister to say that the Welch report was thrown into the dustbin because of the Opposition, or the Opposition Leader, I want to tell the Members that that is rubbish, but then again, the dustbin is the right place for rubbish.

When we look at the contribution made by the Member for San Fernando West, who clearly did not know which Motion, whether he was going or coming, which Motion he was debating, whether 1, 2 or 3, the Member for San Fernando

West came here to tell this House that we were number one in the world with respect to our COVID management system. But I want him to tell that to the families who would have lost their loved ones. I want him to tell that to the over 4,000 families in this country who would have lost loved ones to the mismanagement of this administration with respect to the COVID pandemic.

He came, the Member for San Fernando West that is, and made reference to the “mother of all carnivals”, but it is so sad that just yesterday I would have read circulating that the International Soca Monarch is not happening. Well, we wait and see.

**Mr. Manning:** Mr. Deputy Speaker, 48(1), please. Where are we going?

**Mr. Deputy Speaker:** So, again, Member, I would have given some leeway. Let us stick to the Motion. You can make reference or whatever, but tie it in with regard to the particular debate. Thank you.

**Mr. R. Ratiram:** Thank you very much, Mr. Deputy Speaker, for your guidance. Moving on to the contribution made by the Member for Tobago East. The Member came to this House and boasted of \$1 billion spent for medication, in responding to my colleague, the Member for Couva South. But persons have been coming to our officers and complaining that they cannot get medication in the public health system. So I ask, is this another zip line issue? Where has the money gone? Where has that \$1 billion that was spent for medication, where has that gone? Because persons have been coming to our office and complaining that they cannot even get Panadol.

The Member made reference to the need for creating public education campaigns, made reference to healthy lifestyle campaign, and so forth, made reference to the diets and so forth. I will address these issues later on, as I continue my contribution.

Mr. Deputy Speaker, as I get into the substance of my contribution, I want to focus my contribution on the third citation of the Motion, which states:

“And whereas the Report of the Committee Appointed to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago also highlighted the existence of multiple chronic non-communicable diseases in our population;”

I would like to address an important section of the report, “highlighting the existence of multiple chronic non-communicable diseases”, NCDs, in our population, Mr. Deputy Speaker.

**Mr. Deyalsingh:** Mr. Deputy Speaker, 55(1)(b), every speaker across there spoke about NCDs, ad infinitum.

**Mr. Deputy Speaker:** So, again, Member, we are at that time of the day where we can go into tedious repetition. So, again, I will give you a little leeway, but again, if you are bringing in a new point with regard to that particular thing, I will give you a little leeway and I will rule accordingly as we go along.

**Mr. R. Ratiram:** Thank you most kindly, Mr. Deputy Speaker. I focus my contribution on the third citation, which would have intentionally been left out by my other colleagues who have spoken earlier, leaving room for me to address the third citation. I make reference to page 42 of the report. It speaks to the health status of a population, prior to the pandemic, as a factor which has contributed to COVID-19 clinical outcomes. I cite the following from the report:

The link between age and chronic diseases which lower the immunological response and therefore protection of the individuals from severe diseases and death, cannot be disputed. The more populations are unhealthy, the more severe the outcome due to COVID-19.

In the absence of empirical evidence gathered by this Government, one would be hard-pressed to draw any conclusion that those citizens who have lost their lives to the pandemic, was a factor of pure immunological response caused by a poor diet or healthy eating habits. However, what we do know is that because of the Government's systematic dismantling of the agriculture and fisheries sector, citizens find themselves in a position where the propensity to follow unhealthy eating habits has greatly increased, hence increasing the risk factor of our population to NCDs.

Year after year, we have come to this Parliament to hear the Minister of Finance read a budget outlining Government's lofty plans for agriculture, and in some cases, the purported injection of additional expenditure to the tune of hundreds of millions of dollars. All of this budgetary spending, of course, is supposed to be geared towards increasing, not just agricultural production as a percentage of GDP, or agricultural export as a means of income, but to achieve a very important nutritional security—

**Mr. Deyalsingh:** Mr. Deputy Speaker, regrettably, Standing 48(1). I understand the link, but the substantive Motion is not about agriculture.

**Mr. Scotland:** Mr. Deputy Speaker, Standing Order 48(1).

**Hon. Members:** [*Continuous crosstalk*]

**Hon. Member:** Check the ballots!

**Mr. Deputy Speaker:** Hon. Members, it is amazing at this time of the day everybody has been energized, who were out of the Chamber all evening, and now you all come at this late hour—at this late hour.

**Hon. Members:** [*Laughter*]

**Mr. Deputy Speaker:** As the Speaker, Member, proceed.

**Mr. R. Ratiram:** Thank you most kindly, Mr. Deputy Speaker. The point I was

attempting to make, before I was rudely interrupted is that—

**Mr. Deputy Speaker:** I ruled, please proceed.

**Mr. R. Ratiram:** Thank you most kindly, Mr. Deputy Speaker. Agricultural production also has a very important role to play in the nutritional security of citizens of Trinidad and Tobago. But what we are being told by this report, it paints a different picture.

**6.00 p.m.**

Because, you see, under this administration, after seven years of budgeting a whopping seven and a half billion dollars behind agriculture, it is very disturbing, even to the average man on the street—

**Mr. Gonzales:** Mr. Deputy Speaker—

**Mr. R. Ratiram:**—that food and nutrition—

**Mr. Gonzales:** Mr. Deputy Speaker, 46(1)—48(1).

**Mr. Deputy Speaker:** So, again—so, Member, you are making the point on agriculture but you have to tie it in quickly. Because the longer you proceed on it, you know, I will have to give a ruling. So you need to tie it in with regard to the Motion before us on health, on COVID, as specifically identified in the four points.

**Mr. R. Ratiram:** Of course, Mr. Deputy Speaker, and I would say that the failure of the Government to improve food nutrition is a matter that is connected to the health—

**Mr. Gonzales:** Mr. Deputy Speaker—

**Mr. R. Ratiram:**—mandate of this administration.

**Mr. Gonzales:** Mr. Deputy Speaker, 48(1).

**Mr. Al-Rawi:** And 48(10) too.

**Mr. Deputy Speaker:** So, again, Member, tie it in quickly. Right? I would like you to tie it in quickly to the Motion.



**Mr. R. Ratiram:** Thank you most kindly, Mr. Deputy Speaker. And, Mr. Deputy Speaker, in speaking of the importance of nutritional security, which reduces the risk factor of developing NCDs, which the report itself speaks on, and which this Motion, citation three, touches on, I would like a moment to make my contribution towards how important it is—

### ADJOURNMENT

**The Minister of Health (Hon. Terrence Deyalsingh):** Mr. Deputy Speaker, I have the pleasure—

**Hon. Members:** [*Laughter*]

**Mr. Gonzales:** Yes.

**Hon. T. Deyalsingh:**—and relief—

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

**Hon. T. Deyalsingh:**—that I can beg to move that this House do now adjourn to Friday the 3<sup>rd</sup> of February at 1.30 p.m., where at that sitting it is the Government's intention to debate the Firearms (Amdt.) Bill. Thank you very much.

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Hon. Members, could the Speaker have his time now?

**Hon. Members:** Yes.

**Mr. Deputy Speaker:** Or I could wait on you all, you know?

**Hon. Members:** No.

**Mr. Deputy Speaker:** I can wait on you all.

**Hon. Member:** No, Mr. Deputy Speaker, you continue.

*Question put and agreed to.*

**Hon. Members:** [*Crosstalk*]

**Mr. Deputy Speaker:** Members, I am on my legs.

*House adjourned accordingly.*

*Adjourned at 6.02 p.m.*