

HOUSE OF REPRESENTATIVES

Friday, January 26, 2024

The House met at 1.30 p.m.

PRAYERS

[MADAM SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Madam Speaker: Hon. Members, I have communication from the Hon. Stuart Young MP, Member for Port of Spain North/St. Ann's West and Mr. Rodney Charles MP, Member for Naparima who have requested leave of absence from today's Sitting of the House. The Leave which the Members seek is granted.

CONDOLENCES

(MR. FAZAL KARIM)

Madam Speaker: Hon. Members, Mr. Fazal Karim, a former Member of Parliament, passed away on Monday, January 22, 2024. Mr. Fazal Karim served as an MP for Chaguanas East in the Eleventh Republican Parliament, 2015 to 2020. I now invite hon. Members to pay their respective tributes to Mr. Karim. Member for St. Ann's East.

Hon. Members: [*Desk thumping*]

The Minister of Education (Dr. The Hon. Nyan Gadsby-Dolly): Thank you, Madam Speaker. Fazal Karim born on October 08, 1953, was a prominent figure in Trinidad and Tobago, leaving his mark in the fields of education and politics. His journey was one of continuous dedication, culminating in his passing on January 22, 2024. A devout Muslim, Fazal Karim was not only a distinguished Minister of Tertiary Education, but also a good husband, father and teacher.

Karim's academic pursuits were extensive, with a Bachelor of Arts in Economics, Diploma in Education, Diploma in Public Administration, among

Dr. The Hon. N. Gadsby-Dolly (cont'd)

other qualifications. His commitment to education extended beyond personal achievements, as evidenced by his roles as a former Business Development Manager at UWI, St. Augustine, and CEO of the National Training Agency.

In the political arena, Fazal Karim served as a government Senator and as an Opposition Member of the House of Representatives, contributing significantly during his tenure in this honourable House. His leadership was characterized by a passion for education, reflected in his roles on various committees and associations.

Karim's influence extended regionally through consultancy work, contributing to projects as far as Antigua and Barbuda, and St. Vincent and the Grenadines. His commitment to human development was further demonstrated through his involvement in the UNDP Government of Guyana's, Baseline Survey Consultancy.

Beyond his professional achievements, Fazal Karim's legacy lies in his unwavering dedication to the betterment of education, and his deep commitment to faith, family and community. His contributions as a public servant will be remembered with gratitude and respect. On behalf of the Government, on behalf of the People's National Movement, deepest condolences are offered to his wife and family on their great loss. Thank you.

Madam Speaker: Member for Pointe-a-Pierre.

1.35 p.m.

Mr. David Lee (*Pointe-a-Pierre*): Thank you, Madam Speaker. Madam Speaker, it is with a deep sense of sorrow that I rise to offer condolences on behalf of the Opposition Members who have all been saddened by the passing of a former colleague, former Minister and Member of Parliament, the late Mr. Fazal Karim.

Today, we do not simply offer condolences, but we acknowledge, we

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celebrate and put on record our admiration for the determination that Fazal Karim demonstrated in our Parliament, in our society and in life. As a matter of fact, “Faz”, as we commonly called him, gave meaning to the word “determination”, as for over 10 years he was battling cancer, he never once showed it, never once allowed it to stop his commitment to country, family and God. That was Faz, a man of impeccable demeanour.

I have had the privilege to work directly with Faz for five years, prior to serving on these parliamentary Benches with him as he was my line Minister, Minister of Tertiary Education and Skills Training, while I served as the Chairman of MIC Institute of Technology. I say “privileged” because it was a distinguished honour to see first-hand the work ethic, the drive, the vision, and more so the ability to make an idea into a reality, which Fazal Karim possessed. Many times we stand in this Chamber and we relay the ministerial or parliamentary accomplishments of a passed colleague, but for Faz, we have to describe this as “life achievements”, as he put his life, heart and soul into his work. He gave his all.

Faz was a consummate educator. Faz believed in giving every citizen, whether young or mature, the ability to have an equal opportunity to obtain a proper job or standard of living through training. Many times he would be called the “CVQ man” right here in this Chamber, Madam Speaker. As a matter of fact, my colleague on the other side, the Leader of Government Business, had a running joke with him as she always teased him on the CVQ issue when he got up to debate.

Faz understood the power of skills training. More than that, he understood the need to give youth the power to change their lives by having a trade certificate in their hands. Because Faz was an innovator, progress driven, he understood that

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we had to reach out to everyone in the population if we are to progress as a society. Hence, he introduced the workforce assessment programme to ensure that the talent of all ages become certified and employable. This, Madam Speaker, helped thousands of our citizens. So remarkable was Fazal's contribution, the *Trinidad Guardian* editorial noted this week, and I quote:

“He has left behind a solid platform to continue lifting youth out of poverty and directing the vulnerable away from criminal lives.”

In the education sector, his qualifications and experience were second to none. He served as the former business development manager at UWI, former CEO of MTA, former CEO of YTEPP, and senior coordinator of the UWI's School of Continuing Studies, and I know he was also a teacher in Carapichaima.

Fazal was always determined to make a difference in the lives of others. Our political leader, the hon. Kamla Persad-Bissessar, has fondly remembered that when she was forming her Cabinet in 2010, and offered him the ministerial post of Minister of Tertiary Education and Skills Training, he was overjoyed because he knew he would be able to make a difference in our education sector, which he did, Madam Speaker.

As Prime Minister, the hon. Kamla Persad-Bissessar valued Faz immensely because together they delivered on a revolutionary level of reform in our education sector. As line Minister, Fazal Karim nurtured and drove his agencies to produce. He delivered projects, which not only changed the lives of thousands, but it positively changed the socio-economic fabric of this nation. From the young, single mother to the unemployed father, and the student who left school with passes, Faz gave them an opportunity with his programmes.

He led NESC to launch the Drilling Academy, which would allow young people the training to enter into our key industry, the energy sector. He ensured

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that no community was left behind, Madam Speaker, so he expanded the YTEPP programme to the point that they had roving buses offering certification in cosmetology. He knew young people were pools of talent waiting to be guided and nurtured. As a result, he launched the MTA Career Coaching, which would visit community after community, assisting youths in career development. Faz knew there was a role for youth in the health system, so he launched a COSTAATT nursing academy in El Dorado.

Together with our political leader and then Prime Minister, they launched a UWI South Campus to expand the reach of tertiary education. Faz supported the move to rename and transform the Metal Industries Company into the MIC Institute of Technology, where he also launched a virtual welding academy. Many people may not know that Faz wanted to be a pilot, Madam Speaker. And as he told me one time, on many occasions his father told him, “Son, up there in the sky, the plane has no brakes,” so that was the end of his career as a pilot.

Life took him down a different path but he wanted to ensure that those who had dreams of being a pilot or working in the aviation industry could achieve them when he launched the aviation academy in Camden, Couva. It was there he coined the famous term, “From cutting cane to flying plane.” Madam Speaker, that was the ilk and character of this man called Fazal Karim. He was committed to elevating people, families, communities and our society.

But while Faz achieved much in his professional career, he achieved even greater as a family man, raising three amazing children in Ria, Rhonda and Rhion. He was a devoted husband, always alongside his wife, Judy, and a doting and loving grandfather. At his funeral, his wife related a story that many people asked him and her how did their relationship work with him being a Muslim and she being a Christian? His answer was always, “You let the love do the work.” That

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was Fazal's life, his love for country drove his work and his love for family spurred him on.

Fazal loved being on the ground. As a matter of fact, if you served on a board during his tenure as Minister of Tertiary Education and Skills Training, you would recall that every New Year's Day, on the 1st of January, as Minister, he would have his boards launching a new project with him. Faz never left his home village of Carapichaima. Instead, he created a legacy, which made him a true son of the soil and patriot. Together, we remember the Minister who would visit the boardrooms and the classrooms, but gave the same level of respect and love. We will all miss our colleague. Madam Speaker, his son best described his father, our colleague, Fazal, at his funeral on Tuesday. Let me repeat those words, and I quote:

My dad's passion for people and service to people was so pure, so real, I think he would want you to know that while he loved his family immensely, he served you no different than us.

We say, rest in peace, Fazal Karim.

Ms. Ameen: Well said.

Hon. Members: [*Desk thumping*]

Madam Speaker: Hon. Members, I too would like to pay tribute to the late Mr. Fazal Karim. In my personal experience, Mr. Karim has always been the epitome of a gentleman, kind, reassuring and respectful. These qualities were the underpinnings of his political career and his mantra of service to others.

Mr. Karim's penchant for educational development and skills training for youth were admirable and, in part, contributed to his unwavering commitment to the tenets of education and personal development. We would expect nothing less from one whose career was steeped in leadership and serving others in the

educational development sector.

Mr. Karim was a former business development manager at the University of the West Indies, St. Augustine campus; a former CEO of the National Training Agency; a former CEO of YTEPP; and senior coordinator and deputy director of the UWI's School of Continuing Studies. He played a pivotal role in shaping educational landscape of Trinidad and Tobago, but one could not just serve at these levels and not have a regional footprint. Mr. Karim's impact extended beyond our national borders, though his consultancy work across the region. He lent his expertise to projects in Guyana, Antigua and Barbuda, and St. Vincent and the Grenadines, contributing to the development of human resources and educational systems.

His political career included serving as a government Senator in the Tenth Republican Parliament, 2010 to 2015, and as the Minister of Tertiary Education and Skills Training. His tenure as Minister is marked with tangible outcomes in the educational and skills development sector, with the establishment of the National Energy Skills Centre, Drilling Academy, and the aviation institute at Camden Road, Couva.

As an Opposition Member in the Eleventh Parliament, 2015—2020, Mr. Karim contributed to several debates and Motions, including debates on the Domestic Violence (Amdt.) Bill, 2020; the Real Estate Agents Bill, 2020; the Tax Information Exchange Agreements Bill, 2018; and Motions to condemn the Government for its failure in the educational sector, and for reduction in allocations to education and training. He was also a member of the Joint Select Committee on State Enterprises and several ad hoc Bill committees, including the committee established to consider and report on the Income Tax (Amdt.) Bill, 2018; the Mutual Administrative Assistance in Tax Matters Bill, 2018; and Tax

Information Exchange Agreements Bill, 2018. Fazal Karim leaves behind a legacy of commitment to education and dedication to service.

I take this opportunity to express my deepest condolences to his wife, children and other members of his family. I also pray that the Almighty grants them peace during their time of bereavement. May they find strength and solace in the legacy he leaves behind and in the memories they share together. I now ask that we stand and observe a minute of silence as a mark of respect.

The House of Representatives stood.

Madam Speaker: May his soul rest in peace. Hon. Members, an appropriate letter will be sent to convey our condolences to the family of the late Mr. Fazal Karim.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Land Settlement Agency for the year ended September 30, 2012. [*The Minister of Finance (Hon. Colm Imbert)*]
2. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Land Settlement Agency for the year ended September 30, 2013. [*Hon. C. Imbert*]
3. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Trinidad and Tobago Racing Authority for the year ended July 31, 2013. [*Hon. C. Imbert*]
4. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Trinidad and Tobago Racing Authority for the year ended July 31, 2014. [*Hon. C. Imbert*]

Papers 1 to 4 to be referred to the Public Accounts Committee.

5. Annual Report of the Financial Intelligence Unit of Trinidad and Tobago for

Papers Laid (cont'd)

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the period October 01, 2022 to September 30, 2023. [*Hon. C. Imbert*]

6. Response of the Personnel Department to the Tenth Report of the Public Accounts (Enterprises) Committee on the examination of the Audited Financial Statements of the National Maintenance Training and Security Company Limited (MTS) for the Financial Year 2018 and follow-up on the Implementation of the Recommendations contained in the Committee's Eleventh Report from the 11th Parliament. [*The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis)*]
7. Ministerial Response of the Ministry of Agriculture, Land and Fisheries to the Sixteenth Report of the Public Administration and Appropriations Committee on an examination of Food Security in Trinidad and Tobago in alignment with Sustainable Development Goal 2: Zero Hunger. [*Hon. C. Robinson-Regis*]

1.50 p.m.

Mr. Deputy Speaker: I recognize the Member for Pointe-a-Pierre.

PRIME MINISTER'S QUESTIONS

Paria Tragedy

(Government Compensation)

Mr. David Lee (Pointe-a-Pierre): Thank you, Deputy Speaker. To the hon Prime Minister: Given that the Final Report of the Commission of Enquiry into the Paria Tragedy recommended that compensation be given to the families of the victims, who were involved in this fatality without accepting liability, will the Prime Minister state if the Government has considered offering compensation either through Paria or other avenues to the affected families on behalf of the State?

Mr. Deputy Speaker: I recognize the hon Prime Minister.

Hon. Members: [*Desk thumping*]

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The Prime Minister (Hon. Dr. Keith Rowley): Mr. Deputy Speaker, as you will be aware, there was this unspeakable tragedy that took place in Pointe-a-Pierre approximately two years ago, and initially the Government's reaction to that was to ask Paria to have experts in the area to go in and determine what has happened, so we can speedily move towards some understanding. My friend from Pointe-a-Pierre and others demanded a commission of enquiry. The Government heard those demands and, in fact encouraged, and Paria did take part in the Commission of Enquiry and we now have the report of a commission of enquiry with recommendations.

Suffice it to say, Mr. Deputy Speaker, that this matter remains mainly a legal matter of liabilities and responsibilities, and it would be quite unusual at this stage for the Government to override the responsibility and role of the board and other entities involved.

So the matter is being reviewed, as far as I am aware, the findings and recommendations, recommendations they are, of the Commission of Enquiry, And the Office of the Prime Minister, a. the Government, even though Paria is a state-owned entity, the Government is not now in a position to override those situations, and we will await the outcome, since there are serious legal considerations for all aspects of tax payers in Trinidad and Tobago.

Mr. Deputy Speaker: I recognize the Member for Oropouche East.

Dr. Moonilal: Thank you very much, Mr. Deputy Speaker. Is the hon Prime Minister suggesting that any attempt to assist those families by a way of compensation and financial help, will only or can only be considered after a protracted legal process emanating from the report of the Commission of Enquiry?

Mr. Deputy Speaker: Hon. Prime Minister.

Hon. Dr. K Rowley: Mr. Deputy Speaker, you were present when I spoke, I said

no such thing. I said that there is serious legal exposure for the taxpayers at all levels with respect to responsibilities, and I said that the situation is being properly reviewed by a board of Paria, a state entity, and others, and therefore it would be improper for me to take any position as implied by my colleague. I said no such thing.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: You give way?

Dr. Moonilal: Yes.

Mr. Deputy Speaker: Member for Pointe-a-Pierre.

Mr. Lee: Thank you, Deputy Speaker. Prime Minister, as a follow-up to your response to my colleague, my question is, do you feel it is good practice to allow the present board to adjudicate on the report findings of the Commission of Enquiry?

Mr. Deputy Speaker: Hon. Prime Minister.

Hon. Dr. K. Rowley: Mr. Deputy Speaker, if the present board does not do it, which board does he want to do it?

Mr. Deputy Speaker: Member for Oropouche East.

Dr. Moonilal: Thank you very much, and following up on my colleague's question as well. Again, is the Prime Minister suggesting that the present board of Paria, that has been found wanting by a commission of enquiry, is now in charge of assessing the report and further action to be taken, when that seems incomprehensible?

Mr. Deputy Speaker: What is the question?

Dr. Moonilal: The question is, does the Prime Minister believe that board should be fired forthwith, given that they have been named in that report as negligent?

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Hon. Prime Minister.

1.55 p.m.

Hon. Dr. K. Rowley: Mr. Deputy Speaker, I thought I tried to indicate that this is a serious legal matter, and I would assume that my colleague from Oropouche East would know that, regardless of who is in office at Paria, Paria will take appropriate legal advice in treating with any and all aspects of this matter, notwithstanding the—hat they call it, the advice from court that is free?

Not pro bono. Amicus.

Mrs. Robinson-Regis: Amicus.

Hon. Dr. K. Rowley: Yes, amicus.

Dr. Moonilal: Follow --up question. Prime Minister, do you not believe it is untenable for the current board that has been found wanting in a report to take legal advice now to help themselves? Do you not think that they have already been compromised and conflicted and ought to be removed and allow another board to take whatever action is deemed necessary?

Hon. Members: [*Desk thumping*]

Hon. Dr. K. Rowley: Mr. Deputy Speaker, the status of the board of Paria is a matter for the Cabinet of Trinidad and Tobago, and I will not take any advice from the Member for Oropouche East.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Member for Oropouche East, next question.

Dr. Moonilal: Thank you very much, Mr. Deputy Speaker, I seek facts now, not answers.

Mr. Deputy Speaker: No, Member!

Concluded Commission of Enquiry

(Amount Spent in legal fees)

Dr. Roodal Moonilal (*Oropouche East*): Will the Prime Minister state the amount spent in legal fees by State owned Paria for the just concluded Commission of Enquiry with the specific amount paid to Gilbert Peterson and Jason Motto?

Mr. Deputy Speaker: Hon. Prime Minister.

The Prime Minister (Hon. Dr. Keith Rowley): Mr. Deputy Speaker, the figures available at this time is that Paria has spent to date \$8,000,548.18, with a further \$899,513.17 being processed for payment. The breakdown is not available to me at this time, and the Member may file a question on notice when that could be made available at the first opportunity?

Dr. Moonilal: Thank you very much, Mr. Deputy Speaker. In the context of the Prime Minister's response that Paria has spent more or less \$9 million on fees, but is now unable to tell us exactly where that \$9 million went, could the Prime Minister give an undertaking to provide the answer to this question which he has not answered?

Mr. Deputy Speaker: Hold on, Mr. Prime Minister. Again Member, I would not allow that. He has already made it clear that the Opposition could pose the question accordingly. Next question.

Dr. Moonilal: Next question, thank you very much. Is the Prime Minister satisfied that \$22 million has been spent on a commission of enquiry, including the fees at Paria, and to this date family members have not received one cent in compensation, or one cent in any support from the various Ministries of Government?

Hon. Members: [*Desk thumping*]

Hon. Dr. K. Rowley: Mr. Deputy Speaker, there are processes and there are processes. If the Member was so concerned about that quantum of legal fees and other costs and time delays then he might have supported the Government when

we took a different approach, saying, as I started off saying this evening, at the time when the action took place it would have been more flexible if a group of experts were put in immediately to deal with it and not get tied up in the legal processes and extractions of a commission of enquiry and legal exposure as follows from that. They said if we go down that route there will be a cover-up by the Government and therefore they wanted a commission of enquiry. You had a commission of enquiry, now you do not want a commission of enquiry, you do not want the expense of the Commission of Enquiry, and you come to Parliament to ask me about the Commission of Enquiry that you asked for.

Hon. Members: [*Desk thumping*]

Dr. Moonilal: Mr. Deputy Speaker, the question was very simple: There are recommendations from a commission of enquiry. Yes, there is a legal process that is taking place at this time—

Mr. Deputy Speaker: Question please?

Dr. Moonilal: This question is, will the Government be prepared to assist these families before all of them die?

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Question asked and answered. Prime Minister you want to add?

Hon. Dr. K. Rowley: Let me just say something, Mr. Deputy Speaker, for the taxpayers of Trinidad and Tobago. My colleagues in this House, and outside of this House, carrying this matter as some cause célèbre. They will not die, because some of the people involved in there they have already earned \$50-odd million from Paria, and therefore they would not die. The processes will take place. And it is improper to invite the Government to now override the processes to satisfy them, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Hon. Dr. K. Rowley: What I am being invited to do is to take governmental action that is out of step with the processes. I did say that the situation is being reviewed in the context of the statements of the Commission of Enquiry. That is underway, and that is as far as the Government is prepared to go at this time, rather than override what is going on. What is it they are inviting us to do? To jump in over a state company and make compensation from the Government? How is that going to be done?

Hon. Members: [*Interruption*]

Hon. Dr. K. Rowley: How is that going to be done?

Mr. Deputy Speaker: Members! Members, please! Please!

Hon. Dr. K. Rowley: I will not be advised to do that, and the Government will not do that.

Hon. Members: [*Desk thumping*]

Hon. Dr. K. Rowley: And if Paria, Mr. Deputy Speaker—

Mr. Deputy Speaker: Members, only the Prime Minister is on the Floor.

Hon. Dr. K. Rowley: Upon review of the circumstances Paria has the authority as a state enterprise under the Companies Act to take any action it requires to take and be protected under law. What is he encouraging me to do?

Dr. Moonilal: Fire the board!

Mr. Deputy Speaker: Thank you. Couva South, Member, proceed.

Mr. Indarsingh: Mr. Deputy Speaker, based on the fact that the Prime Minister just indicated to this House that people within the process benefited to the tune of 50—and I stand to be corrected, whether it is 15 or \$50 million—

Mr. Deputy Speaker: Question.

Mr. Indarsingh:—could the Prime Minister tell this House who and if the families

were the recipients of this \$15 million?

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Hon. Prime Minister.

Hon. Dr. K. Rowley: Mr. Deputy Speaker, I am not the advocate for either Paria or LMCS—

Mr. Indarsingh: Paria was funded by the Cabinet.

Mr. Deputy Speaker: No, no, no, hold on one second. Member you asked a question, the Prime Minister is answering. I would not tolerate any further outbursts. Proceed.

Hon. Dr. K. Rowley: I am indicating, Mr. Deputy Speaker, in the context of being told that people could die and starve and to death, I simply said, that that is not the situation that exists, because the people involved, whether it the Paria or LMCS, have earned \$50-odd million from Paria and therefore I do not expect anybody to starve to death when the two companies are involved. And the matter is being reviewed by Paria, I do not know who else is reviewing it, and I have not said what the outcome of the review will be, and I will not be drawn into this situation as my colleagues are inviting me to be. Something is underway, let it take its course, Mr. Deputy Speaker because the Government cannot act capriciously to please anybody, including ambulance chasers.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Supplemental, Oropouche East.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Okay, proceed Oropouche East.

Dr. Moonilal: Mr. Deputy Speaker, could the Prime Minister clarify, when he says millions of dollars have been paid, that is to companies and subcontractors, has the Government paid \$1 in support of the families and the children whose

parents and parent have died? Have they paid one cent? That is the question. It is not how much you pay the company.

Hon. Dr. K. Rowley: Mr. Deputy Speaker, this is not a matter for the Government of Trinidad and Tobago to jump in.

Hon. Members: [*Interruption*]

Mr. Deputy Speaker: Members!

Hon. Dr. K. Rowley: This is a matter where a state company has an accident in a situation where a contract was being executed by a private company, these are the facts! So the Government cannot just jump in and decide to pay compensation willy-nilly all over the place. We have to follow processes, and right now if Government means Paria then understand that to be. But if you are talking to the central Government and to the Prime Minister's office, the Office of the Prime Minister is not at this time involved in this matter.

Mr. Deputy Speaker: Question No. 3, Couva South.

Nationals Detained in Syria

(Details of Repatriation)

Mr. Rudranath Indarsingh (*Couva South*): Thank you very much, Mr. Deputy Speaker. Prime Minister, given that an advisory committee was created by the Government in March 2023 to facilitate the repatriation of our nationals detained in Syria, will the Prime Minister inform this House as to how many citizens have been repatriated since the establishment of the said Committee?

Mr. Deputy Speaker: Hon. Prime Minister.

The Prime Minister (Hon. Dr. Keith Rowley): Thank you, Mr. Deputy Speaker, Member for Couva South. The repatriation of Trinidad and Tobago nationals from a conflict zone, and in particular those nationals who are located in Syria, is a highly sensitive and complex matter. And the Government of Trinidad and

Tobago is committed to ensuring that the return of qualified persons is organized in a way that balances the needs of those returning with national security considerations that is in the best interest of Trinidad and Tobago.

To date none of the nationals of Trinidad and Tobago who are situated in the conflict zones in Syria have been repatriated to Trinidad and Tobago. In March 2023, Government took a policy decision to attempt to repatriate ISIS affiliated Trinidad and Tobago nationals who are in various locations in Syria and Iraq. In announcing this, Government also appointed a three-man team of eminent persons to work closely with and through state agencies tasked with the responsibility of planning and facilitating the organized return of these persons. The three-man team provides a critical interface with civil society, family members and the communities of this group of nationals. The work of the State on this matter is being coordinated through Task Force Nightingale, an inter-ministerial committee established in 2018, to advise on and develop a legislative and policy framework to facilitate and execute the organizing repatriation of this group of persons.

The Ministry of National Security is actively working to ensure that all arrangements that are necessary in order to achieve the singular goal of the successful repatriation and reintegration of Trinidad and Tobago nationals is progressed in a way that balances the needs of those returning with national security considerations that is in the best interest of all the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Supplemental, Couva South.

Mr. Indarsingh: Prime Minister, given that in December of 2023 the Chairman of this said committee, Mr. Nizam Mohammed, indicated that the Government has not even responded to the proposals from the said committee as it relates to the

repatriation proposals, are you in a position to inform this House if the Government has considered the proposals of the committee and responded to the said committee?

Hon. Dr. K. Rowley: I am not in a position to add anything further to what he has just said. These are national security matters which are being dealt with by the Ministry of National Security behind closed doors.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Supplemental, Couva South.

Mr. Indarsingh: Prime Minister, in December of 2023, the Chairman of the said committee, Mr. Nizam Mohammed, indicated to the national community that the committee was not resourced by the Government of Trinidad and Tobago. Are you in a position to inform this House whether the said committee has been resourced to function effectively in this matter?

Hon. Dr. K. Rowley: To the best of my understanding, Mr. Deputy Speaker, when the committee was appointed, a certain role is ascribed to the committee and as far as I am aware the committee is reasonably resourced, and if any further considerations are required we could do that as we go forward. Because the main thrusts of the Government's effort remains with the task force in the Ministry, Task Force Nightingale.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Member for Oropouche East, question 4.

CLICO's Shares in MHIL

(Details of Sale)

Dr. Roodal Moonilal (*Oropouche East*): Thank you very much, Mr. Speaker: In light of the recent disposal of the entire 56-plus per cent of CLICO's shares in

MHIL to Consolidated Energy Ltd for the sum of \$2.4b, will the Prime Minister provide the House with the name of company which conducted the valuation?

Mr. Deputy Speaker: Hon. Prime Minister.

The Prime Minister (Hon. Dr. Keith Rowley): Mr. Deputy Speaker, the company that did the independent valuation on the MHIL shares, which was approved by the Central Bank of Trinidad and Tobago to do this valuation when CLICO was still under the control of the Central Bank, is Charles River Associates legally called CRA International. This company was founded in 1965, and therefore it is a 59 -year old company in this business.

Mr. Deputy Speaker: Supplemental, Member for Oropouche East?

Dr. Moonilal: Could the Prime Minister indicate when this valuation was done and what was the value?

Mr. Imbert: 2020.

Mr. Deputy Speaker: Hon. Prime Minister.

Hon. Dr. K. Rowley: The valuation was a valuation of 2023.

Mr. Deputy Speaker: Supplemental again?

Dr. Moonilal: Could the Prime Minister indicate exactly was the value?

Mr. Imbert: Three hundred and thirty seven million dollars.

Hon. Dr. K. Rowley: I got it.

Mr. Deputy Speaker: Hon. Prime Minister.

Hon. Dr. K. Rowley: Mr. Deputy Speaker, the 2023 valuation price of the shares was taken at the midpoint of the highest and the lowest as was established and that figure was \$337 million. In addition to that there was a \$10 million dividend which was added to that, so the sale price was US \$347 million.

2.10 p.m.

**RIC Recommendations for T&TEC Increase
(Cabinet's Acceptance)**

Mr. Rudranath Indarsingh (*Couva South*): Thank you very much, Mr. Deputy Speaker. Will the Prime Minister inform this House if the Cabinet has accepted the recommendations of the Regulated Industries Commission (RIC) to the Trinidad and Tobago Electricity Commission (T&TEC) to increase the residential rates of its customers between fifteen (15%) to sixty-four (64%) percent, commercial customers between thirty-seven (37%) percent to fifty-one (51%) percent and industrial customers between fifty-eight (58%) to seventy-two (72%)?

[MADAM SPEAKER *in the Chair*]

Madam Speaker: Prime Minister.

The Prime Minister (Hon. Dr. Keith Rowley): Thank you, Madam Speaker. Madam Speaker, Cabinet has referred all those complexities in the report of the RIC to the Finance and General Purposes Committee of the Cabinet. The Finance and General Purposes Committee of the Cabinet is still interrogating all this information, and has not yet made its recommendation to the full Cabinet. The matter is under consideration.

Madam Speaker: Member for Caroni Central.

**World Cup Qualifiers Grandparent Rule
(Amendment to)**

Mr. Arnold Ram (*Caroni Central*): Thank you, Madam Speaker. To the Prime Minister: In light of the upcoming World Cup Qualifiers which begin in June, and the manifest disadvantage being suffered by potential players willing to represent this country owing to the outdated under 20 years Grandparent rule, will the Prime Minister inform this House whether urgent action will be taken to amend the

relevant laws to facilitate interested players qualifying for the upcoming World Cup?

The Prime Minister (Hon. Dr. Keith Rowley): Madam Speaker, there is a Minister of Sport and Community Development in Trinidad and Tobago and I will advise the Member to file such questions to the Member—

Hon. Members: [*Desk thumping*]

Hon. Dr. K. Rowley: That is not a Prime Minister question.

Madam Speaker: Member for Caroni Central.

Mr. Ram: Is it that the Member does not speak to his Cabinet Minister or is that person making noise?

Hon. Members: [*Desk thumping*]

Madam Speaker: So Member, I rule that question out of order. Member for Caroni Central.

Mr. Ram: Will the Prime Minister indicate whether he will be in a position to supply this House with a response on speaking to his Minister?

Madam Speaker: Member again, I rule this question out of order in light of the Standing Orders. Member for Oropouche East.

Prime Minister's Upcoming Visit to the US

(Purpose of)

Dr. Roodal Moonilal (Oropouche East): Thank you very much. Will the Prime Minister indicate the exact purpose of his upcoming visit to the United States from Sunday, January 28, 2024?

Madam Speaker: Prime Minister.

The Prime Minister (Hon. Dr. Keith Rowley): Madam Speaker, I lead a team to Washington to meet with the United States Government officials on matters of energy, commerce, cybersecurity, diplomacy and all other matters of interest to the

people of Trinidad and Tobago.

Hon. Member: [*Desk thumping*]

URGENT QUESTIONS

Leprosy - Enterprise Government Primary School

(Measures Taken)

Ms. Anita Haynes-Alleyne (*Tabaquite*): Thank you, Madam Speaker. To the Minister of Education: In light of reports that the Enterprise Government Primary School was shut down early on 25th January as a result of a parent and two children testing positive for leprosy, could the Minister inform the House what urgent measures are being taken in schools to detect and deal with future possible cases of leprosy?

Madam Speaker: Minister of Education.

Hon. Members: [*Desk thumping*]

The Minister of Education (Hon. Dr. Nyan Gadsby-Dolly): Thank you, Madam Speaker. Madam Speaker, there is no spread of Leprosy at Enterprise GPS, or Government Primary School. The Ministry of Education was notified on January 25, 2024, of the positive status of a parent of two children attending Enterprise GPS. She has been receiving treatment for Hansen's disease since 2019.

As outlined in a document sent to the Ministry of Education officials from the Ministry of Health, the parent was scheduled to resume treatment. Once in treatment the parent is considered noncontagious. Based on tests done the children pose no threat of contagion. The school was closed and sanitized on the 25th of January and is open for regular sessions since then.

Ministry of Health officials met with the staff and principal of the school to share pertinent information about the matter and to clarify any questions they would have had on the 24th of January. The offer of screening for all staff was

made, and that is planned for February 2nd, for anyone that is desirous of doing so and anyone that qualifies for prophylactic treatment will be offered same. The Education District Health Unit of the Ministry is available and accessible to all schools. All principals have been advised to report weekly on the number of children who present with any illness and a special appeal is made to parents to report to principals when they or their children are receiving treatment for notifiable diseases.

The EDHU liaises with the Ministry of Health to manage any such issues which arise from time to time and they also carry out health sensitization sessions in the schools. Parents are asked to monitor children closely and if they are not well, please, keep them home until they recover from the worst of their symptoms. Children should also be reminded of health protocols and encouraged to maintain them, washing hands, sneezing into their elbows, using sanitizers.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Oropouche East.

Threatened Mass “sick out” by Police Officers

(Measures to Address)

Dr. Roodal Moonilal (*Oropouche East*): Thank you very much, Madam Speaker. To the Minister of National Security: Can the Minister indicate what arrangements are in place in the event of a threatened mass “sick out” by Police officers over the delay in receiving back pay, which can hinder the national carnival celebrations 2024?

Madam Speaker: Minister of National Security.

The Minister of National Security (Hon. Fitzgerald Hinds): Thank you very much, Madam Speaker. Madam Speaker, based on my listening and observations in the newspaper, and the advice I received from the Commissioner of Police, there

is no planned “sick out”. The President of the association, one Gideon Dickson, made certain comments. To be fair to him, he suggested that Carnival security could be compromised as a result of disgruntlement of certain police officers. The Commissioner of Police assures the national community and I assure this Parliament that security for Carnival will not be compromised. In any event, specialist units like: the Homicide Bureau, the Finance Branch, the Administration Branch, will be in support of policing activity. Usually at Carnival time they bring out all of the officers except those who cannot work because of sick leave and such matters.

The Commissioner assures us that she plans to implement an all-agency approach which will involve officers of the Transit Police Units, the Municipal Police Units, the Praedial Larceny Unit and even the Parliament police to take care of this estate during the period of Carnival.

In addition to that, the Trinidad and Tobago Defence Force including the Reserves, who we have already called out, and, of course, as usual the fire service, will be out there providing public safety in that regard. One senior officer, it is reported, described Mr. Dickson’s comments as reckless and counterproductive. I must record for this House, I agree. And I would like to suggest that discouraging officers from going to work and encouraging that kind of action is neither useful nor helpful.

Madam Speaker: Hon. Minister, your time is now spent.

Hon. F. Hinds: May I thank you.

Madam Speaker: Member for Oropouche East.

Dr. Moonilal: Thank you very much. Based on the interfacing and information that the Minister has in conversation with the Commissioner of Police, could the Minister indicate the number of police officers who are yet awaiting back pay that

was promised in December last?

Madam Speaker: Minister.

Hon. F. Hinds: Madam Speaker, every police officer would have seen the supplementation of the finance staff in order to realize the goal of the back pay. Every officer would know the long hours that they had worked, including weekends, the importation of auditors from other state agencies to assist in the process. So I want to say, Madam Speaker, of the 5,776 regular officers eligible for payment, 2,855 were paid, another 252 are to be paid manually almost imminently, and say by cheque. That will amount to 3,107 officers. Of the SRPs of the 3,315 eligible, 3,148 have been paid, to date; 167 would have had issues of sick leave yet to be classified.

So the comment made by the President, as I say, was neither useful nor helpful especially when the Trinidad and Tobago Police Service is at the moment fighting to regain public trust, public confidence and public admiration and respect. I thank you. The security of the country for Carnival will never be compromised. I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Oropouche East.

Dr. Moonilal: Thank you very much and I know the nation can sleep safely with that assurance from the Minister. But Minister could you indicate, bearing in mind your response, that 50 per cent of the police officers have not been paid, could you indicate when the other 50 per cent of police officers will be paid their outstanding back pay?

Hon. Members: [*Desk thumping*]

Madam Speaker: Minister of National Security.

Hon. F. Hinds: Madam Speaker, in terms of public safety, once the UNC is alive

and exists in this country—

Hon. Members: [*Crosstalk*]

Hon. F. Hinds:—this country could never be safe.

Dr. Moonilal: The UNC will pay them.

Hon. F. Hinds: But, Madam Speaker, but, Madam Speaker, the long hours of work including weekends and all of the supplementation that I have just described is constantly at work and the process continues. We expect payment to be done in the shortest, the quickest and the most efficient time. Thank you very much.

Mr. Indarsingh: “You pay off all the contractors for Balisier House.

Madam Speaker: Leader of the House.

Mrs. Robinson-Regis: You are jealous of our Balisier House?

Mr. Indarsingh: We could never be jealous—

ANSWERS TO QUESTIONS

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Madam Speaker, there are two questions for oral response, we are answering both. There are no questions for written response.

Madam Speaker: Member for Couva South.

Hon. Members: [*Desk thumping*]

ORAL ANSWERS TO QUESTIONS

Mr. Indarsingh: Thank you, Madam Speaker, as I flip my pages to get to the question, the number of the question. Madam Speaker, the—

Madam Speaker: Question 28.

Mr. Indarsingh: Yes, I am getting there, Madam Speaker.

Sonny Ladoo Early Childhood Care and Education Centre (Status of Outstanding Payments)

28. Mr. Rudranath Indarsingh (*Couva South*) asked the hon. Minister of Education:

Further to the response provided to House of Representatives Question No. 23 on December 10, 2021, will the Minister provide an update on the status of all outstanding payments to the contractor and consultant with respect to the Sonny Ladoo Early Childhood Care and Education Centre?

Madam Speaker: Minister of Education.

The Minister of Education (Hon. Dr. Nyan Gadsby-Dolly): Thank you, Madam Speaker. Madam Speaker, the Educational Facilities Company Limited is a subject of a winding up application under the Companies Act. The matter is currently before the Court of Appeal. Any decision on payments to contractors who claimed they are owed money by EFCL will have to await the outcome of that decision.

Madam Speaker: Member for Couva South.

Mr. Indarsingh: Based on the response of the Minister, Madam Speaker, could the Minister clarify if indeed the Sonny Ladoo Early Childhood Education Centre is on the programme of works for fiscal 2024, in terms of a formal reconstruction and opening?

Madam Speaker: Minister.

Hon. Dr. N. Gadsby-Dolly: Madam Speaker, that school is not on the current list that is being worked on by the MTS, which are our project managers for the schools that are incomplete.

Madam Speaker: Member for Couva South.

Couva Community Swimming Pool

(Status of)

29. Mr. Rudranath Indarsingh (*Couva South*) asked the hon. Minister of Sport and Community Development:

Further to the response provided to House of Representatives Question No.15 on November 25, 2022, will the Minister provide an update on the status of the Couva Community Swimming Pool?

Thank you Madam Speaker.

The Minister of Sport and Community Development (Hon. Shamfa Cudjoe-Lewis): Thank you, Madam Speaker. In fiscal 2023, the Ministry of Sport and Community Development engaged the services of a structural engineer to conduct a thorough assessment of the Couva Community Swimming Pool structural integrity. The assessment culminated in a comprehensive report submitted to the Ministry in July of 2023. Notably, the report recommended extensive repairs and refurbishment of the facility rather than opting for demolition and reconstruction.

As such the Ministry included in its programme of works for swimming pools for fiscal 2024, refurbishment works to be done at the Sangre Grande, Couva, Siparia, Cocoyea and La Horquetta Community Swimming Pools. An expression of interest was officially issued on January 03, 2024, and closed on January 10, 2024. The AOI was used to gauge interest in the works to be done at the various facilities and to create a manageable pool of contractors to submit the proposals. The Ministry received expression of interest from 34 companies for the refurbishment work at Couva Community Swimming Pool. A sight visit is scheduled for February 01, 2024. Tenders are expected to be invited by the end of February 2024, and based on the procurement plan, works are scheduled to commence in May 2024. The projected timeline for completion of works set at four calendar months aiming for an estimated completion date, September 2024. Thank you, Madam Speaker.

Mr. Indarsingh: I thank the Minister for that comprehensive reply, hoping they stick to the timeline.

2.25 p.m.

Madam Speaker: Leader of the House.

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Thank you very much, Madam Speaker. Madam Speaker, pursuant to Standing Order 126 and with your leave, there has been agreement to allow the Minister of Finance to speak until the conclusion of the statement.

Madam Speaker: Hon. Members, I am informed that there has been agreement between the Leader of the House and the Whip to allow the Minister of Finance to speak until the conclusion of his statement. Minister of Finance.

Hon. Members: [*Desk thumping*]

**ANNUAL REPORT FINANCIAL INTELLIGENCE UNIT
OF TRINIDAD AND TOBAGO
(YEAR ENDED SEPTEMBER 30, 2023)**

The Minister of Finance (Hon. Colm Imbert): Thank you, Madam Speaker. I may not take the 10 minutes but just to be safe. I have been authorized by Cabinet to make the following statement. I thank you for the opportunity to deliver this statement on the annual report of the Financial Intelligence Unit of Trinidad and Tobago for the year ended September 30, 2023.

In accordance with section 18 of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap. 72:01, the Director of the FIU submitted to the Minister of Finance its annual report for the year ended September 30, 2023, which has been laid in Parliament. I would like to outline some of the main highlights of this report.

In the area of combating money laundering, the financing of terrorism and proliferation financing, while no laws specific to domestic anti-money laundering, counter financing of terrorism, counter proliferation financing, known in the trade

as AML/CFT/CPF regime, have been passed in 2023, proposed amendments to legislation geared towards the improvement of Trinidad and Tobago's compliance with the Financial Action Task Force, FATF, Recommendations 24, 25 and 35 have engaged the FIU during 2023. In particular, the FIU provided input into the Miscellaneous Provisions (the Trustees, Proceeds of Crime, Income Tax, Companies, Partnerships, Securities, Tax Information Exchange Agreements, and Mutual Administrative Assistance in Tax Matters) Bill; and the Miscellaneous Provisions (Proceeds of Crime, Anti-terrorism, Securities, Insurance and Miscellaneous Provisions (FATF Compliance) Bill, 2023.

In the area of robust risk-based supervision for effective AML/CFT/CPF compliance, the FIU has prioritized the digital transformation of its supervisory function to strengthen its operational capabilities, as it continues to utilize the intelligence provided from the analysis of Suspicious Transaction Reports/Suspicious Activity Reports, STRS or SARs, to ensure compliance with AML/CFT/CPF obligations.

Accordingly, Madam Speaker, for this reporting period, 337 new entities were registered with the FIU, bringing the total number of registrants to 4,504 as at September 30, 2023. Of this number, the real estate and attorney-at-law sectors continue to lead the way with the highest number of new registrants.

In its drive towards digitalization, the FIU has commenced its implementation of a secure electronic dispatch system for the issuance of registration certificates to supervise entities. Additionally, in the current reporting period, the FIU has expanded the registration criteria for its supervised entities and has issued updated registration guidelines for entities categorized as "non-regulated financial institutions".

Within the reporting period, the Central Bank granted two additional electronic money issuer licences to entities, which perform and operate electronic money issuer activities. These two entities subsequently registered with the FIU.

In accordance with the Non-Profit Organisations Act No. 7 of 2019, the NPO registration process mandates organizations to complete an AML/CFT/PF risk assessment questionnaire and submit the same to the Registrar General's Department. During this reporting period, the Registrar General's Department forwarded risk assessment questionnaires from 307 non-profit organizations to the FIU, and 12 non-profit organizations were on boarded to the FIU's supervision. Currently, a total of 317 non-profit organizations are subject to the FIU monitoring.

In accordance with the section 18BA of the FIU Act, entities and individuals who cease to engage in the activities of a supervised entity can initiate the de-registration process by using the de-registration form. Further, section 18BA(2) allows the FIU on its own motion to de-register a registrant. Accordingly, during the review period, a total of 25 entities from various sectors were de-registered by the FIU and notices of de-registration issued. As such, as at September 30, 2023, 4,821 supervised entities were operating under the FIU's supervision.

Pursuant to Regulation 3 of the Financial Obligation Regulations, financial institutions and listed businesses registered with the FIU are obligated to designate a compliance officer and alternate compliance officer, and thereafter secure the FIU's approval. During the period, the FIU received 557 compliance officer and alternate compliance officer applications, representing an 8 per cent increase compared to the previous period. Letters of approval were also issued in respect of 539 applicants, representing a 120 per cent increase compared to the previous

period.

Pursuant to section 33(3) of the Anti-Terrorism Act, all financial institutions and NRFIs, non-regulated financial institutions, are mandated to consult the United Nations Security Council Resolution, UNSCR, 1267/1989/2253 Sanctions List and United Nations 1988 Sanctions List, together referred as the list of designated entities. Based on the submissions of Quarterly Terrorist Property Reports, the FIU has observed there has been an increase over the previous period, while 226 were attempted transactions, of which—I am terribly sorry. There has been an increase in awareness among reporting entities, evidenced through the expansion of their due diligence processes. Also, the FIU embarked on the digitalization of the Quarterly Terrorist Property Report 1 and the Quarterly Terrorist Property Report 2 forms to assist financial institutions and NRFIs in submitting Quarterly Terrorist Property Reports via the online platform.

During the reporting period, the FIU utilized three main tools to test whether internal controls were effectively implemented by supervised entities. In the area of independent testing, independent audits were conducted in high-risked sectors, including attorneys-at-law, private members' club, credit unions, motor vehicle sales and real estate.

Another internal control used as the primary method was compliance examinations. Fifty-three were conducted in the review period, of which 89 per cent were sectors identified as higher risk. And at September 30, 2023, a total of 1,122 AML/CFT/CPF compliance examinations were conducted on supervised entities.

Madam Speaker, the FIU, in monitoring supervised entities for compliance, reports on entities that are in breach of the obligations. One type of breach

identified was the failure by supervised entities to appoint a compliance officer or alternate compliance officer with a high response level from these entities to warning letters regarding this breach. Additionally, the FIU identified 41 credit unions that were in breach of the obligation to submit Quarterly Terrorist Property Reports within the specified time frame.

The FIU's outreach and awareness efforts continued with 29 virtual outreach sessions being conducted, seven of which were specifically for the purpose of understanding a risk-based approach, to enable reporting entities to identify the money laundering/financing of terrorism/proliferation of Financing Risks, and create robust measures to mitigate the risk assessed.

In the area of financial analysis, during the period, the FIU received a total of 950 Suspicious Transaction Reports or Suspicious Activity Reports. The banking sector continues to record the highest number of STRs or SARs, accounting for 60 per cent of the reports received. This was followed by a money or value transfer services sector and cooperative societies, which accounted for 23 per cent and 8 per cent of the reports received.

During the reporting period, the FIU noted a 21 per cent decrease in STRs or SARs from the banking sector and a notable increase from finance companies from 3 to 29, or an 867 per cent increase compared to the previous period. Submissions from the money or value transfer services sector and cooperative sectors increased by 113 per cent and 55 per cent, respectively. Overall, a 93 per cent increase was noted in the Suspicious Transaction Reports or Suspicious Activity Reports submissions by non-regulated financial institutions, credit unions. However, a 19 per cent decrease was noted in submissions by financial institutions and a 17 per cent decrease in submissions from listed businesses. The FIU noted a 250 per cent

increase in Suspicious Transaction Reports, or SARs, from private members' club and a 25 per cent increase in STRs/SARs from motor vehicle sales.

The total monetary value of the 950 Suspicious Transaction Reports or Suspicious Activity Reports amounted to \$5,954,472,732, of which 784, or \$1,392,564,730 were completed transactions and represented a 12 per cent decrease when compared to the previous period, while 226 were attempted transactions, of which the monetary value amounted to \$4,561,908,002, which represented a significant increase over the previous period. Notably, seven STRs or SARs contained both completed and attempted transactions.

The FIU completed analysis on 523 STRs or SARs, generating a total of 60 intelligence reports, of which 51 were suspected money laundering cases, and nine was suspected financing of terrorism cases. Of the 60 reports generated and subsequently disseminated, 35 were spontaneous disclosures. Of the 35 spontaneous disclosures, 26 were submitted to local competent authorities while nine were shared with foreign law enforcement authorities and foreign Financial Intelligence Units.

In the area of strategic engagements, cooperation and collaboration, over the past year, the FIU sustained its engagements and strategic partnership with other FIUs, law enforcement authorities, intelligence agencies and other supervisory authorities, reporting entities, government agencies and other stakeholders on matter of mutual interest. These partnerships allowed the FIU to widen its knowledge of domestic and international trends, and patterns, typologies in money laundering/financing of terrorism/proliferation financing.

The FIU also received 13 requests from foreign authorities, which featured 38 subjects. The suspected criminal conduct in the majority of cases was money

laundering related. In conducting its analysis, the FIU made 18 requests to foreign authorities for financial intelligence and information. The requests comprised 32 subjects and involved suspected fraud, money laundering and other cases. Requests from foreign authorities originated mainly from the Americas, followed by the Caribbean and Europe.

During the reporting period, the FIU disseminated nine spontaneous disclosures to foreign Financial Intelligence Units and law enforcement authorities. The spontaneous dissemination of intelligence was linked to the suspected criminal conduct related to money laundering and financing of terrorism in foreign jurisdictions.

2.40 p.m.

Money laundering accounted for 44 per cent of the total number of spontaneous intelligence reports, while financing of terrorism accounted for 33 per cent. Other suspected criminal conduct amounted to 23 per cent.

In the area of resources and infrastructure, during the period the FIU sought to elevate its client's services by enhancing and upgrading its ICT infrastructure and systems. Its primary goal was to bolster its secure online reporting solution, enabling the submission of electronic reports. Further, in light of the eminent commencement of the Caribbean Financial Action Task Force 5th Mutual Evaluation earlier in 2026, it is imperative that the FIU has a full complement of staff. Accordingly, the FIU proposes to advertise contract vacancies in order to recruit persons in the different divisions. In addition, the Ministry of Finance is currently processing recommendations from the FIU requesting Cabinet's approval of the retention of twelve contract positions.

In the 2023 reporting period, the FIU witnessed the completion of three

strategic analysis products: romance scams, social engineering tactics and illegal wild life trade and dissemination to stakeholders' reporting entities and competent authorities. Staff retention continue to be a challenge based on the unique nature of the AML/CFT/CPF field. Trained staff are poached by international and domestic organizations as they hold vast experience in the field. Also, the sanctioned complement of the staff has increased and consequently additional accommodation is necessary to onboard new staff to carry out the core functions of the FIU.

Additionally, the major ICT initiatives conducted by the FIU over the reporting period for the upgrade of its PBX, upgrade of its firewall environment, FIU sanctions list application database, upgrade of FIUConnect secure online reporting solution to case connect, implementation of the quarter reporting solution and procurement of a video conferencing solutions. Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Caroni East.

**PUBLIC HEALTH CARE SERVICES
(GOVERNMENT MEASURES TO IMPROVE)**

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

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

And whereas the provision of human resources has not adequately met the demands for public health care resulting in patients being subjected to long waiting times and the postponement of clinic visits and surgeries;

And whereas health care professionals do not have access to modern

information technology systems, lack access to suitable drugs, equipment, and facilities to deliver modern and advanced healthcare;

And whereas health care workers have endured physical and mental stress in the delivery of public health care services:

Be it resolved that this House call on Government to implement measures to immediately improve the delivery of health care services to the people of Trinidad and Tobago and to address mismanagement in the health care sector.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Thank you, Madam Speaker, for allowing me to file this very critical assessment of our health care services in Trinidad and Tobago and, Madam Speaker, on the onset I would like to say that our health care services in Trinidad and Tobago are failing the citizens.

2.45 p.m.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, we on this side, we are on the ground, we are in the villages and communities and as—

Hon. Member: Hospitals.

Dr. R. Seecheran: And we are in the hospitals and my constituents that see me every Tuesday in my constituency office tell me of the woes that they face in achieving health care services in our public health care system.

Madam Speaker, I would like also to thank my political leader, Kamla Persad-Bissessar, for her continued service to our country as well as her confidence in me.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, Caroni East also has confidence in her. I

would also like to thank the Member of Parliament for Fyzabad for allowing me to open the bowling attack today.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: And, Madam Speaker, he continues to mentor me as well as others in the health care sector. Madam Speaker, every sector, every Government Ministry is failing and money is not the issue. The Health Ministry is a well-funded Ministry but services are not reaching citizens. Management and leadership are failing. The Ministry has failed on all tenets of this Motion and I am calling for an urgent review of the nation's health care system.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, those on the other side will tell us that we are exaggerating and we are making up things for political gains. Today, we will prove them wrong.

Madam Speaker, the Motion for those who may not have heard it on television:

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

And whereas the provision of human resources has not adequately met the demands for public health care resulting in patients being subjected to long waiting times and the postponement of clinic visits and surgeries;

And whereas healthcare professionals do not have access to modern information technology systems, lack access to suitable drugs, equipment, and facilities to deliver modern and advanced healthcare;

And whereas health care workers have endured physical and mental stress in the delivery of public healthcare services:

And, Madam Speaker, finally:

Be it resolved that the Minister of Health finally does something to address these issues.

So, Madam Speaker, with regard to the first recital, the first word I would like to deal with there is “the duty”, “the duty of the Government” and the People’s Partnership Government has significant investment in health care. It was our duty to invest in health care and we only had five years to do it. It was my leader’s vision to build the Couva Hospital.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: And, Madam Speaker, that hospital was integral to saving thousands of lives during COVID-19.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: It was the proverbial Noah’s Ark during the storm of COVID-19. A specialized state-of-the-art facility and if it did not exist, we would have had to build it. Other countries around the world used tents as their hospitals. Madam Speaker, the People’s Partnership also invested in the San Fernando Teaching Hospital and they turned the sod on the Arima and Point Fortin hospitals as well as the nursing academy. Health care centres had extended opening hours. I would like to thank my political leader, she just celebrated 14 years as our political leader—

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: And God’s willing, Madam Speaker, we will see many more years under her tenure.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, with regard to the second word here, “safety”. Safety is paramount in any health care system and I will be the first to say that our doctors and our nurses are number one in the world. I myself come

from a family of health care professionals.

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

Dr. R. Seecheran: All my younger brothers—I have three younger brothers—are medical doctors, my wife as well is a dentist, I myself am a dentist and I know what it takes to become a doctor. The University of the West Indies is producing exceptional graduates, Madam Speaker, many excel at the international level. T&T is known for brilliant, brilliant doctors.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: But a doctor is the product of family, is the product of teaching, is the product of dedication to learning, but they need support from the Government; drugs, supplies, lab reagents, diagnostic equipment are all lacking. Doctors are unable to do the job that they wish to do.

Madam Speaker, this Minister of Health has built white elephants around this country. The Arima hospital at \$1.6 billion; the Point Fortin hospital at \$1.3 billion; the Sangre Grande at \$1.1 billion, and the Central Block of the Port of Spain General Hospital at an estimated \$1.27 billion. And many doctors cannot complain about the issues that they face in the health sector because they are bound by these non-disclosure agreements, and they cannot criticize what they face. They fear losing their jobs, they fear victimization and they toil in despair. But they can hope for better days when Kamla Persad-Bissessar returns as the Prime Minister of this country.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, I would like to thank all doctors and nurses, all health care professionals, for their yeoman service to Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran: Madam Speaker, the third word in this first tenet is with regard

to “reliable” services, and there was a first Joint Select Committee Town Meeting on social services with regard to health care services just about one month ago, and it took place at Cabildo Building right here in Port of Spain. During that meeting, the Minister in the Ministry of Agriculture, Land and Fisheries, Avinash Singh was on the panel and his words were:

The health allocation in this country is \$6.8 billion per year, Education’s allocation is \$7.4 billion per year. “So, it is not that the government is not putting resources there, something else is happening.”

Now, Madam Speaker, this is a PNM Minister saying that something else is happening. So what did he mean by that? He did not give our health services a passing grade. In fact, he criticized the sector and he went on to say that his grandmother that uses the health centre visited there, her file was lost, the doctors were unable to check her medical history and thus unable to give her her prescription that she required. And this is a PNM Minister complaining about the Ministry of Health services and stating that money is not an issue. Money is not an issue, Madam Speaker, and the Minister of Health is blissfully ignorant of any misgivings.

Madam Speaker, there is no accountability. That is the issue here. There is no accountability. The Minister downplays any criticism put his way and deficiencies are not being addressed. Year after year, billions after billions, the citizens of this country must face these exact same issues and nothing is being done. When will we ever find Minister Avinash Singh’s grandmother’s file? Madam Speaker, just two months ago, the Minister of Health:

“...accused the media of ‘poisoning the population’”

His exact words:

“Let one thing go wrong and the media will crucify you, those were my

words...”

And that is what he said verbatim.

But, Madam Speaker, more than one thing is going wrong. Citizens are having major issues accessing services. Madam Speaker, getting back to the Joint Select Committee. As I said, the first one took place in Port of Spain and many of the complaints were about long wait times to see the doctors, bad attitude by the staff, disappearing patient files and these issues would be expanded upon by future speakers, Madam Speaker, but these are true testimonies from citizens of Trinidad and Tobago. This was not a UNC event. Some stated that they waited up to seven hours to see a doctor, staff members being extremely rude to patients and patients not being able to access drugs and told to come back because their file was lost.

Madam Speaker, Nursing Manager Avion Drayton-Bailey said she has been waiting two years to do an echocardiogram and she said:

“...you would think that...”—even—“being in the system... I would have been able to get through...”

She is actually the manager of that division. Another nurse who attended these consultations, and she is from the Diego Martin Health Centre, the Prime Minister’s constituency said that it takes too long to fix broken equipment.

And she said one of the ECG machines went down and they had to use the other two but those two as well were broke. She said:

You are always having to be going around some red tape. You go up a hill, “we trying to help people here and when people get frustrated, they abuse staff”.

And, Madam Speaker, this is a nurse that felt the need to attend this town hall meeting and it was in a health centre in the Prime Minister’s constituency.

So, Madam Speaker, another keyword in the first tenet was “compassion”

and when this town hall meeting occurred, the *Express* laboured this town hall meeting, the events that occurred there, as:

“Horrors in health care”

“Horrors in health care” and for the life of me, I cannot understand why the Prime Minister is not concerned about the Minister of Health’s performance, Madam Speaker. How much more can citizens take?

Madam Speaker, one person states that:

“Menopause concerns”—were—“dismissed”

The Menopause Empowerment Network of Trinidad and Tobago said they:

“...raised concerns over the treatment of women...”

And Natasha Nunez said:

“They are not treated with respect and dignity when they present at hospitals and health centres with menopause symptoms, they are not given information or treatment options to alleviate the symptoms which...”

—in many cases can be very detrimental. Doctors are not even telling them:

“...of the increased risk...”—of—“cardiovascular diseases, diabetes and other chronic illnesses like cancer and stroke when they enter menopause...”

And, Madam Speaker, if that is not an indictment on compassion, I do not know what is.

Madam Speaker, it gets even worse. In the Joint Select Committee, there was a second one, and this one took place in San Fernando and this was just about two weeks ago and again, this was not a UNC event. Right. Persons that attended complained of long-waiting times in clinics, no doctors on clinic days, lack of seating in clinics. So apparently “we spending billions of dollars but sick people ha’ tuh stand up to see the doctor still because we cyah buy chairs”.

Transportation issues. The Dial-A-Ride facility is not functioning. Abusive treatment from staff. Diagnostic equipment not working. Patients advised by staff at the health care centre to go and do the procedure privately, missing files and incorrect prescriptions.

Madam Speaker, and many of the issues had to do with the Chronic Disease Assistance Programme, CDAP, and persons complained about the lack of available drugs, ineffective drugs, generic drugs, and the fact that the Government, in their opinion, was short-changing citizens. We have the Member of Parliament for Chaguanas East, she was also on the panel at these discussions and probably later on today, she would enlighten us on her experience but, Madam Speaker, the writing is on the wall for the Minister of Health. Even his own PNM colleagues are criticizing his own Ministry.

Madam Speaker: Just remember, this is not a Motion about the Minister of Health. All right. So you have mentioned it before but this is not about the Minister of Health, you are talking about health sector.

Dr. R. Seecheran: Of course, Madam Speaker, I would comply.

Madam Speaker: Yes.

Dr. R. Seecheran: And, Madam Speaker, the last words in the first tenet “for all”, “health services for all” and this probably was the most disturbing one for me. Madam Speaker, in 2016, in Trinidad and Tobago, we had an outbreak of the Zika virus and we had roughly 294 Zika positive pregnancies and when you are Zika positive and pregnant, there is a risk that the child that may be born may have something called microcephaly.

3.00 p.m.

And this is a reduced brain development, Madam Speaker, and this child needs lifelong care, and in many cases rehabilitation and physical therapy. In

many other countries around the world, they have built, actually, clinics just to facilitate these children. In Brazil there are over 2,000 children such as these. And Madam Speaker, what I was most concerned about is that the Ministry of Health refused to care for these sick children, and they failed to provide specialized care to these Zika affected children. In May 2023, the mother of one of these children took the Ministry of Health to court.

Hon. Deyalsingh: Madam Speaker, I rise on Standing Order 49 (1), the sub-judicial rule, this is before the Appeal Court.

Madam Speaker: Okay, so, Member I will just give you a little leeway, but if this matter is before the court you cannot go into any great detail about it. But I will give you a little leeway.

Dr. R. Seecheran: Thank you, Madam Speaker. I am not going into detail of the report but, what I would like to state is what Justice Charles said about the issue. And what she said, Madam Speaker—

Hon. Deyalsingh: Madam Speaker, the matter is sub judice.

Madam Speaker: Alright. So, I will ask you to move on, alright. If you could move on.

Dr. R. Seecheran: Thank you, Madam Speaker. So, with regard to not the case, but the fact that the Ministry of Health refused to provide specialized care for these children—

Hon. Deyalsingh: The case is sub judice. I rise on Standing Order 49(1).

Madam Speaker: Alright Minister of Health. I will just give you a little leeway. Where are you going with that?

Dr. R. Seecheran: Yeah, Madam Speaker, just the fact that the Ministry of Health refused to provide specialized care for these children is very atrocious and—

Hon. Members: [*Desk thumping*]

Dr. R. Seecheran:—and every citizen, every child in Trinidad and Tobago deserves health care from the Government of Trinidad and Tobago.

Mr. Indarsingh: You stand up there as a qualified lawyer.

Dr. R. Seecheran: Almost. And, Madam Speaker, that was the first recital. Moving on to the second recital.

“And whereas the provision of human resources has not adequately met the demands for”—the—“public health care”—system—“resulting in patients being subjected to long waiting times and the postponement of clinic visits and surgeries;”

And, Madam Speaker, this is something that is not new to the Minister of Health and the Ministry of Health. In fact in October of 2023, the Trinidad and Tobago Medical Association called on the Minister of Health to focus on human resources. And a representative of the TTMA said that we need qualified and trained healthcare professionals who will endeavour their best every day to care for patients in their charge. But, care is often thwarted by insufficient bed space and inadequate theatre time, resulting lack of support services such as physiotherapy, speech therapy and occupational therapy for both our paediatric and adult patients.

Madam Speaker, what I wanted to say here is that more doctors are needed before we build more hospitals. There are long waiting times in our health centres, and in our hospitals, put our qualified citizens to work, we have hundreds of young and qualified medical graduates that do not have a job, Madam Speaker. Billions to build hospitals but they are not adequately staffed. All for show, Madam Speaker, with generic drugs and faulty equipment. And Madam Speaker, the Ministry of Health, and by extension the Minister, should follow Jamaica’s lead.

“The Jamaican government...”—in May of 2023—“established over 2,000 new permanent posts for doctors within”—their—“public healthcare

system.”

Madam Speaker, the Minister of Health and Wellness, Dr. Christopher Tufton, said the intention is to—

“...restructure and expand services at both the primary and secondary levels.”

This means—and I am quoting him:

““This means less patient to doctor ratio, more specialists in the system, more doctors at the primary...”— levels—“and also in the hospitals.”

He went on to say:

““...when we have more doctors, it means patients will get better care””

And he went on to say as well, Madam Speaker:

““This Government cares about those who go to the public health””—care—
““system,””

Madam Speaker, the Ministry of Health does not care who goes to our public healthcare system. If they did, they would hire more doctors and reduce the burden on those already in the healthcare sector. And, Madam Speaker, the Minister of Health knows that there is a doctor shortage. Last month, the Minister of Health stated that while there is an abundance of junior doctors, there is an urgent need for specialists and subspecialists in the medical fraternity. He went on to say that we do not have many doctors in the post such as paediatric cardiologists and MRI specialists, we do not have enough A&E nurses.

But, Madam Speaker, what I would like to say that specialists do exist within our system and many of our specialists have migrated to other countries. Those that have specialized in the U.S and England. And similar to foreign investors, Madam Speaker, crime is a major factor in them returning to Trinidad and Tobago, as well as the poor working conditions in our hospitals, as well as

political interference in doing their jobs, Madam Speaker.

So, it is not attractive for our specialist to come back here to return to Trinidad and Tobago because of the poor working conditions, and remunerations in our public healthcare sector. And even if we were to train specialists here as the Minister has said that he wanted to do in the Port of Spain General Hospital, more than likely, Madam Speaker, many of them would simply leave when they get the opportunity to do so, and many would migrate to greener pastures. What do I mean by doctors face political interference, why did I say that? And you see, Madam Speaker, doctors feel overworked and underappreciated in our public healthcare sector. For example, Madam Speaker—

Hon. Member: Yes, quote a doctor with a [*Inaudible*]

Dr. R. Seecharan: [*Laughter*] For example, Madam Speaker, in May of 2021, 11 senior doctors demanded the reinstatement of four consultants who were transferred out of the Couva Hospital, and they demanded a probe into why these four consultants were removed from the Couva hospital. And in the letter, Madam Speaker, they went on to say;

We look forward to your urgent action and to any dialogue which may be desirable, and hope that we can look forward to a correction of what appears to be a very serious default.

And, Madam Speaker, this matter was of singular importance to these doctors—I know actually many of them—involving some of the most experienced physicians in our country. And this was in the midst, this was at the height of the surge of COVID-19 in Trinidad and Tobago. And, Madam Speaker, by the Ministry—sorry by the regional health authority rotating these doctors out of the Couva Hospital it destabilized the delivery of healthcare to COVID-19 patients. And this was one of the major contributing factors to patient deaths during COVID-19. And

if you speak on deficiencies in the sector, Madam Speaker, doctors understand that they would be punished, they would be punished by those in authority. PNM—

Madam Speaker: Member for Caroni East, I am having some difficulty on the question of relevance to the Motion that you have set out here. So, if you could quickly tie what you are dealing here to one of these recitals I will allow you. If not please move on to something else.

Dr. R. Seecheran: I was just trying to say why doctors find it difficult to work in Trinidad and Tobago, and why they are leaving in droves, Madam Speaker. But moving on, we also have a Special Auditor General's Report of the lack of doctors in our healthcare service, and it was laid in this Parliament, Madam Speaker, on the 5th June, 2023. And the name of this report, Madam Speaker, was contributing to a "strong and resilient national public health system" between the years of 2016-2021.

And it assessed our country's ability to detect, reduce the risk of, and managing national or a global health risk—and this was under the United Nations, Sustainable Development Goal 3 Target d.

And we had contributors Madam Speaker, from the World Health Organization, the Ministry of Planning and Development, the Permanent Secretary of the Ministry of Health, the Chief Medical Officer, staff of the regional health authorities, the ODPM, the TTRNA—the Trinidad and Tobago Registered Nurses Association—as well as our PAHO representative. And the report concluded, Madam Speaker, that Trinidad and Tobago would have a more resilient healthcare sector going forward when new and existing healthcare facilities are adequately staffed and equipped for future health. That was the conclusion which report made. Not to build more hospitals, Madam Speaker, but to adequately staff our existing hospitals. The report also made specific mention to our inadequate human

capital. The report went on to say, Madam Speaker, that we have a

“ratio...1 doctor, nurse and midwife per 1,000...”—persons in Trinidad and Tobago.

And the WHO recommendation is four doctors, nurses and midwives per 1,000. So, according to the World Health Organization, Madam Speaker, we are significantly undermanned in our nation’s hospitals. And thus, we are unable to provide a very high level of care in our hospitals. According to COVID-19 data—COVID-19 was the great equalizer for many scientists—our nation has ranked 172 out of 195 countries, Madam Speaker.

Mr. Indarsingh: I thought it was number one.

Dr. R. Seecharan: In their dreams. The report went on to state, out of 17,682 healthcare positions in Trinidad and Tobago 6,674 are vacant or 37.6 per cent of positions are vacant and the most number of vacancies was in the nursing profession. So, Madam Speaker, the Auditor General’s report also made mention of nurses, and the only regional health authority that has adequately met its staff quotas is the Tobago Regional Health Authority and that is because it is under the Tobago House of Assembly, Madam Speaker. Sadly, nurses’ salaries are among the lowest in the public healthcare system. They are only given in many cases short-term contracts and thus they cannot buy a house, in many cases they cannot buy a car, and provide for their families. And we have over 3,400 nurses living under these conditions.

And, Madam Speaker, the Minister of Health continues to deny that we are having an exodus of nurses in our healthcare system due to poor salaries and working conditions. And he said this in March of 2023, we have companies such as Avant Healthcare Professionals as well as the National Health Service in the UK coming down here every year to poach our nurses. And the world nursing report,

Madam Speaker, has stated that the countries experiencing excessive losses of their nursing workforce through migration should consider mitigating measures such as retention packages and improvement of salaries, working conditions, and creating better professional opportunities for these nurses. The head of the TTRNA, Idi Stuart is on record of saying the Government of Trinidad and Tobago is not implementing not one of these recommendations, Madam Speaker.

So, Madam Speaker, in Trinidad and Tobago according to an FOIA done by the TTRNA, we are short of 3,709 nurses in our healthcare sector—and the Minister of Health is looking at the sky right now. In our public healthcare service we require 10,126 nurses but only 6,417 are employed and thus we have a deficiency of 3,709 nurses. In the SWRHA, we have a shortfall of 1,329; in the Northwest Regional Health Authority, we have a shortfall of 1,239; in the North Central Regional Health Authority, we have a shortfall of 489; in the Eastern Regional Health Authority, we have a shortfall 521; and the Tobago Regional Health Authority has its full complements of 707 nurses, Madam Speaker. And these figures were up until December 2022, roughly one year ago, and Idi Stuart has said that our regional health authorities have not been operating with their full complements of nurses for a very extended period. And with four new hospitals coming on stream, being the Point Fortin, the Arima, the Couva, and the Roxborough hospitals, these numbers would, of course, have to change. A new manpower audit would be needed.

And the revised figure is expected to be in excess of 12,000 nurses that this country would need. So the question to the Minister of Health would be: How many nurses are you hiring and training for the next fiscal year?

3.15 p.m.

And, Madam Speaker, nursing shortages affect health care, and nurses told

the Prime Minister that in August of 2023, when they said that the public health care system is not as great as he declared it to be. And one nurse went on to say, “You can go and get free health care within our nation’s hospitals, but the quality is not up to the standard that they deserve.” And many of those areas are due to inadequate patient-to-staff ratio, where there are simply too many patients for the nursing personnel. And then, unfortunately, adverse effects do happen in the hospital when you are understaffed, Madam Speaker.

We have, Madam Speaker, on record, one nurse treating, on average, 10, 12, 15 patients, when the international average is roughly one to four. And my point is, Madam Speaker, our nurses are overworked, they are on the point of exhaustion, but they continue to serve the nation, Madam Speaker, and they do it well. But there is no relief coming from this Government. More nurses need to be hired to serve and to help those that are currently working, Madam Speaker.

Due do to their frustration, Madam Speaker, nurses took to the street—and I am running out of time, wow—in August of 2023, and they marched from the Port of Spain General Hospital to the Ministry of Health at Park Street. And among their issues, Madam Speaker, during this protest, was staffing inadequacies. Idi Stuart went on to say:

“There has been a general decline in an ‘already short-staffed establishment.’” And the Prime Minister, and those on the other side would understand this issue, and I hope, Madam Speaker, for the sake of our country, that they treat with it.

But nurses are not the only ones that are affected. We also have issues with daily-paid workers walking off the job, Madam Speaker, in our hospitals. This happened in August of 2023, where due to:

“...failure to pay overtime...”

—shift workers resorted to walking off the job due to:

“...no increase in benefits in the...”—North West Regional Health Authority.

The workers said at the time, Madam Speaker, that they were:

“...told to comply”—and—“then complain.”

So they:

“...had complied...”—and now they were—“...complaining.”

This Government must invest in people, Madam Speaker. They must have people-centred development. Our citizens are willing to work. Train them and hire them.

The late Fazal Karim was instrumental in training our youth, Madam Speaker. And may he rest in peace. Build on the work of Member for Siparia, Kamla Persad-Bissessar, and the Fazal Karim; train nurses and auxiliary staff, professions complementary to medicine; staff our hospitals. Madam Speaker, it would not happen until our leader, Kamla Persad-Bissessar, returns to power as the next Prime Minister of Trinidad and Tobago.

And, Madam Speaker, there are issues with a deficiency in human resources other than doctors and nurses. In August 2023, there was a build-up of rotting biohazard waste at the San Fernando General Hospital, the smell of rotting biowaste. Very unsanitary conditions in a hospital, Madam Speaker, very unsanitary conditions. Hundreds of red and yellow bags were seen piled up near the furnace of the compound. And when asked to issue a statement, the South-West Regional Health Authority said:

““The transient accumulation of waste that occurred due to transitional staffing issues is currently receiving the attention of the Human Resources Department.””

Unacceptable, Madam Speaker. Building hospitals for billions of dollars and we need more staff in our hospitals due to the lack of human resources.

And, Madam Speaker, with regard to long wait times and the postponement of surgeries, we heard of the postponement in the two joint select town hall meetings that persons can wait up four to seven hours to see a doctor, having clinic dates postponed, critical surgeries. Madam Speaker, the Auditor General's report went on to state that:

“...64 per cent of...”—patients that they surveyed said—“...that they had longer waiting times than normal...during the pandemic.”

This is a survey of 1,049 patients, Madam Speaker. And this finally puts to rest that there was a parallel health care system during COVID-19. There was no parallel health care system. Doctors were simply transferred to a COVID-19 facility to the detriment of the facility that they came from. Non-COVID-19 facilities suffered because doctors and nurses were transferred out. Patients had to wait longer times for their clinic dates and their surgeries. Parallel health care was another PNM gimmick, Madam Speaker, and because of this private health care is now gaining the public's confidence. That is how badly mismanaged our free public health care system is, Madam Speaker. Citizens cannot depend on the State's health care and they are turning to private health care.

Mr. Scotland: What about the waiting from home?

Hon. Members: [*Interruption*]

Madam Speaker: Member, please.

Mr. Scotland: Madam Speaker, I humbly apologize.

Hon. Members: [*Continuous interruption*]

Madam Speaker: What is going on here? Yes, Member for Port of Spain South.

Mr. Scotland: Madam Speaker, I humbly apologize for that outburst.

Madam Speaker: All right. Thank you. Continue, Member for Caroni East.

Dr. R. Seecheran: I accept his apology, Madam Speaker.

Madam Speaker: Member, just please continue. All right?

Dr. R. Seecheran: Madam Speaker, this is due to the decade-long lack of confidence in the public health care system. Madam Speaker:

“...unreasonable delays in receiving critical diagnosis and reports, confusing administrative process...

...a flawed system.”

Madam Speaker, these are not my words, but those of a past President of Trinidad and Tobago. Very, very sad, Madam Speaker.

And the issue, Madam Speaker, is due to the timeliness of patients receiving scans, patients seeing the doctor, and patients receiving procedures and surgeries. And, Madam Speaker, the same doctors that work in the State hospital are the same doctors that work at the private health care facilities. But, Madam Speaker, the Ministry of Health has given up hope, and they have basically outsourced services to the private health care system.

In 2023, the Ministry paid a total of \$70million for dialysis treatment for patients in the External Patient Programme—727 patients.

Madam Speaker: Member, again, could you ground that in the Motion that you have before us? Okay? What you are talking about here is the public health care system. You have listed certain things under the recitals. I think you are on very, very peripheral grounds here.

Dr. R. Seecheran: Thank you, Madam Speaker. I just wanted to state—I will move on—that the Ministry of Health is outsourcing tens of millions of dollars to private healthcare institutions.

Madam Speaker: I am just giving you some guidance, you have five more

minutes left of your speaking time.

Dr. R. Seecheran: Madam Speaker, recital number three, the fact that we:

“...do not have...modern information technology systems, lack...”—of—
“...suitable drugs, equipment...”

This was also mentioned in the Seemungal report, as well as the special Auditor General’s report, Madam Speaker.

Most glaringly, Madam Speaker, was during the height of COVID-19, a young doctor in December 2021 stated that due to the lack of oxygen tanks, patients suffered when tanks had to be transferred and replenished, and he had to share two oxygen saturation monitors among 60 critically-ill patients.

Madam Speaker, another issue I would like to raise is the fact that we do not have Paxlovid here in Trinidad and Tobago, which is the number one COVID-19 therapeutic around the world. We have Tocilizumab but it cannot compare to Paxlovid, Madam Speaker, which treats and it allows persons that are 100 per cent vaccinated to survive in 100 per cent cases, and those that are not vaccinated, in 80per cent of cases. And we have over 400,000 persons that are unvaccinated in Trinidad and Tobago.

The Minister is wrong in saying that it cannot be procured. I have an entire document here with a list of countries in 2022 that have procured Paxlovid, in many cases, in terms of hundreds of thousands of units, and even small island states, such as Fiji have procured as much as 96 units of Paxlovid from Pfizer.

We have the issues with CDAP and other speakers will, of course, go to that as well, as well as issues of the lack of medical equipment and the ability of doctors to diagnose patients effectively in our public health care system.

With regard to modern IT systems, Madam Speaker, the Auditor General’s report spoke to the fact that there is no integration in our IT systems and the fact

that some regional health authorities lack IT systems as well as qualified staff to use these IT systems. So staff needs to be trained. There is the underutilization of these systems. And this would greatly enhance our capabilities and efficiencies in the public health care system, Madam Speaker. It would reduce wait times and increase productivity and overall greater patient satisfaction.

Madam Speaker, we also have the issue of hacking. The South-West Regional Health Authority's IT system was hacked in November of 2023, and this speaks of IT integrity and patient confidentiality, Madam Speaker, and more must be done to do this as well.

With regard to the lack of facilities, we still do not have a premier oncology centre here in Trinidad and Tobago, Madam Speaker. After many, many years, our past Prime Minister, Patrick Manning, promised a cancer facility since 2003, and this PNM Government scrapped it in 2019, Madam Speaker.

We also have the issue of a cath lab in the South-West Regional Health Authority, and the fact that it has been promised year after year after year from this Minister of Health, Madam Speaker.

The fact that doctors and nurses are burnt out, physically and mentally burnt out, the Seemungal report made mention of this. And after \$25.6 billion, Madam Speaker; \$25.6 billion—former Sen. Dr. Varma Deyalsingh said that the PNM 2022 budget would:

“...fuel a mental health crisis”

And he was right; he was right.

“He appealed...”—for an—“...increase...”—in the—“...allocation to mental health.”

Independent Senator, Sen. Dr. Deyalsingh, Madam Speaker.

So, Madam Speaker:

“Be it resolved that this House call on the Government to implement measures to immediately improve the delivery of healthcare services to the people of Trinidad and Tobago and to address the mismanagement in the healthcare sector.”

I beg to move.

Hon. Members: [*Desk thumping*]

Mr. Indarsingh: Madam Speaker, I second the Motion and I reserve my right to speak.

Madam Speaker: Hon. Members, the Motion being seconded, I shall now propose the question for debate.

Question proposed.

Madam Speaker: Minister of Health.

Hon. Members: [*Desk thumping*]

The Minister of Health (Hon. Terrence Deyalsingh): Thank you very much, Madam Speaker, for recognizing me. And I truly welcome this opportunity to speak to the country via your good self, Madam Speaker, and to put the record straight on many things.

The hon. Member who piloted this Motion spoke about doctors not being able to speak up. When we came into office, my Prime Minister, the hon. Dr. Keith Rowley, the first thing he did was to commission the Welch committee and to come up with a report, and brought it to this Parliament and laid it in this Parliament, and asked Members opposite, led by the hon. Kamla Persad-Bissessar, to name her members to a joint select committee. This Joint Select Committee would have been the first of its kind to examine what we found over years and decades of health care delivery in Trinidad and Tobago, regardless of the party in power, PNM, UNC, NAR; it does not matter.

So I find it strange and hypocritical that the Member would come with this Motion, because his political leader refused to put this matter of health care before a joint select committee, where people could have been called—doctors, nurses, the public—and let us air it; let us air it. But we got no support from the hon. Kamla Persad-Bissessar. So it is hypocritical for the Member for Caroni East to come with this Motion. I put that as point number one.

3.30 p.m.

So, therefore we will do it alone. You do not want to help, you do not want to lead, you do not want to follow, well we will do it. And we have done remarkably well with low energy prices, we have done remarkably well with deficit budgets, as opposed to your good selves where you had oil and gas coming through at a \$100 a barrel.

Madam Speaker, Vision 2030 theme:

1. “Putting People First:”—and—“Nurturing Our Greatest Asset”.

Our greatest asset is our children. Under my tenure, as Minister of Health, maternal mortality rates and infant mortality rates have dropped, and this was before the Directorate of Women's Health was appointed in 2017. I took personal responsibility to save our women who were dying at the rate of one a month. I took personal responsibility to save our children in our hospitals, and because of my direct intervention which started to bear fruit in the middle of 2016, eight months after I was appointed, one year before Dr. Sirjusingh was appointed, there was a positive turnaround.

So that is why I say that the Motion is hypocritical, but other Speakers will speak at length about it. Theme:

2. “Promoting...Good Governance and Service Excellence”.

Under my tenure, I have four RHA Boards. No bacchanal, no corruption. That is

good governance.

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

Hon. T. Deyalsingh: But let us talk about service excellence.

Mr. Imbert: No money missing.

Hon. T. Deyalsingh: Because the Member spoke about no compassion, and no this, and no the other. And by the way, I want to ask the Members for Fyzabad, Mayaro, and Cumuto/Manzanilla if they agree, and put it on record, that there is political interference in the conduct of doctors and their duties.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: I deny that charge categorically. And I want to hear the Member for Fyzabad say that is true. I want to hear Cumuto/Manzanilla say, that is true, and I want to hear Mayaro say, that is true. You know why because Mayaro sat in an excellent programme for ERHA to which he was invited. Eat the people food, drink the people wine, dine with them—

Mr. Indarsingh: Madam Speaker, the Minister — [*Inaudible*]

Madam Speaker: Member, Member. Both of us cannot stand at the same time. Minister of Health. Please retract that and go down—deal with it in a different way. Please.

Hon. T. Deyalsingh: Retract. I want to ask the Member for Mayaro when he attended the ERHA's Centre of Excellence Awards, and dined with them, whether he was not impressed with what they told him happened at the Rio Claro Dialysis Centre, the Rio Claro A &E, and Ward Five at Sangre Grande Hospital? Because he supporting this Motion.

Mr. Indarsingh: I supported—

Madam Speaker: Member for Couva South. You took great objection earlier to a similar type of outburst. I think you are part of that objection. So, please live by

your own rules and the rules of this House. Alright. You are very senior here.

Hon T. Deyalsingh: Thank you. The Member spoke about no compassion and the quality of service. You see this does not make the Media, and I want to put this on record. These are the testimonials we get from patients.

To all staff at the oncology department.

He spoke about oncology from—and I cannot call the person's name—the something family.

Thanks for all the help and support, and may you all have a happy and holy Christmas season with all God's blessings to you.

That is compassion. That is the quality and service this person got.

To the staff at the anti-natal clinic of the General Hospital.

Thank you for accommodating me and supporting me. Keep up the great work.

That is compassion. That is quality of care. But they get good service and they do not broadcast it.

Dear radiation therapist,

Cancer.

You all have made this experience for my mother—name called—flawless. Everyone's respect, kindness, thoughtfulness has provided the confidence she needs to carry on the best way she can.

With sincere and deepest gratitude.

3.35 p.m.

Does that speak to a health care system with no compassion for our patients?

Dear Radiation Therapist,

“For it is God who works in you and to act in order to fulfil his good purpose”, Philippians 3:13. Thanks and good blessings to you all.

Many of my colleagues have similar testimonials which they will put on record. But they do not complain, you know why? Because, Madam Speaker, I will give you a statistic now.

We calculated the number of patient encounters in this free public health care system, where if you do not have insurance you get help. When your insurance runs out as in other countries, you cannot get help. We do not have that here. The North West Regional Health Authority, 426,877 patient encounters; Southwest, 781,918; North Central, 1,119,853; and Eastern 271,677. Giving you—and put the complaints in perspective—giving you, Member, a total number of patient interactions of 2,600,315. What does that say, Madam Speaker, for our health care system?

Now, the last time I gave statistics like this, people say, “I mad, because we have 1.4 million people. How we could have 2.6 million?” Because one person may visit, may have more than one encounter. So, a pregnant woman may have 20 encounters for the year. So this free health care system which Caroni East is decrying **sore**, so free of charge, with no insurance, and we do not go after wages in other countries and garnish your wages when you cannot pay your Bills, 2,600,315.

Madam Speaker, the biggest issue facing this country in health is not the health care system; it is NCDs. We are tackling this and other speakers will speak to it, I have given them the have to details. Goal 5 of *Vision 2030*: Citizens will be:

“...empowered to lead healthy lifestyles.”

We started last year in 2023 for the first time, two interventions in diabetes and hypertension management, and when I spoke in the budget, I said, I will come back with the close-out figure for 2023. I did not have them at the time, I now have

them. And I want to tell the country via your good office, Madam Speaker, what we are doing with diabetes. We are talking 811 of our severe diabetics, uncontrolled, with HBA1Cs 10, 14, cut-off is eight. Once you are eight and above we pull you into these diabetes boot camps, for want of a better word, and you get out of it after six months getting two consecutive HBA1Cs of eight and under.

I now have the close-out figures for 2023, and I am so grateful for this opportunity and one is in the constituency of Princes Town. I was there. You know what is happening now? We are now discharging patients with HBA1Cs from 10, 11, 12, 13, 14, who were candidates for lower limb amputations and they are now being discharged at 6.9; 811 patients. The worst diabetics in the country. That is what we are doing? It is a success story. My God, let us celebrate it.

However, we can do more. Because I will tell you something about these lower limb amputations, and I am so grateful for this opportunity. The figures I am calling are for Trinidad; we cannot get the Tobago figures. In 2023, there were 412 lower limb amputations. In 2022, there were 363, so it went up. And I want the diabetics in this country to pay attention. The average age for lower limb amputation is 63.1 years. Males—61.4 per cent are males. East Indians, 43.8 per cent, the Afro population, 39.4 per cent. Diabetes is the most common co-morbidity in lower limb amputations, 93 per cent, and 20.4 per cent are smokers. And patients with diabetes are 56 times more likely to have an amputation.

But Madam Speaker, the scary part is this, and this is an opportunity for me to speak to the population, 67.6 per cent of those who lower limbs are amputated, which we do, are what we call “walk-in patients.” You know what a walk-in patient is? These are patients who do not attend a clinic, who believe in home remedies and bush medicines. And then when their foot is septic, then they come to us. So this is an opportunity to blow open this on this national parliamentary

Floor. So they missed all their screenings. So we are asking diabetics to join our diabetes clinics. We are there for you. Become part of the success stories where your HBA1C of 10, 11, 12, 13, 14, you join our clinics, you are discharged at less than eight, and your chances of having your limb amputated are severely reduced.

Madam Speaker, the next big NCD is hypertension, strokes, cardiovascular accidents, we know the stories. This was a new intervention which we launched prior to COVID, but which again I now have 2023 close-out data. For the first time in this country's history, we are collecting data because we are digitizing and we are digitalizing. And this is what the Member was speaking about, records. And yes, on the issue of patient records, we are in the process of digitizing and digitalizing those records. So hopefully we can—and that I have always admitted that that is a history ill hopefully will come to an end soon.

But the 2023 close-out figure, data for our hypertension intervention goes like this. It is a project called HEARTS, Madam Speaker, under PAHO and I want to thank PAHO. We have enrolled 62,207 patients. We have a cut-off of 140/90 where we consider you controlled; the doctors will agree with that.

In June 2023, when I had the six-month data, which I reported in the Parliament in my budget contribution, 37 per cent were controlled. We closed out December 2023 with 29,632 or 48 per cent controlled. I think that is a success story. I think that will put Trinidad and Tobago on the map. I think that is something to be celebrated because it means people are getting interventional care for both diabetes and hypertension before it reach a crisis, and I am hoping Fyzabad and Cumuto would speak to these interventions.

Madam Speaker, I was really surprised to hear Caroni East call our hospitals, the new ones, “white elephants.” I think the residents of Arima will differ that the Arima hospital is a white elephant. The Arima hospital is providing

probably the best health care in Trinidad and Tobago right now.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: And other speakers will speak. I think it is a disservice to the people of Point Fortin and the southwest peninsula to refer to the new Point Fortin hospital as a white elephant. A white elephant is something where you build it and nothing is happening; you abandon it. And I was really—I mean I understand the politics, Madam Speaker, but to tell the people of Arima and Point Fortin that your two hospitals are white elephants, and the inference is there is no staff, there is no care, I think it is doing a disservice to Trinidad and Tobago. But we know the modus operandi of those opposite.

The Diego Martin Health Centre is not a white elephant. Those in Diego Martin will attest to the brilliance of that facility.

Mr. Imbert: Full every day.

Hon. T. Deyalsingh: I want to ask my colleague who is going to speak, the Member for Cumuto/Manzanilla. His medical practice is in Chaguanas, we built a brand new Chaguanas accident and emergency, and I want the Member for Cumuto/Manzanilla to stand up in this Parliament and say that that facility is a white elephant.

Mr. Imbert: He should visit it.

Hon. T. Deyalsingh: It is probably the best accident and emergency in Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: In Chaguanas—

Mr. Imbert: Better than Port of Spain?

Hon. T. Deyalsingh: Yes it is.

Mr. Imbert: Better than St. James?

Hon. T. Deyalsingh: Yes, it is.

Mr. Imbert: Better than Diego Martin?

Hon. T. Deyalsingh: It is the best A&E—

Hon. Members: [*Laughter*]

Mr. Imbert: “Nah, nah, nah, nah.”

Hon. T. Deyalsingh: I apologize, Madam Speaker. The Minister of Finance, you know, is disturbing me.

Hon. Members: [*Laughter*]

Hon. T. Deyalsingh: Yeah, yeah yeah, he is disturbing me. I am speaking to you, not to him. So yes, it is the best A&E in Trinidad and Tobago. I met the patients of Cumuto/Manzanilla there. I met them there. But also, I want Cumuto/Manzanilla to know that under the ERHA because he is the Member of Parliament for that area, he practices in central Trinidad. I want him to know that in the ERHA awards where Mayaro was, we spoke about the home palliative care that his constituents are getting where ERHA goes out into people’s homes, people who have cancers and treat them with compassion. I want to congratulate at this point in time, Dr. Shandia Maraj, Ms. Leeba Charles-Mohammed, Registered Nurse, Ms. Beverly-Ann Bullen, Registered Nurse, Ms. Allison Castellano-Towny, Patient Care Assistant, Ms. Cherelyn Bhagaloo-Ramdhin, Clerk I, and Zara Lowry, an OJT.

Does that speak to a health care system that resembles what Caroni East is saying? And this benefits in the people in the eastern seaboard, including the Member for Cumuto/Manzanilla. And I hope that the politics of this debate allows Fyzabad and Cumuto/Manzanilla to comment objectively. I hope Mayaro understands the dialysis services that his constituents get free. And he sat in the awards ceremony and listened to it.

The LINAC in St. James, is that a white elephant? The MRI we are putting down now in St. James, is that a white elephant? The new CT scanner we put down in Port of Spain, where emergency cases for CT we are now doing that in 24 hours. Yes, there is a backlog of what we call “non-emergency”. Yes, like anywhere else in the world, like anywhere else in the world.

Let me put this number, because the Member speaks about shortages as if Trinidad and Tobago is the only country. Go to the Global Health Care website. Right now, there is a 7.2 million shortfall of medical care professionals in the world, Madam Speaker. By 2035 it is predicted to be 12.9 million shortfall and that is whenever I go to Cuba to get specialist nurses and doctors there is an uproar in the country. I have to come to Parliament to answer questions, right, because we do not have them locally.

So this is a global issue, Caroni East. What about the palliative care we provide at Caura? Is that a white elephant my friend? What about the new palliative care we are going to put down at the Augustus Long Hospital, decentralizing the Centre of Excellence that is St. James now? We spoke about the NOC. You could not build it, you could not finish it. For five years, you inherited a project that was 20 per cent complete in 2010, and when you left office in 2015, it was 25 per cent complete, but you put the blame on me. That is the truth. So Augustus Long is being converted into another decentralized oncology centre.

3.50 p.m.

Madam Speaker, through you, I am not going to speak in detail about women’s health and what we have done. Other speakers will do that. But there is a troubling statistic in Trinidad and Tobago, and as I said, I am grateful for this opportunity. In collecting data—and I want the Member of Fyzabad when he responds to lend his expertise on this matter. I want to quote a WHO document,

“Caesarian section rates continue to rise, amid growing inequalities in access”. It says:

“Caesarian sections are absolutely critical to save lives in situations where vaginal deliveries would pose risks, so all health systems must ensure timely access for all women when needed...”

Good. Madam Speaker, and these are questions that I would like answered. Our free health care system, where women used to die at one a month under the UNC, the public does not know but 93 per cent of births are done in the public healthcare system. Fact. Two, and this is where I want the expertise of Fyzabad to come in. It is true, or is it true that all the difficult cases that the private sector has they send to the public sector? That is a fact. So, we do 93 per cent, including 100 per cent of difficult cases, and the private sector does 7 per cent. No problem with that. We willingly accept these pregnant women and bring them to a successful birth. But when we disaggregate figures, we find the following. The caesarian section rate in the public sector is 32 per cent where we do 93 per cent of the deliveries, including 100 per cent of the difficult cases that are sent to us from the private sector. No problem there. Private sector does 7 per cent of deliveries, but the caesarian rate in private sectors is 58 per cent.

I have asked Dr. Sirjusingh, to have a national consultation across the board because when I got these figures late last year I was disturbed. Why are we doing 32 per cent with 93 per cent of deliveries, and in the private sector is 58 per cent? As the Member for Fyzabad will tell you, caesarians carry a risk, and I would like to hear his expert opinion on this matter today. It is something that I personally, as Minister of Health, have advised the directorate of women's health that we need to look at this very, very seriously.

Madam Speaker, the Member was talking about no equipment, no this, no that, no the other, as if this public healthcare system does nothing in Trinidad and Tobago. And it is so sad eh, because in other countries where we are often compared to, if you do not have insurance you could look at the best MRI machine, you could look at the best world-class cardiac surgeon and you have no access to it, absolutely no access because you do not have insurance.

You could start your cancer therapy and when your insurance runs out, that is it. No more for you, you have to pay. We do not do that in Trinidad and Tobago. Yes, we have problems. And I was misquoted or not fully quoted by Caroni East when I was talking about the media. I said: I have no problems when the media highlights the negatives. But the negatives are not symptomatic of the entire system but let one thing go wrong that is reported but I was not quoted correctly. But what about when things go right? What about when things go right?

Madam Speaker, I quote an article from the *International Journal of Surgery Case Reports*, “Mesial temporal lobe epilepsy: a West Indian Neurosurgical Experience”. Madam Speaker, we are the first country in the region, I want the population to listen to me. We are the first country in the region to perform mesial temporal lobe epilepsy surgery. What is this? What is this?

Madam Speaker: Member, I just wish to advise you have three minutes left of your ordinary speaking time and you are entitled to 15 more minutes if you wish.

Hon. T. Deyalsingh: Yes, thank you.

Madam Speaker: You may proceed.

Hon. T. Deyalsingh: I will take it, yes, thank you. In speaking to the doctors and may I recognize Dr. Avidesh Panday, Dr. Chrystal Calderon, Sherry Sandy and Devindra Ramnarine. Ground breaking, why? Because they have the equipment.

Ground breaking, why? Because they have the training. Ground breaking, why? Because they have the lab support.

Madam Speaker, I do not know if you know anybody with epilepsy or a child with epilepsy. It is not a nice thing. What we have found with childhood epilepsy, once you are taking more than two meds, or three meds, your seizures cannot be controlled. You run the risk of medicine toxicity and the side effects of these drugs. Basically, you have no cure, and your outcome for life is not good. Do you know we are actually now going into the brain and surgically removing part of the brain that causes these epileptic fits and now these people are basically cured? In Trinidad and Tobago, in the white elephants that Caroni East spoke about. White elephants? Is North Central RHA which you decried a white elephant?

Madam Speaker, I am not breaching patient confidentiality, this is a published document. Yes.

“We present a case of a 44 year-old right-handed female with a 25-year history of epilepsy.”

They did the surgery, now that 44 year-old person is fine and well. Thank you very much to the white elephant at North Central RHA.

There was a little boy, epileptic, he was falling down. His mother had to make sure he walked around with a crash helmet on his head so, when he falls he does not damage his head. They did the surgery called corpus callosotomy and that little boy's quality of life is so brilliant now. That is what we are doing in this little country Caroni East. Recognize the problems, yes, but also recognize the successes. Be unbiased, be objective, if humanly possible. And speaking to the doctors, they will now be going on to the third stage which is actually doing an EEG on your brain, not on your skull, to map your brain, to see exactly what part

of the brain your epilepsy is originating from. This is First World epileptic intervention in Trinidad and Tobago, this little country—

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh:—1.4 million people with our brilliant doctors, our brilliant nurses. But that goes unrecognized by the UNC, unrecognized.

Madam Speaker, cancer is emotive. I hope I never have cancer. But the Members spoke about having no cancer centre, the St. James cancer centre, we outfitted it with a LINAC, which was part of the national oncology programme. A MRI is going down now. We are doing that. For the patients in Southwest, and I would like to hear Fyzabad's views about decanting that old oncology shed which I inherited and moving it to Augustus Long. It is in the process of being done, hopefully by the middle of the year we can open it, to duplicate what we have in St. James as far as humanly possible in San Fernando, in San Fernando. You know what I inherited from Fyzabad as Chairman of Southwest? A shed, where patients had to wait in a shed, and when it was raining they will get wet. But I never made fuss; I will fix it. So they will be going to Augustus Long for free, First World cancer treatment. But we did not wait for that.

There was an article of Tuesday, 16th 2024 in *The Guardian*, and I am grateful for this article. Headline, “Innovative Microwave Ablation Procedure”. Sub-headline: “Transforms Thyroid treatment at”—the white elephant called—“Eric Williams Medical Sciences Complex”. That is the white elephant that you spoke about, eh. A white elephant is a place that you build and you have nothing in it. So this white elephant in Point Fortin, the white elephant and I will not insult the people of Point Fortin by calling the Point Fortin Hospital a white elephant. I will not insult the people of Arima by calling their hospital a white elephant. I will not insult the people of Sangre Grande who will be getting a new hospital this year,

a white elephant. That is not what we do here. That is not what we do. So this white elephant transforms thyroid treatment at Eric Williams Medical Sciences Complex. And with your leave, Madam Speaker, may I just quote a couple lines from the article? And may I recognize Dr. Ashton Ramsundar, may I recognize Dr. Solaiman Juman, may I recognize Dr. Nicholas Figaro for their ground-breaking treatment of thyroid cancer in Trinidad and Tobago, which can now be extended—

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh:—to other cancers. So when my colleague speaks about cancer therapy, this is what we are doing. I quote Madam Speaker, with your permission:

“A ground-breaking Microwave Ablation of the Thyroid Gland conducted recently at the Eric Williams Medical Science Complex...is making waves as a revolutionary approach to minimally invasive thyroid treatments. This cutting-edge procedure, the latest in thermal ablation technology, offers a new horizon in addressing benign lesions and select cases of thyroid malignancy.”

What this means in layman’s terms is that we now have a third option after radiation does not work, after chemotherapy does not work, especially for our older patients. So we are not putting them under the surgeon’s knife. Ablation is a current through a needle and you just do your magic there.

“...a 33 year-old female patient, with a progressively enlarging right, benign thyroid mass demonstrated the teamwork of eminent medical specialists.”

It is about non-surgical alternatives.

Madam Speaker, sometimes I wonder when we comment on health, the good, the bad and the ugly, whether we understand that there is good taking place.

Because the conversation is about the one or two or three or four or five or six of the 2.6 million interactions we do every year, 2.6 million.

“The main goal of microwave ablation is to precisely and locally eliminate neoplastic cells while causing the least amount of harm to nearby healthy tissues.”

As the doctors will know, that is the problem with chemotherapy and radiation especially, that yes, you could target the cancer cells but you also involve healthy cells.

4.05 p.m.

The Member spoke about the management at North Central Regional Health Authority, and he quoted one example, so therefore, I have to quote another example:

“Although microwave ablation was not initially available in the public sector, Mr. Davlin Thomas, the Chief Executive Officer of the North Central Regional Health Authority, played a pivotal role in spearheading this initiative. Mr. Thomas’s commitment to advancing healthcare and his leadership in coordinating efforts were instrumental in bringing this novel procedure to fruition, and has since engaged the procurement process to purchase a new microwave ablation machine to perform various thermal ablation procedures at EWMSC.”

—That white elephant in my constituency.

Madam Speaker, this innovation in a local hospital, by local doctors and local nurses—you know what the patient outcome is? A third option, non-surgical, but done under local anesthetic, therefore less risks and it is same-day surgery. You are coming in the morning, you go out in the evening. Is that not something, Trinidad and Tobago, to celebrate? Is that not something to recognize as world

class, taking place in Trinidad and Tobago? Is that not something to nurture? Is that not something to build on? Is that not something that we all, 41 of us, should be proud of and sermonize it? But you will not hear any of that from my colleagues opposite, and I am hoping that the next two speakers who normally speak after me, Fyzabad and Cumuto/Manzanilla will mention these things.

These are not white elephants that we are putting down. These are facilities of excellence, where the people of Point Fortin get their care without having to come to San Fernando; where the people of Arima are getting their care without having to come to Eric Williams and go to Sangre Grande; where the people of Sangre Grande, very soon before the end of the first half, second quarter of this year, will join Arima, will join Point Fortin, will join Diego Martin, with brand new facilities that are not white elephants. But are places of excellence, are places of compassion, as I have read the testimonials and other Members who speak after me have similar testimonials. They will put on record because what does not make the news when you walk into a ward, is the hundreds of cards, thank-you cards stuck up on the notice boards, where patients received their care, they do not run to the papers, but they send thank-you cards by the hundreds, and we just have a sample of them here today.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: And all my colleagues, I have given them copies of all of these, I just read out three. Madam Speaker, the Motion that my colleague brought, I understand the politics of Trinidad and Tobago, you know. I understand the politics of the UNC. Their strategy is to paint Trinidad and Tobago as a basket case, whether is in energy, whether it is in foreign policy, inviting the US to sanction us, talking about ISIS, I understand their politics. I understand it, but they will have you believe that this country has collapsed.

Under the leadership of my Prime Minister in difficult economic times, and may I also compliment the Minister of Finance for budget after budget, making sure that the Ministry of Health is well funded, even though we have economic challenges.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: Even though he inherited an economy with three days left in the current account. Even though he inherited an economy when the price of oil went into negative territory. Meaning, if you are an oil producer you will have to pay people to buy your oil.

4.10 p.m.

That is what we had to deal with, and I have a Prime Minister who is navigating geopolitical forces that no other Prime Minister had to navigate to keep this country stable without going to the IMF, without devaluing, and without firing one public health worker, one.

Madam Speaker, the last success story I would like to speak about is in the area of public health; and, no, it is not COVID, it is dengue. In coming into office of 2015, the dengue situation in this country, we had suspected cases of dengue, 5,123 dengue, under the hon. Member for Siparia, because they like to put everything under Siparia. So under Siparia, 5,157 suspected cases of dengue. In 2023, suspected cases was 56. For the past five years, five years, we have had not one dengue-related death in Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: Caroni East mentioned another CARICOM country, go and see what their dengue deaths are. So when you are comparing, my friend, do not stop halfway and do not cherry-pick statistics. Look at the dengue situation in countries around us. We have had not one dengue death in the past five years—

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh:—not one, but you will never hear our colleagues opposite recognize these efforts.

So, Madam Speaker, in coming to a close, with the last two minutes I have left, let me take this opportunity to classify this Motion as frivolous, vexatious, absurd, irrelevant, ridiculous, unpatriotic, unhelpful, and put on record my personal thanks to every single healthcare worker, like all healthcare workers around the world, who work under difficult circumstances.

Hon. Members: [*Desk thumping*]

Hon. T. Deyalsingh: May I put that on record. May I put on record also, my thanks to my boards and my CEOs for the sterling work they have done with me for the past eight years. With those few words, Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Fyzabad.

Hon. Members: [*Desk thumping*]

Dr. Lackram Bodoë (Fyzabad): Thank you very much, Madam Speaker, for the opportunity to join this debate in support of the Motion piloted by my colleague, the Member of Parliament for Caroni East, and just to say that it is a very timely Motion, of course. I will come back to the reasons why I say that, Madam Speaker, because today I will give the many reasons why this Motion is timely, and I also intend to proffer some suggestions as to how healthcare can be improved for the citizens of Trinidad and Tobago. Inasmuch as part of the resolution of this—and just for the record, I just want to put on the record that the Motion really speaks to:

“BE IT RESOLVED that this House call on Government to implement measures to immediately improve the delivery of healthcare services to the

people of Trinidad and Tobago and to address mismanagement in the healthcare sector.”

So, Madam Speaker, I want to say that it is a very timely Motion, especially for two reasons. One is because the issue of what appears to be increasing numbers of COVID-19 cases and the question that would be in the minds of citizens is, whether the healthcare sector is adequately prepared, and I will come back to talk about that later. The other is the issue of the chronic disease burden debt that was talked about in the Seemungal report, and, you know, I will come back to address that. But before I get to that point, Madam Speaker, allow me to just address a few of the issues that was raised by the Member for St. Joseph, the Minister of Health, and if I can deal with some of these issues.

I will take them sequentially, Madam Speaker, in the sequence in which the Minister raised. The first is the Welch Report. You know, this comes up all the time, Madam Speaker, in the health debates and I just want to lay this to rest, hopefully, for the last time, and to state that the Welch report really did not bring anything—any new recommendations based on the previous report that was done by the Gladys Gaffoor committee. Therefore, our position was that these were recommendations that could have easily been implemented by the Government at the time. These recommendations did not require the time and expertise of a joint select committee, and therefore that would have been the reason why we thought no further action had to be taken.

The report is there; it is entirely for the Government to implement, and I just wanted to make that point. But also coming out of that was the fact that one of the recommendations was that the Government should engage a partner for what is now called the Couva Hospital and Multi-Training Facility, to fully operationalize that hospital, and we are yet to see that. The issue of maternal mortality rate,

Madam Speaker, always comes up when the hon. Member speaks on any health debate in health issue in this matter. And, yes, Madam Speaker, as an obstetrician/gynecologist myself—and I thank the Minister for the invitation to share some of my expertise; close to 40 years now I have been doing this. But the issue of maternal mortality, the Minister is very keen, Madam Speaker, very, very keen, you know, to jump up and to take credit for improvements in maternal mortality as if he could separate that, you know—2016, something miraculously happened that was able to decrease the rates.

The fact of the matter—and again I have to put it on the record, Madam Speaker—is that in 2010, when our government came into power and I inherited the chair of the South-West Regional Health Authority, the maternal mortality rates that we met were very alarming. In fact, it was so alarming that it caused a committee to be formed by the then Prime Minister, Kamla Persad-Bissessar. I want to thank her for giving the permission for this issue of health to be debated today, Private Members' Day. Of course, we know that crime and the economy are prime issues in the minds of citizens, but health is also a big issue, so I want to thank her for that. But coming back to that committee, Madam Speaker, following on a very highly publicized maternal death in 2011, a committee was formed; again, I want to put that on record. It was a committee that encompassed all sectors of the healthcare sector and produced a report with many recommendations.

The Government changed of course in 2015, but the report was there for the Minister to act on. I am very happy, very grateful that he took up the suggestions. The Director of Health that the Minister spoke about was a position that was actually created in that report and, of course, that position was filled and continues to function. But to come and say that, you know, he was personally—the Minister that is—the Member that is—was personally responsible for decreasing maternal

mortality, I have to address that, Madam Speaker, and to say that it is a continuous process. It is a platform that was left by the People's Partnership Government and it is something that was built on, and for the betterment of the country, it worked fine.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: Before I leave that issue, Madam Speaker, the Minister had spoken about caesarean section rates. I just want to indicate that in that same report, Madam Speaker, there are other recommendations speaking to the issue of caesarean section rates and staffing levels on the labour wards, and so on, and how many consultants should be there, and who should be doing a C-section, and so on, and all of those recommendations were meant to address the safety issues regarding cesarean section and vaginal delivery. But I do not want to get into technical details, but I invite the Minister to review that report and do what he did with regard to the appointment of the Director of Women's Health and to implement the several other recommendations which can be useful as we go forward to improve, again, in this area.

The Minister mentioned about the free public healthcare system and, Madam Speaker, I agree that it is free but the issue here is whether service is timely. I think that is the big issue.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: I think that this is what it speaks to. You know, I mean, free is fine, Madam Speaker, but, really and true, the Motion here speaks to a safe, reliable, compassionate healthcare for all our citizens, but an important component of that would be the timeliness and the waiting times, and so on, that are involved. So we have to look at that as to what can be done and we have to, you know, address this in terms of the long waiting times, not only for clinic appointments,

for patients to be seen, but also for investigations for surgeries, even for reports, and so on.

Madam Speaker, the Minister went on to speak about the issue of the NCDs, the non-communicable diseases. Again, I want the Government to tell us—because in the Seemungal report, Madam Speaker, if you would allow me just to refer to one of the recommendations in terms of the NCD morbidity debt that was left from the COVID-19 pandemic, whether we have addressed that. Because, as I say, we might be coming on to another wave and therefore the population will be anxious to know whether that has been addressed. And with regard to that, whether the staff who had worked during the COVID-19 pandemic, whether they have been re-engaged because that was one of the recommendations. If I can quote here that:

“The clinical staff who have been hired temporarily and whose contracts would be discontinued at the end of the pandemic should be redeployed to respond to the NCD morbidity debt that has accumulated during this pandemic.”

So I trust that the Government will be able to answer that as we go forward, Madam Speaker.

Now, the Minister spoke to the improvements in the care of diabetics in this country and, you know, we are all very happy to hear that, the improvements in terms of treatment of diabetics and hypertensives. Those are two of our very common conditions. It creates a lot of morbidity and mortality in this country, but, of course, there are also issues that need to be dealt with. And whilst we are happy for those improvements that was spoken about, there are some other suggestions here that can be taken on board with respect to diabetes. If you would allow me, Madam Speaker, in terms of what is available, because in addition to the amputations, and so on, that was spoken about for diabetics, there is also the issue

of treating diabetics and hypertensives in such a manner, with the most modern and up-to-date drugs that there are. There will be less morbidity. So, is the Government doing what it is supposed to do in that regard?

So let me ask, Madam Speaker, in terms of diabetes, the only oral anti-diabetic drug that is available on the CDAP programme—and of course, Madam Speaker, those who are most in need are the ones who cannot afford, and, of course, they look forward to the CDAP programme to get their medication. So besides metformin, the only anti-diabetic drug included in the CDAP is a drug called gliclazide. This medication is used as what we call a third-tier anti-diabetic medication. It is not highly recommended, and I am saying that with the greatest of respect, because when the CDAP medications were implemented, it would have been years ago, and we are saying, the suggestion here would be that at least Diamicon MR 60 milligrams should be added to the CDAP.

So there are also new anti-diabetic drugs that could be added to CDAP. There are these drugs now called SGLT2 inhibitors, and if they are added to the formulary and made available to the numerous diabetes in this country, it can make a difference to their medical care, Madam Speaker. So I just want to throw that in, Minister, having spoken about the improvements in diabetes. With regard to diabetics as well, Madam Speaker, and this speaks to the Motion, because the Motion here speaks to—I will tie it back, Madam Speaker. The Motion speaks to the lack of access to suitable drugs and equipment and facilities to deliver modern and advanced healthcare. This is the third recitation in the Motion.

4.25 p.m.

One of the issues with diabetes, the Minister may have spoken in the past about detection of diabetes in pregnancy, and one of the issues, there is something called an oral glucose tolerance test whereby women are tested for diabetes. The

problem with that test, Madam Speaker, is that on many occasions the reagents are not available, and in fact when the patients do get the test, sometimes the results take 3, 4, 5 weeks which really defeats the purpose in the first place. So I think that is something that the Member needs to look at in terms of what can be done going forward there.

With regard to hypertension, Madam Speaker, the Minister mentioned something called the HEARTS Protocol for the treatment of hypertension in the health centres but the drug of choice for hypertension, Madam Speaker, is a drug called an ARB and ARB means “anti-renin blocker”, and this drug be is yet to be added to CDAP and therefore if the Minister is looking for suggestions for improvement in terms of how we treat hypertension, then this is what needs to be done, and I invite the Minister to give consideration to adding that drug to the CDAP regime. In addition to that before we leave diabetes and hypertension, there are now newer types of insulin that are more effective and safer, and those should replace the insulin that is currently on the CDAP.

Now, many patients, Madam Speaker, are being denied effective life-saving medications because the Government is not purchasing some of these medications. There is a medication called Forxiga which is a new diabetic medication and it also gives you kidney and heart protection, something that the Government can look at adding to CDAP.

There is a bone-protecting drug called Zemplar which is used in renal dialysis patients and it has been approved but not yet been purchased by the Government, so I invite the Government to give consideration to adding that drug to CDAP because this can help, you know going forward to protect our population.

So, Madam Speaker, the Minister spoke about diabetes and hypertension and about renal failure. Now, there are some issues regarding renal failure that I want

to raise and again I invite the hon. Member there to have a look at and tell us what is happening to the planned or proposed—it was proposed two years ago by the Minister of Finance, something called a national renal centre where it was intended that all renal dialysis patients will be treated and then that miraculously disappeared off the last budget. So if the Government can tell us whether it is still the intention to have this national renal dialysis centre.

Why is that important? Because the current situation with renal dialysis patients is that because of limited in-house capacity many patients are outsourcing the private sector, nothing is wrong with that. The problem with that is that the standard of care and the accreditation for some of these centres is not always adequate and appropriate, and there have been many instances of patients receiving substandard care by some of these providers and that is an issue I invite the Minister the look at and to address.

There is also the issue, Madam Speaker, of patients now having to purchase—when patients are having renal dialysis they need something called a Port-a-Cath which is a little device that is inserted to allow them to have the dialysis and this is something that is not currently available, there are shortages in the system and I know of many instances where patients are asked to buy this privately, Madam Speaker, and again we are speaking about the poor and the vulnerable and those who really require it, and you are looking to ask patients to put out sometimes \$3,000/\$4,000 to purchase this and again I would invite the Minister to look at why there is a shortage of this in the public health system.

The other issue is the issue of the donor programme I will quickly talk about that before we leave the whole issue of renal dialysis. And I speak about this in the context that we outsource, we spend \$70 million per year outsourcing renal dialysis, and to look at what is happening with our transplant service, the renal

transplantation service, and why it is that it is not functioning properly, Madam Speaker.

Madam Speaker, the Minister went on to speak about the Chaguanas Health Facility and boasted that it is the best health facility in Trinidad and Tobago. That is his opinion, I am not sure how objective that is. And even structurally I am told that it is not a convenient setup that you have two floors but there is no elevator and sometimes the doctor has to actually come downstairs to see the patients, not the ideal setting. So the Minister may want to, you know, perhaps visit the health centre himself and see really if he agrees with his opinion that he expressed today in this House, Madam Speaker. So I invite the Minister to visit that facility and see if he still believes what he said today in this House, Madam Speaker.

Mr. Indarsingh: That is the Chaguanas facility?

Dr. L. Bodoë: The Chaguanas Facility, Member. So, Madam Speaker, [*Laughter*] I make that point because you it is nice to come out here and to boast about facilities. But you know, boasting about a structure, Madam Speaker, in this country we have great structures, we have the Couva Hospital which is a fantastic structure, you know, and we talk about structures but then what is the service, what is the service like in some of these facilities, you know, under the Minister's watch, Madam Speaker?

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: You know I was most amused, Madam Speaker when the hon. Minister said that he had four RHA boards under his control, there is no bacchanal, there is nothing happening and that is true nothing is happening—

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë:—with the RHAs. Madam Speaker, he is absolutely correct, you know, in our time, Madam Speaker, and the Member for Oropouche East is here

and you know we delegated—I should not say “we”, I was the Chairman, I was delegated at that time, Madam Speaker, by the Prime Minister and Minister of Health. You would hear chairmen speaking out and discussing and reaching out to the media and so on. Under this Government, under this Minister, Madam Speaker, you do not even know the media used to call me, in the beginning, to find out who is the new chairman of this board and that board and so on, right? So I am not sure whether it is true to say that all is quiet. It might just be a situation where he is afraid to have his boards and chairmen speak out and so on, but that is another issue, Madam Speaker, I will leave that right there.

Now, Madam Speaker, the Minister then went on to speak about palliative care and he spoke about the Palliative Care Unit, Caura Hospital, and fine, that was implemented under the People’s Partnership Government and we are happy, Madam Speaker, that the facility continues to provide service to the citizens of Trinidad and Tobago, those in need of palliative care.

But I take great offence, Madam Speaker, when the Minister said that under my watch he met—a shed was created at the oncology unit at San Fernando General Hospital. Madam Speaker, when I became Chairman at the South-West Regional Health Authority, there was no oncology unit, Madam Speaker. I met no oncology unit, so at that time of course, an effort was made to provide some sort of service, some sort of facility within the constraints of what the budget would allow and so on, but the point about it is that prior to 2011 when that facility was opened or 2012, I might stand corrected—patients from all of the south of Trinidad had to journey to Port of Spain, to St. James to get their treatment, and this facility which is still functioning as we speak, Madam Speaker, thousands of patients have benefited from what the Minister has termed a shed. It is the facility that we had available at the time but, Madam Speaker, the Minister forgot to mention that when

he visited San Fernando General Hospital he found the San Fernando Teaching Hospital, Madam Speaker with 230 new beds.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: The Minister very conveniently forgot that, Madam Speaker. The Minister forgot about the Couva Hospital which was under the remit of SWRHA at that time and which geographically and logically is supposed to remain under the governance of the South-West Regional Health Authority but which has now been assigned to the North West Regional Health Authority for reasons that is, we are yet to understand, Madam Speaker. Maybe the Minister understands better but we have never had a good explanation of why that is so, Madam Speaker. I will leave that there, Madam Speaker.

Madam Speaker, you know, I was very amused and I trust this is not true that the Minister has brought thank-you cards from the various health facilities and has shared that with his colleagues here in this Parliament, is that what I heard, Madam Speaker? Maybe I am mistaken.

Hon. Members: [*Inaudible*]

Hon. Member: And they got a piece of cake.

Dr. L. Bodoë: And they got a piece of cake. You know, Madam Speaker, thank-you cards, I mean, it is fine but you are getting thank-you cards and that is fine but it does not mean—you are doing what you are supposed to do. This is what you are paid to do.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: This is what you are given \$6billion every year annually, Madam Speaker, in this House. When the budget debate takes place and you get that \$6.5 billion, that is what you are expected to do, to go out there and do the work. So do not come here and say that you got thank-you cards and you brought thank-you

cards to share with your colleagues, Madam Speaker, I find that rather, rather amusing.

Now, the Minister went off and spoke again about some very innovative recent events that have been accomplished in Trinidad and Tobago and I also want to join him in the moment to congratulate those doctors who have been very innovative who have done ground-breaking work in the areas of epilepsy and neuroendocrinology and so on, tumours and so on, and I agree with the Minister that we have brilliant doctors in Trinidad and Tobago, Madam Speaker. And I personally as well want to congratulate all my colleagues, doctors and other health care professionals, nurses and so on, who work under the most difficult conditions, Madam Speaker, under this Government; the most difficult conditions and yet they are able to produce brilliant work. So I do not know if the Minister did not see that, Madam Speaker, we have brilliant doctors and they produce despite the constraints that they are put under, under this Government.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: And, Madam Speaker, that is the very reason why this Motion is here today. Why we have to speak about this because, you know, when I looked at the Financial Scrutiny Unit of this Parliament, Madam Speaker, produces some very, very good information annually for the budget. So if we look at the health care expenditure from 2018 to 2024, Madam Speaker, allow me put this on the record, 2018, 4.8 close to \$4.9 billion; 2019, close to \$4.8 billion; 2020, close to \$4.7 billion; 2021, under the second term of this Government, Madam Speaker, \$5.3 billion dollars; 2022, \$5.6 billion; 2023, \$6.0 billion; and 2024, \$6.4 billion. A total expenditure, Madam Speaker, over the past eight years that is the Government has been in power, of some \$56 billion in health care and yet, we have the numerous complaints and I am sure my colleagues who will speak after me will

talk about the complaints, you know, they have encountered. My colleague in piloting the Motion read some of those. I would not go into that. But the question, Madam Speaker, is whether truly that this Government is providing to the citizens of Trinidad and Tobago value for money in terms of this expenditure, Madam Speaker.

The percentage of the national budget over these years is some 9.4 per cent and this is comparable to the percentage of annual expenditure on the health sector in many other countries and in those countries, the health care would be much better than what we experience here. So somewhere along the line, Madam Speaker, somewhere along the line the Member for St. Joseph needs to go back to these boards that he is speaking about and maybe he needs to create some bacchanal. If there is no bacchanal with these boards maybe nothing is happening, Madam Speaker.

Hon. Member: [*Desk thumping*]

Dr. L. Bodoë: Maybe nothing is happening with these boards, you know.

4.40 p.m.

The Member spoke about good governance and, you know, the fact that these boards were acquired means good governance. How can that be, Madam Speaker? That is entirely not true. So there is the issue there of, you know, governance issues and so on at the board level.

Madam Speaker: Hon. Member, you have three more minutes of your ordinary time left. You are entitled to 15 more minutes to wind up if you wish.

Dr. L. Bodoë: I will take it, Madam Speaker.

Madam Speaker: Okay. You may proceed.

Dr. L. Bodoë: So the Minister needs to go back to these boards and he needs to make these boards more accountable. I understand that as a Minister you cannot,

you know, be privy to everything, but the buck stops with you, Madam Speaker, and therefore he needs to make these boards more accountable. There needs to be more monitoring and curbing of some of the expenditure by these RHAs.

You know, Madam Speaker, in the last year or so, you wake up to the papers, especially on a Sunday morning, and you see a big ad by one of these RHAs. NCRHA, I do not have it in front of me here, Madam Speaker, saying what a great job they are doing, Madam Speaker, but this is what they are paid for. So they are spending, I do not know what a full-page ad cost in the Sunday newspaper, must be thousands of dollars. Right?

Hon. Members: It is a lot.

Dr. L. Bodoë: Yeah. A lot of money, my colleague is saying. It costs a lot of money. So this authority comes out and advertises itself and pats itself on the back for the work that they are supposed to do. How can any RHA board justify that kind of expenditure? And more than that, Madam Speaker, when the Minister sees this kind of expenditure, I mean, what is this?—\$10,000? That is what? That is an angiogram, Madam Speaker. That is an angiogram. You told me not to speak about the CatLab today, but I have to speak about the CatLab as we spoke about the \$10,000 that could pay for an angiogram, Madam Speaker. And again, you know, it would be remiss of me if do not make a call, and we heard nothing about the CatLab in the Minister's contribution and hopefully some of his colleagues will come and tell us a bit more about the status of this.

But, Madam Speaker, this is something that has been on the cards since 2015, Madam Speaker, since 2015. So the Member met the oncology shed, as he called it in San Fernando, now he wants to do something about it. He wants to take it across to the Augustus Long Hospital. We are very happy for that. We are very happy that the Augustus Long Hospital, which was refurbished in 2013 under the

watch of the People's Partnership Government under then Prime Minister Kamla Persad-Bissessar and made into a state-of-the-art facility adding beds to ICU which became very helpful in the time of COVID. We are happy that facility is not going to be left abandoned as the rest of Petrotrin's facilities and it is going to be utilized, Madam Speaker, for the benefit of the citizens of Trinidad and Tobago. The Minister invited my opinion on that. I agree that is something that could be used and be utilized for the benefit of citizens in the area of palliative care and cancer care and so on. So, I commend that move, Madam Speaker.

So, Madam Speaker, the other issue, the other project that the Minister met in 2015, was the cardiac cauterization laboratory which was on schedule for San Fernando to serve the whole of southwest. The space has been identified, the user brief was designed and done, tenders went out and so on, and for some strange reason, Madam Speaker, eight years later, eight years later, this is yet to get off the ground. We get excuses. I have asked questions on numerous occasions in this Parliament and each time I get some sort of answer. The latest I am hearing is some project with the Australian Government and so on, but whatever it is, Madam Speaker, you know, I ask on behalf of the population of Trinidad and Tobago that this Government implements a cardiac catheterization laboratory in the San Fernando hospital in the earliest possible time, Madam Speaker, because we cannot be here talking, come here and be talking about improvements in NCDs and so on and we are talking about diabetes and hypertension and, of course, cardiovascular disease is one of our biggest killers.

We cannot be talking about that and yet not doing something to treat these patients. And our standard of care in the public sector, Madam Speaker, with regard to acute cardiac disease, meaning a heart attack, is substandard. It is substandard and I have to say that and I have to put that on the record, Madam

Speaker, because I think it is important for the Government to understand what needs to be done. And you have, you are putting the same doctors you are talking about who are doing great work in other areas, you are putting them under stress in the Accident and Emergency departments.

When somebody comes in with chest pains in an Accident and Emergency department and they do an ECG and you do a blood test and it indicates that they are having a heart attack or they have had a heart attack, the next step is to try and determine the extent of the heart attack and what needs to be done, and that requires something called an angiogram. It is a simple procedure, Madam Speaker. You inject some dye into the vein, you get a picture and it can tell you how many arteries are blocked. It can tell you whether you need to have an intervention. And that could be a lifesaving measure. Right? And now you cannot get that at the San Fernando hospital it has to be outsourced. If you have \$9,000 or \$10,000 you go to a private facility to have it done, but yet you still have to wait now for the other procedures.

We do have the—in fairness to the Government, they have maintained the outsourcing for cardiac procedures and so on, but it is not enough, Madam Speaker, and I speak as a Member of Parliament here as well, taking off the doctor's hat when I say that, there are many patients who come to MPs' offices seeking care in this regard and they are put on the waiting list for the cardiac programme, and many of them unfortunately die while they are waiting for those procedures, Madam Speaker. So, I urge the Minister to review the situation carefully and to look again at what is being done with regard to this. I think the population, you know, is becoming fed up of the excuses that are being given for the non-implementation, Madam Speaker, of this—

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë:—very necessary measure, Madam Speaker. Madam Speaker, there is a lot more that could be said. I know my colleagues would have some other points to add to this debate, my colleagues on this side, Madam Speaker.

Again, with regard to governance issues, Madam Speaker, and again I want to commend the financial scrutiny of the Parliament from producing these documents. And in the document for the last budget and I quote here, the document here speaks to the audit findings regarding two RHAs, NCRHA and the North West RHA. And if you allow me to quote, Madam Speaker, in terms of some shortcomings here, and this speaks to the governance issues, it speaks to the mismanagement which is the word, I referred to that word in the Motion, Madam Speaker, and it certainly speaks to mismanagement in terms of the— So, we see here:

Based on a sample of purchase orders it was seen that the NRHA did not adhere to its procurement policy of requiring a minimum of three quotations with respect to 11 purchase orders totalling \$151,922.

Madam Speaker, a big sum. And then we are seeing here, two purchase orders totally over \$1 million were dated after the supplier's invoices. Again, this is an issue that the auditors would have a problem with, Madam Speaker. And then we are seeing here:

Tender documents related to a contract awarded to a landscaping and maintenance company for six months at a monthly cost of \$920,500 VAT inclusive.

And they were not able—the audit team was not able to get this for audit examination. And this is at the NRHA, Madam Speaker.

And then we had similar issues here at the NWRHA with regard to purchases and purchase orders and so on, and again, the Minister needs to look at

what is happening in these RHAs with regard to procurement and so on, Madam Speaker.

So, Madam Speaker, as I draw my contribution to a close, I just wanted to raise another issue that the Minister spoke about, cancer, and if you could allow me to come back to that. One of the issues with cancer treatment in this country, and I am happy that we are hearing about the linear accelerator being installed in the north, so I am calling for in the south. I am hoping that we will get one in the south as well for those citizens in the country, but there is also the issue of drugs and the shortage of drugs. As we speak many cancer drugs are in shortage and patients do have to dip into their pockets, and these are very expensive drugs, Madam Speaker, so we need to do better in that area.

There is also the issue of the cancer registry, Madam Speaker. Madam Speaker, this morning when I asked my staff to go into the budget documents and tell me how much is allocated to the cancer registry. Every year under the NRHA in the side column, I remember it clearly, under one of those things we see an allocation for the cancer registry, and consistently between 2020 to '21, '22, '23, '24, the sum of \$700,000 has been allocated consistently to the cancer registry.

So on my way up to this debate, Madam Speaker, I searched the Cancer Registry of Trinidad and Tobago, there is a website, Madam Speaker, with numbers. I called the numbers. I was not able to get through. Nobody answered the phone, Madam Speaker, for the cancer registry. And I am talking—this is—it was not lunch time even, Madam Speaker. This would have been 11.00 o'clock, so nobody was on lunch, I hope, at that time. But there are several numbers I called, I could not get through.

And why did I call, Madam Speaker? I called because I wanted to know where the cancer registry produced a report. Whether there was some sort of

report available that could tell me the number of cancer cases, different cases and so on, because we do have a big issue and I say this in light of January being cervical cancer awareness month. That is a big cancer in Trinidad and Tobago and we have—A lot of things happen around the issue of cancer, and I will close on this topic, Madam Speaker. A lot of things happen in the country and you have cancer awareness walks and marches and whatnot, but do we really and truly know the extent of the problem that we are treating with in Trinidad and Tobago? And the answer is, no. And the reason for that is because, I suspect, and I stand corrected, I am hoping somebody on the other side, Madam Speaker, will stand up and say I am wrong, but I am hoping, I suspect that the statistics that are meant to be produced and made available for the public, you know, and for professionals, are simply not available, so we really do not know what the extent of the problem is.

I go back to the creation of the position of the Director of Women's health and I invite the Minister to look at the remit of that position, because when that position was created, although it was meant to address the issue of maternal mortality and perinatal mortality at that time, it was given the name Director of Women's Health for a reason. It was the vision and forward thinking that when we fix that problem with maternal mortality, which I had no doubt we would fix once the measures were implemented, that we would move on and treat with the others broader issues of women's health in terms of breast cancer screening, cervical cancer screening.

Interestingly, something that was mentioned and I heard a colleague laughing about it, Madam Speaker, about the treatment of menopause, menopausal women and so on. And it is important for the public to understand, and I use this forum to make this point, it is important for the public to understand that position

and that directorate was meant to treat with those issues of women's health including menopause. And why is the treatment of the menopause important, Madam Speaker? It is important because when a woman goes into menopause her estrogen levels decrease drastically. Now that creates some of the common things we know about, the hot flushes, whatnot and so on, you know, the mood swings and whatnot that the husband experiences, but there is a greater problem, Madam Speaker, and the problem is this. Estrogen is what we call a cardio-protective hormone in the body, and when that is low you are more prone to heart attacks, Madam Speaker. So therefore it is very important that menopausal women are treated correctly and properly so that we decrease the incidences of cardiac disease in elderly post-menopausal women, Madam Speaker. So the Member invited me to share some of my expertise in that regard, Madam Speaker, I am sharing some of my expertise.

So, now with the issue of cancer there is another point that needs to be made, and the world is moving ahead. Now, we do not have CT scans available here, but in terms of cancer care, we need something called a PET scan, a P-E-T, Positron Emission Scan. It is available in Trinidad. Now, why is this scan important? For patients who have cancer, it gives you a more accurate location of the cancer and especially if you have a recurrence, it can find small recurrences, it is very accurate.

4.55 p.m.

So, if we look at what is happening in the rest of the world, 95 per cent of cancer cases, Madam Speaker, get PET scans, you know in their health systems. In our country we have here less than 5 per cent receiving PET scans. It is an expensive investigation, Madam Speaker, it is about \$20,000, \$25,000, for a PET scan, and of course, cancer patients need it for optimal treatment. Again, I know

the Government does some of these PET scans on the External Patient Programme, well I make a call for consideration to be given for more of these scans to be made available for those who cannot afford it, Madam Speaker.

So, Madam Speaker, I want to close by saying that this Motion is very timely, that I am in full support of the Motion brought by my colleague. I think it is timely, especially as you know we are back in a situation where questions are going to be asked—raised in the minds of citizens as to what happens if we have another wave of COVID, we are hearing about other things, and so on, and whether the health sector is prepared, you know, and resilient enough to treat with it.

So, I want to close by endorsing this Motion, giving full support, inviting the Government to look at some of the suggestions we have made on this side, Madam Speaker. It has not been throughout just about criticizing but to offer suggestions as well, Madam Speaker. And with regard to suggestions, Madam Speaker, I will close with a crazy suggestion, I call this a “Fuad Khan moment”, Madam Speaker.

Hon. Members: [*Laughter and desk thumping*]

Hon. Member: A brilliant man.

Dr. L. Bodoë: Yeah, for his brilliance, I call it because it is thinking outside of the box, Madam Speaker, and I invite the Government, Madam Speaker, to give serious consideration to supplying to every household in this country a free blood pressure machine; and I will tell you why.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: I will tell you why. We talk about all the things and the drugs and so on, but prevention is better than cure, and if you give every household a free blood pressure machine, but you tie it into something, you tie it in to the fact that they must measure their blood pressures and send them via WhatsApp to a call

centre, and those 500 unemployed doctors out there, Madam Speaker, employ a few of them, employ a few of them to man these call centres and to give advice, appropriate advice, you know.

Hon. Members: [*Desk thumping*]

Dr. L. Bodoë: I think that would go a long way, Madam Speaker. The Minister of Finance is not here with us to look at the cost, but I promise you I am certain that when you look at the cost benefit analysis, it will be worth its wealth. So, with that suggestion, Madam Speaker, I thank you for the opportunity.

Hon. Members: [*Desk thumping*]

Madam Chair: Member for D'Abadie/O'Meara.

Hon. Members: [*Desk thumping*]

The Minister in the Ministry of Education (Hon. Lisa Morris-Julian): Thank you, Madam Speaker, for allowing me this opportunity to speak, and I would like to say, Madam Speaker, that the Member for Fyzabad, I think that is a good idea and I will talk to my very good friend the Member for Diego Martin North/East.

Before I get into the substance of my contribution, I would like to respectfully emphasize, Madam Speaker, that what is once more happening before us today, is a futile, frivolous endeavour, which is the usual norm from the side opposite the aisle. Madam Speaker, I feel quite strongly that the local health care system needs to have some respect put to it.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: Madam Speaker, I do not think we are here to waste valuable parliamentary time, and I think that I am a person well poised to speak on this local health care system because I gave birth to all my children, all four children, in the health care system of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: I did not go foreign, Madam Speaker, I had them right here; Mount Hope Hospital, a home birth, and no I will not be giving birth in the Arima Hospital because I have retired from that field.

Hon. Members: [*Laughter*]

5.00 p.m.

So, Madam Speaker, under the dedicated leadership of the hon. Member for St. Joseph, we have been actively and continuously improving and implementing measures to enhance our healthcare. You see, rather than focus on constructive dialogue it seems as if this Motion is another tireless effort to undermine the Ministry in its commitment to the well-being of our citizens. I am so surprised to hear the Member for Caroni East speak on behalf of the doctors and nurses, because where was empathy and sympathy during COVID when they were, to them, the enemy. Let us not be swayed by superficial—and I want to also say I have noticed the phenomenon, a persistent inclination by our friends on the other side to repeatedly throw shade at any public servant under any system, and today it is the public healthcare systems. I do appreciate a good debate. However, the Opposition has perfected the art of criticizing, criticizing, criticizing without acknowledging the progress. We cannot forget the COVID-19 medical team. The very team that saved one or two of their members lives.

Hon. Members: [*Desk thumping*]

Hon. Member: Gratitude.

[MR. DEPUTY SPEAKER *in the Chair*]

Hon. L. Morris-Julian: Even if you enrol in a crash course of “Staying Relevant 101” and your chosen textbook is the “Public Healthcare Bashing Handbook”. Mr. Deputy Speaker, I understand the desire to be relevant in the political arena. It is a tough task when one must stay on people’s minds, somehow. But must it always

be at the cost of a system that is earnestly trying to evolve?

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: You see, while they are busy criticizing the Ministry of Health under this PNM administration, under our hon. Prime Minister, under our hon. Minister of Health, it has been working tirelessly to transform our public healthcare system. But I do not expect some of our Members to know because they do not know about public, all they know is about private.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: Mr. Deputy Speaker, I stand before you to give my testimony, not just as a representative, but as a living testament to the live-saving power of our robust public healthcare system. A flood of emotions overwhelm me. In 2020, my own father was diagnosed with liver disease. To this day, it is the compassionate healthcare professionals who stood by our side during our moments of vulnerability, and it made me appreciate a public healthcare system that not only saves lives but continues to progress, and with a deep sense of responsibility, because it is the public healthcare system that told me it is possible that my father would survive, and he has survived to this day.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: It has been an unwavering pillar of support in some of the most significant moments in my life. My first introduction to the public health care system, of course, would be at birth, where I was born at the then Arima Hospital, which I am so happy, has now come back, so my grandchildren would be born in this Arima Hospital. Yes, grandchildren. I am looking forward.

It was at the Mount Hope Women's Hospital at the tender age of 24, I welcomed my first daughter into this world. The experience was profound. It shaped my perception of maternal care and I created a bond with the healthcare

professionals who stood by me during that momentous occasion. It was Nurse Bramble who encouraged me to have a home birth. Mr. Deputy Speaker, you would not understand, but the women here would. To be in your own house, on your own bed surrounded by women who care. The midwife system is one of the best systems worldwide.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: However, Deputy Speaker, fate had a different plan for my third child. Returning to Mount Hope Women's Hospital where I not only welcomed my son into this world, but saved his life as well as mine. I was no longer a young mother, I was older, wiser, and I had to lean on the experience and expertise of doctors and nurses who treated me with the utmost care. Please note, Deputy Speaker, I was not a councillor, I was not a deputy mayor, I was not mayor. I was simply a citizen making use of a public health care system that was available for all. A few years ago I was surprised with the arrival of my fourth child, earning me the label of mature mother.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: And I would just like to say, I fell at this point it is time to remove that advanced maternal age that they put on the bio, just put AMA, we understand. You are saying "we old".

Hon. Members: [*Laughter*]

Hon. L. Morris-Julian: I was faced with the decision of choosing between private and public healthcare. I deliberately chose the latter, because it is the public healthcare system that took care of me.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: It consistently proved its worth. And despite the challenges of this unexpected pregnancy, as well as the Minister of Health only

calling to find out if “I make the baby yet”—

Hon. Members: [*Laughter*]

Hon. L. Morris-Julian:—the public healthcare system welcome you with open arms, providing comfort and support during moments of uncertainty. Deputy Speaker, in the backdrop of statistics demonstrated to improved maternal and neonatal mortality rates, it is the arms of this healthcare system that was more than just a service provider. It was my companion in some of my darkest hours. Just two weeks after giving birth my son was rushed to the hospital where I had to see the neonatal specialist remove blood because he had severe jaundice and immediately give him a blood transfusion, two weeks old, and they saved his life.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: What I remember most was no one asked who I was. I walked straight into the paediatric emergency and they immediately rushed my son involved, that is when fear gripped my heart. When I, the Mayor of Arima confronted mortality, the public health system remained a constant.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: I was treated with dignity, I was treated with respect, and my hand was held every step of the way. The system did not waiver in its support. It told me that my age should never be a barrier to quality healthcare. It is my colleague from Arouca/Maloney who made the same choice to give birth to her twins.

Mrs. Robinson-Regis: And I was older, eh.

Hon. Members: [*Laughter*]

Hon. L. Morris-Julian: Fay-Ann Alvarez, renowned soca singer and superstar, also chose the public healthcare system. Beyond my own maternal experiences, I have witnessed the public healthcare system stand resilient in the face of family

crisis. It was there for my grandfather, failed by private hospitals, misdiagnosed by doctors. It was in Mount Hope they finally figured out what was wrong. They cradle my father to this day. When the Member for St. Joseph spoke about the nurses visiting, I would like to tell him that 15 nurses visited my father for the past seven months as part of their programme to make sure that he was okay. Again, nobody asked whose father he was. He was simply a member of the public using the Arima Hospital. Public health system has demonstrated an unwavering commitment to the well-being of its people, and I could speak about Arima Hospital, top ranked customer service. It is Dr. Ravi Lalla who was the first Acting Chief of Staff. He made that place into a hospital of beauty, kindness and love.

Mr. Deyalsingh: Not just ah white elephant.

Hon. L. Morris-Julian: I can speak about Dr. Jeremy Inniss who is from Arouca/Maloney, I can speak about Dr. De Shong who is from Mount Hope, I can speak about Dr. Reid, Dr. Trotman—

Mr. Scotland: Port of Spain South.

Hon. L. Morris-Julian:—all products of this public health system.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: I want to acknowledge the dedication, the resilience of health care professionals who form the backbone of this vital institution. Mr. Deputy Speaker, I acknowledge, like any human endeavour, health systems the world over. Our public healthcare system is not perfect, challenges persist, and there is still work to be done, but let us acknowledge the Member for St. Joseph for the phenomenal work he has done.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: For the past eight years he has toiled. He has

demonstrated by word, action, deed. I do not need to go into the past Health Ministers except to mention, one of the most outstanding Health Ministers to ever serve is the Member for Diego Martin North East—

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: —who was responsible for the implementation of the CDAP programme.

Mr. Scotland: “Aye-ya-yaye”.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: But I think you all had, if I could recall, Baptiste-Cornelis, yes.

Hon. Members: [*Laughter*]

Hon. Member: Calamity. Calamity they call it.

Hon. L. Morris-Julian: Mr. Deputy Speaker, a relative of mine, just a year ago in the United States, First World country—you know our colleagues on the other side love to compare us to Barbados, Singapore, in the States. young relative, she was only 34 years old, diagnosed with the same particular medical issue I had, but she did not have the insurance for emergency service, and she died suddenly.

Mr. Deyalsingh: Tell them that.

Hon. L. Morris-Julian: We are so lucky that at any point, day or night, we can access service, and I think what people do not understand, in many countries there is an agonizing wait, and while there are imperfections in our sector, it is important we appreciate the progress and the distance we have covered. Mr. Deputy Speaker, of course, I have interest in maternal and neonatal healthcare. It is with a heavy heart I want to unravel two gut-wrenching tales that are unfolding within the depths of our public health system. Stories that sent shivers down the spine of expectant mothers contemplating the daunting prospect of bringing life into this

world within its confines. You men may not understand, but the closest to death, without sickness or violence, a woman would face is on the birthing table. Anything can go wrong in a second.

We are going back to the stories because we have to compare them to the strides of our public health system now and how far we have progressed with neonatal and maternal care. How could we forget Nikrisha Caine, 26-year-old food caterer, first-time mother, whose journey to motherhood took an unforeseen turn? Nikrisha expecting a joyous moment was admitted to the hospital after her water broke, what should have been a celebration, turned into a sorrowful wake. It was then described by the Attorney General, Anand Ramlogan, as “muted in the worse possible way”. Just 24 hours after being admitted to hospital, maternity ward, Nikrisha and her precious baby boy, Kamani, tragically lost their lives. The autopsy revealed that Nikisha had succumbed to choking on her own vomit. While Kamani minutes away from birth met a devastating fate within the womb. The then UNC Government took full responsibility for these heart-breaking deaths. An investigation uncovered that standard operating procedures were not followed, leading to untimely demise of both mother and infant. This is what the Member for St. Joseph met when he came in.

5.15 p.m.

This incident serves as a painful reminder of the critical importance of adhering to health care protocols. I know everyone is familiar with the story of Baby Cottle whose head was sliced open during a caesarean section, March 01, 2014. I am rehashing these heartbreaking stories, Mr. Deputy Speaker, because it is stories like that that led to countless people including pregnant women losing faith in the public health care system, and it is under the PNM Government that that faith was renewed.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: From then to now we have indeed come a long way. At that point in time, in Trinidad and Tobago, the maternal mortality ratio was at an all-time high. Between 1996 to 2010, the average maternal mortality ratio was 46.4 deaths per hundred thousand live births per year. In 1997 alone, 13 maternal deaths, one of whom was a very good friend of mine. Between 2011 to 2015, the average maternal mortality ratio, there was a decrease, but in 2015, before September when the PNM came into Government, Trinidad and Tobago fell short of meeting the Millennium Development Goals aimed at enhancing outcomes for mothers and newborns. In fact, during that period we faced some favourable results.

The neonatal mortality rate, the first 28 days of life for every thousand babies born during a certain time period. In 2010, the neonatal ratio was 14.6 deaths per thousand live births. It fell to 12.5 in 2015. And this, Mr. Deputy Speaker, is when this PNM administration came and this gentleman from St. Joseph, and his primary focus was to enhance and protect the women and children within the health care system, and that he did.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: From 2016 to 2023, it decreased to 6.9 per cent, 45 per cent less than the 2015, rate. An estimated of 685 babies per year survived the newborn period, 2016 to 2023, because he went in and he said we have to do better and do better they did. The average maternal mortality rate from 2016 to 2023, was 25.7 deaths per hundred thousand live births, a 31.3 per cent decrease. Although our aspiration is of course to have zero fatalities, maternal deaths do persist worldwide. What we have noticed that during the COVID-19 pandemic there were issues, but we have successfully addressed direct deaths related to high

blood pressure and blood loss. Again, it was because of our Member for St. Joseph.

As of 2023, the provisional data indicates a further reduction to 7.8 per hundred thousand live births and the neonatal mortality rate to less than 7 per cent per thousand live births. The majority of the newborn deaths stem from complications of congenital malformations and prematurity. Mr. Deputy Speaker, I am proud to say that Trinidad and Tobago has made great strides in ensuring fewer mothers die while giving birth and fewer babies die when they are born or in their early weeks of life. We have already achieved the Sustainable Development Goals of reducing the global maternity mortality ratio to less than 70 per hundred thousand live births.

Today, I speak with assurance declaring in the last eight years we have actively rejuvenated our maternity and newborn services putting the health of our women front and center, and for that I thank my colleague in St. Joseph. You see, while the Opposition would point fingers, Mr. Deputy Speaker, and say the Minister is mishandling the public health sector, when they were in charge the only thing they advanced was their skill in avoiding responsibility, especially when it came to maternal and neonatal care. And you can tell how a government rules, how they govern by the way they treat their children and the women.

Let me say also, the Minister shines as a symbol of commitment steadfastly guiding our nation towards the noble mission of improving the health of mothers and newborns. The Member for Fyzabad mentioned that a committee was formed in 2011, after the unfortunately death of Crystal Boodoo-Ramsumair during her third C-section. That is what they did, form committee, after committee, after committee, and there was no progress. This Minister, this Government actually implemented and that is why we have progress today.

At the national level the hon. Minister of Health played a key role in pushing women's health. The hon. Minister took personal initiative leading the way for improvements that our population are now benefiting from. In 2017, the directorate of women's health, when it was established, its purpose is excellent maternal care, perinatal care, neonatal, and it put policies and programmes in action. And one of the things that I like and appreciate the most, you can be in the health centre in Toco, you can be in a health centre in Arima, you can be in Arouca/Maloney, you could be in Diego Martin, it is the same exact topnotch treatment you will receive.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: We have transformed the maternity service into a dignified and respectful care; focus on the individual woman, her baby, your family, access to quality care from highly skilled health workforce, all, so that we could have better health outcomes. The days of guesswork, procrastination, lack of information are behind us. This Minister was responsible for the digitization of records. As a young mother I kept losing immunization card after immunization card. Now I can walk in, give my child's name and immediately I will get the immunization record.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: That was not happening before. Three out of my four children, I had them under the UNC governance. I am happy to say the best experience is under the PNM watch.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: Ample discussions but minimal action, that is the beauty of the Opposition. They can talk the talk but they cannot walk the walk. All recommendations, documents generated but this is the man that implemented it.

Presently, confidence in public maternity and newborn services are at an all-time high. The Minister referred to 92 per cent of women opting to deliver in public health facilities, because you are treated well. Lamaze classes, you can go with your spouse, you can have that experience. At 24 I was a married woman and they would not let my husband in the room. Now, you have the entire experience, and all critically ill newborns receive care at the intensive care facilities, achieving 100 per cent rate, and in the 11 private maternity hospitals where several Members of Opposition are medical professionals, so they are well aware, in cases of severe complications you have to go right back to the public health care system.

Mr. Deyalsingh: That is right. And they would not recognize that.

Hon. L. Morris-Julian: It is the truth. And you would never hear them say, no, no, no, send them back. No, our public health care system willingly steps in, they accept, they treat and bridge the gaps that the private hospitals may not have been able to address.

Mr. Deputy Speaker, the noteworthy decline in mortality for the maternal and neonatal has also resulted in economic benefits for the country as the costs associated with providing care for mothers and babies, have been reduced. Internationally, Trinidad and Tobago stands out for its leadership in maternal and neonatal care. I am so sorry the Member for Naparima is absent today, because I would love to ask him for the statistics for Barbados and Singapore. Earning recognition from national, regional and global entities. Everybody knows from UNICEF, WHO, World Bank Group, UNFPA and all other reputable organizations, that our country is a top performer. Mr. Deputy Speaker, the evidence is clear, it is not just lip service. The Ministry of Health has rolled up its sleeves and the Minister literally also. They have taken tangible steps to enhance maternal health care in Trinidad and Tobago. And I do not want any gentleman

from the other side telling me about maternal care because until you give birth, you would not understand.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: Member, Member, you just have approximately two more minutes of your initial speaking time. You have an additional 15, care to avail? Care to avail yourself?

Hon. L. Morris-Julian: As long as possible.

Mr. Deputy Speaker: You care to avail yourself. Proceed.

Hon. L. Morris-Julian: Over one hundred locally based national clinical guidelines and protocols and patient information on a wide range of pregnancy in women's health issues have been finally standardized, standardized, Mr. Deputy Speaker, and this is the man responsible for that. Guayaguayare, Chaguaramas, Charlotteville, Bon Accord, your records are available everywhere. We commend the Ministry for implementing new life saving techniques, training, equipment, medications, that have nearly eradicated the most common reason for maternal deaths, excessive blood loss. And I would like to pause here, Mr. Deputy Speaker, to push and promote the importance of giving blood. My son's life was saved because of the blood bank. My father's life was also saved because of the blood bank. Please give blood and I know that our Minister for one, gives blood on a regular basis.

Before 2016, an annual average of two to three mothers lost their lives due to hemorrhaging. We have dealt with the outdated paper record system, we have now digitized, 17,000 women, with valuable data on their conditions, all RHAs computers, ICT resources, national servers in strategic locations, they have now made outreach services better for moms after giving birth. I remember after I gave birth these nurses, they kept calling me and I thought it was because I was the

Mayor of Arima. “Nooo”, they were calling me because it was part of their job and they had to check on me, the mother, which felt so nice because usually the focus is primarily on the child. Improved care and follow-up. And again I cannot say enough about postpartum depression. It can make life very difficult.

The Minister of Health, the women’s programme, they have ensured that they are always available to assist someone who may be struggling with postpartum. New operating rooms, maternity wards, extended emergency services, the assessment units, the Mount Hope Women’s Hospital is a beautiful space and place that is well utilized. So when I hear white elephants I shake my head because clearly Members on the other side do not understand how valuable these institutions are to the public. Not everyone can go into St. Clair. Tobago, Sangre Grande, under our watch babies receive lifesaving care locally avoiding the risk of transfers. In 2015, one neonatal specialist served the entire country. Now we have three with many more to come. Each unit is equipped with ultrasound machines for immediate use by medical staff, eliminating delays in the emergency to access the ultrasound department. The Ministry has reduced wait times through scheduled clinic visits. I remember when I started off you had to go for 6.00 a.m. to see the doctor at 8.00 a.m. Now if your appointment is 8.00 a.m. the doctor will see you at 8.00 a.m. Again, enhanced customer service training. So I must acknowledge the CEO for Mount Hope, Davlin Thomas for also making sure—

Hon. Members: [*Desk thumping*]

Mr. Deyalsingh: And all the other CEOs.

Hon. L. Morris-Julian:—and all the CEOs—well, I can only speak about the ones who I personally encountered.

5.30 p.m.

Mandatory training, and the fact that this Minister of Health takes data and

information seriously because he understands—and we all need to understand—objective measurements for care, standards and outcomes, evidence-based data collection.

Mr. Deputy Speaker, when we think about the progress before, breast-feeding was something shameful, you would have to hide. In every hospital now there are lactation experts. There are rooms and women are encouraged to breast feed because it is best, and if you cannot, you are not shamed for not being able to. In fact, you are told you do what is best for you and your baby. Again, it is under an empathetic Minister of Health.

As I wrap up my contribution, I just want to congratulate and encourage my colleague, the Minister of Health and Member for St. Joseph, because last month for 2023 it was announced there were zero maternal deaths.

Hon. Members: [*Desk thumping*]

Hon. Member: What a victory.

Hon. L. Morris-Julian: This should not be lost on you, because you have daughters, you have wives, you have nieces. Do not let this achievement be lost. Expecting mothers should find profound comfort in the assurance that this Government has achieved a commendable milestone. We have established a foundation of trust. Mothers know they are entering a system committed to safeguarding their lives and ensuring a positive birthing experience. Reaching zero maternal deaths indicates consistent access to quality prenatal care, early identification of complications and skilled health care professionals.

You see, Mr. Deputy Speaker, it is easy to criticize when Trinidad and Tobago's best interests are not your top priority. If your main vision is to stay in the spotlight, deliver flashy sound bites, okay, but let us not mince words. The real casualties of this political grandstanding are the ordinary citizens we are meant to

serve.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: So here is as crystal clear message. Stop treating health care as a pawn in your political game.

Hon. Members: [*Desk thumping*]

Hon. L. Morris-Julian: It is time to shift the focus where it belongs on the well-being of our citizens. Stop with the theatrics. Prioritize people over politics. It is high time you ditch the unpatriotic allegiance to party over country. The health of our nation depends on it.

Mr. Deputy Speaker, I love my country and I thank the hon. Prime Minister and the Minister of Health for making the health care system better than it was before. And while the Member for Diego Martin North/East told me outside how many things he was responsible for, I will tell him the Member for Fyzabad's suggestion of a blood pressure machine at every home, I think that is an excellent idea and that could only help us in the long run. Thank you very much.

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 Member for Caroni East, and I endorse fully and he did a very good job. I also want to thank my colleague from Fyzabad for his words. Mr. Deputy Speaker, I think after today I would definitely be very unpopular as an MP with Members in this honourable House, the Bench in the Opposition, with health care workers and the citizens because my words as a primary care physician come from within me as trained as a primary care physician for over 25 years. My passion is health care for all.

Hon. Member: [*Desk thumping*]

Dr. R. Ragbir: I do not see politics, but I see betterment for care.

We need to remember we are all God's children and none of us here—just a few of us who are clinical people and social, will understand the pain and suffering, Mr. Deputy Speaker, that the health care workers had to endure, selfless sacrifice for themselves, their families, and sadly some of them may have perished. And if you will permit me, I think an important thing—

Mr. Deputy Speaker: Silence on the Government side, please.

Dr. R. Ragbir:—is prayer and I want to quote from the New Testament, Psalm 23 which we all know well:

The Lord is my shepherd; I shall not want—

Mr. Deputy Speaker: Excuse me. Members leaving the Chamber please do so in silence.

Dr. R. Ragbir: Thank you, Mr. Deputy Speaker.

“The Lord is my shepherd; I shall not want.

He maketh me to lie down in green pastures: he leadeth me beside the still waters.

He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me;...

...my cup runneth over.”

And I will conclude:

“Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord forever.”

Prayers are very important when it comes to health. Do you know in the hospitals

people of different faiths go through the public health care system, even the private care system, and offer prayers to anybody of different faiths? And I always tell persons as a Christian, accept prayer. Prayer is for everyone.

What I want to start off with is by saying to my friend, hon. Minister for D'Abadie/O'Meara, I am happy you are alive. You are a woman of faith and very blessed, and you have had many success stories.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: Women of faith and I thank you, and I thank your family for being alive. However, some persons here and your families, and in your community, have not had similar experiences. In fact, their experiences have led their families to die. Some of them got more complications. Some of them had misdiagnosis. Sometimes we are looking for our loved ones and we cannot find them. Missing patients as the mentioned by my colleague—missing patient files.

So why are we here today? Mr. Deputy Speaker, you know why we are here today? It is not to fight. We are here so we can do it better together—you and I—so that the citizens of Trinidad and Tobago will have a better quality of life. Yes, it is okay to compare with other countries, but as my hon. Member said, “I love my country”, I love Trinidad and Tobago so let me start off by just telling you something now. You know we just came off the Christmas season and we are into the Carnival season, and in that process Trinidadians and Tobagonians, they love to travel, and especially to the intemperate countries, there are a lot of respiratory infections. I got the swine flu vaccine and I am grateful I got it here in Parliament, and I encourage people to take it. I was a vaccinator as well.

I got the COVID-19 vaccine despite the fact I was one of the persons who got COVID, but we are exposed to the Sahara dust really badly in Trinidad and Tobago and we see that in the weather reports, and presently as we congregate

more during the Carnival season, there is a respiratory infection that is bad and it is happening in your lower respiratory and those patients are coughing tremendously. So my words of advice as I start, when people come within your space wear a mask, or tell them to wear a mask and keep their distance and maintain. This is not time to go back into quarantine. This is time you continue to practise respiratory guidelines and that is important. School goes on, the country goes on.

So where do we go from here? Our health system, yes, there has been good and there is bad, but your health is your responsibility.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: Your health is your responsibility. You could have the best hospitals, all the medication, but watch, hypothetical, Uncle John died at 79. He was diabetic, hypotensive, cardiac. When we went to Uncle John's room—who is my uncle—we realized he saw two sets of private doctors, two bags of medicine. He has CDAP medication, he also has clinic medication. He saw three specialists—and they are cleaning out his room because he died. Now, some of these medications could have been used for other patients, but these medications are piling up, piling up and it will—I have to rush looking at the time, so that is why I brought this point and I am sure the Member for St. Joseph would agree, we have a wastage of medication. These patients are wasting medication—

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir:—and the persons who need it cannot get it. So you are happy you are seeing all these big plastic bags with medication and guess what? Trinidad and Tobago, we are Trinbagonians and our culture is different because you may take your tablet today, you would not take it tomorrow. We realize we are going out to lime, we are going to hangout, we might take more—for diabetics, more sugary drinks, more carbohydrates. We stop exercising, but your health is your

responsibility but we cannot blame everybody. You take that responsibility for yourself.

Hon. Members: [*Desk thumping*]

Mr. Deyalsingh: Imagine the Government clapping the Opposition.

Dr. R. Ragbir: No, no, well—

Mr. Deputy Speaker: Again—

Dr. R. Ragbir: What I want to start with here now, is we need to reinvent primary health care, and let me just backtrack for a second. Was there not an accident where somebody was in a road for several hours and waiting on a DMO and there was a lot of traffic backed up? You know what, when I was a medical student training that was happening even before. Remember I said we could do it better? We need to actually remove ourselves from that. You take four and a half hours from JFK to Piarco and the DMO is taking four and a half hours to just come and view that body? Come on man, we need to do that better.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: Presently, the Member for Fyzabad will tell you there are less and less medical students who are interested in primary health care, but that is not unique to Trinidad and Tobago, Mr. Deputy Speaker. That is throughout the global world. So the older set of doctors, they are retiring, and throughout the world less doctors are going to manage your non-communicable diseases that are available. So that means that is basically your diabetes, your hypertension, your asthma, your chronic obstructive pulmonary disease, your cancer, your stroke—

Mr. Hinds: And your UNC—

Dr. R. Ragbir:—and what is happening with that, they do not see it as something feasible. So they want to be specialists. Nothing wrong with that.

I will want my child to be a specialist in his or her right, but at the end of the

day we need, hon. Member for St. Joseph, to make it more attractive. We have a DM programme in primary health care, but we need it to be more attractive so that more of our students will become primary care physicians I, II, III. They become specialists in that field. So you prevent the hospital from being overwhelmed from people being blind—

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir:—hearth attack, heart failure, amputations, and if you to do that you are saving costs as well. If an angiogram—my colleague here says it is about \$10,000, but do you know, if you are in north or south it depends on which nursing home you go to privately? It is between \$100,000 to \$140,000 for one stent, and sometimes—remember I told you primary care doctors might bash me, the specialists might bash me, but you have to call them out. Listen, you do not know where these people are getting money to save their loved ones' lives. Be reasonable. The public sector is already overwhelmed.

Hon. Members: [*Desk thumping*]

Mr. Deyalsingh: Well said.

Dr. R. Ragbir: You are waiting very long for an angiogram, and while you are waiting for the angiogram, Mr. Deputy Speaker, and they do not have the funds, they die. They are waiting for the dialysis. We need to look at that. Between the social worker and being interviewed and waiting for that dialysis, they may have funds for maybe one or two sessions for dialysis, but beyond that they cannot get their dialysis and they die. Let us look at the clinic appointments. If I refer a patient to a clinic, they have to wait two to three months. The pressure goes out, the sugar goes out.

5.45 p.m.

You know one of the problems with us here in this country? Our doctors

before, primary care doctors, we used to call them DMOs long ago, who ran the clinics, they were called “Dr. Flash” and some of the younger parliamentarians would understand what that meant. That the doctor would come late, he would see a hundred patients in an hour or two, all they do is write prescriptions. And when you ask granny, “what the doctor tell you”? “The doctor examine you?” “No, I sit down in the chair and he just write the prescription”, two minutes, out. The younger doctors are emulating the same pattern, so we have to do it better, Member for St Joseph, right? You have everything in place but it is a culture set, it is a mindset. How could we do it better?

Now, that same patient who I diagnosed as cancer, I have to send that patient who does not have the funds to do the biopsy of the breast. Now, how to do that? The clerk on her phone—his phone and giving them—this is January, giving them June 2024 for a biopsy. Then you have to wait a next three to six months for the results, for the histology. What happens to that patient? That cancer would become more aggressive and spread. So we need to do it better. We have the system, we have the hospital, all I must tell you, Member for St Joseph, yes the Chaguanas A&E is very good, it is pristine, however, there must be a good and a bad.

Central Trinidad has the highest amount per population rate of NCDs. A lot of people with amputation, hypertension, diabetes and cardiac disease. But this is something to be worked out with the borough corporation. It is that there is a tremendous amount of traffic and I know you are looking at the issue for the patients and for the employees in terms of parking because the area is a residential community in the back there.

But again, our health care workers, we need to look at them because right now our nurses are leaving in droves for better remuneration packages. My

colleague from Caroni East was mentioning that. Now, where are they going? They are going to the First World countries and they are coming here and recruiting them before they are third and fourth-year—after becoming a registered nurse. Now as soon as they graduate, they come to take them and guess what, we are going to be left behind with a shortage of staff and it is happening. And our young “docs” when they train abroad, they get their scholarships, they do not want to come back to pay for their scholarship. Guess what? They realize it is more lucrative in the First World countries.

So we may have pristine hospitals, all the equipment, but we have no one to run it. But again, we have do something different in Trinidad and Tobago to keep our medical people here. But with all the CT scans, the MRIs the dialysis units, all these things, they need biomedical people. There is training being done at UWI, but like everything else, like the pharmacists, they are always looking beyond Trinidad and Tobago’s shores. And this is not unique to Trinidad and Tobago. So we have to ensure, Mr. Deputy Speaker, that we do this properly and have this sort of quorum such that we keep our specialists here.

And one of the things I want to mention is that I am an advocate for children and one of the things we are seeing more and more often—and you do not need to be a doctor to see that—the child is two years, three years, a toddler and the child is throwing tantrums in your presence and they are very hyperactive, and you realize that there is something wrong with this toddler. The child may be autistic or have an attention-seeking behavior or anything like that. So we need to look at—for special needs children.

There is and has started, and the Minister can say that, community pediatricians. So they are based—they are outside in the public health clinics so that it is so common. So what I am asking even to the Minister of Education is that

there is curriculum and space in the public education system for these autistic children, because it is quite common and it is under-diagnosed in many instances. So we need to look at that situation very carefully.

5.50 p.m.

Mental health. Mental health, hon. Minister, I know you have been trying your lot about mental health but right now, since COVID-19, our Gen Z generation, we called that from age 12 to 27, those children, a lot of them have a lot of anxiety, a lot of depression and they have a lot of OCD and they are rebelling against their parents. So we need, especially in communities like mine in Cumuto/Manzanilla, to have that outreach, mental health outreach there for adolescents and, of course, adults because domestic violence is there.

But I want to read something here and with all that I have said about the clinics and even cancelling of clinics, do you know in Trinidad and Tobago the cardiac clinics, if you had angiogram, angioplasty or bypass surgery, my medical colleagues can bear me up, it is one year? That is shameful. One year for an appointment and nine out of 10 times, I do not know if the Minister is aware, that they cancel the clinics, so all they get is a prescription for their cardiac medication, no follow-up. Your heart, you fixed their arteries but you did not fix the pump. Your pump now is where we do the echocardiogram, so those patients are dying.

I have here statistics from the Population, Social and Vital Statistics Division from the CSO, Central Statistical Office from the Office of the Attorney General and Ministry of Legal Affairs and this is births and death data. In 2019, this is death, 11,266; 2020, 12,986 and remember COVID in 2019; 2021, 13,389. So it seems the increment was like 1,000. Hear the statistic from the CSO, 2022, 18,356. That is a 5,000—now the total amount of COVID-19 deaths as on the Ministry of Health's website was just about 4,000, give or take, we have had three

deaths so far for the year. Now we need to breakdown that data.

Mr. Deputy Speaker, many patients, since COVID-19, they do not want to go to the clinic, they have stopped taking their medication and they are taking cheap generics. And guess what? We have a lot of counterfeit drugs on the market right now. So I am hoping that the Chemistry, Food and Drugs Division that recently based the administrative staff in the administrative complex of the Ministry of Health will work together with those in Frederick Street and test some of these pharmaceuticals.

I have seen as a clinician many counterfeit drugs. So when your hypertension, your diabetes, your asthma and your other ailments are not getting better, look at the medication and that is very important. Remember how I started my preamble: we can do it better.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: It is for our citizens of Trinidad and Tobago. I am not fighting politics here but what I am fighting is for the people.

While on the CDAP system, I would like very well for the Minister to consider some drugs to be added and those are rheumatoid arthritis, psoriasis and other connective tissue diseases and more glaucoma drugs. More and more of our patients, we are seeing the elderly are developing glaucoma and the glaucoma drugs are extremely expensive. And we talked about women's affairs, do you not think it is time that we look at birth control pills in there because some of these ladies—

Mr. Deyalsingh: It is already there.

Dr. R. Ragbir: It is already there. Fantastic. Thank you. You make me feel good. But one of the things that I would love for CDAP programme is to conduct an audit. There is a tremendous amount of wastage, wastage of those precious

drugs, taxpayers' dollars paid for that and those people who need it cannot get it.

Let me continue. I mentioned about the Chaguanas Accident and Emergency, but I must remind the Member for St. Joseph, could you look in the 2024/2025 budget for a new Chaguanas hospital? There is land earmarked there. My Member for Chaguanas West is there. The population is bursting at the seams in central Trinidad and according to people like Prof. Narinesingh, we have the largest amount of amputations in central Trinidad. You know why? People do not stick to their diets and their diets, when you look at it, the whole of this country in terms of our toddlers and adolescents, you know what we give them? Mr. Deputy Speaker, ultra-processed foods. That is the nuggets. That is the fried foods, and mac and cheese, et cetera. That is causing cancer. That can cause non-communicable diseases and you mentioned about sugary drinks, all of those things. Those are things that taste good. But guess what? "We killing ah whole generation. We killing ah whole generation."

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: I look forward to when patients who have cardiac disease can get an angiogram as my colleague from Fyzabad said, in a timely fashion because many times you try them with medication, "they end up" in hospital, still with the chest pains. The cardiac enzymes, the troponin enzyme is positive but they are still waiting and maybe that is the cause of 5,000 deaths from 2021 to 2022 and some of the COVID deaths would have been amassed in that. Is it the failure of the health system?

It is a collective failure for all of us because we need to examine what we are doing to help our people because many of our patients have decided not to take the medication, not to go to the clinics, not to go to the doctors and it is something up here. And why that is? Because more and more of us, because of the

socioeconomic situation in Trinidad and Tobago and the crime, people have become helpless, hopeless and they just do not care anymore.

Look at our patients. A diabetic patient, “they stub dey toe, dey know dey diabetic, it gets infected, dey see ah lil hole” and in a couple of months’ time or shorter, because “they lack sensation, feeling in dey foot”, that hole becomes an ulcer and, Mr. Deputy Speaker, they end up with osteomyelitis which is an infection in your bone and amputation. And guess what? The guy is only 48 years old, he is the major breadwinner in the house and he has one foot and on a wheelchair and he is applying for social services, for public assistance or whatever he can get. So more and more persons will be in disability, that means more costs to the State but it comes back now, we can do it better. We need the Ministry of Health, the health education department to go out there in the outreach programmes as you had alluded to in Sangre Grande but we need them to go out more. I am seeing more and more children without vaccines and I am wondering how they get into the school because that is a criteria. How did they bypass the system?

And with that said, there is something I must mention in the public health care system, there is too much of promiscuity, not only in Trinidad and Tobago but a lot of other countries. Right now we have seen a rise in the private sector and I know it is in the public sector: syphilis, gonorrhoea, herpes and even HIV. The HIV programme that was in Venezuela, remember that was stopped. Right. I need not say anymore but at the end of the day, people prefer these lifestyles without proper contraception, condoms. So they need to look at that. So we need to do more testing. Who gets hurt? The families get hurt, be it the spouse, be it the wife or the husband.

[MADAM SPEAKER *in the Chair*]

I must say because I know my time is very short, we also need to look at taking care of our little ones in terms of abuse and domestic violence. All that is part of public health, that same DMO we were waiting on, we do not know what was the reason, but we need to change the mindset, how we think, how we do things and that is so important.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: Madam Speaker, I think that for 2024 onto 2025, we have to do things that are different, we have to do things that make sense and I must say this. Presently, let us help dispel the myth—[*Interruption*]

Madam Speaker: Leader of the House.

ADJOURNMENT

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Madam Speaker, I beg to move that this House do now adjourn to a date to be fixed.

Question put and agreed to.

House adjourned accordingly.

Adjourned at 6.00 p.m.